CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Demonstration Quarterly Report
Demonstration Year: 8 (1/ 1/ 2021 – 12/ 31/ 2021)
Quarter 2/ 2021

August 27, 2021

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INTRODUCTION

On December 14, 2018, the Centers for Medicare & Medicaid Services (CMS) approved Centennial Care 2.0, New Mexico's 1115 demonstration waiver, the next iteration of Centennial Care. Centennial Care 2.0, effective January 1, 2019 through December 31, 2023, features an integrated, comprehensive Medicaid delivery system in which a member's Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care, pharmacy, behavioral health services, institutional services and home and community-based services (HCBS).

In Centennial Care 2.0, the state continues to advance successful initiatives under Centennial Care while implementing new, targeted initiatives to address specific gaps in care and improve healthcare outcomes for its most vulnerable members. Key initiatives include:

- Improve continuity of coverage, encouraging individuals to obtain health coverage as soon as possible after becoming eligible, increasing utilization of preventive services, and promoting administrative simplification and fiscal sustainability of the Medicaid program;
- Refine care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
- Continue to expand access to long-term services and supports (LTSS) and maintain the progress achieved through rebalancing efforts to serve more members in their homes and communities;
- Improve the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
- Expand payment reform through value-based purchasing (VBP) arrangements to achieve improved quality and better health outcomes;
- Continue the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative;
- Build upon policies that seek to enhance members' ability to become more active and involved participants in their own health care; and
- Further simplify administrative complexities and implement refinements in program and benefit design.

The Centennial Care 2.0 managed care organizations (MCOs) are:

1. Blue Cross Blue Shield of New Mexico (BCBS),
2. Presbyterian Health Plan (PHP), and
3. Western Sky Community Care (WSCC).

Status of Key Dates:

TOPIC	KEY DATE	STATUS
Quality Strategy	Submitted 2021 Draft to CMS on March 30, 2021	CMS provided feedback on July 26, 2021. The 2021 Draft Quality Strategy is currently in revision to incorporate CMS preliminary feedback and to align with CMS 2021 Quality Strategy Toolkit.
Substance Use Disorder (SUD) Implementation Plan	Approved by CMS on May 21, 2019	Approved by CMS on May 21, 2019
Evaluation Design Plan	Submitted to CMS on June 27, 2019	Approved by CMS on April 3, 2020
SUD Monitoring Protocol	Submitted July 31, 2019	Approved by CMS on July 21, 2020
1115 Demonstration Amendment #2	Submitted on March 1, 2021	Completeness Letter Received on March 25, 2021

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ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 2 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	3/31/2021 ENROLLMENT	6/30/2021 ENROLLMENT	PERCENT INCREASE/ DECREASE Q2
Blue Cross Blue Shield of New Mexico (BCBS)	274,470	279,028	+1.6%
Presbyterian Health Plan (PHP)	407,695	412,342	+1.1%
Western Sky Community Care (WSCC)	80,549	82,095	+1.9%

Source: Medicaid Eligibility Reports, March 2021 & June 2021

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

- In aggregate, MCO enrollment increased by 9% from the previous to current period. This increase is comprised of the following:
  - 9% increase in physical health enrollment.
  - 2% increase in aggregate Long-term services and supports enrollment.
  - 8% increase in other adult group enrollment.
- Similar to the previous dashboard exhibits, the enrollment graph shows a dip for the most recent month which is likely due to retroactivity not yet accounted for at the cutoff date of the enrollment data. The dip in enrollment for December 2020 that was present in the previous quarter's dashboard is now showing an increase for that month.

MCO Per Capita Medical Costs:

- In aggregate, total MCO per capita medical costs increased by 2% from the previous to current period, this consists of a 2% increase to pharmacy services and 1% increase to non-pharmacy services.
- When reviewing the Per Capita Medical Costs by Program, Behavioral Health had a PMPM increase at 12% primarily driven by the BH Outpatient fee increase

effective October 1, 2019. Additionally, Long Term Services and Supports had a 12% increase primarily driven by the PCO increase July 1, 2019, January 1, 2020, and January 1, 2021 with Other Adult Group Physical Health increasing by 4% and Physical Health decreasing by 6%.

- Service categories most impacted by the program and fee changes are Acute Inpatient, Acute Outpatient/Physician, Community Benefit/PCO, and Behavioral Health Services. Details of the benefit and fee schedule changes are included in the cover page of the Statewide dashboards.

CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

Molina Healthcare Plan Termination

Molina Healthcare (MHC) was required to comply with all duties and obligations incurred prior to the contract termination date of 12/31/18, as well as continuing obligations following termination. Following internal review and discussion with MHC, HSD decided that a determination concerning MHC's completion of its continuing obligations would be made after all financial transactions were finalized. MHC submitted its final termination plan on 3/31/21. During DY8 Q2, HSD conducted an internal review and determined that MHC's ongoing involvement in HSD's drug rebate dispute resolution process, which follows CMS-prescribed rules, is not part of the termination plan. In DY8 Q3, HSD plans to notify MHC that its continuing obligations have been fulfilled and this item will be closed.

CENTENNIAL REWARDS

Centennial Rewards program provides incentives to members for engaging in and completing healthy activities and behaviors as listed below.

- Adult PCP Checkup – Complete annual PCP wellness checkup
- Asthma Medication Management – Reward on 30-, 60-, or 90-day prescribed refills
- Bipolar Medication Management – Reward on 30-, 60-, or 90-day prescribed refills
- COVID-19 Vaccine – Complete COVID-19 vaccine
- Dental Checkup (Adult) – Complete annual dental checkup
- Dental Checkup (Child) – Complete annual dental checkup
- Diabetes HbA1C Test – Diagnosis of type 1 or type 2 diabetes
- Diabetes Retinal Eye Exam – Diagnosis of type 1 or type 2 diabetes
- Diabetes Nephropathy Exam – Diagnosis of type 1 or type 2 diabetes
- Flu Shot - Receive flu vaccine

- 1st Prenatal Care Visit – Complete prenatal care visit in the first trimester or within 42 days of enrollment
- Postpartum Visit – Complete postpartum care visit between 7 and 84 days after delivery
- Schizophrenia Medication Management – Reward on 30-, 60-, or 90-day prescribed refills
- Well-Baby Checkups – Complete up to six well-child visits with a PCP during the first 15 months of life
- Well-Baby Checkups – Complete up to two well-child visits with a PCP between 16-30 months of life
- 3-week Step-Up Challenge – Successfully complete 3-week Step-Up Challenge
- 9-week Step-Up Challenge – Successfully complete 9-week Step-Up Challenge

New Rewards Effective 1/1/2021

- COVID-19 Vaccine Reward:
    - 200 pts ($20) upon completion of vaccine series (when available), via self-attestation.

The reward amount was temporarily increased to 1,000 points ($100) between June 14 and June 17 to align with and promote New Mexico's vaccination efforts.

- Well-Baby Visit Reward:
    - Expanded reward with 2 additional visits between 16-30 months to align with new HEDIS measure, for a total of 8 visits between 0-30 months. 50 pts ($5) per visit for a maximum total of 400 pts ($40).

Added a bonus of 400 pts ($40) upon series completion (all 8 visits between 0-30 mo.) to align with HSD priority.

Participating members who complete these activities can earn credits, which can then be redeemed for healthy items in the Centennial Rewards catalog.

Table 2: Centennial Rewards

CENTENNIAL REWARDS		
	January – March 2021	**April - June 2021**
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	163,669	157,600
Number of Members Registered in the Rewards Program this Quarter	4,927	3,800
Number of Members Who Redeemed Rewards this Quarter**	16,721	23,484

*Only includes rewards earned THIS quarter.
**Redeemed rewards could have been earned in any of the previous 24 reporting months.
Source: Finity Quarter 2 Report

Electronic Engagement Reward Alert Campaign

In DY8 Q2 2021, Finity created the following multimedia campaigns to support members during the COVID-19 pandemic, support HSD priorities, and improve quality care gaps.

COVID-19 Vaccine Campaign: Designed to encourage Centennial Rewards members to register, make an appointment and get the COVID-19 vaccine. Text and email alerts were sent to a prioritized population of High Risk and Elderly. The alerts directed members to the New Mexico Department of Health website to register and included a hotline phone number for members unable to access the website. Members who complete the vaccine series, 2 if Pfizer/Moderna or 1 if Johnson & Johnson, may be eligible to earn rewards, which are administered via a self-attestation model. This multimedia campaign was approved by HSD MAD management and commenced in April of 2021.
Between June 14 and June 17, 2021, the reward amount was temporarily increased to 1,000 points ($100 Value) to support New Mexico's goal to vaccinate as many New Mexicans as possible. Members who received at least one dose of the vaccine could claim the reward by using the Centennial Rewards Member Portal or calling Finity directly to report and redeem. A summary of Finity's engagement efforts is provided below:

- **77,073** texts sent
- **88,628** emails sent
- **3,683** members self-attested to receiving at least one dose of the vaccine between June 14-17, 2021.

Update to DY7 2020 Campaigns

Childhood Immunization campaign: Designed in 2020 to encourage parents/guardians to take their babies ages 0-15 months to their well-baby visits. This campaign was prioritized by HSD during the pandemic due to the decline in well-baby visits and immunizations. Finity relaunched and expanded this campaign in Q1 2021 to babies ages 0-30 months to align with reward and HEDIS updates.

- **51K** texts sent in Q2 2021
- **8K** emails sent in Q2 2021

Redemption Alerts Campaign: Designed to notify members who have earned rewards that they have reward points to spend in the Centennial Rewards Catalog on essential items like oximeters, thermometers, cleaning supplies, PPE, diapers, nursing supplies, toilet paper, and more.

- **208K** texts sent in Q2 2021
- **133K** emails sent in Q2 2021
- **64% increase** in members redeeming during Q2 2021 compared to Q1 2021.

Finity plans to continue the COVID-19 Vaccine Campaign, Childhood Immunizations Campaign, Redemption Alerts and the Flu Shot Campaign in Q3 2021 and is planning to launch two new multimedia campaigns to promote child dental visits and adolescent immunizations.

Additional Key Stats through Q2 2021:

- Member participation in Q2 2021 reached an all-time high of 73.7% and had the most members earning rewards in a single quarter since early 2019.
- In Q2 2021, members redeemed $939,000 in rewards, which is an increase of 64% from Q1 2021.

Centennial Rewards Enhancements

COVID-19 Vaccine Video: Finity created a multi-language educational video about the COVID-19 Vaccine and has posted it on the Centennial Rewards portal for members. At the request of HSD, Finity added information specific to registering for the COVID-19 Vaccine in New Mexico by customizing at no additional cost. Details below:

NM DOH COVID vaccine registration website https://cvvaccine.nmhealth.org/ and hotline phone number 1-855-600-3453.

Enhanced Customer Satisfaction Survey: Finity enhanced the Centennial Rewards member satisfaction survey in 2021 by adding new questions that were approved by HSD. The results of the Q2 2021 survey are listed below:

Table 3: Centennial Rewards Customer Satisfaction Survey

Centennial Rewards Customer Satisfaction Survey Total number of respondents to survey: 3,472			
Q2 2021	**YES**	**NO**	**OTHER**
Are you satisfied with Centennial Care?	97%	3%	n/a
Are you satisfied with your doctor?	88%	4%	8% I don't have a doctor
Are you satisfied with your health plan?	97%	3%	n/a
Are you satisfied with the help provided by your care coordinator?	72%	2%	26% I don't have a care coordinator

Source: Centennial Rewards Report Q2

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ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following tables outline quarterly enrollment and disenrollment activity under the demonstration.

The enrollment counts are unique enrollee counts, not member months. Please note that these numbers reflect current enrollment and disenrollment in each Medicaid Eligibility Group (MEG). If members switched MEGs during the quarter, they were counted in the MEG that they were enrolled in at the end of the reporting quarter.

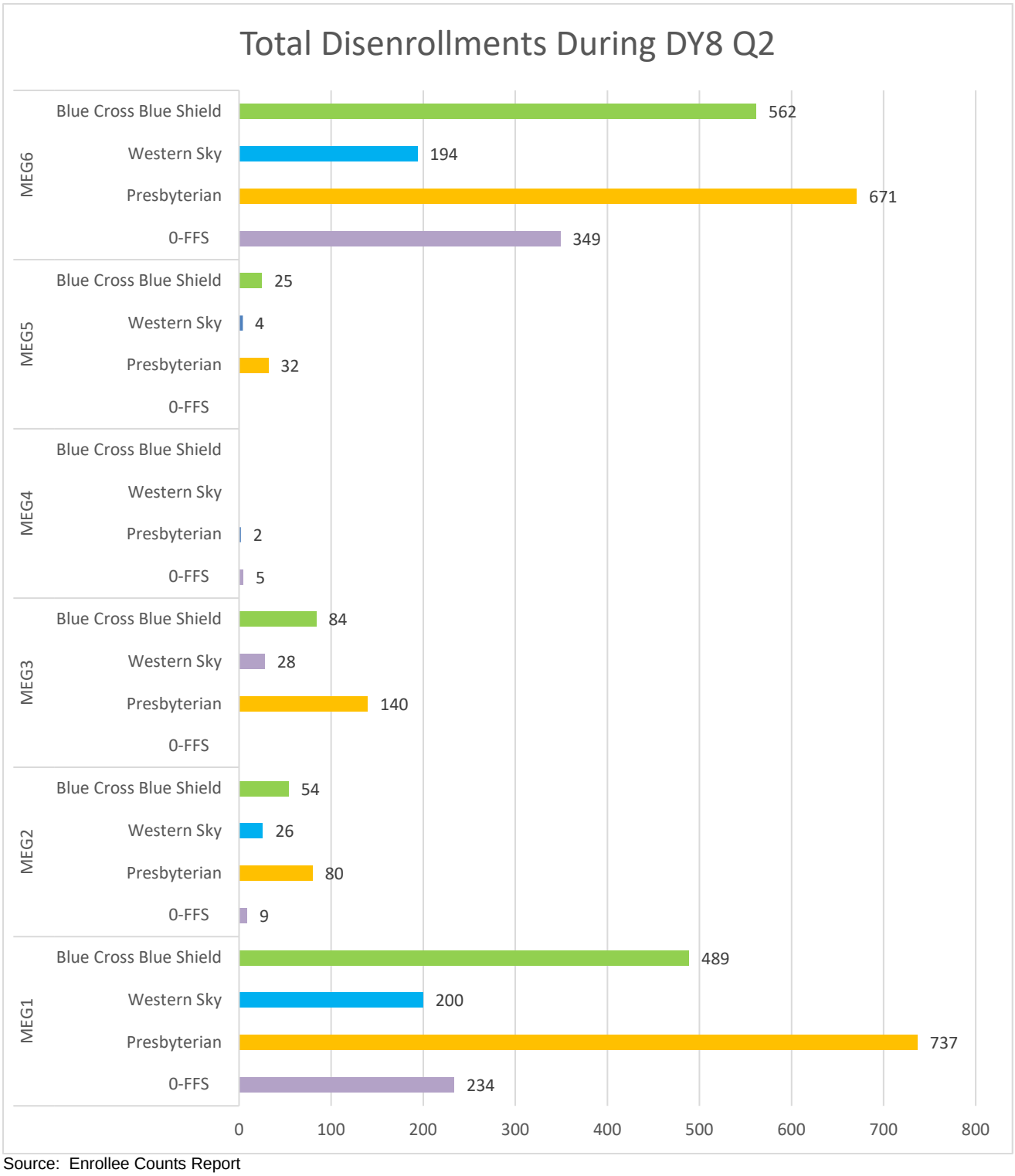
The disenrollment for this quarter is attributed to incarceration, death, and members moving out of state.

Due to Public Health Emergency (PHE) regarding Coronavirus (COVID-19), HSD meets the Maintenance of Effort (MOE) statutory requirements to receive the 6.2 percent increased FMAP by ensuring individuals are not terminated from Medicaid if they were enrolled in the program as of March 18, 2020, or become enrolled during the emergency period, unless the individual voluntarily terminates eligibility.

Demonstration Population		Total Number Demonstration Participants DY8 Q2 Ending June 2021	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY8 Q2
Population MEG1 - TANF and Related	0-FFS	37,156	37,640	234
	Presbyterian	208,337	198,955	737
	Western Sky	39,089	37,700	200
	Blue Cross Blue Shield	134,765	129,094	489
	Summary	419,347	403,389	1,660
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,345	2,264	9
	Presbyterian	20,527	20,532	80
	Western Sky	3,668	3,688	26
	Blue Cross Blue Shield	12,073	11,891	54
	Summary	38,613	38,375	169
Population MEG3 - SSI and Related - Dual	0-FFS			
	Presbyterian	22,434	24,066	140
	Western Sky	3,049	3,265	28
	Blue Cross Blue Shield	10,804	11,731	84
	Summary	36,287	39,062	252
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	146	85	5
	Presbyterian	121	129	2
	Western Sky	18	18	
	Blue Cross Blue Shield	78	87	
	Summary	363	319	7
Population MEG5 - 217-like Group - Dual	0-FFS			
	Presbyterian	2,900	3,244	32
	Western Sky	516	561	4
	Blue Cross Blue Shield	2,268	2,491	25
	Summary	5,684	6,296	61
Population MEG6 - VIII Group (expansion)	0-FFS	30,752	35,256	349
	Presbyterian	131,870	142,871	671
	Western Sky	31,764	34,171	194
	Blue Cross Blue Shield	102,268	110,439	562
	Summary	296,654	322,737	1,776
Population MG10 - IMDSUD Group	0-FFS	78	271	
	Presbyterian			
	Western Sky			
	Blue Cross Blue Shield			
	Summary	78	271	
Summary		797,026	810,449	3,925

Source: Enrollee Counts Report

January 1, 2019 – December 31, 2023



Source: Enrollee Counts Report

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OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY8 Q2	HSD is participating in the New Mexico Health Marketing Coalition Committee lead by the New Mexico Department of Tourism (NMDT) to promote outreach for new COVID-19 Vaccine Campaigns developed by the NMDT. The campaigns are designed to encourage New Mexicans to get the COVID-19 Vaccine. The New Mexico Department of Health, HSD's Managed Care Organizations and other healthcare stakeholders comprise this coalition. HSD promoted social distancing by providing coaching, outreach and educational activities via webinars to Presumptive Eligibility Determiners (PEDs) in the Presumptive Eligibility and JUST Health Programs to help them better assist their clients in the completion of Medicaid eligibility applications, both on-line and telephonically. HSD also provided on-line certification and refresher training sessions for PEDs. HSD MAD Staff participated in and contributed to the development of Medicaid 101 training materials to be used for training HSD Income Support Staff via virtual trainings. Additional Medicaid Training and Outreach is planned to commence in Q3.

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COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA

The MCOs submit encounters daily and/or weekly to stay current with encounter submissions, including encounters that are or not accepted by HSD. HSD meets regularly with the MCOs to address specific issues and to provide guidance. HSD regularly monitors encounters by comparing encounter submissions to financial reports to ensure completeness. HSD monitors encounters by extracting data monthly to identify the accuracy of encounter submissions and shares this information with MCO's. HSD extracts encounter data on a quarterly basis to validate and enforce compliance with accuracy. Based on the most recent quarterly data extracted, the MCO's are compliant with encounter submissions.

Data is extracted monthly to identify Centennial Care enrollment by MCO and for various populations. Any discrepancies that are identified, whether due to systematic or manual error, are immediately addressed. Eligibility and enrollment reports are run monthly to ensure consistency of numbers. In addition, HSD continues to monitor enrollment and any anomalies that may arise, so they are identified and addressed timely. HSD posts the monthly Medicaid Eligibility Reports (MERs) to the HSD website at: http:www.hsd.state.nm.us/LookingForInformation/medicad-eligibility.aspx.
This report includes enrollment by MCOs and by population.

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OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

FISCAL ISSUES

The capitation payments through DY8 Q2 reflect the Centennial Care 2.0 rates effective on January 1, 2021. The rates are developed with efficiency, utilization, trends, prospective program changes, and other factors as described in the rate certification reports. The rate certification reports for January 1 through December 31, 2021 were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2020.

During DY8 Q2, directed payments, Health Care Quality Surcharge payments, and payments for Indian Health Services were made affecting the per member per month (PMPM) for MEGs 1, 2 and 6 in DY7. The directed payments made to the University of New Mexico Hospital (UNMH) and University of New Mexico Medical Group (UNMMG), and payments made for Indian Health Services predominantly contributed to the change of the PMPM for MEGs 1 and 6 of DY7; the payments for Health Care Quality Surcharge and directed payments to UNMH and UNMMG mostly accounted for the increased PMPM of MEG 2 for DY7.

The fiscal impact of the COVID-19 public health emergency may be minimal in the financial activities during DY8 Q2. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for fee-for-service for DY6 to DY8.

PUBLIC HEALTH EMERGENCY (PHE) regarding COVID-19

On January 31, 2020 the Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to the 2019 novel coronavirus also known as COVID-19. This declaration is retroactive to January 27, 2020. In response to the PHE, HSD requested several federal waiver authorities and were approved for the following.

New Mexico Disaster Relief State Plan Amendments (SPAs)

HSD submitted seven Disaster Relief SPAs and received CMS approval for the following:

- Expanding the list of qualified entities allowed to do Presumptive Eligibility

- Increasing DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4% from April 1, 2020 – September 30, 2020;
- Establishing Category of Eligibility (COE) for the COVID-19 Testing Group for the uninsured population;
- Providing Targeted Access UPL Supplemental Payments;
- Applying a Nursing Facility Rate Increase when treating fee for service COVID-19 members from April 1, 2020 – June 30, 2020;
- Increasing reimbursement for hospital stay services from April 1, 2020 – June 30, 2020;
- Increasing reimbursement to non-hospital providers for E&M codes and non-E&M codes, as well as an increase to Medicaid only procedure codes from April 1, 2020 – June 30, 2020;
- Increasing rates for services provided under the Family Infant Toddler (FIT) Program for July 1, 2020 through July 31, 2020; and
- Providing Targeted Access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from April 1, 2020 through December 31, 2020.
- To implement coverage and reimbursement for COVID-19 vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.

1135 Waiver

HSD submitted a 1135 waiver and received CMS approval for the following:

- Suspending prior authorizations and extending existing authorizations
- Suspending PASRR Level I and II screening assessments for 30 days
- Extending of time to request fair hearing of up to 120 days
- Enrolling providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare
- Waiving screening requirements (i.e. Fingerprints, site visits, etc.) to quickly enroll providers
- Ceasing revalidation of currently enrolled providers
- Payments to facilities for services provided in alternative settings
- Temporarily allowing non-emergency ambulance suppliers
- Temporarily suspending payment sanctions
- Temporarily allowing legally responsible individuals to provide PCS services to children under the EPSDT benefit.

Appendix Ks

HSD submitted four Appendix Ks and received CMS approval for the following:

- 1915c Waivers (Medically Fragile, Mi Via, and Developmental Disability)
    - Exceeding service limitations (i.e. allowing additional funds to purchase electronic devices for members, exceeding provider limits in a controlled community residence and suspending prior authorization requirements for waiver services, which are related to or resulting from this emergency)
    - Expanding service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms)
    - Permitting payment to family caregivers
    - Modifying provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements)
    - Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
    - Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
    - Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval

- 1115 Demonstration Waiver for Home Community Benefit Services (HCBS)
    - Expanding service settings (i.e. telephonic visits in lieu of face-face and provider trainings through telehealth mechanisms.)
    - Permitting payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.
    - Modifying provider qualifications to allow provider enrollment or re- enrollment with modified risk screening elements
    - Modifying the process for level of care evaluations or re-evaluations
    - Modifying person-centered service plan development process to allow for telephonic participation and electronic approval
    - Modifying incident reporting requirements
    - Allowing for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings

    - Implementing retainer payments for personal care services

- 1915c (Supports Waiver)
    - Modifying provider qualifications to suspend fingerprint checks or modify training requirements
    - Modifying processes for level of care evaluations or re-evaluations
    - Temporarily modifying incident report requirements for deviations in staffing
    - Temporarily allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings
    - Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection
    - Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting
    - Allowing an option to conduct evaluations, assessments, and person-centered service planning meetings virtually in lieu of face-to-face meetings and adjusting assessment requirements.
    - Modifying incident reporting requirements
    - Clarifying the effective dates in section (f.) to temporarily increase payment rates with effective dates 3/16/20 – 9/30/20 for supportive living, intensive medical living, and family living as approved in NM.0173.R06.03.

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD receives quarterly data reported by the MCOs that reflect an improvement in rates and trends by the following interventions set in place by the MCOs.

BCBS: BCBS meets regularly with their medical groups who are Patient Centered Medical Homes, encouraging them to reach out to the care management team, as well as encouraging their patients to opt-in to care management. BCBS care coordinators are contacting their patients to enroll them in case management and encourage them to go from lower level care coordination to complex case management, when necessary. At weekly outpatient rounds, high-cost members are presented so that the team can work together to recommend resources for the members. BCBS continues to use their Transition of Care

(TOC) teams to reach out to members after discharge to make sure that they have an appointment with their primary care clinician soon.

PHP: PHP has created new 2021 Value Based Purchasing tip sheets to reflect any new quality measures and/or changes to quality measures; including, but not limited to, telehealth coding modifiers. Monthly meetings are held to review tip sheets, discuss utilization of telehealth services, and member education opportunities. Member education opportunities reviewed include nurse advice line, in home screening options, extending walk-in hours, etc. Reviewing these options monthly have proven to be successful in reducing overall utilization for PCMHs.

WSCC: Western Sky Community Care (WSCC) monitors claims and data systems for increased Emergency Department (ED) utilization or readmissions. To prevent ED visits and readmissions, Care Coordinators address ED visits during monthly or quarterly touchpoints and work with appropriate teams to address ED or admission-related critical incidents. The Member Connections team reaches out to members with 4 or more ED visits in the last 30 days or with any mental health or substance use/dependence ED visits to discuss ED use and assist with navigating the healthcare system, connecting with community resources and encourage self-management of any conditions that trigger hospital admissions. High utilizers and members with readmissions are reviewed at WSCC's weekly interdisciplinary rounds for intervention opportunities. WSCC engages with PCMH providers participating in the Value Based Purchasing program to review health screening and outcome metrics. Daily inpatient census and discharge reports can be accessed on the WSCC Provider Portal by all PCMH providers.

Table 4: PCMH Assignment

PCMH ASSIGNMENT				
Total Members Paneled to a PCMH				
	DY8 Q1	DY8 Q2	DY8 Q3	DY7 Q4
BCBS	128,940			
PHP	248,493			
WSCC	34,073			
Percent of Members Paneled to a PCMH				
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	46.3%			
PHP	60.9%			
WSCC	42.2%			

Source: MCO Report #48 Q2

In response to the public health emergency, HSD directed providers to offer telehealth services to be provided in all physical health, behavioral health, and long-term care settings to ensure safe access to health care. HSD added new telehealth codes to encourage the use of telephonic visits and e-visits in lieu of in-person care to reduce the risk of spreading COVID-19 through face-to-face contact.

CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
DY8 Q2	In DY8 Q2, HSD continued to monitor MCO enrollment and Member engagement through the quarterly Care Coordination Report. This report includes data related to completion of required assessments and touchpoints within contract timeframes. The MCO aggregate results from DY8 Q1 show performance benchmarks of 85% were met or exceeded for timely completion of Health Risk Assessments (HRAs), Comprehensive Needs Assessments (CNAs) and Comprehensive Care Plans (CCPs). Aggregate completion rates for HRAs for newly enrolled members remained consistent at 99.8% while MCOs reported an increase of 6 percentage points for HRAs for Members with a change in health condition from DY7 Q4 (90%) to DY8 Q1 (96%). Aggregate completion percentages for CNAs increased from DY7 Q4 to DY8 Q1 by 2 percentage points for CCL2 (94% to 96%) and by 3 percentage points for CCL3 (91% to 94%) Members. Aggregate percentages of CCPs increased from DY7 Q4 to DY8 Q1 by 1 percentage point for CCL2 (94% to 95%) and by 2 percentage points for CCL3 (95% to 97%) Members. All MCOs report increased staff training on motivational interviewing and updated training on tele-health assessment skills. BCBS and WSCC have implemented Member surveys on Care Coordination to ascertain the level of Member satisfaction and continued engagement with Care Coordination. PHP has focused on their Transition of Care Liaisons to ensure assessments and touchpoints for Members transitioning from an in-patient setting or nursing facility are completed timely. HSD continues to monitor strategies and interventions for all MCOs to retain and increase compliance with performance benchmarks. The table below details aggregate and individual MCO performance for DY8 Q1.

Table 5 – Care Coordination Monitoring

MCO PERFORMANCE STANDARDS	DY8Q1	DY8Q2	DY8Q3	DY8Q4
HRAs for new Members	**99.8%**			
BCBSNM	100%			
PHP	97%			
WSCC	100%			
HRAs for Members with a change in health condition	**96%**			
BCBSNM	100%			
PHP	94%			
WSCC	100%			
CNAs for CCL2 Members	**96%**			
BCBSNM	90%			
PHP	99%			
WSCC	100%			
CNAs for CCL3 Members	**94%**			
BCBSNM	88%			
PHP	98%			
WSCC	100%			
CCPs for CCL2 Members	**95%**			
BCBSNM	85%			
PHP	99%			
WSCC	98%			
CCPs for CCL3 Members	**97%**			
BCBSNM	93%			
PHP	99%			
WSCC	97%			

Source: HSD Report #6 – Quarterly Care Coordination Report
Percentages in bold are MCO aggregate of the total assessments due and completed.

In DY8 Q2, HSD continued to monitor the ongoing impact of the Public Health Emergency (PHE) and engagement of Members in Care Coordination through a bi-weekly ‘Telephonic In-Lieu of Face-to-Face Visits’ report. This report monitors compliance of the MCOs’ use of

telephonic and video visits for Comprehensive Needs Assessments (CNAs) and required touchpoints. The report identifies whether MCOs are able to continue to provide Care Coordination by completing assessments and touchpoints for Members telephonically.

The MCOs report CNAs and touchpoints that have been completed/not completed due to Member-driven COVID-19 concerns. These Member-driven concerns include the absence of privacy in the Member's home to discuss Protected Health Information (PHI) and a lack of sufficient minutes on a Member's cell phone. Aggregate MCO completion rates in DY8 Q1 were above 90% for all assessments and touchpoints conducted telephonically. In subsequent months, the MCOs attempt to conduct assessments and touchpoints that were not completed in prior months. The table below details the MCOs' DY8 Q1 completion of Bi-Weekly Telephonic In Lieu of Face-To-Face visits. DY8 Q2 data will be reported in DY8 Q3.

Table 6 - Telephonic In Lieu of Face-To-Face Visits

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Initial CNAs completed	**2,195**			
BCBSNM	981			
PHP	990			
WSCC	224			
Initial CNAs not completed due to COVID-19	**83**			
BCBSNM	78			
PHP	5			
WSCC	0			
Annual CNAs completed	**7,061**			
BCBSNM	2,523			
PHP	3,919			
WSCC	619			
Annual CNAs not completed due to COVID-19	**656**			
BCBSNM	306			
PHP	350			
WSCC	0			
Semi-annual CNAs completed	**539**			
BCBSNM	177			

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TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
PHP	311			
WSCC	51			
Semi-annual CNAs not completed due to COVID-19	**40**			
BCBSNM	36			
PHP	4			
WSCC	0			
Quarterly in-person visits completed	**1,298**			
BCBSNM	505			
PHP	741			
WSCC	52			
Quarterly in-person visits not completed due to COVID-19	**90**			
BCBSNM	13			
PHP	77			
WSCC	0			
Semi-annual in-person visits completed	**5,874**			
BCBSNM	1,044			
PHP	4,431			
WSCC	399			
Semi-annual in-person visits not completed due to COVID-19	**499**			
BCBSNM	7			
PHP	492			
WSCC	0			

Source: MCO Ad Hoc Report: Bi-Weekly Telephonic in Lieu of Face-To-Face Report
Percentages in bold are MCO aggregate of the total assessments completed or not completed.

Care Coordination Audits

HSD continues to monitor MCO compliance with contract and policy by conducting quarterly Care Coordination audits. These audits monitor:

- Whether Members listed as Difficult to Engage, Unreachable or Refused Care Coordination have been correctly categorized (Care Coordination Categorization Audit);
- Verification that Transition of Care plans for Members transitioning from an in-patient hospital stay or nursing facility to the community, adequately address the Members' needs, including the need for community benefits (Transition of Care Audit);
- Confirmation that Members are being correctly referred for a Comprehensive Needs Assessment if triggered by a completed Health Risk Assessment (Health Risk Assessment and Care Coordination Level Audit); and
- Placement of Members in the correct Care Coordination Level, based on information in the CNA and criteria outlined in contract (Health Risk Assessment and Care Coordination Level Audit.)

HSD audits the files, reviews, and analyzes the findings and submits reports of the findings to each MCO. Based on the audit findings and recommendations provided by HSD, the MCOs conduct additional outreach, re-assess Members, and provide targeted training to Care Coordination staff.

In DY8 Q1, HSD revised the Care Coordination Categorization, Transition of Care (TOC), and Health Risk Assessment (HRA) and Care Coordination (CCL) Audit tools to move from 'met/not met' findings to awarding/deducting percentage points related to completion of each contract required element. The revised audit tools, shared with the MCOs, allowed HSD to specifically focus on the areas in need of improvement.

In DY8 Q1, HSD revised the frequency and quantity of Member files audited. The number of files audited was increased from ten (10) per category per MCO to fifteen (15) per category per MCO. The frequency of the audits was moved from monthly to quarterly. This allowed for a more in-depth review of files, increased the time period for the MCOs to implement training and corrective action and reduced administrative burden on HSD and the MCOs.

The table below details the Care Coordination Categorization Audit results for DY8 Q1. DY8 Q2 data will be reported in DY8 Q3.

Table 7 - Care Coordination Categorization Audit

CARE COORDINATION CATEGORIZATION	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Difficult to Engage (DTE)	**90%**			
BCBS	77%			
PHP	100%			
WSCC	93%			
Unable to Reach (UTR)	**70%**			
BCBS	69%			
PHP	57%			
WSCC	84%			
Refused Care Coordination (RCC)	**94%**			
BCBS	86%			
PHP	97%			
WSCC	100%			

Source: HSD DY8 Q1 Quarterly Care Coordination Categorization Audits
Percentages in bold text are MCO averages

HSD noted that DY8 Q1 Care Coordination Categorization audit results showed an increase in compliance from DY7 Q4 for Difficult to Engage Members - from 84% to 90% - and Members Refusing Care Coordination – from 84% to 94%, and a decrease in compliance for Unable to Reach (UTR) Members – from 77% to 70%.

A discussion of DY8 Q1 audit results occurred with all MCOs at the quarterly Care Coordination Meeting to clarify HSD expectations and requirements. Specific areas addressed were:

- Inconsistent engagement with community supports when reaching out to Members
- MCOs not accessing all available contact information to locate Members
- Files not containing all required documentation

HSD noted the improved documentation for Members who have refused Care Coordination and the inclusion of Care Coordination declination forms and detailed reasons for Member refusals in the Member files.

Based on HSD audit findings and recommendations, the MCOs conducted additional outreach to Members, updated Member file documentation and increased training of Care

Coordination staff. HSD requested and received follow-up on audit files that did not meet compliance.

HSD expects an increase in files meeting compliance in subsequent quarterly audits.

The table below details the Transition of Care Audit results for DY8 Q1. DY8 Q2 data will be reported in DY8 Q3.

Table 8 - Transition of Care Audit

TRANSITION OF CARE	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
In-Patient	**89%**			
BCBS	99%			
PHP	89%			
WSCC	80%			
Nursing Facility	**97%**			
BCBS	98%			
PHP	97%			
WSCC	95%			

Source: HSD DY8 Q1 Quarterly TOC Audits
Percentages in bold text are MCO Averages

Results of the DY8 Q1 TOC Quarterly Audits showed improvement in:

- Compliance for all required elements of the TOC plan
- Timeliness of the required three-day post-discharge in-home assessment
- Coordination with discharge planning for Members transitioning from a Nursing Facility (NF) back to the community

Areas that needed improvement were related to:

- Coordination with discharge planners for Members discharging from an In-Patient (IP) setting to the community
- The inclusion of all required elements of three-day post-discharge in-home assessments
- Clear documentation, particularly for Members experiencing readmission within the audited quarter

HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD noted that aggregate rates of compliance rose 2 percentage points for IP to Community TOC Members increasing from DY7 Q4 (87%) to DY8 Q1 (89%) and 19 percentage points for NF to the Community Members increasing from DY7 Q4 (78%) to DY8 Q1 (97%). HSD requested, and received, updates on specific audited Members and ongoing training provided to Care Coordination staff.

The table below details the Health Risk Assessment and Care Coordination Level Audit results for DY8 Q1. DY8 Q2 data will be reported in DY8 Q3.

Table 9 - Health Risk Assessment and Care Coordination Level Audit

HRA/CCL AUDIT	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Health Risk Assessment (HRA)	**100%**			
BCBS	99.7%			
PHP	100%			
WSCC	100%			
Care Coordination Level (CCL)	**87%**			
BCBS	88%			
PHP	89%			
WSCC	83%			

Source: HSD DY8 Q1 HRA and CCL Audits
Percentages in bold text are MCO averages

Results of the HRA Audit showed that the MCOs consistently met all contract requirements when completing HRAs. All MCOs were at 100% compliance in DY7 Q4 and DY8 Q1.

Discrepancies identified in the Care Coordination (CCL) Audit were primarily related to Members who met requirements for Care Coordination Level Three (CCL3) but were categorized at Care Coordination Level Two (CCL2). HSD requested clarification on these categorizations from the MCOs. MCO responses cited incomplete documentation of Member requests for a lower level of care. HSD reiterated the need for robust documentation and requested that the MCOs re-assess identified Members to determine the correct Care Coordination Level, per contract and policy. HSD received updates from the MCOs on the re-assessments requested.

Care Coordination Ride-Alongs

HSD conducted five (5) virtual ride-alongs with MCO care coordinators in DY8 Q2 to observe completion of Member assessments. The MCOs began utilizing telephonic or virtual visits in lieu of in-home, in-person touchpoints in DY7 Q1 to reduce the risk of spreading COVID-19 through face-to-face contact.

HSD attended initial, annual, and semi-annual virtual CNAs conducted by PHP and WSCC. HSD scheduled two virtual ride-alongs with BCBS and an additional ride-along with PHP that were cancelled due to Member-driven scheduling changes.

HSD determined whether care coordinators properly administered the Community Benefits Services Questionnaire (CBSQ) and the Community Benefits Member Agreement (CBMA) to ensure that Members had appropriate access to Community Benefits.

HSD provided both written feedback and discussion at the Quarterly Care Coordination Meeting to the MCOs on the following findings:

- Care coordinators adherence to all contractual obligations in their assessments
- CNAs required additional time when completed telephonically, which placed a burden on some Members
- Care coordinators often went beyond contract requirements to assist Members with locating and applying for additional resources and services
- HSD noted opportunities for improvement that included:
    - Ensuring MCOs obtain agreement from Members for HSD attendance ahead of the scheduled assessment
    - Additional pre-assessment research by care coordinators to become familiar with Member medications, diagnoses, and goals
    - Additional training for care coordinators related to active listening skills, motivational interviewing, and conducting assessments telephonically

HSD discussed the Member health information for pre-assessment research that is available to care coordinators and HSD requested and received MCO updated schedules for care coordinator motivational interviewing training.

Care Coordination All MCO Meetings

HSD conducts regular quarterly meetings with the MCOs to review data on Member engagement, Care Coordination timeliness, performance analysis and Member outcomes. HSD held the DY8 Q2 Quarterly Meeting on June 10, 2021 and reviewed:

- Aggregate data from the Quarterly Care Coordination Report related to compliance with assessment and touchpoint timeliness
- Results of the DY8 Q1 audits of Member categorization, Health Risk Assessments, Care Coordination Levels and compliance with Transition of Care requirements
- Aggregate data from the Bi-Weekly Telephonic In Lieu of Face-to-Face Reports and Member-driven issues that contributed to delayed assessments

Additionally, HSD reviewed new reports being requested for specific populations. HSD detailed report expectations concerning:

- Justice Involved Members
- Children in State Custody
- Members by Tribal affiliation
- Care Coordination by County
- Members receiving care out-of-state
- Members on the Developmental Disabilities Waiver Waiting List
- Members diagnosed with a Traumatic Brain Injury (TBI) or an Acquired Brain Injury (ABI)

HSD and the MCOs considered possible implications for returning to in-person assessments and touchpoints that will be welcome for many Members and ways to alleviate disengagement with Members expressing hesitancy.

In addition to the MCO Quarterly Care Coordination Meeting, HSD implemented a monthly MCO Workgroup focusing on strategies for engaging additional Members in Care Coordination and decreasing the population of Difficult to Engage, Unable to Reach and Refused Care Coordination Members. Two meetings were held in DY8 Q2, both focused on Members who refused care coordination. All MCOs provided positive feedback to the workgroups, expressing appreciation for shared strategies to increase engagement, and providing new plans for measuring Member satisfaction.

BEHAVORIAL HEALTH

In 2021 the Behavioral Health Services Division (BHSD) continues to work to maintain and expand critical behavioral health services during the COVID-19 public health emergency. Expansion of telehealth services was the biggest change for the behavioral health provider network in 2020, and telehealth continues to be at the heart of behavioral health this year.

In addition to standard telehealth delivery methods, behavioral health providers are, for the duration of the emergency, permitted to deliver services telephonically.

In DY8 Q2, 40,690 individuals received behavioral health through this delivery method. This represents a 35 percent reduction over the last quarter (Q1) of DY8 which totaled to 62,215 beneficiaries but it is important to note this reduction can be contributed to the claim lag that is present for 90-days after the quarter end and refreshed data will reflect differently. The steady changes are a result of the continuing pandemic but is also reflective of client and provider preferences and the high value of telehealth in New Mexico's rural landscape.

BHSD did not begin to receive data on behavioral health services delivered over the telephone until the second quarter of DY7, however DY8 Q2 encounter data shows that 25,460 individuals received needed behavioral health services through this modality. The distinct total from quarters one and two of DY8 equals 42,027 people. This is a positive trend, and reflects more providers building their capacity for HIPAA-compliant forms of telehealth. The BHSD continues to evaluate which behavioral health services are appropriate to continue delivery through telephone when the public health emergency is over, but this option has undoubtably been a critical link to services during the COVID-19 crisis.

All MCOs reported significant increases in telehealth services to all age groups, in urban, rural and frontier counties, and to all populations of SMI, SED and SUD clients. In addition to increased utilization, behavioral health providers around the state are reporting qualitative improvements – a decline in no-shows and cancellations, clients less stressed because they have not had to leave their homes or children, and therapists more informed about their clients because they can see more of their lives. As the public health crisis has gone on, however, some providers are also reporting 'zoom fatigue' and greater difficulty keeping some clients engaged.

Treat First has taken on an even more critical role during the COVID-19 crisis. As depression, anxiety and other behavioral health needs surge from the stresses related to COVID-19, Treat First engages clients quickly in services that address their immediate needs. Treat First agencies have seen 2,024 new clients during the first five months of 2021. With support from the Treat First agencies, 28% of these individuals were able to resolve their issues with solution focused interventions within 4 visits. The balance of those clients continued in services. The "No Show for clients in this period was 18.8%, notably lower than before agencies started the Treat First Approach.

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an important evidence-based tool that can be used by virtually all primary care providers to identify problematic alcohol or drug use, depression, or trauma, and then refer a patient for additional treatment, if appropriate. SBIRT was added to the state's Medicaid program for the first time in 2019, and since then BHSD has conducted expanded outreach to providers as well as state-sponsored provider trainings around the state.

SBIRT utilization continued to decrease in DY8 Q2 but at a much slower pace than last quarter. A total of 1,950 people received SBIRT services in DY8 Q1, while a total of 1,834 received services in DY8 Q2. On average, 634 clients were seen on a monthly basis during the quarter with growth seen in April and May, each with 762 clients or more receiving screens per month.

It is important to note that a 90-day claim lag is present at the time the results were run and refreshed totals will show a smaller decrease or possibly an increase when all claims are received.

EXPANDED SERVICES FOR SUBSTANCE USE DISORDER

The Centennial Care 2.0 program includes new and expanded services for Medicaid recipients with substance use disorder (SUD). In DY8 Q2, the State continued efforts to implement Crisis Treatment Centers (CTC). Provider-specific cost-based rates were established for the first two CTC providers in the state, both of which began delivering services during the third quarter. A third new CTC is due to begin operating under proxy rates before the end of the year while working on developing their final rates.

Throughout DY8 BHSD focused on expanding other services key to addressing SUD, such as Intensive Outpatient Services (IOP) and Comprehensive Community Support Services (CCSS).

As part of the SUD 1115 Waiver, services have been approved for specific substance abuse populations in an Institution for Mental Disease (IMD.) An IMD is defined as any facility with more than 16 beds that is primarily engaged in the delivery of psychiatric care or treating substance use disorders (SUD) that is not part of a certified general acute care hospital. MAD has expanded coverage of recipients, aged 22 through 64, to inpatient hospitalization in an IMD, for SUD diagnoses only, with criteria for medical necessity and based on ASAM admission criteria. Covered services include withdrawal management (detoxification) and rehabilitation.

In DY8 Q2, the utilization of SUD in an IMD decreased over DY8 Q1. An average of 1,254 beneficiaries per month were served in DY8 Q1, and that monthly average decreased to 680, for DY8 Q2. In DY8 Q2, 1,699 beneficiaries were served whereas 2,916 were served in DY8 Q1, a 42 percent decrease.

There is claim lag present in these totals and the increase seen now is not yet complete and is likely to increase with the next data refresh.

SUD Health IT

For DY8 the Human Services Department continues actively working to develop the necessary SUD Health IT capabilities to support member health outcomes and address the SUD goals of the demonstration. New Mexico has developed a workgroup to review our Health IT plan to ensure the progress and support of each milestone.

Utilization of the New Mexico Prescription Monitoring Program (PMP) rose by 4 percent in DY8 from 83 percent of providers checking the NM PMP appropriately to 87 percent. New Mexico is also exploring funding options to develop enhancements such as reporting and opportunities to further integrate providers to the NM PMP.

New Mexico has completed the implementation of EDIE in all New Mexico Health Homes. Health Homes have also received training on the new SUD features that have been incorporated into EDIE. New Mexico will continue to ensure that any new Health Homes also registered.

Annual reporting measures have been established to track the number of providers that have been trained on pain management through Project ECHO. Due to the public health emergency, there were fewer ECHO training sessions on pain management in DY8 than DY7 – a drop from 68 trainings to 33. But because of the increased ease of participating in virtual trainings, attendance stayed stable: there were 455 unique learners in DY7 and 459 in DY8 We continue to explore additive query functions to be designed by the collaborative IT committee.

The Centennial Care MCOs have worked together on the Drug Utilization Review (DUR) committee to develop a standard monitoring program for controlled substance utilization. The DUR meets quarterly to accomplish monitoring parameters, and receive input requiring action from the MCOs. This includes development of enhanced supports for clinician review of patient's history of controlled substance prescriptions provided through the PDMP.

HSD and the New Mexico Department of Health (DOH) collaborated to place telehealth Certified Peer Support Workers in five EDs 24/7 in 2020, with plans to expand to other EDs during 2021. HSD and vendors for the new MMIS will be designing and implementing enhanced data analytics targeted for 2022. Smart phone apps are part of the MMIS unified public interface (UPI). HSD and vendors for the new MMIS will be designing and implementing smart phone capabilities (UPI) in 2022. This initiative will assist in retention in treatment for OUD and other SUDs.

HSD and vendors for the new MMIS will be designing and implementing data services to provide analytics for public health and clinical support for providers is also targeted for 2022.

CMS approved a SPA HSD submitted in early 2021 to add SUD to health home eligibility criteria.

ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES

During DY8 Q2 BHSD worked with Nine new providers in completing the Adult Accredited Residential Treatment Center (AARTC) application. Three of the nine providers under review, are at the beginning stages of the process and are submitting required documentation. Five of the providers are working through the process of accreditation and one provider is working through rate development and is close to completion. There have been an additional eight requests for AARTC applications during this quarter which is slightly higher than the previous quarter and may be attributed to the lift in COVID-19 restrictions.

Table 10 – AARTC Client Counts

NON-MEDICAID CLIENT COUNTS			MEDICAID CLIENT COUNTS		
PROVIDER	DY8 Q1	DY8 Q2	PROVIDER	DY8 Q1	DY8 Q2
241	47	29	716	15	0
493	18	5	90	38	11
			37	204	69
			81	22	14
			589	23	5
Unduplicated Total	**65**	**34**	**Unduplicated Total**	**281**	**96**

Source: Medicaid: Medicaid Data Warehouse & Non-Medicaid: BHSD Star/Falling Colors

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For the existing AARTC's in operation who are approved to bill Medicaid, the data above identifies the number of individuals who received AARTC services during the first and second quarters of DY8.

The Utilization of the Medicaid service shows a decrease, which may be due to the 90 day lag in claims submitted for DY8 Q2, while utilization of the non-Medicaid service also shows a decline for the same period. HSD will review and pull data as necessary to review claims submitted in the 90 day lag time and update as needed.

As the AARTC application process unfolds BHSD and HSD MAD continue to refine the application process to ensure AARTCs services are rendered in the most efficient and timely manner.

BHSD and HSD MAD continue discussing next steps to the development of AARTC rates. Rates will be assessed after one full year of utilization and expenditure data has been collected to determine if the initial rates are appropriate or need to be adjusted to ensure AARTCs services are appropriately supported and funded.

HEALTH HOMES

The CareLink New Mexico Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with Serious Mental Illness and children and adolescents with Severe Emotional Disturbance. During DY8 Q2, CMS approved the State Plan Amendment submitted by HSD to add Substance Use Disorder to the eligibility criteria for Health Homes. This addition aligns the Health Homes with the State's 1115 Demonstration Waiver activities and enable CLNM providers to deliver services to this vulnerable population.

Seven providers deliver coordinated care services at 12 sites to support integrated behavioral and physical health services. Two Health Homes (Guidance Center Lea County and Mental Health Resources, Roosevelt County) provide High Fidelity Wraparound services to 135 children and adolescents with SED and complex behavioral health challenges. Wraparound clients are involved with multiple state systems and many have been in out-of-state residential treatment centers. Specific activities related to support of Health Home services are listed below.

CLNM Health Home Activities	
DY8 Q2	Since March 2020, CLNM providers have been delivering Health Home services through telehealth and telephonic delivery methods. Providers report these systems have been effective in continuing to opt new members into the program and engage with them in services. Telehealth services have also enabled members with transportation barriers to continue to access services. Providers also describe challenges delivering services telephonically: many members experienced weariness from telehealth services, and some have had difficulties discussing mental health issues with family members present in the home. Care coordinators report some concerns completing assessments thoroughly using a telephonic delivery system that doesn't enable them to assess a member's environment. By the end of Q2 2021, CLNM providers began safely delivering face-to-face services to clients who requested them. Enrollment during DY7 increased by seven percent over the previous year, despite limitations posed by the COVID-19 public health emergency. During DY8 Q2, enrollment increased by four percent over DY8 Q1, which represents a continued steady expansion of an established service. During DY8 Q2, HSD delivered technical assistance to Health Home staff that included: further development of strategies for safe delivery of face-to-face services to members. HSD also held a Stigma training for approximately 100 CLNM providers and Behavioral Health Services Division staff. The training was conducted by the Chief of Addiction Psychiatry from University of New Mexico. A training was also provided to CLNM staff to review HEDIS measures. CLNM providers have identified a specific measure they wish to improve upon for their population, and the State is working with providers to establish baseline data and develop care pathways to improve outcomes and integrated care.

Table 11: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES										
Q2 2020 APR-JUN	% CHANGE	Q3 2020 JUL-SEP	% CHANGE	Q4 2020 OCT-DEC	% CHANGE	DY7 GROWTH	Q1 2021 JAN-MAR	% CHANGE	Q2 2021 APR-JUN	% CHANGE
3,829	3%	3,858	0.8%	3,959	2.6%	7%	4,020	2%	4,183	4%

Source: NMStar, CLNM Opt-in Report,

SUPPORTIVE HOUSING

The supportive housing benefit in Centennial Care 2.0 (CC 2.0) provides Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program pre-tenancy and tenancy services. The Linkages program serves individuals diagnosed with serious mental illness with functional impairment who are homeless or precariously housed and are extremely low-income, per the Department of Housing and Urban Development (HUD) guidelines.

Linkages agencies can bill Medicaid for comprehensive community support services (CCSS), but now that supportive housing services are included in the CC 2.0 waiver, BHSD continues to strongly encourage Linkages providers to shift to billing directly for supportive housing. The CC 2.0 waiver requires the services be provided by a certified peer support worker (CPSW) to align with the state's goals for building the peer support workforce. One Linkages provider currently has six CPSWs assigned to deliver Linkages supportive housing services. Another Linkages provider hired a CPSW through a peer recovery grant, this CPSW may also be rendering Linkages support services. Other Linkages providers continue to consider hiring CPSW staff for Linkages programming and/or are actively seeking CPSWs to hire, while utilizing case managers, community support workers, and supportive housing coordinators to offer these services.

The Office of Peer Recovery and Engagement (OPRE) accepts CPSW training applications, and all Linkages providers have been kept informed about CPSW training opportunities and receive the OPRE monthly newsletter. Providers have been encouraged to utilize the OPRE newsletter to post their open positions to recruit CPSW staff. OPRE has a list-serv of CPSWs available to providers to verify if a potential peer hire is certified. Also, OPRE has a Supportive Housing specialty endorsement, which is an additional training for CPSWs. The available list-serv indicates if CPSWs carry this specialty endorsement, which is not required for Medicaid billing but helpful for those CPSWs involved with supportive housing services.

BHSD continues to promote the use of CPSWs to render Linkages support services. Providers continue to receive information, education, and training about the value CPSWs utilization and shifting to Medicaid reimbursement through the statewide Linkages meeting, Supportive Housing trainings, the Linkages policy manual, and on-going technical assistance from the BHSD Supportive Housing Program Manager and Linkages TA who meet with providers monthly. Provider contracts for State Fiscal Year 2022 include an item specific to Medicaid and H0044. The Linkages/ Supportive Housing TA contractor distributes to Linkages providers a spreadsheet to show the potential monetary gain that could come from billing the correct code, based on varying case load capacities; the

spreadsheet serves as a useful promotion tool.

MEDICAID SUPPORTIVE HOUSING UTILIZATION (APRIL 1 – JUNE 30)	
DY8 Q1	DY8 Q2
25	24
Unduplicated Total - 49	

* Claims lag may be present up to 90 days after the end of the quarter.
Source: Medicaid Data Warehouse

An increase of state general funds (SGF) for FY21 allowed BHSD to expand Linkages services that are not covered by Medicaid. BHSD uses these funds to support rental assistance vouchers for eligible Linkages clients. In FY20, funding allowed 160 households to receive a rental assistance voucher and support services; in FY21, the funding increased to support 318 households. An individual does not need to be a Medicaid Member to obtain a voucher; however, many Linkages clients are Medicaid Members.
In FY21, Linkages has eight sites: Curry and McKinley are new Linkages sites and have made progress with establishment of Linkages programing. In FY22, the Linkages budget will maintain the FY21 expansion, and there will continue to be eight Linkages sites with a capacity of 318 households served with vouchers and support services.

CENTENNIAL HOME VISITING (CHV) PILOT PROGRAM

In DY8, between Jan 1 and Jun 30, 2021, the numbers of Centennial Care MCO member enrollments for each home visiting (HV) program are as follows:

Nurse Family Partnership (NFP) Model: University of New Mexico Center for Development and Disability (UNM CDD) NFP served a total of 76 unique families in Bernalillo County and Valencia County; some of which were newly enrolled during Q2.

Parents as Teachers (PAT) Model:

- UNM CDD PAT served 52 unique families in Bernalillo County; some of which were newly enrolled during Q2.
- ENMRSH still served 26 unique families in Curry County and Roosevelt County at their capacity. No new families were enrolled during Q2.
- Taos Pueblo/Tiwa Babies served 8 unique families in Taos County.

The CHV services delivery was still affected by the COVID-19 emergency during DY8. HSD provided the following guidance to assist CHV providers:

"HSD is temporarily waiving the requirement that CHV program provides in-home visits. Instead, Nurse Family Partnership and Parents as Teachers home visitors will follow telehealth guidance in accordance with their curriculum standards, including the use of videoconferencing, if possible. Any activities that require an in-person visit with CHV clients will be deferred through the termination of the emergency declaration."

Home visiting agencies reported no interruption of services. Both home visitors and families found this mode of delivery to be a desirable alternative.

PRESUMPTIVE ELIGIBILITY PROGRAM

The New Mexico HSD Presumptive Eligibility (PE) program continues to be an important part of the State's efforts. Presumptive Eligibility Determiners (PEDs) are employees of qualified hospitals, clinics, FQHCs, IHS facilities, schools, primary care clinics, community organizations, County Jails and Detention Centers, and some New Mexico State Agencies including the New Mexico Department of Health (DOH), New Mexico Children Youth and Families Department (CYFD) and the New Mexico Corrections Department (NMCD). Currently, there are approximately 720 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in the PE program. PE certification requirements include; active participation during the entire training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff conduct "Your Eligibility System for New Mexico-Presumptive Eligibility (YESNM-PE)" demo trainings. During demo trainings, the PEDs have the opportunity to take a refresher training on "How To" utilize the tools and resources available to them; specifically, the New Mexico Medicaid Portal and YESNM-PE to screen for PE, grant PE, and submit on-going Medicaid applications. PE program staff conducted three PE certification trainings and three YESNM-PE demo refresher trainings.

In DY8 Q2, HSD maintained a virtual assistant program to help automate the process of adding newborns to existing Medicaid cases. This new "Baby Bot" functionality utilizes our contractor, Accenture's, virtual assistant (AVA) software. AVA allows providers to start a

Baby Bot chat session in YESNM-PE (Your Eligibility System New Mexico for Presumptive Eligibility). The chat session can help facilitate adding the newborn to the Medicaid-enrolled mother's case.

YESNM-PE is only available to certified Presumptive Eligibility Determiners (PEDs). PEDs use YESNM-PE to screen, and grant approvals, for Presumptive Eligibility (PE) coverage. They also use YESNM-PE to submit ongoing Medicaid applications. With Baby Bot, PEDs at hospitals, IHS/Tribal 638s and birthing centers also have the enhanced capabilities of electronically adding newborns to an existing case.

Access to the Baby Bot is available through a link located on the PED's home page in YESNM-PE. The Baby Bot platform operates as a webservice and sends the information electronically to ASPEN, HSD's eligibility system. Once the mother's eligibility has been electronically verified in ASPEN, the system automatically adds the newborn to the case. This allows immediate access to benefits for the newborn. Currently 227 active PEDs are certified to use the Baby Bot functionality with more trainings scheduled to increase participation.

- **Newborns Submitted**
  Overall number of submissions through Baby Bot
- **Newborns Successfully Enrolled (and % of Newborns Successfully Enrolled)**
  Number (and %) of newborns automatically added to an existing Medicaid case at time of submission
- **Newborns Unsuccessfully Enrolled (and % Newborns Unsuccessfully Enrolled)**
  Number (and %) of submissions not completed automatically; newborn added to the case via worker manual intervention

Table 12: Medicaid-eligible newborns submitted through Baby Bot on YESNM-PE

AVA Baby Bot (April - June 2021)					
Month	**Newborns Submitted through AVA**	**Newborns Successfully Enrolled**	**Newborns Unsuccessfully Enrolled - Tasks Created**	**% of Newborns Successfully Enrolled**	**% of Newborns Unsuccessfully Enrolled**
April	637	532	105	84%	16%
May	629	512	117	81%	19%
June	684	560	124	82%	18%
Total	1,950	1,604	346	82%	18%

Source: Accenture Baby Bot dashboard RPA activity detail daily report

In DY8 Q2 50 PEDs used the Baby Bot functionality. Although HSD program staff saw a decrease in PED participation, we noticed an increase in the number of newborns added through Baby Bot. In this reporting period 82% of all newborns submitted through a Baby Bot chat session resulted in a successful case update. HSD MAD program staff are working with PEDs and system developers to increase the number of submissions as well as the number of successful submissions through the Baby Bot.

Table 13: PE Approvals

PE APPROVALS (April - June 2021)				
Month	**PEs Granted**	**% PE Granted with Ongoing Applications Submitted**	**Total Individuals Applied**	**Individuals Approved**
April	114	99.12%	803	642
May	110	97.27%	711	560
June	122	98.36%	725	519
Total	346	98.27%	2,239	1,721

Source: Monthly PE001 Report from ASPEN and OmniCaid

NM PEDs are aware of the importance of on-going Medicaid coverage for their clients. This is reflected by the high number of PE approvals that also had an ongoing application submitted in DY8 Q2. In DY8 Q2, 98.27% of all PE approvals also had an ongoing application submitted.

JUST HEALTH PROGRAM

Certified PEDs employed at the New Mexico Corrections Department (NMCD) and County Jails or Detention Centers participate in the PE Program through the Justice-Involved Utilization of State Transitioned Healthcare (JUST Health) program.

The JUST Health program was established to ensure justice-involved individuals have timely access to healthcare services upon release from correctional facilities. To ensure this access can occur, individuals who have active Medicaid coverage at the time of incarceration do not lose their Medicaid eligibility, but rather, have their Medicaid benefits suspended after 30 days. Benefits are reinstated upon the individual's release from incarceration which allows immediate access to care. Individuals who are not Medicaid

participants but who appear to meet eligibility requirements are given the opportunity to apply while incarcerated. Application assistance is provided by PEDs at the correctional facilities.

It is HSD's goal to reduce recidivism by ensuring that individuals have immediate access to services (i.e., prescriptions, transportation, Behavioral Health appointments, etc.) upon release. To help facilitate access to care and ensure smooth transitions from correctional facilities, HSD has established the Centennial Care JUST Health workgroup. The workgroup includes representatives from State and County Correctional facilities, Managed Care Organizations, County governments, State agencies, provider organizations and other stakeholders. The goal of the workgroup is to create a transition of care with detailed processes and procedures that can be utilized and adapted to work for all correctional facilities state-wide.

The following table outlines the numbers of PE approvals granted and the total number of ongoing applications submitted and approved. In DY8 Q2, 83.33% of all JUST Health PE approvals also had an ongoing application submitted.

Table 14: PE Approvals

PE APPROVALS – JUST HEATH (April - June 2021)				
Month	**PEs Granted**	**% PE Granted w/Ongoing Applications Submitted**	**Total Individuals Applied**	**Individuals Approved**
April	6	83.33%	59	51
May	6	66.67%	63	54
June	6	100%	53	42
Q2 Totals	18	83.33**%**	175	147

Source: Monthly PE001 Report from ASPEN and OmniCaid

7
HCBS REPORTING

Critical Incidents	
DY8 Q2	HSD conducted a quarterly meeting with MCOs that included the Centennial Care Contracts Bureau, Long Term Services and Supports Bureau and Behavioral Health Services Division to provide an overview of critical incident reporting. The primary discussion was the HSD analysis of the MCO narrative responses from Critical Incidents Report #36 for DY8 Q1. In addition, an overview of the updated reporting requirements for Critical Incident Reports (CIRs) related to the following categories; Neglect-refusing services and Neglect-insufficient staffing was provided to the MCOs. The discussion focused on two points, members with natural supports and members who have a new authorization, scheduled to receive services with an agency that identified limited staffing. The discussion yielded the following decisions to address the concern raised: All stakeholders agreed natural support should be temporary. The potential that members needs are not met in all cases of natural support were of concern. Therefore, CI reports will no longer be deleted and will be followed up upon by the MCOs. The responsibility regarding the delivery of the services agreed upon by the Agency lies with the MCO. The MCO is required to follow up with the care coordination team to determine if the Agency assigned to the member has initiated care. The MCOs representatives and HSD have been meeting weekly to plan the 2021 annual provider CIR training to be held in September. HSD conducted daily reviews of critical incidents submitted by the MCOs and providers for the purpose of ensuring compliance with reporting requirements. In addition, HSD completes a weekly Concerns List which identifies specific errors in the report. The Concerns List is sent to MCOs for correction and/or follow-up. HSD provided daily assistance to MCOs and providers to obtain access to the CIR Portal by establishing and/or resetting login credentials as well as deleting duplicate reports. DY8 Q2 data will be received on July 30, 2021 and be reflected in DY8 Q3 report. DY8 Q1 data was received on April 30,2021. During DY8 Q1, a total of 18,534 CIRs were filed for Centennial Care which includes physical health (17,220), and subsets of behavioral health (724) and community benefit self-directed (590) members. The table below represents a summary of the critical incident reporting for DY8 Q1.

Table 15: Critical Incidents Reported

CRITICAL INCIDENTS REPORTED (Q1 2021)															
MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
BCBS	3,798				127				95				3,798	127	95
PHP	12,648				557				471				12,648	557	471
WSCC	774				40				24				774	40	24
Total	17,220				724				590				17,220	724	590

Source MCO quarterly report #36

The tables below represent MCO specific critical incident reporting for DY8 Q1.

BCBS (Q1 2021)															
Critical Incident Types	Centennial Care (CC)				Behavioral Health				Self-Directed				Year-to-date Totals		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	77				13				4				77	13	4
Death	279				3				5				279	3	5
Elopement / Missing	2				1				0				2	1	0
Emergency Services	1,245				68				68				1,245	68	68
Environmental Hazard	15				0				1				15	0	1
Exploitation	28				2				2				28	2	2
Law Enforcement	11				3				1				11	3	1
Neglect	2,132				37				14				2,132	37	14
All Incident Types	3,798				127				95				3,798	127	95

PHP (Q1 2021)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	220				73				10				220	73	10
Death	527				13				23				527	13	23
Elopement/ Missing	15				2				0				15	2	0
Emergency Services	5,830				304				390				5,830	304	390
Environmental Hazard	83				7				2				83	7	2
Exploitation	39				4				4				39	4	4
Law Enforcement	53				10				4				53	10	4
Neglect	5,881				144				38				5,881	144	38
All Incident Types	12,648				557				471				12,648	557	471

WSCC (Q1 2021)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	21				1				0				21	1	0
Death	59				2				2				59	2	2
Elopement/ Missing	7				0				1				7	0	1
Emergency Services	195				21				14				195	21	14
Environmental Hazard	10				1				0				10	1	0
Exploitation	7				0				1				7	0	1
Law Enforcement	2				0				0				2	0	0
Neglect	473				15				6				473	15	6
All Incident Types	774				40				24				774	40	24

Consumer Support Program

The consumer support program is a system of organizations and state agencies that provide standardized information to beneficiaries about Centennial Care, long-term services and supports (LTSS), the MCO grievance and appeals process, and the fair hearing process.

YTD and quarterly reporting is provided by the Aging and Long-Term Services Department (ALTSD) - Aging and Disability Resource Center (ADRC). The ADRC is the single point of entry for older adults, people with disabilities, their families, and the broader public to access a variety of services.

Table 16: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT April - June 2021	
TOPIC	**NUMBER OF CALLS**
Home/Community Based Care Waiver Programs	3,278
Long Term Care/Case Management	6
Medicaid Appeals/Complaints	4
Personal Care	276
State Medicaid Managed Care Enrollment Programs	191
Medicaid Information/Counseling	1,804

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2021, Quarter 4 report

Table 17: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT April – June 2021			
COUNSELING SERVICES	**NUMBER OF HOURS**	**NUMBER OF NURSING HOME RESIDENTS**	**NUMBER OF CONTACTS**
Transition Advocacy Support Services		178	
*Medicaid Education/Outreach	2,428		
Nursing Home Intakes		92	
**LTSS Short-Team Assistance			20

January 1, 2019 – December 31, 2023

*Care Transition Specialist team educates residents, surrogate decision makers, and facility staff about Medicaid options available to the resident and assist with enrollment.

**Clients are provided short-term assistance in identifying and understanding their needs and to assist them in making informed decisions about appropriate long-term services and supports choices in the context of their personal needs, preferences, values and individual circumstances.

Source: Care Transition Bureau (CTB) GSA I 7-630-8000-0001 CFDA 93-778 State Fiscal Year 2021, Quarter 4 reports

Community Benefit

In DY8 Q2, the Long-term Care (LTC) workgroup projects have included CC 2.0 program changes such as CC 2.0 reporting revisions, Self-Directed Community Benefit (SDCB) vendor changes, and monitoring implementation of the federally required Electronic Visit Verification (EVV). HSD also worked with stakeholders and sister state agencies to draft our proposed plan for the American Rescue Plan Act (ARPA) increased HCBS funding. The plan was submitted to CMS on 7/12/21 and is currently pending approval.

Electronic Visit Verification

In DY8 Q2, HSD continued to work with MCOs and subcontractors on the implementation of EVV for SDCB and fee-for-service programs which started January 2021. HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Community Benefit (ABCB) and EPSDT Personal Care Services. Please see ABCB EVV data for DY8 Q1 outlined in the table below. The MCOs reported that 76% of the total ABCB PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder of claims were created through the Fiserv Authenticare application.

Table 18: EVV DATA

EVV DATA (JAN – MAR 2021)		
MCO	**AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD**	**NUMBER OF TOTAL CLAIMS THIS PERIOD**
BCBS	7,542	447,072
PHP	14,859	896,084
WSCC	1,780	107,918
TOTAL	24,181	1,451,074

Statewide Transition Plan

HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD plans to issue the STP for public comment in the summer of 2021. Once this is completed, HSD will submit the final STP to CMS.

MCO Internal NF LOC Nursing Facility Level of Care (NF LOC) Audits

HSD requires the MCOs to provide a quarterly summary of their internal audits of NF LOC Determinations. Each MCO conducts internal random sample audits of both community-based and facility-based determinations completed by their staff based on HSD NF LOC criteria and guidelines. The audit includes accuracy, timeliness, consistency, and training of reviewers. The results and findings are reported quarterly to HSD along with any Quality Performance Improvement Plan. BCBS conducted 104 total audits of NF LOC determinations including 18 facility-based and 86 community-based determinations. PHP conducted 229 total audits of NF LOC determinations including 73 facility-based and 156 community-based determinations. WSCC conducted 60 total audits of NF LOC determinations including 12 facility-based determinations and 48 community-based determinations. Audit results were consistent throughout Quarter 1. All three MCOs reported 100% agreement with reviewer determinations for both facility-based and community-based decisions and 100% agreement for facility-based timeliness and above 98% for community-based timeliness. Additionally, all MCOs reported that ongoing training was provided for reviewers during Quarter 2. HSD will continue to monitor the MCOs' internal audits of NF LOC determinations and identify and address any trends and provide technical assistance as needed.

Table 19: MCO Internal NF LOC Audits– Facility-Based

Facility-Based Internal Audits	Jan	Feb	Mar	DY8Q1
High NF Determinations				
Total number of High NF LOC files audited	**10**	**10**	**10**	**30**
BCBSNM	3	3	3	9
PHP	5	5	5	15
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	**10**	**10**	**10**	**30**
BCBSNM	3	3	3	9
PHP	5	5	5	15
WSCC	2	2	2	6
% of files with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determinations	**Jan**	**Feb**	**Mar**	**DY8Q1**
Total number of Low NF LOC files audited	**25**	**21**	**22**	**68**
BCBSNM	3	3	3	9
PHP	20	16	17	53
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	**25**	**21**	**22**	**68**
BCBSNM	3	3	3	9
PHP	20	16	17	53
WSCC	2	2	2	6
% of files with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	**Jan**	**Feb**	**Mar**	**DY8Q1**
Total number of High NF LOC determinations completed within required timeframes	**10**	**10**	**10**	**30**
BCBSNM	3	3	3	9
PHP	5	5	5	15
WSCC	2	2	2	6
% of High NF LOC determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Total number of Low NF LOC determinations completed within required timeframes	**25**	**21**	**22**	**68**
	3	3	3	9

BCBSNM	20	16	17	53
PHP	2	2	2	6
WSCC				
% of Low NF LOC determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: MCO Internal Audit Results
Total percentage rows contain aggregate percentages

Table 20: MCO Internal NF LOC Audit Report – Community-Based

Community-Based Internal Audits	Jan	Feb	Mar	DY8Q1
Total number of Community-Based NF LOC files audited	**98**	**98**	**96**	**292**
BCBSNM	28	28	28	84
PHP	54	54	52	160
WSCC	16	16	16	48
Total number with correct NF LOC determination	**98**	**98**	**96**	**292**
BCBSNM	28	28	28	84
PHP	54	54	52	160
WSCC	16	16	16	48
% with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	**Jan**	**Feb**	**Mar**	**DY8Q1**
Total number of Community-Based determinations completed within required timeframes	**96**	**98**	**96**	**290**
BCBSNM	26	28	28	82
PHP	54	54	52	160
WSCC	16	16	16	48
% of Community-Based determinations completed within required timeframes	**98%**	**100%**	**100%**	**99%**
BCBSNM	93%	100%	100%	98%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: MCO Internal Audit Results
Total percentage rows contain average percentages

MCO NF LOC Determinations

HSD requires that the MCOs report to the state quarterly, a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the Member did not meet LOC based on HSD NF LOC instructions. Beginning with DY7 Q4, HSD paused reporting timeliness of determination data due to direction in LOD #6, which waived timeliness requirements for NF LOC redeterminations because of the effects of the Public Health Emergency.

Table 21: MCO NF LOC Determinations – Facility-Based

Facility-Based Determinations High NF Determinations	Jan	Feb	Mar	DY8Q1
Total number of determinations/redeterminations completed for High NF LOC requests	**43**	**43**	**72**	**158**
BCBSNM	11	6	9	26
PHP	30	34	58	122
WSCC	2	3	5	10
Total number of determinations/redeterminations that met High NF LOC criteria	**32**	**35**	**59**	**126**
BCBSNM	7	3	4	14
PHP	23	29	50	102
WSCC	2	3	5	10
% of determinations/redeterminations that met High NF LOC criteria	**74%**	**81%**	**82%**	**80%**
BCBSNM	64%	50%	44%	54%
PHP	77%	85%	86%	84%
WSCC	100%	100%	100%	100%
Low NF Determinations	**Jan**	**Feb**	**Mar**	**DY8Q1**
Total number of determinations/redeterminations completed for Low NF LOC requests	**412**	**401**	**396**	**1,209**
BCBSNM	151	148	88	387
PHP	224	231	260	715
WSCC	37	22	48	107
Total number of determinations/redeterminations that met Low NF LOC criteria	**399**	**385**	**390**	**1,174**
BCBSNM	150	147	87	384
PHP	212	216	255	683
WSCC	37	22	48	107
% of determinations/redeterminations that met Low NF LOC criteria	**97%**	**96%**	**98%**	**97%**
BCBSNM	99%	99%	99%	99%
PHP	95%	94%	98%	96%
WSCC	100%	100%	100%	100%

Source: External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report
Total percentage rows contain average percentages

Table 22: MCO NF LOC Determinations–Community-Based

Community Based Determinations	Jan	Feb	Mar	DY8Q1
Total number of determinations/redeterminations completed	**2,165**	**2,284**	**2,706**	**7,155**
BCBSNM	603	665	762	2,030
PHP	1,402	1,420	1,739	4,561
WSCC	160	199	205	564
Total number of determinations/redeterminations that did not meet NF LOC criteria	**2,126**	**2,243**	**2,652**	**7,021**
BCBSNM	600	662	755	2,017
PHP	1,370	1,383	1,692	4,445
WSCC	156	198	205	559
% of determinations/redeterminations that did not meet NF LOC criteria	**98%**	**98%**	**98%**	**98%**
BCBSNM	100%	100%	99%	99%
PHP	98%	97%	97%	97%
WSCC	98%	99%	100%	99%

Source: External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report
Total percentage rows contain average percentages

External Quality Review Organization (EQRO) NF LOC

HSD's EQRO reviews a random sample of MCO NF LOC determinations every quarter. HSD issued a reduced sample breakdown starting with the assessment period of 1/1/21-1/15/21. The new sample size per MCO is eight (8) total files. The sample size prior to 1/1/21 was sixteen (16) files per MCO.

The EQRO conducts ongoing random reviews of LOC determinations to ensure that the MCOs are applying HSD's NF LOC criteria consistently. The EQRO provides a summary of their review to HSD monthly. Additionally, HSD monitors all determination denials identified in the EQRO review to identify issues of concern.

Table 23: EQRO NF LOC Review

Facility-Based High NF Determination	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Number of Member files audited	**18**			
BCBSNM	5			
PHP	6			
WSCC	7			
Number of Member files the EQRO agreed with the determination	**16**			
BCBSNM	3			
PHP	6			
WSCC	7			
% of Member files the EQRO agreed with the determination	**89%**			
BCBSNM	60%			
PHP	100%			
WSCC	100%			
Low NF Determination	**DY8 Q1**	**DY8 Q2**	**DY8 Q3**	**DY8 Q4**
Number of Member files audited	**36**			
BCBSNM	13			
PHP	12			
WSCC	11			
Number of Member files the EQRO agreed with the determination	**36**			
BCBSNM	13			
PHP	12			
WSCC	11			
% of Member files the EQRO agreed with the determination	**100%**			
BCBSNM	100%			
PHP	100%			
WSCC	100%			
Community-Based	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Number of Member files audited	**90**			
BCBSNM	30			
PHP	30			
WSCC	30			
Number of Member files the EQRO agreed with the determination	**90**			
BCBSNM	30			
PHP	30			
WSCC	30			
% of Member files the EQRO agreed with the determination	**100%**			
BCBSNM	100%			
PHP	100%			
WSCC	100%			

Source: External Quality Review Organization (EQRO) NF LOC Report for CMS
Total percentage rows contain aggregate percentages

The aggregated Facility-Based High NF determination percentage was 89% in DY8 Q1 for EQRO agreement, decreasing from 94% in DY7 Q4 and 94% in DY7 Q3. Aggregated Facility-Based Low NF determinations continue to average 96% in Q4 for EQRO agreement for determinations, which matched the percentage of Low NF determinations in DY7 Q3. Community-Based determinations increased in Q4 to 100% from an average of 99% in DY7 Q3 for EQRO agreement. HSD noted that the overall number of determination disagreements for the MCOs decreased slightly from seven (7) in DY7 Q3 to six (6) in DY7 Q4. HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and identify and address any trends and provide technical assistance as needed.

8
AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	February 4, 2021 Virtual meeting	A provider asked “If a pregnant woman is on Category 100, is she still eligible to get the infant car seat, portable infant crib or wrap baby carrier or does her category code have to be 301/300 or 35?” BCBS staff contacted provider on 2/12/21 to provide Special Beginnings information. However, notes do not state what that information was. A member asked “Do you guys have Google maps for transportation? When you live on the reservation, drivers can't find our location.” BCBS transportation provider responded “We try to send folks that are familiar with the areas. We are always trying to improve our mapping service.” Another member commented “A lot of the people don’t have internet access; we couldn't see the presentation. Can you send a copy of the presentation?” BCBS staff mailed a copy on 2/12/2021.
PHP	March 26, 2021 Virtual meeting	There were six RSVPs for the virtual meeting, but no one called in/connected virtually for it. PHP ended the call after 25 minutes. PHP limited their audience to one particular Pueblo. In the future they should consider opening the meeting up to a larger geographical area and more attendees.
WSCC	February 10, 2021 Virtual meeting	A member commented "Secure Transportation is late picking me for my appointments. I live in Torreon and sometimes I am more than 15 minutes late to my appointment because the driver got lost when I live right by the highway. When I am late to my appointment, I have to reschedule my appointment. Are there any other vendors, I can use?" She went on to say that she had a bad experience with another vendor and a third one doesn't contract with WSCC. Response from WSCC: "I would recommend for our members to contact our Member Services to file a grievance or partner up with our Ombudsman. By filing a grievance or working with our Ombudsman, they will help our members find a resolution to the issues you are experiencing. I will follow-up with you after our meeting to discuss further your situation." Notes don't indicate the follow up conversation.

Table 19: Status of Contracting with MCOs

MCO	Status
BCBS	BCBSNM remains open and willing to contract with any I/T/U provider, however they have been unsuccessful in engaging in meaningful negotiations with I/T/U providers. Efforts to contract with the Navajo Area continue to be unsuccessful and they have not indicated interest in entering a formal, contractual agreement with BCBSNM at this time.
PHP	The delay in Presbyterian Health Plan (PHP) efforts to enter into agreements with Tribes/Nations/Pueblos and ITUs continues due to the Covid-19 pandemic and public health orders. Tribes, Nations and Pueblos continue to be closed to outside entities and many remain on essential workers only. Navajo Nation Behavioral Health Services agreement discussions are ongoing. Native American Affairs continues to provide agreement information as much as possible or as requested.
WSCC	Throughout the first Quarter of 2021 WSCC had several meetings with the Navajo Nation Division of Behavioral & Mental Health Services to review and discuss entering into a Participating Provider Agreement (PPA) for behavioral and mental health services as well as telemedicine and non-emergency medical transportation. WSCC staff have had multiple meetings with another Pueblo in developing third party billing and Medicaid related services for the Pueblo and surrounding community.

9

ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Provider Directory
IMPLEMENTATION DATE:	3/1/21
COMPLETION DATE:	Open Item
ISSUES	2020 Provider Directory Audit
RESOLUTION	4/2/21 - Eight findings from an external Provider Directory Audit. The first five findings are not contested and found that the general and online provider directories do not include all information components required by Contract, sections 4.14.5.1 and 4.14.5.4. The additional three findings are being carefully reviewed. BCBS is creating a detailed action plan to add required information to the website and to improve the quality of the information. HSD will receive updates for BCBS's new Provider Directory platform, which will be in production in Q4 of 2021 and will improve the provider information required to feed the provider directory. The BCBS Provider Directory Verification Action Plan was received by HSD on April 19, 2021. HSD has reviewed and accepted BCBS's action plan. HSD is monitoring the progress of activities.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/26/21
COMPLETION DATE:	Open Item
ISSUES	ModivCare (formerly LogistiCare), has been placed on a corrective action plan for Call Center Performance leading to extensive wait times that reach 1-2 hours before a member, BCBS staff and/or providers could connect with ModivCare to request transportation

	services.
RESOLUTION	Due to continued service level failures, the action plan remains open. Root cause of the issue was reported by ModivCare that the pandemic challenges created strong headwinds in maintaining staffing levels as there was widespread fear amongst agents in coming into the office, and federal government provided unemployment grants to those impacted by COVID-19. Similar to others in their industry, their contact centers struggled to adequately meet the staffing needs created by an increase in demand volume. The action plan includes adjustments to react to the staffing needs while maintain their commitment to agent safety and wellbeing. They are continuing to monitor and make the necessary adjustments to meet volume needs. HSD receives bi-weekly updates and continues to carefully review the ModivCare remediation plan and their progress.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	3/4/2021
COMPLETION DATE:	In Process
ISSUES	Improvement Plan – Network Adequacy
RESOLUTION	Since the public health emergency (PHE), three companies have closed permanently which accounts for 20% of the network. This translates to a reduction of 87 vehicles and 300-400 trips less per day as well as reduced drive availability. Secure and PHP are exploring options such as: modified multiload (i.e., larger vehicles, mass transit, mileage reimbursement for all members); streamline substance abuse transports (38% of current volume, deliver medication to members, allow for multi doses, mileage reimbursement option for members); exploring tribal partnerships (need to meet PRC requirements; further research in progress); examine reimbursement rates; ride-share partners (e.g. Lyft, Uber, etc.) to gain acceptance with State and regulatory bodies. PHP and Secure will continue to meet monthly to advance solutions for short- and long-term network issues.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	1/19/2021
COMPLETION DATE:	Closed
ISSUES	Improvement Plan – Timely Reporting & Deliverables to MCO
RESOLUTION	An update and closure of this IP was presented to the Delegation Oversight Committee on June 23, 2021. Secure Transportation provided on-time and accurate reports for 3 consecutive months; therefore, this IP is approved for closure with continued monitoring by PHP.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Foster-Adopted Parent Payee Issue Remediation Plan
IMPLEMENTATION DATE:	5/12/2021
COMPLETION DATE:	In progress
ISSUES	Foster/adoptive Parents Responsiveness
RESOLUTION	The foster/adopted parent data is in production system (Facets) and Presbyterian Customer Service Center (PCSC) staff is using that to authenticate member information. PCSC is creating a specialty team to address CYFD foster/adopted parent/member needs. This team will have enhanced training and knowledge and act as the CYFD Liaison between PHP and HSD. PCSC is creating a unique phone number and email address for CYFD fosters parents to contact. The due date for these activities is July 29, 2021. Future CYFD foster/adopted parent calls that contact the general Centennial Care member line will be warm transferred into the CYFD specialty team and be educated of the direct phone number to avoid future transfers. All intakes, complex issues, and escalations will be referred to the CYFD specialty team for resolution and follow-up. PCSC will with work with PHP's Analytics Organization to create a dashboard to monitor quality of service to CYFD foster/adopted parents.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Versant Health (Vision)
IMPLEMENTATION DATE:	4/5/2021
COMPLETION DATE:	In Progress
ISSUES	Network Concerns
RESOLUTION	There have been on-going network concerns members are experiencing, including: 1.) incorrect benefit quotes, 2.) web portal issues, and 3.) issues with Versant's provider outreach campaign. Versant Health will provide a plan for remediation, and PHP will monitor for corrective actions.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Versant Health (Vision)
IMPLEMENTATION DATE:	4/5/2021
COMPLETION DATE:	In Progress
ISSUES	Annual Audit: Utilization Management & File Review
RESOLUTION	The utilization management (UM) file review for the first 8 files was 95%; however, the score for the remaining 22 files was only 90%. This meant that the overall score of 93% requires a corrective action plan (CAP). Versant Health is tasked with ensuring a process is in place to document clinical review notes timely when making a benefit determination. PHP will provide oversight.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP
IMPLEMENTATION DATE:	3/1/2021
COMPLETION DATE:	In Progress
ISSUES	2020 Provider Directory Audit

RESOLUTION	4/1/21 - Seven findings related to a Provider Directory Audit. The first finding is not contested, which was that the general and online provider directories do not include all information components required by Contract, sections 4.14.5.1 and 4.14.5.4. The additional findings are being carefully reviewed. PHP is creating a detailed project plan to add required information to the website and to improve the quality of the information. HSD will receive updates for PHP's Provider Database Management project, which is in production and will improve the provider information required to feed the provider directory and downstream claims and encounters databases and other requirements dependent on provider information. The project plan was received by HSD on April 23, 2021. HSD accepted PHP's remediation plan and is monitoring the progress of activities.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	12/8/2020
COMPLETION DATE:	3/16/2021
ISSUES	Following the 2020 Audit, the transportation vendor, Secure Transportation, provided and WSCC accepted a new Quality Improvement Plan (QIP) to resolve the remaining credentialing issues from the 2019 & 2020 audits and the identified driver and vehicle requirement deficiencies. All QIP documents and responses to address nine findings were due by March 8, 2021. WSCC provided monthly updates on the progress of the QIP to HSD.
RESOLUTION	Five findings have been resolved. The remaining unresolved findings have been escalated to a Corrective Action Plan.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/16/2021

COMPLETION DATE:	Open Item
ISSUES	Corrective Action Plan (CAP) for the unresolved findings from the Transportation Vendor Quality Improvement Plan
RESOLUTION	In Q2, WSCC received documentation from the vendor in support of resolution of the four findings in the CAP. One finding was resolved. Validation of the documentation submitted for the other findings is in process. WSCC is providing monthly updates to HSD on the progress of the CAP.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Provider Directory
IMPLEMENTATION DATE:	3/1/21
COMPLETION DATE:	Open Item
ISSUES	2020 Provider Directory Audit
RESOLUTION	There were eight Findings from an external audit, related to the completeness, accuracy, and consistency of information included in the provider directory when compared to the requirements in Sections 4.14.5.1 and 4.14.5.4 of the Managed Care Agreement. On April 19, 2021, WSCC provided a detailed Action Plan with timelines for resolution of each Finding. WSCC also disputed three findings related to alignment of its Provider Directory with HSD's Provider Master File. HSD carefully reviewed WSCC's Plan. HSD's response will be provided to WSCC in Q3.

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FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ ISSUES

DY8 Q2 reflects the capitation rates for Centennial 2.0 that were submitted to CMS on December 31, 2020. On average, the CY 2021 rate was higher than that of CY 2020; however, fee-for-service claim payments were lagging and affected the PMPMs for MEGs 1, 2, 4 and 6 compared to those of CY 2020 (see Attachment B – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). Attachment B – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis shows DY7 is 13.8% below the budget neutrality limit (Table 7.5) through six (6) quarters of payments. For DY8, Table 7.5 shows a 22.6% below the budget neutrality limit with preliminary data through two quarters.

11
MEMBER MONTH REPORTING

Member Months		2021
		2
MEG1	0-FFS	107,959
	Presbyterian	629,084
	Western Sky	117,144
	Blue Cross Blue Shield	405,308
	Total	1,259,495
MEG2	0-FFS	6,986
	Presbyterian	61,574
	Western Sky	10,985
	Blue Cross Blue Shield	36,196
	Total	115,741
MEG3	Presbyterian	66,574
	Western Sky	8,978
	Blue Cross Blue Shield	31,838
	Total	107,390
MEG4	0-FFS	397
	Presbyterian	372
	Western Sky	57
	Blue Cross Blue Shield	248
	Total	1,074
MEG5	Presbyterian	8,518
	Western Sky	1,510
	Blue Cross Blue Shield	6,660
	Total	16,688
MEG6	0-FFS	87,856
	Presbyterian	389,752
	Western Sky	93,508
	Blue Cross Blue Shield	301,157
	Total	872,273
MG10	0-FFS	92
	Total	92
Total		2,372,753

January 1, 2019 – December 31, 2023

12
CONSUMER ISSUES

GRIEVANCES

HSD receives Report #37 Grievances and Appeals monthly. The report presents the MCOs' response standards to ensure that grievances filed by members are addressed timely and appropriately. The report also provides information related to the summary of member grievance reason codes.

In DY8 Q2, the reports submitted by MCOs for April, May and June were reviewed and analyzed to determine compliance with contractual requirements. The data below is the summary of MCO member grievances reported for DY8 Q1 and Q2:

Table 24: Grievances Reported

Grievances reported (January - June 2021)																
Grievances	**BCBS**				**PHP**				**WSCC**				**TOTAL BY QUARTER**			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Member Grievances	284	316			345	460			59	57			688	833		
Top Two Primary Member Grievance Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Transportation Ground Non-Emergency	184	183			133	206			19	23			336	412		
Other Specialties	2	5			27	20			3	2			32	27		
Variable Grievances	98	128			185	234			37	32			320	394		

APPEALS

HSD receives Report #37 Grievances and Appeals monthly. The report presents the MCOs response standards to ensure that appeals filed by members are addressed timely and appropriately. The report also provides information related to the summary of member appeals reason codes.

In DY8 Q2, the reports submitted by MCOs for April, May and June were reviewed and analyzed to determine compliance with contractual requirements. The data below is the summary of MCO member appeals reported for DY8 Q1 and Q2:

Table 25: Appeals Reported

Appeals Reported (January - June 2021)																
APPEALS	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	448	439			465	452			29	16			942	907		
Number of Expedited Member Appeals	50	31			26	43			12	5			88	79		
Top Two Primary Member Appeal Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Denial or limited authorization of a requested service	446	447			461	476			29	16			936	939		
Denial in whole of a payment for a service	40	13			29	16			0	0			69	29		
Variable Appeals	12	10			1	3			12	5			25	18		

13
QUALITY ASSURANCE/ MONITORING ACTIVITY

ADVISORY BOARD ACTIVITIES

Under the terms of HSD's Centennial Care 2.0 Managed Care Services Agreements and the Managed Care Policy Manual, the MCOs are required to convene and facilitate a Native American Advisory Board and a Member Advisory Board to advise on service delivery, the quality of covered services, and member needs, rights, and responsibilities. HSD specifies the frequency of board meetings. The MCOs report semi-annually on the activities of the Advisory Boards. Please reference Table 19: 2021 MCO Advisory Board Meeting Schedules below.

Table 26: 2021 MCO Advisory Board Meeting Schedules

BCBS 2021			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/25/2021	3:30-5:00 PM	Virtual- Albuquerque SE
BCBS	4/15/2021	12:00-1:30 PM	Virtual- Albuquerque SW
BCBS	7/22/2021	12:00-1:30 PM	Virtual- Albuquerque NE
BCBS	10/21/2021	12:00-1:30 PM	Virtual- Albuquerque NW
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	6/17/2021	12:00-1:30 PM	Virtual- Alamogordo (Otero County)
BCBS	9/30/2021	12:00-1:30 PM	Virtual- Silver City (Grant County)
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/4/2021	3:30-5:00 PM	Virtual- San Juan County

BCBS	5/6/2021	12:00-1:30 PM	Virtual- Eight Northern Pueblos
BCBS	8/19/2021	12:00-1:30 PM	Virtual- Albuquerque
BCBS	11/18/2021	12:00-1:30 PM	Virtual- Mescalero

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	See above	See above	All above locations (SDCB included in each meeting)

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	See above	See above	All above locations (BH included in each meeting)

PHP 2021			
Meetings will be held virtually until state restrictions are lifted for in-person meetings. SDCB Subcommittee Member Advisory Board Meetings are currently on hold.			
MEMBER ADVISORY BOARD MEETING SCHEDULE (CENTRAL AREA)			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/5/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
PHP	6/4/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
PHP	9/10/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD
PHP	12/14/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
RURAL AREA MEETINGS			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	5/14/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)

PHP	7/16/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/24/2021	TBD	Virtual Meeting – To Be Determined (TBD)
PHP	5/26/2021	TBD	Virtual Meeting – To Be Determined (TBD)
PHP	9/22/2021	TBD	Virtual Meeting – To Be Determined (TBD)
PHP	12/8/2021	TBD	Virtual Meeting – To Be Determined (TBD)

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	TBD	TBD	Meetings On Hold *Due to the low volume of self-directed members, PHP opted to fold these meetings into Its broader Centennial Care Member Advisory Board. Updates are provided at every meeting, presented by PHP's LTC Care Coordination Manager.

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/9/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)
PHP	6/8/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)
PHP	9/22/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)
PHP	12/8/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)

WSCC 2021			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	2/11/2021	10:30 AM	Virtual
WSCC	5/11/2021	2:30 PM	Virtual
WSCC	8/05/2021	5:30 PM	Virtual
WSCC	10/14/2021	5:30 PM	Virtual
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	3/25/2021	10:30 AM	Virtual
WSCC	9/09/2021	2:30 PM	Virtual
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	2/10/2021	11:00 AM	Virtual
WSCC	5/13/2021	3:00 PM	Virtual
WSCC	8/11/2021	11:00 AM	Virtual
WSCC	11/10/2021	3:00 PM	Virtual
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	8/05/2021	1:30 PM	Virtual (Included in the MAB Presentation)

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	9/09/2021	2:00 PM	Virtual (Included in Statewide Presentation)
COMMUNITY ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	4/15/2021	3:00 PM	Virtual

Quality Assurance	
DY8 Q2	**Quarterly Quality Meeting** The Quarterly Quality meeting for Q2 DY8 was held on June 23, 2021. HSD reviewed the SFY 2021 quarters one through three Legislative Finance Committee (LFC) Performance Measures, discussed interventions and strategies for Patient-Centered Medical Homes (PCMH), the Tobacco Cessation Program, and requirement of Agency for Healthcare Research and Quality (AHRQ) CAHPS Reporting. HSD informed the MCOs of the upcoming requirement to report the adult, child, and CCC survey results into the AHRQ CAHPS Database beginning in Measurement Year (MY) 2021. **Follow-up after Hospitalization for Mental Illness (FUH) and Follow-up after Emergency Department Visit for Mental Illness (FUM) – Monthly Monitoring** HSD initiated a monthly monitoring plan to address the decline in Healthcare Effectiveness Data and information Set (HEDIS) rates from Calendar Year (CY) 2017 to CY 2018, for FUH and FUM with the legacy MCOs (BCBS and PHP). In August of DY7 and after a full year of participating in HEDIS reporting, HSD directed WSCC to begin submissions on both measures. HSD provided the MCOs with directions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies, and barriers associated with improving performance outcomes. In Q2 of DY8 HSD reviewed and analyzed reports submitted in Q1. HSD will report DY8 Q2 data in the DY8 Q3 submission of the CMS report. In DY8, the HSD target rate for FUM is 45.01%. By the third month of the DY8 Q1 two MCOs exceeded the HSD-established target. Throughout Q1 of DY8, the MCOs had the following average rates: BCBS 44.54%, PHP 40.78%, and WSCC 30.24%. HSD will continue to receive Monthly Monitoring Plans for Follow-Up After Emergency Department Visit for Mental Illness-30 Day for the remainder of DY8. In DY8, the HSD target rate for FUM is 50.22%. By the third month of DY8 Q1 all three MCOs did not meet the HSD established target. Throughout Q1 of DY8, the MCOs had the following average rates: BCBS 45.34%, PHP 40.78%, and WSCC 30.24%. HSD will

	continue to receive Monthly Monitoring Plans for Follow-Up After Emergency Department Visit for Mental Illness-30 Day for the remainder of DY8. HSD noted the following strategies and interventions developed by the MCOs to increase the rates in both FUM and FUH. *BCBS: Strategies and Interventions:* FUH -The targeted intervention utilizing Recovery Support Assistant (RSA) and Transition of Care (TOC) staff to identify members via the Emergency Department Information Exchange (EDIE) system for targeted outreach. During Q1 of DY8 BCBS held weekly meetings with internal staff to review workflow processes and discuss barriers staff may be experiencing in their outreach to members. The Reserved Appointment Initiative that is currently in place at Border Area Mental Health (BAMH) is utilized by New Mexico Centennial Care Care Coordination TOC staff to assist members in obtaining reserved appointments that are available on a weekly basis, with mental health providers at BAMH. Facility Initiative and Provider Education and Telehealth Training are still in place from DY7. Care Coordination TOC staff to assist members in obtaining reserved appointments that are available on a weekly basis, with mental health providers at BAMH. Facility Initiative and Provider Education and Telehealth Training are still in place from DY7. Facility Initiative and Provider Education and Telehealth Training are still in place from DY7. FUM - The targeted intervention utilizing RSA and TOC staff to identify members via the EDIE system for targeted outreach. Weekly team meetings were held with RSA and TOC staff to continue to review and discuss workflow process to impact FUM. Additionally, BH Clinical Operations Leadership developed an abbreviated job aid on FUH and provided additional training to staff on the job aid. BH Clinical Operations Leadership will continue to schedule and hold weekly team meetings with staff to discuss any barriers TOC and RSA staff are experiencing, as well as strategies to engage members. *PHP Strategies and Interventions:* FUH - Value Based Purchasing (VBP)/ Model Facility Incentive Program (MFIP): There are currently 14 facilities participating in the MFIP. The targeted population for this intervention is inpatient acute psychiatric facilities. VBP/ Behavioral Health Quality Incentive Program (BQIP): There are currently 25 providers participating in

	the program. The targeted population for this intervention is outpatient behavioral health (BH) providers. Inpatient Care Coordination Team (IPCC): The targeted population for this intervention are members who admit to psychiatric acute facilities. The staff providing the intervention are the IPCCs assigned to the specific facility. BH HEDIS educational resources will continue to be used to educate Care Coordination teams, internal personnel, and outpatient providers on the FUH measure technical specifications and how to be successful in providing timely follow-up care. The targeted populations for this intervention include staff, providers, and other community stakeholders. FUM - PHP Consult Liaison Services targets members within 7 PHP delivery system emergency departments. Members who meet FUM technical specifications denominator criteria are routinely within the targeted population of the PHP Consult Liaison Services. Pre-managed reports are used when reviewing Critical Incident Reports for members seen in the Emergency Department (ED) for mental illness and assigned Care Coordinators completing follow-up outreach as indicated. The targeted populations for this intervention are members and Care Coordination staff. Value-Based Programs are used to incentivize outpatient providers to complete FUM follow-up appointments within 30 days of the member's ED visit. The targeted population for this intervention is outpatient physical health providers. BH HEDIS educational resources will be used to educate Care Coordination teams, internal personnel, and outpatient providers on the FUM measure technical specifications and how to be successful in providing timely follow-up care. The targeted populations for this intervention include staff, providers, and other community stakeholders. *WSCC Strategies and Interventions:* FUH - WSCC BH Liaisons review a daily list of inpatient psychiatric discharges. The Liaisons work with discharge facilities on discharge planning and reach out to members telephonically to assist them with aftercare. Members are referred to providers throughout the state but may also be referred to Teambuilders Behavioral Health of Santa Fe for an initial telehealth assessment. Teambuilders completes statewide telephonic outreach to WSCC members after discharge to complete a preliminary telehealth assessment, however, this does not take the place of scheduled appointments with outpatient providers. Facility discharge planners and WSCC Behavioral Health Liaisons refer members to Teambuilders upon discharge. WSCC collaborates with 10 community BH providers and 2 hospitals that cover 17 counties to target gaps in the BH

	system. The focus of these partnerships and programs has been on access, engagement, retention, and communication. The community partnerships incentivize meeting targets for BH HEDIS measures. The hospital program incentivizes psychiatric hospitals to complete telehealth discharge planning with community providers to improve follow-up appointments, increase engagement, and improve coordination and communication of care between higher and lower levels of care. FUM - New FUM follow-up strategies identified in DY8 Q1 include BH Provider Toolkit, which is a provider-facing “At-A-Glance” toolkit that provides tips and best practice follow-up strategies for all Behavioral Health measures and the BH Clinical Training Curriculum Development. WSCC’s Quality Improvement (QI) team met with the Centene Clinical Training team to identify possibilities around creating a BH-focused provider training series. This initiative is currently in the investigatory phase. WSCC’s primary member-facing FUM intervention for this 30-day measure consists of telephonic outreach to members with a recent ED visit. A behavioral health-focused team reaches out to members identified via a daily list of members discharged from New Mexico Emergency Departments. Three outreach attempts are made. Call outcomes are tracked using a standard process and a Care Coordination tracking tool (TruCare). WSCC added a new element to this intervention in March 2021 which consists of a referral to Teambuilders Behavioral Health of Santa Fe for a telephonic initial assessment. This telephonic visit will be the initial step in transitioning a member toward more routine or community-based behavioral health treatment. WSCC’s primary provider-facing intervention is a pay-for-performance arrangement with 10 Behavioral Health provider groups covering 17 New Mexico counties. Provider groups have been incorporating various strategies, such as “open access” clinic hours for WSCC members, using a Treat First Approach to provide more access. **Performance Measures (PMs)** HSD performance measures and targets are based on HEDIS technical specifications. Each MCO is required to meet the established performance targets. Each CY target is a result of the CY 2018 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 2018 Quality Compass Regional Average plus one (1) percentage point. Failure to meet the HSD-designated target for individual performance measures during the CY will result in a monetary penalty based on

	two percent (2%) of the total capitation paid to the MCO for the agreement year. HSD requires the MCOs to submit a quarterly report that is used to monitor the performance of each PM to determine if MCOs are on track for meeting the established target. MCOs report any significant changes as well as interventions, strategies, and barriers that impact improved performance. HSD staff will review and analyze the data to determine if the MCOs are trending towards meeting the established targets. HSD findings are communicated to the MCOs through MCO-specific technical assistance calls and during the Quarterly Quality Meeting. Below are the MCO quarterly rates and interventions for each PM and their established target for CY 2021: *PM #1 (1 point) – Well-Child Visits in the First fifteen (15) Months of Life (W30)* The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits: CY 2021 target is 63.72%. BCBS Q1 34.08% PHP Q1 28.71% WSCC Q1 21.63% MCO Aggregate: Q1 Total 30.02% MCO Strategies and Interventions: BCBS reports that nineteen scorecards were shared with provider groups in the first quarter of 2021. Scorecard data is pulled from Indices, a BCBS reporting platform that reports both open and closed gaps in care for HEDIS measures at the provider level. Scorecards included providers' data for the W15 subset of W30. In Q1, BCBS encouraged members to schedule and complete a well-child visit in the first 15 months of life during a one-on-one phone call with a parent/guardian. Additionally, the Member Handbook includes member benefit information concerning Well-Child Visits, newborn to fifteen months. BCBS's Special Beginnings Care Coordinators utilize a script when speaking with members about what happens after delivery. The script also discusses the importance of well-child visits and childhood immunizations. In Q1, a Well-Child Checkup postcard was mailed to members to remind and encourage parent(s)/guardian(s) to schedule a well-child visit to ensure their children are healthy. Finally, BCBS reports that

	telephonic outreach calls will continue throughout 2021 to provide a reminder and assistance in scheduling well-child visits. PHP continues to encourage members to re-establish their children's well-child visit schedule with providers. Action plans to improve completed six visits by a Primary Care Physician (PCP) include utilizing in-house Community Health Worker (CHW) telephonic outreach, strategic outreach from department interventionist, inter-team collaboration for provider outreach and improved provider education for HEDIS outcomes. Additionally, increased access to Telehealth and Video Visits contributed to an increase in completed PCP visits. WSCC reports that current Q1 data could be attributable to specification changes allowing telehealth appointments in this population. During Q1, WSCC's focus for this measure has been to improve reminder systems for parents. WSCC offers pregnant women and mothers who have recently delivered access to the Pacify app as part of the Start Smart for Baby Program. Pacify, while focused on lactation consulting, also provides a nurse advice line and "push" text reminders for infant well visits. WSCC is currently developing a texting campaign through their vendor, mPulse, focused on well-child visits. Additionally, the Quality Nurse conducted outreach to mothers who have recently delivered to ensure they have a pediatric provider selected and appointments initiated. The Quality Nurse also helped mothers set up their own post-partum appointment and assessed for any relevant social determinants of health (SDOH)needs. Finally, the W30 measure is included in the suite of WSCC pay-for-performance measures with high-volume pediatric provider groups. *PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* The percentage of Members ages three (3) through seventeen (17) years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year: For this measure the National Committee for Quality Assurance (NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

	CY 2021 target is 53.33%. BCBS Q1 11.59% PHP Q1 4.01% WSCC Q1 6.05% MCO Aggregate: Q1 Total 7.27% MCO Strategies and Interventions: BCBS reported that in Q1, members were sent the Spring 2021 member newsletter, Blue For Your Health. Included in the newsletter was an article titled, Well-Child Visits: A healthy idea, which encouraged annual well-child check-ups for children over 3 years of age. Nineteen scorecards were shared with provider groups in the first quarter of 2021. Scorecard data is pulled from Indices, a BCBS reporting platform that reports both open and closed gaps in care for HEDIS measures at the provider level. Scorecards included providers' data for the WCC measure. BCBS implemented a project in March 2021 that unbundles the billing code associated with the counseling for physical activity subset measure to mitigate barriers with payment delays and/or denials that have been historically "scrubbed" by billers and coders. Also, in Q1, BCBS issued a mailer to encourage parents of 11-12 year-olds to continue well-child checkups where the provider can address the child's growth, diet and exercise and administer adolescent vaccines when needed. Additionally, BCBS's Quality Management team provided a training to Care Coordination staff and management about the Member Handbook measures which included: review of the WCC PM #2 measure and the care coordinator's role to remind members to make appointments for checkups; what the provider should cover during the visit; and what to ask the provider about the child's growth, nutritional needs, and physical activity recommendations. PHP reported an increase in Telehealth and video visits with a PCP for 3 to 17 year-olds in the first quarter of CY21. PHP continues to increase telephonic outreach with CHW's, in-house interventionists and internal collaboration with Provider Network Management for improved Provider Education on HEDIS requirements for 2021. PHP has also increased collaboration with School Based Health Centers statewide and learned that school districts across the state had a hybrid of remote online learning and in-person learning, which affected parental need for in-person pediatricians or PCP visits. WSCC reported the WCC measure is a pay-for-performance measure for WSCC's pediatric Value Based Payment providers.

	WSCC works with these and other providers to enable them to submit supplemental data to meet this measure target. Additionally, WSCC presented Measure Quick Reference Guides to providers in Q1 with tips on billing and documenting for compliance. *PM #3 (1 point) – Prenatal and Postpartum Care (PPC)* The percentage of Member deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a Member of the MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO: CY 2021 target is 80.70%. BCBS Q1 59.74% PHP Q1 54.57% WSCC Q1 48.48% MCO Aggregate: Q1 Total 55.99% MCO Strategies and Interventions: BCBS reports that their Quality Team has strategized exploring other member and provider intervention options for this measure for 2021. One new intervention includes recorded scripts to be distributed via social media for implementation in either quarter two or three of 2021. Also, scorecards were shared with provider groups in the first quarter of 2021, which included providers' data for the prenatal measure. Scorecard data is pulled from Indices, a BCBS reporting platform that reports both open and closed gaps in care for HEDIS measures at the provider level. Lastly, member fliers are being reviewed and/or revised to include information on telehealth medical visits. PHP continues to partner with CHWs and large provider groups on contacting members and encouraging members to schedule and keep follow-up appointments. PHP staff share information on safety practices implemented to deal with COVID-19 as well as available care options to obtain post-partum visits. PHP states that reliance on telehealth visits continues to be an important appointment methodology in 2021. PHP continues to see impacts of member's concerns about COVID-19 exposure and the decrease in appointment availability and limitations around in-person appointments. WSCC's primary pregnancy intervention is the Start Smart for your Baby (SSFB) program. The most successful means of early

	pregnancy identification is through Notification of Pregnancy (NOP) forms, which can be submitted by a member or provider for an incentive bonus. In Q1, WSCC Provider Relations, Marketing, and Medical Management departments collaborated on a provider-facing video to walk providers and office staff through the NOP submission process. An NOP auto-dialer campaign was fielded in late 2020 and early 2021 with potentially pregnant members (based on laboratory or diagnostic claim codes). During Q1, WSCC focused on using different resources to connect new and expecting mothers to providers. A texting campaign using the vendor, mPulse, is in development to encourage members to submit NOPs and to engage with their care provider early in their pregnancy. SSFB program members are offered enrollment in the Pacify program. Pacify is an electronic, on-demand resource, there are no appointments needed, members can be connected to a consultant within seconds, and the program includes a 24/7 nurse advice line. *PM #4 (1 point) – Prenatal and Postpartum Care (PPC)* The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery. For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022. CY 2021 target is 64.65%. BCBS Q1 42.98% PHP Q1 45.54% WSCC Q1 32.17% MCO Aggregate: Q1 Total 43.33% MCO Strategies and Interventions: BCBS reports that postpartum visit assistance member outreach calls were resumed in late February of 2021 (the calls were placed on hold during the fall of 2020). Member fliers and letters are being reviewed and or revised to include information on telehealth medical visits. The quality team is currently exploring other member and provider intervention options for this measure for 2021. One new intervention includes recorded scripts to be distributed via social media for implementation in either quarter two or three of 2021. Moreover, at this time BCBS, related to COVID-19 is exercising caution with in-person interventions and continue to

	monitor the situation i.e. public orders issued by the state. Also, scorecards were shared with provider groups in the first quarter of 2021, which included providers' data for the postpartum measure. PHP continues to partner with CHWs and large provider groups on contacting members and encouraging members to schedule and keep follow-up appointments. PHP staff share information on safety practices implemented to deal with COVID-19 and care options available to obtain post-partum visits. Reliance on telehealth visits continues to be an important appointment methodology in 2021. PHP continues to see an impact of members' concerns about COVID-19 exposure and the decrease in appointment availability and limitations around in-person appointments. WSCC reports they provide education and assistance to new mothers via the SSFB program. The Quality Outreach Nurse contacts members who have delivered their baby, but are not yet enrolled in the SSFB program to ensure the infant is attending well baby visits, assist with scheduling a postpartum appointment, signing up for the electronic lactation consultant program, Pacify, and assistance with any social determinants needs such as housing, meals, transportation, or other issues. The Pacify app provides push notifications that encourage maternal or baby visits, a nurse advice line, and direct connection with a lactation consultant (24/7). Pacify is an on-demand resource, there are no appointments needed and members can be connected to a consultant within seconds. WSCC is also developing a text campaign using the mPulse text vendor to remind new mothers to schedule a follow-up appointment. *PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3* The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

	CY 2021 target is 69.27%. BCBS Q1 50.12% PHP Q1 54.24% WSCC Q1 34.54% MCO Aggregate: Q1 Total 50.71% MCO Strategies and Interventions: BCBS's Community Health Workers (CHWs) continue to utilize a Wellness Guidelines and Information tool that provides talking points to encourage parent(s)/guardian(s) of children 2 years of age to complete Combo 3 Immunizations. In Q1, BCBS reports that members were mailed a postcard and contacted telephonically encouraging parent(s)/guardian(s) to complete immunizations as needed and offer assistance with scheduling an appointment. Member engagement will continue in 2021 by providing education in encouraging immunizations for members who need assistance in scheduling appointments. Additionally, in collaboration with NMDOH, a vaccination event at First Nations took place in Q1. BCBS reports that scorecard data was shared with provider groups in the first quarter of 2021, reporting both open and closed gaps in care for HEDIS measures at the provider level. Scorecards included providers' data for the CIS measure. PHP continues to work closely with providers and external agencies on immunization education and expanding member access to clinics. PHP's internal collaboration between member facing departments ensures a consistent message through all available avenues including, but not limited to, direct phone calls, mailings, social media, and events. PHP reports Q1 2021 completed vaccines are increasing due to lifted stay at home orders, Pediatricians and PCP's offering extended hours or designated days for childhood immunizations only. WSCC is focused on utilizing different forms of communication to improve immunization rates, for example, the Pacify app sends push notifications to members for well-child appointment reminders, development of an mPulse (vendor) text campaign, and telephonic outreach to members with young infants. WSCC is in the planning stages of a social media campaign to educate the community about the importance of timely childhood immunizations. Lastly, Childhood Immunization Status is a Pay-for-Performance measure with WSCC's Value Based Payment providers. In order to get an early start with the immunization measure, during Q1 WSCC provided four high-volume pediatric Value Based Payment providers with member gap lists.

	PM #6 (1 point) – Antidepressant Medication Management (AMM): Continuous Phase The number of Members age eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) Calendar Days (6 months) of continuous treatment with an antidepressant medication. CY 2021 target is 34.76%. BCBS Q1 28.76% PHP Q1 46.24% WSCC Q1 26.68% MCO Aggregate: Q1 Total 33.18% MCO Strategies and Interventions: BCBS reports planning a provider education webinar on depression that will include the AMM measure. The webinar is expected to take place in Q2 2021. BCBS's Care Coordinators continues to outreach members regarding refilling their antidepressant medication and to address barriers. Pharmacy staff also continue to provide Care Coordination staff with reports on missed refills and rejected prescriptions to better target their outreach calls. Pharmacy staff remain available should members or providers request consultation with Pharmacy. PHP reports the following performance improvement activities aimed at improving antidepressant medication compliance that occurred in Q1 2021: PHP issued 90-day quantity refill requests for antidepressant medications; continued ongoing member gift card program for prescription fills and refills; and provided active outreach to members with a depression diagnosis to educate and remind members of the importance of compliance with medication regimen. PHP's CY 2021-CY 2022 Depression Screening Performance Improvement Project (PIP) was developed in Q1 2021 with the primary aim of increasing depression screening amongst all provider types, especially physical health providers. Additionally, a presentation on depression screening and antidepressant medication adherence was developed in Q1 2021 for presentation at the Provider Education Conference beginning in Q2 2021. Finally, Care Coordination staff (whose membership have primarily BH diagnoses) were trained on BH HEDIS measures, interventions, and how to intervene/assist members who fall into the AMM population.

	WSCC reports the pharmacy team identified members with no antidepressant refills remaining on their prescription and does outreach to pharmacies to ensure prescriptions are up to date. This includes requesting 90-day fills when a member is identified as a potential candidate. WSCC's pharmacy partner, Envolve, has a telephonic outreach program that targets newly diagnosed AMM members. The intervention includes education and referral back to the prescribing provider when necessary. A WSCC Health Coach also reaches out to members with anti-depressant prescriptions and invites them to participate in the online MyStrength disease management program, which encourages members to develop long-term management of and engagement in care. *PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation* The total percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD Treatment. CY 2021 target is 44.74%. BCBS Q1 38.48% PHP Q1 42.46% WSCC Q1 42.38% MCO Aggregate: Q1 Total 40.93% MCO Strategies and Interventions: BCBS reports that in Q1 the team planned a provider education webinar on substance abuse that will include the IET measure. The webinar is expected to take place in Q3 2021. Providers who attend will receive CME/CEU credit. Also during Q1 2021, Recovery Support Assistant (RSA) staff provided outreach to members to assist with scheduling follow-up appointments. Lastly, a member educational flyer is being developed to be distributed at Alcoholic Anonymous/Narcotics Anonymous meetings on the importance of seeking professional treatment for substance abuse. PHP reports the interventions aimed at improving IET performance conducted in Q1 2021 included: Value Based Purchasing programs which contained provider incentives for IET performance, both in the Behavioral Health Quality Incentive Program (BQIP) and the Provider Quality Incentive Program (PQIP). In Q1 2021, meetings were held with BQIP providers to discuss performance and problem-solve how to improve IET rates. A proposal to enhance the BQIP through incentivization of telehealth IET appointments was developed in Q1 2021 for possible implementation later in CY 2021.

	Also, the Presbyterian Health Services Medical Group office has launched an initiative that screens members for alcohol use for outpatient physical health appointments. This has launched in one (1) site location so far with additional sites planned later in the calendar year. The screening process is modeled after the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model and includes motivational interviewing techniques and providing member resources for treatment. Additionally, PHP has certified peer support workers stationed in five emergency departments within the Presbyterian Healthcare Services (PHS) delivery system. The peer support workers' primary focus is to engage individuals with opioid overdose or opioid related episodes into recovery and treatment, however, they also will assist members with alcohol related episodes. Lastly, PHP uses an internal Pre-Manage report to monitor members who were in the ED for AOD use, and a Community Health Worker (CHW) is notified for immediate engagement with the member. WSCC's primary IET intervention in Q1 2021 was member outreach by the Member Connections team, which is specially trained to follow-up with members in this population. During Q1 2021, the team re-evaluated the Collective Medical/EDIE query for IET. It was determined that the query captured only 24 percent of denominator members. Due to complications in reconfiguring the report, the team pivoted from using EDIE to using the Interpreta tool to identify IET members. Interpreta, an NCQA certified tool, is lagged by approximately one week, making it slightly less timely than EDIE, but substantially higher accuracy in identifying members meeting denominator specifications. This leaves a tight, but manageable, window of time in which members can be contacted and scheduled for follow-up. The team rapidly outreaches to members, assesses and mitigates barriers, assists with scheduling and rescheduling appointments, as well as finds needed resources within the plan or externally. *PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day* The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge. CY 2021 target is 50.22%. BCBS Q1 45.80% PHP Q1 46.54%

	WSCC Q1 36.50% MCO Aggregate: Q1 Total 45.09% MCO Strategies and Interventions: BCBS reports planning a provider education webinar on depression that will include the FUH measure and discuss the importance of follow-up care. The webinar is expected to take place in Q3 2021. Providers who attend will receive CME/CEU credit. BCBS Care Coordinators continued to outreach to members telephonically to assist with scheduling follow-up appointments. Finally, BCBS reports the Facility Incentive Program, Outpatient Incentive Program, and Reserved Appointments Initiative were all continued in Q1 2021. PHP's interventions aimed at improving FUH performance conducted in Q1 2021 included: VBP Model Facility Incentive Program (MFIP) which targeted inpatient acute psychiatric facilities/units. In Q1 2021, the BH VBP Program Manager and staff met with MFIP facility leadership teams and BQIP providers to discuss Q1 2021 scorecard results. Barriers to FUH follow-up appointments were explored. Additionally, a proposal to improve FUH performance using telehealth incentivization was developed in Q1 2021 for possible implementation later in CY 2021. Also, communication with BQIP providers with FUH rates of 0% in Q4 2020 occurred in March 2021 to identify strategies for improvement in FUH rates, and to identify barriers to performance (e.g., not accepting new clients and no longer in business). PHP's VBP PQIP is targeted towards primary care physicians. Recruitment efforts to increase provider participation in the PQIP program continued in Q1 2021 along with routine Inpatient Care Coordination (IPCC) activities. IPCC activities includes outreach to members who were hospitalized to offer Care Coordination services, including discharge planning assistance. Lastly, Care Coordination staff (whose membership have primarily BH diagnoses) were trained on BH HEDIS measures, interventions, and how to intervene/assist members who fall into the FUH population. WSCC's primary intervention focus for FUH in Q1 2021 was developing the Teambuilders intervention. WSCC is targeting 5-10 monthly referrals for statewide telehealth assessments via the Teambuilders BH of Santa Fe contract. Through March 2021, Teambuilders had an 88% referral completion rate. WSCC's BH Liaison team continues to outreach to members to ensure follow-up appointments are scheduled and to assess other needs (e.g., housing and food security). Also, WSCC has value-based contracts

	with 10 Behavioral Health providers covering more than half of the 33 New Mexico counties, which focus on improving quality scores for BH follow-up measures. WSCC continues to evaluate processes and outcomes for 2020 interventions in order to identify barriers and refine 2021 interventions. *PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day* The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit. CY 2021 target is 45.01%. BCBS Q1 47.34% PHP Q1 62.79% WSCC Q1 30.38% MCO Aggregate: Q1 Total 52.74% MCO Strategies and Interventions: BCBS reports planning a provider education webinar on depression that will include the FUM measure and discuss the importance of follow-up care. This webinar is expected to occur in Q2 2021 and providers who attend will receive CME/CEU credit. BCBS's Recovery Support Assistant (RSA) and Transition of Care (TOC) staff have continued to outreach to members to assist with arranging follow-up care. Additionally, member outreach continued to be done telephonically due to COVID-19 restrictions, which has likely impacted the ability of staff to engage with members. BCBS reports that COVID-19 remained a barrier for Q1 2021 and impacted the ability of Care Coordination staff to engage with members in person and likely impacted the ability of members to follow-up with their provider and schedule appointments. PHP reported the following interventions aimed at improving FUM performance conducted in Q1 2021: PHS Consult Liaison Services provided psychiatry services via telemedicine technology at identified EDs and Urgent Care-EDs within the PHS delivery system. Telemedicine psychiatry appointments are conducted on the same day that the member is in the ED, thus meeting FUM HEDIS technical specifications for follow-up care. The FUM metric within the PQIP Wellness program continued to operate in Q1 2021. In addition, a proposal for adding the FUM metric into the VBP BQIP was developed in Q1 2021. The VBP BQIP is exploring

	adding the FUM metric into the offered incentives for Behavioral Health providers. Data testing and approval is still needed before possible implementation. Critical Incident Reports for members seen in the ED continued to be filed in Q1 2021. Lastly, Care Coordination staff (whose membership have primarily BH diagnoses) were trained on BH HEDIS measures, interventions, and how to intervene/assist members who fall into the FUM population. WSCC's primary FUM 30-day follow up intervention is telephonic outreach to members with a recent ED visit. A behavioral health-focused team reaches out to members identified daily via the EDIE tool. The evaluation team at WSCC found that members contacted by Member Connections were more likely to complete follow up than those identified but not reached and those not identified. Refinement of the identification process may lead to improved FUM 30-day follow up outcomes in 2021, with results expected by early summer 2021. WSCC has identified other state Centene plans performing well on the FUM measure and plans to approach these states for best practice on meeting this measure. *PM #10 (1 point) – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)* The percentage of Members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. CY 2021 target is 81.35%. BCBS Q1 38.16% PHP Q1 41.78% WSCC Q1 35.74% MCO Aggregate: Q1 Total 39.86% MCO Strategies and Interventions: BCBS's Care Coordination team continues to outreach to members to remind them of the importance of follow-up with their provider for screening. Planning began in Q1 2021 to have an in-home glucose test kit mailed to members who agree to receive a test kit after outreach by Care Coordination. Implementation of the in-home test kits will begin in Q2 2021. Additionally, planning began for a provider education webinar that will provide information to providers about this measure which is expected to take place in Q4 2021.

	PHP reports the SSD metric within the PQIP Wellness program continued to operate in Q1 2021. PQIP providers were offered financial incentives for each member who completed the recommended laboratory tests. Additionally, a proposal to add the SSD metric into the VBP BQIP was developed in Q1 2021 for possible implementation later in CY 2021. Lastly, Care Coordination staff (whose membership have primarily BH diagnoses) were trained on BH HEDIS measures, interventions, and how to intervene/assist members who fall into the SSD population. WSCC's SSD interventions include faxed educational reminders to antipsychotic medication prescribers, as well as nurse outreach to members. A number of providers participate in value-based contracts which incentivize closing HEDIS care gaps. The BH provider consortium shares barriers and challenges with WSCC during regular meetings. The member outreach comes from the Quality nurse, with training in closing HEDIS care gaps. The conversation typically focuses on eliminating member barriers, including SDOH issues, transportation, and education on why the member needs the service when they may not acutely feel the need for it. Since COVID-19 appears to be decreasing the percentage of members who complete diabetes testing, processes for in-home testing are being evaluated. **Tracking Measures (TMs)** HSD requires the MCOs to submit quarterly reports for the TMs listed in the MCO contract effective January 1, 2020. HSD reviews and analyzes the reports for completeness and accuracy and to gauge positive or negative outcome trends. The MCOs report on interventions, strategies, and barriers that impact performance outcomes. HSD's review findings are communicated to the MCOs through scheduled MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meetings. The following TMs show results for DY8 Q1 reporting: *TM #1-Fall Risk Management: The percentage of Medicaid Members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.* MCO Aggregate: Q1 Total 23.64% BCBS Q1 26.61% Intervention – Care coordinator interventions and enrollment with Home Health Care after falls.

	PHP Q1 23.53% Intervention - Care Coordinators conduct telephonic assessments of fall risk due to the impact of COVID-19 on in-home assessments. WSCC Q1 14.64% Intervention – Participated in the New Mexico Falls Prevention Coalition that focused on fall risk screening, virtual evidence-based falls prevention programming and assisting seniors with accessing virtual programming. *TM #2-Diabetes, Short-Term Complications Admissions Rate: The number of hospital admissions with ICD-10-CM principal diagnosis codes for diabetes short-term complications for Medicaid enrollees age 18 and older.* Reported as a rate per 100,000 Member months. MCO Aggregate: Q1 Total 13.22 BCBS Q1 16.72 Intervention – Contact providers regarding their patients diagnosed with diabetes and having an A1c >= 9. PHP Q1 13.17 Intervention – Calls by dedicated program interventionists continue to assist members with scheduling and transportation. WSCC Q1 2.03 Intervention – The Proactive Outreach Manager campaign, an automated call system, was used during Q to invite members to participate in the Diabetes on Demand program designed to engage members to improve HbA1c testing and glucose monitoring to assist with reduction of diabetes related complications. *TM #3-Screening for Clinical Depression and Follow-Up Plan: The percentage of Medicaid Members age 18 and older screened for clinical depression using a standardized depression screening tool, and if positive a follow-up plan is documented on the date of the positive screen.* MCO Aggregate: Q1 Total 0.53% BCBS Q1 0.41% Intervention – The Care Coordination team continued to contact members via telephone who had a positive depression screening to ensure appropriate follow-up was in place and to offer care coordination services.

	PHP Q1 0.60% Intervention – The Depression Screening PIP developed in Q1 with the primary aim of increasing depression screening amongst all provider types, especially physical health providers. WSCC Q1 0.53% Intervention – Developed a provider training that focuses on promoting BH screenings, referral to services, and how to bill and code to receive the per-assessment incentive. *TM #4-Follow-up after Hospitalization for Mental Illness (FUH): The percent of seven-day follow-up visits into community-based Behavioral Health care for child and for adult Members released from inpatient psychiatric hospitalizations stays of four or more days.* MCO Aggregate: Q1 Total 37.94% BCBS Q1 42.96% Intervention – Care Coordinators continue to outreach to members telephonically to assist with scheduling follow-up appointments. PHP Q1 35.83% Intervention – Inpatient Care Coordination activities include contacting members who were hospitalized and offering Care Coordination services, including discharge planning assistance. WSCC Q1 33.33% Intervention – Building the Teambuilders intervention for FUH in Q1 and targeting 5-10 referrals for telehealth assessments per month via the Teambuilders BH of Santa Fe contract. *TM #5-Immunizations for Adolescents: The percentage of adolescents thirteen years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.* Report rates for each vaccine and one combination rate. MCO Aggregate: Q1 Total 66.50% BCBS Q1 60.07% Intervention – BCBS members were contacted telephonically to schedule their teen for immunizations for a vaccination event that took place in Q1.

	PHP Q1 70.74% Intervention – Collaboration with School Based Health Centers to engage with members on preventative services including all immunizations. WSCC Q1 62.07% Intervention – School events during registration days and member-level outreach including a social media campaign and healthy behaviors texting (mPulse). *TM #6-Long Acting Reversible Contraceptive (LARC): The contractor shall measure the use of LARCs among Members age 15-19.* The contractor shall report LARC insertion/utilization data for this measure. Numbers reported are cumulative from quarter to quarter. MCO Aggregate: Q1 Total 610 BCBS Q1 183 PHP Q1 350 WSCC Q1 77 *TM #7-Smoking Cessation: The Contactor shall monitor the use of smoking cessation products and counseling utilization. Total number of unduplicated Members receiving smoking and tobacco cessation products/services.* Numbers reported are cumulative from quarter to quarter. MCO Aggregate: Q1 Total 3,413 BCBS Q1 1,201 Intervention – Eliminated barriers to treatment by providing all tobacco cessation products without a prior authorization and by removing quantity and day supply limits on tobacco cessation products. PHP Q1 1,886 Intervention – Demonstrations of upgraded Clickotine app have been provided to member facing staff. WSCC Q1 326 Intervention – Initiated a social media campaign to bring awareness to our members of the Tobacco Cessation program. This campaign will include tailored messages for Facebook, Instagram, and LinkedIn. *TM #8-Ambulatory Care Outpatient Visits: Utilization of outpatient*

	visits reported as a rate per 1,000 Member months. MCO Aggregate: Q1 Total 57.83 BCBS Q1 64.14 Intervention – Peer support workers engage members prior to emergency room discharge and assist in identifying barriers and encourage care coordination. PHP Q1 59.35 Intervention – Encourage members to obtain needed services at the appropriate level of care and discuss COVID-19 safety precautions that are in place, the need to not delay care (including preventive activities such as screenings and immunizations), and alternative service availability such as telehealth options. WSCC Q1 29.31 Intervention – Increased collaboration with PCMH network and VBP providers to focus on increasing well visits and improved chronic care management. *TM #8 -Ambulatory Care ED Visits: Utilization of emergency department visits reported as a rate per 1,000 Member months.*MCO Aggregate: Q1 Total 6.62 BCBS Q1 7.24 Intervention – An EDIE report is generated when a member accesses the ER and allows community health workers to quickly engage members prior to discharge and assist in identifying barriers and encourage care coordination. PHP Q1 6.73 Intervention – The release of vaccines to protect individuals from COVID-19. WSCC Q1 4.03 Intervention – To promote ED diversion, Members in Care Coordination receive routine monthly or quarterly follow-ups and extra touchpoints if a member uses the ED or is inpatient. *TM #9-Annual Dental Visits: The percentage of enrolled Members ages two (2) to twenty (20) years how had at least one (1) dental visit during the measurement year.* MCO Aggregate: Q1 Total 19.27% BCBS Q1 19.17%

	Intervention – Member Services provides education regarding dental benefits to the parent/guardian of members ages 2-20. PHP Q1 21.17% Intervention – Dental Offices are extending hours to re-engage patients in need of Annual Dental Visits. WSCC Q1 9.23% Intervention – During Q1, WSCC sponsored mobile dental “pop-up” events for members in certain areas of New Mexico. *TM #10-Controlling High Blood Pressure: The percentage of Members ages eighteen (18) to eighty-five (85) who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.* Since TM #10 is a hybrid measure, which requires a medical record review, the MCOs will report 2020 HEDIS rates on the July 25, 2021 Q2 Report submission. **External Quality Review** HSD conducts bi-weekly meetings with the EQRO to review monthly projects and provide consistent feedback and communication; and to assess issues and provide assistance and support as needed. EQRO reviews and validations in DY8 consisted of the following: 2018 Compliance review- Final Draft report is under review by HSD leadership. 2019 PM validation- Initial 2019 PMs validation report draft is in review by HSD leadership. 2019 Network Adequacy validation- Initial 2019 Network Adequacy validation report draft submitted to HSD January 17, 2021 and is currently being reviewed by HSD leadership. 2019 Compliance review- Initial 2019 Compliance validation report draft submitted to HSD January 14, 2021. 2021 Information Systems Capability Assessment (ISCA)- the ISCA was conducted in February for all MCOs and are currently under review by HSD.

UTILIZATION

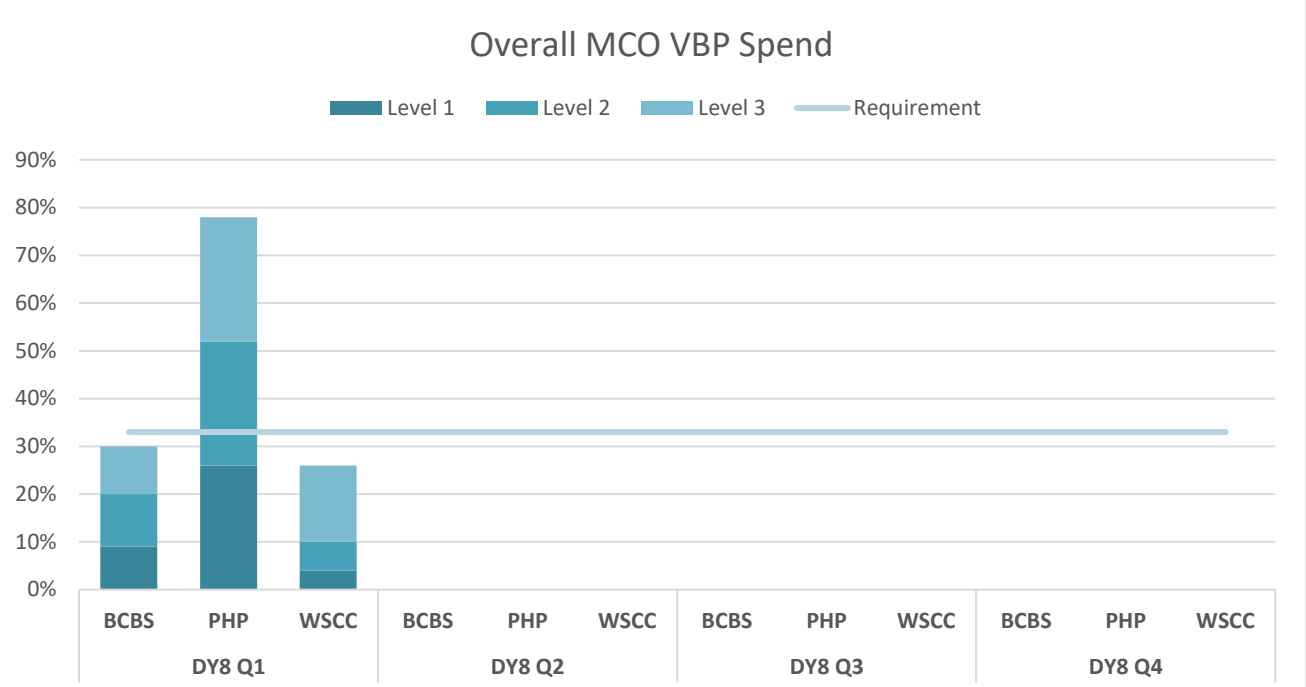
Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for April 2019 through March 2021. Please see Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group.

VALUE BASED PURCHASING

To support Centennial Care 2.0's value-based purchasing goals, HSD requires the MCOs to implement a Value Based Purchasing program that is based upon improved quality and/or Member healthcare outcomes. To accomplish this the MCO must meet minimum targets for three levels of VBP arrangements. Minimum targets are set to both a required spend as a percentage of paid claims and required contracts with certain provider types. DY8 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	11%	14%	8%
Required Provider Types	• Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities.	• Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities.	• Traditional PH Providers. • BH Providers (whose primary services are BH). • Actively build Long-Term Care Providers including nursing facilities full-risk contracting model

For DY8 Q2, only one of the MCOs has met or exceeded the required VBP spend target of 33%. BCBS and WSCC are working on increasing their VBP agreements to reach the required targets.



Source: CY21 Q1 MCO VBP Reports

LOW ACUITY NON-EMERGENT CARE (LANE)

As part of HSD's strategic goal to improve the value and range of services to members, HSD collaborates with the MCOs to reduce avoidable Emergency Room (ER) visits. HSD implemented rule changes in 2020 resulting in a provider rate increase for outpatient settings, including Evaluation & Management codes, dispensing fees to community-based pharmacies, Long-Term Services and Supports providers, and supportive housing benefits for people with Serious Mental Illness. There also were increases in payment rates to governmental and investor-owned hospitals, as well as hospitals serving a high share of Members who identify as Native American.

HSD includes requirements in its Centennial Care 2.0 Managed Care Organization Contract that MCOs monitor usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. This results in the MCOs identifying high ED-utilizer members by monitoring data such as diagnosis codes and ER visit encounters and taking proactive steps to refer them to providers. The MCOs implement member engagement initiatives to assist in identifying member challenges through systemwide activities, including outreach by care coordinators, peer-support specialists (PSS), community health workers (CHWs), and community health representatives (CHRs) to decrease inappropriate ER utilization.

The Community Paramedicine Program is an additional outreach project supporting this effort. The program helps direct members to the right care, at the right time, and in the right setting for better health outcomes. The program is intended to reduce non-emergency medical calls, improve patient care and relieve rescue units for more life-threatening calls. The program targets members with chronic medical conditions such as diabetes and congestive heart failure who also may face social barriers to better health, including unstable housing or unreliable transportation. In rural communities where transportation may be difficult to obtain or distance is a barrier, especially for people who are elderly or homebound, community paramedics play an important role on a patient's care team because they can also deliver basic primary care services in the patient's home without requiring them to travel to a clinic. Community paramedicine services can ensure prompt care and identify health issues that need to be escalated to another provider. Community paramedics can also facilitate communication between the patient and their primary care provider.

Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care

specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics. A GME expansion 5-year strategic plan released by HSD in January 2020 estimates that 46 new primary care residents will graduate in New Mexico each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next five years.

BCBS's Transition of Care (TOC) team continues to decrease avoidable ED utilization by providing education about the importance of primary care, assisting with appointment scheduling, and following up with patients to monitor and address additional barriers.

EDIE is a tool used by Community Health Workers (CHW) to monitor members utilizing the emergency room. An EDIE report is generated when a member accesses the ER. If a member is hospitalized, an alert will generate, and care coordination can then assess potential gaps in a member's specialized service.

PHP continues to encourage members with every contact to obtain needed services at the appropriate level of care. Discussions include safety precautions in place, importance of not delaying care (including preventive activities such as screenings and immunizations), and alternative service availability such as telehealth options.

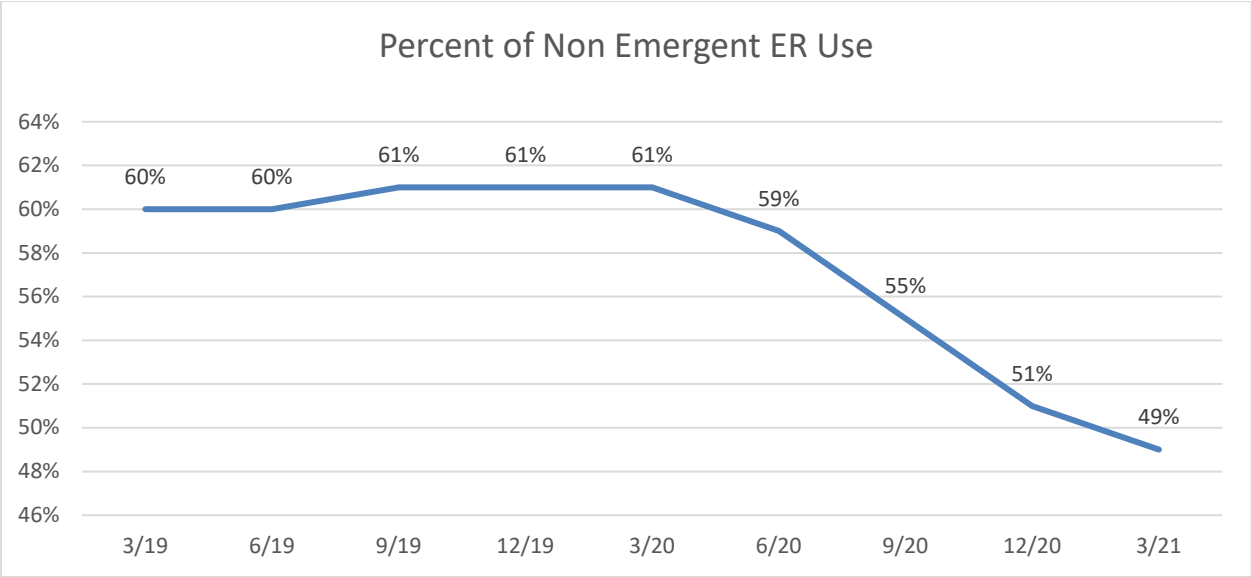
WSCC continues to collaborate with their PCMH network and VBP providers to focus on increased well visits and improve chronic care management to decrease avoidable ED utilization. Members in Care Coordination receive routine monthly or quarterly follow-up, and extra touchpoints if a member uses the ED or is inpatient. WSCC's Member Connections (MC) Team continues to reach out to members receiving two (2) or more ED visits deemed non-emergent within a 30-day timeframe to encourage these members to seek care through their primary care physician or urgent care. In addition, the BH-focused MC team reaches out to members who have 4 or more ED visits in the last 30 days, or who have had a mental health or substance abuse ED event, to address care needs and SDOH, such as housing and food assistance. Additionally, the ED diversion team is developing member materials and a texting campaign (with vendor, mPulse) to provide guidance around appropriate ED use and telehealth resources. Lastly, WSCC is developing data strategies to better track members in the ED Diversion cohort.

As a result of the MCO strategies and interventions implemented in 2020, which focused on reducing ED visits for non-emergent care, the percentage of emergency utilization that are considered low acuity significantly improved from DY7 Q4 to DY8 Q1. In comparing visits from March of 2020 with 61% visits to March of 2021 with 49% of emergency visits

being low acuity, the percentage of visits to the emergency department for non-emergent care decreased by 12 percentage points. The trend for this measure improved in DY8 Q1.

The graph below reflects the percentage of members using the ER for non-emergent care between March of 2019 and March of 2021. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY8 Q2 will be received July 25, 2021.

Table 21: Non-Emergent ER Use



Source: Mercer- Non-Emergent Emergency Room Utilization Report

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MANAGED CARE REPORTING REQUIREMENTS

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY8 with the requirement that at least 90% of members having access to certain provider types in urban, rural, and frontier geographic areas within a defined distance. Geographical Access is collected and validated on a quarterly basis therefore this section is reflective of January 1, 2021 to March 31st, 2021.

Physical Health and Hospitals

All three MCOs demonstrated steady access with slight fluctuations during this quarter.

- MCOs performance in access to general hospitals, PCPs, pharmacies, and most specialties in urban, rural and frontier areas were met.
- Geographic access for dermatology, endocrinology, rheumatology, and urology services as well as access to neurosurgeons were and are anticipated to be limited due to provider shortages in rural and frontier areas, however, access has maintained.

Table 27: Physical Health Geographical Access

Geo Access PH Q1 Calendar Year 2021 (January 1- March 31 2021)									
	Urban			Rual			Frontier		
PH - Standard 1	**BCBS**	**PHP**	**WSCC**	**BCBS**	**PHP**	**WSCC**	**BCBS**	**PHP**	**WSCC**
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacies	100.0%	99.1%	100.0%	100.0%	98.5%	100.0%	100.0%	97.9%	100.0%
FQHC - PCP Only	100.0%	100.0%	100.0%	90.9%	93.5%	99.4%	97.0%	92.5%	99.8%
PH - Standard 2									
Cardiology	99.2%	99.1%	99.0%	99.7%	100.0%	100.0%	99.8%	99.9%	99.7%
Certified Nurse Practitioner	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.1%	98.9%	94.2%	100.0%	94.0%	93.4%	99.8%	98.6%	98.2%
Dermatology	99.1%	98.8%	98.9%	66.5%	80.7%	87.0%	81.1%	95.9%	97.7%
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.1%	98.8%	98.8%	61.5%	72.5%	90.2%	84.5%	94.2%	92.8%
ENT	99.1%	98.8%	98.9%	75.2%	87.2%	100.0%	84.3%	87.1%	97.4%
FQHC	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.1%	98.9%	98.6%	99.4%	94.7%	98.2%	99.3%	98.0%	89.4%
Neurology	99.1%	98.8%	98.9%	99.2%	92.7%	92.1%	95.4%	90.9%	94.7%
Neurosurgeons	99.1%	98.8%	98.9%	36.3%	75.2%	41.1%	67.4%	87.4%	81.0%
OB/Gyn	99.3%	98.9%	98.9%	99.6%	99.7%	99.9%	99.7%	99.8%	99.7%
Orthopedics	99.1%	98.9%	98.8%	99.6%	100.0%	100.0%	96.4%	98.6%	99.7%
Pediatrics	100.0%	98.9%	98.9%	99.7%	100.0%	99.9%	99.8%	99.9%	100.0%
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
Podiatry	99.2%	99.0%	99.0%	99.8%	99.8%	93.9%	96.6%	99.9%	100.0%
Rheumatology	87.8%	98.8%	82.9%	88.9%	83.4%	70.7%	88.2%	85.3%	73.9%
Surgeons	99.3%	98.9%	99.0%	99.9%	100.0%	100.0%	99.8%	99.9%	99.7%
Urology	99.1%	98.8%	98.8%	86.0%	86.9%	80.7%	94.5%	93.1%	91.6%
LTC - Standard 2									
Personal Care Service Agencies	100.0%	100.0%	100.0%	100.0%	99.7%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	94.8%	93.0%	99.3%	99.7%	97.0%	99.8%	99.8%	100.0%	99.7%
General Hospitals	99.2%	98.9%	99.0%	99.6%	99.3%	99.9%	99.8%	99.9%	99.7%
Transportation	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Source: MCO Report #55 GeoAccess for Q1CY21									

Transportation

Non-emergency medical transportation is a means for MCO to ensure members have timely access to needed services particularly for specialty services and provider shortage areas.

Grievances: Consistent with previous reporting Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period. Please see Complaints and Grievances for additional information. The MCOs are monitoring accessible transportation options as a barrier to member access with its transportation vendor and exploring new options.

Initiatives: New Mexico has submitted a State Plan Amendment for approval by CMS to administer COVID-19 vaccines to homebound eligible Medicaid beneficiaries from March 15, 2021 through end of the PHE.

Customer Service Reporting

BCBS met all Call Center Metrics during DY8 Q2 with the exception of the Nurse Advice Line: the percentage of calls abandoned in May was just slightly over the 5% target. The percentage of calls in April, May and June that were answered within 30 seconds was 84.9%, 64.2%, and 80.8%, below the standard 85%. BCBS attributes the deficiency to an Enterprise-wide platform upgrade across all lines of business for Care Nurse Advice Lines. The training sessions were performed in groups, creating less available Registered Nurses (RN) per shift. As a 24/7 nurse advice line, the training could not be done as a whole group over one 5-day period. Training did impact service levels across all Carenet nurse lines of business, but the recommended care to the HCSC members being triaged was not compromised. Carenet has several steps in place to assist in covering the gaps in coverage. The Nurse Advice Line for the month of June experienced attrition of 5 for the month and has a total staff of 95. A new hire class will be starting on 7/12 and next class is 7/26. This will add 10% - 15% of nurses. In the meantime, Care Coordinators are being crossed trained to fill gaps. HSD has requested that BCBS provide an action plan and will continue to monitor. See attachment D - 2021 Call Center Metrics.

PHP met all Call Center metrics during DY8 Q2 with one exception. Of the two messages received on the Member Services line in April, one call was not returned within 24 hours. The supervisor was late retrieving the message, which led to being one hour late responding. As an additional level of oversight, PHP has an Operations Manager check for message retrieval and response.
PHP anticipates this process will result in 100% compliance as evidenced in the May and June 2021 reports which demonstrates performance has returned to full compliance.

WSCC met all Call Center metrics during DY8 Q2 with two exceptions. The percentage of Nurse Advice Line calls in May that were answered within 30 seconds was 82.6%, below the standard of 85%. WSCC attributed the deficiency to a significant decrease in staffing, with a reduction of 11 FTEs. A recruitment process was initiated, resulting in an increase of 7 FTEs and 91.9% of the calls answered within 30 seconds in June. WSCC reported that 84.96% of June calls to the Provider Services Call Center were answered within 30 seconds; the standard is 85%. There was an increase of over 500 calls from the previous month. During Q3, WSCC will provide HSD with an Action Plan to ensure that performance metrics for all Call Centers are consistently met. HSD will carefully review and closely monitor the implementation of the plan.

Telemedicine Delivery System Improvement Performance Target (DSIPT)

The MCOs shall use the end of CY20 as the baseline for CY21, increasing the number of unique members served with a telemedicine visit by twenty percent for both physical health and behavioral health specialists, focusing on improving telemedicine availability and utilization along with expanding member education and provider support.

The baseline for each upcoming CY will be the total number of unique members with a telemedicine visit at the end of the previous calendar year. If the MCO achieves a minimum of five percent of total membership with telemedicine visits, as of November 30th of each year, then they must maintain that same five percent at the end of each CY to meet this target. The MCOs provide quarterly reports to HSD with the number of unique members served through telemedicine visits and an analysis of trends observed.

All 3 MCO met the minimum of five percent of total membership with telemedicine visits for CY20. Telemedicine utilization has increased in all areas from January 1, 2021, to March 31st, 2021 and is playing a vital role in providing health care services statewide.

Table 28: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Serviced with Telemedicine	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
New Behavioral Health Members	**17,251**			
BCBSNM	17,251			
PHP	0			
WSCC	0			
New Physical Health Members	**29,494**			
BCBSNM	29,494			
PHP	0			
WSCC	0			
Total New Unduplicated Members	**75,780**			
BCBSNM	41,644			
PHP	25,781			
WSCC	8,355			
YTD* Unduplicated Members	**75,780**			
BCBSNM	41,644			
PHP	25,781			
WSCC	8,355			

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT) *January – March

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY8 Q2	The New Mexico Human Services Department (HSD) and Health Services Advisory Group, Inc. (HSAG) continue to work together to determine appropriate data sources, measure reporting frequency, and time periods for each measure in the evaluation. HSAG has begun the data collection process for measures obtained through the MCO reporting and Finity. HSAG has also established data acquisition systems and requirements for data sources.

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ENCLOSURES/ATTACHMENTS

Attachment A: April 2018 – March 2020 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet –

Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group

Attachment D: Customer Service

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ADDITIONAL COMMENTS

MCO INTIATIVES

BCBS: Behavioral Health Care Coordination Community Outreach

The BCBS Behavioral Health Care Coordination team continues to reach out to their members who get new prescriptions for anti-depressant medications. This outreach project has increased their contact with members at increased risk for negative outcomes if they stop taking their medications without provider oversight. BCBS has been able to help several members with concerns to help improve their outcomes. BCBS helps members problem solve barriers in getting medications refilled. BCBS has connected members to pharmacists and providers to answer questions or concerns about side effects, and even obtain medication adjustments as needed. BCBS has connected members to their providers when they tell them that they no longer want or need the medication, so that they can stop taking the medications safely. BCBS offers Care Coordination to members if they report any other issues with which they need help. In the past year, BCBS has spoken to over 450 members. Members generally report being glad that BCBS has reached out and are happy to speak with them.

The BCBS Behavioral Health Care Coordination team continues to reach out to their members who have prescriptions for a-typical anti-psychotic medications to help ensure that they do not have problems with blood sugar levels. BCBS has reached nearly 100 members so far this year to have a conversation with them about blood sugar and the need to be tested to make sure their medications are not having negative effects. Nearly 95% of members have agreed to talk to their providers about their blood sugar, and a few have asked for home test kits so that they can get the test done quickly and easily. BCBS has contracted with a testing vendor to send out home test kits starting in July, and members are really looking forward to having the ability to complete the test in the comfort of their own homes.

PHP: Population Health Management-Wellness and Health Education

Enhancements include the deployment of the Diabetes Prevention Program (DPP) communication campaign, including but not limited to new occurrences of Member and provider outreach, and provider education. The communication campaign leveraged a multi-modal approach to deliver information about DPP and how Members and providers can engage in the program. The communication campaign distributed DPP information to 2,229 members, along with 3,875 provider packets and offered provider education to 210 providers. As a result, PHP is experiencing favorable outcomes, including an increase in DPP participation and enrollment through direct Member sign-up and provider referrals, averaging 39 enrollments for the quarter. The DPP is also experiencing increased engagement and retention as a result of targeted outreach efforts.

Partnerships with the Presbyterian Center for Community Health (CH) team and Presbyterian Community Health Workers (CHWs) allowed for fulfillment and distribution of 150 food bags to several high-risk communities. The food bag initiative focused on Members residing in the counties of Dona Ana, Otero, Sierra, Luna, Grant, and Hidalgo. PHP and CH prepared food bags using insulated reusable grocery bags filled with various healthy non-perishable food items. CHWs began conducting Social Determinants of Health (SDOH) Member screening phone calls to identify Members with food insecurity based on set criteria. Members identified were provided a food bag via a contactless home delivery. To ensure the promotion of health education, each food bag also included various health education materials focused on health topics that support and encourage healthy lifestyles and behaviors, such as the importance of food portioning and hydration. These health education materials were provided in English and Spanish to meet multiple language needs.

In addition to the food bag distribution achievements, the DPP had one participant graduate from the program in May 2021; attending 26 out of 26 coaching sessions in 12-months. This participant experienced a weight loss of 5.2% total body weight, developed healthy habits, and reduced their risk of developing type 2 diabetes.

PHP: Clinical Operations Enhancements:
CHW began working with the two community-based entities this past quarter. They collaborate closely with the New Mexico Commission for Deaf & Hard of Hearing in order to better to assist our deaf members accessing needed services and address their Social Determinants of Health. The Commission also provided a training session to the CHW and PSW team on June 3rd regarding health care disparities and how to address them for members who are deaf.

The CHW and PSW teams also began collaborating with the GI clinic at Presbyterian Medical Group in order to facilitate members receiving Hepatitis C treatment. The clinic sends the CHW/PSW team a roster of members who require treatment for outreach and appointment scheduling. This program has been very successful in assisting members to access Hepatitis C treatment.

PHP has also started an emergency food box program in the Las Cruces area. The CHW/PSW team members have immediate access to food boxes that have been provided by the PHS Food Farmacy and the PHP Wellness and Health Education department. These boxes are delivered to the member's home in situations where they have no transportation to obtain food or are too ill to obtain food.

WSCC: Provider Portal Dashboard
WSCC continues internal testing of the Provider Portal Contracting and Enrollment Dashboard that will grant providers real-time access to track enrollment activities. The improved web portal will streamline the entire process while at the same time providing transparency into WSCC's systems with a tracker and real time notifications. As part of the

development process, WSCC is presenting the tool to a small sample of specialty providers for review and is also soliciting feedback from knowledgeable providers across the state and country. WSCC will continue development of this new enhancement throughout 2021, with completion expected in Q4 2021.

MEMBER SUCCESS STORIES

The BCBS Behavioral Health Transitions of Care Coordinator (BH TOC) encountered a 20-year-old female BCBS Member during a hospitalization from 4/1/2021 to 4/8/2021 for F33.2 Major depressive disorder, recurrent severe without psychotic features. She had admitted herself to Haven due to recognizing suicidal intent and having a history of attempts x 3 during her teens. Prior to her hospitalization, she was not receiving any Behavioral Health (BH) outpatient care or medications, only being followed by her Primary Care Physician at First Choice. She just completed the full Transition of Care program on June 28, 2021 and during that time, established with both BH counseling and medication management. She is now consistent with weekly telephone counseling sessions and monthly medication management appointments and is taking all her BH medications as prescribed. During the 90-day program, member experienced some incredibly stressful social situations, including her mother with whom she'd been residing moving out of state. Member was left caring for her teen sister and one-year old niece, has worked in fluctuating full-time employment in the restaurant industry to support her household, while trying to complete her high school diploma. She's now working on coping skills and self-care with her new counselor due to these social stressors. Member previously declined care coordination, but during the TOC program was very receptive to the encouragement and accountability she received and accepted BH care coordination at the end of her TOC program. She is scheduled to complete her Comprehensive Needs Assessment (CNA) with newly assigned Behavioral Health Care Coordinator later this week.

A young mother was referred to a PHP Community Health Worker (CHW) because she needed support and guidance regarding nutrition for her young son. Her 3-year-old was a "picky eater" and refused to eat healthy foods. This is a first-time mother, and she is motivated to do the right thing. The CHW worked with this mother to provide her with healthy food ideas, encouragement to include her young son in cooking exercises, and help with introducing the idea of a healthy treat basket. The CHW supported this member as she began to make cooking fun for her and for son, as she discovered new ideas for healthy eating and allowing her young child to explore and discover aspects of healthy food. This mother introduced the idea of a healthy treat basket that allowed her son to make healthy food choices. After several months of supporting this young mom, the mom reported that

she was thankful for the support, that her son was eating healthy food most of the time, and that she really enjoyed the learn-and-discover approach the CHW encouraged her to use.

A WSCC member enrolled in the Start Smart for your Baby Program (SSFB). The member is of advanced maternal age, uses tobacco, has PTSD and has very limited resources and support; she is currently living in an RV. Her Care Coordinator (CC) assisted her in establishing care with an OB Provider and in obtaining transportation services. The member's baby was diagnosed with congenital cardiac anomalies and required cardiac surgery. The CC referred her to the Lexiam Heart Foundation. This organization provides financial assistance, community resources, emotional wellness, and ongoing support to families with babies who have acute health care needs. The member participated in the Virtual Baby shower and received a free car seat and baby box. The CC discussed the importance of postnatal visits and assisted the Member in establishing care with a pediatrician and pediatric cardiac specialist . The CC also requested a Holistic Care Grant, provided information to the member about the TANF application process, and has involved WSCC's Housing Management Specialist (HMS). The Member successfully completed the SSFB program and continues to receive care coordination services to assist her in caring for a medically fragile infant.

MCO COVID-19 RELIEF EFFORTS

BCBS: COVID-19 Relief Efforts

Data Analysis

- Weekly report is shared with the Human Service Department (HSD) and the Department of Health (DOH) to review the BCBS Vaccine Status report. As of July 2nd, BCBS has identified and share the following data.
    - Eligible Members: 198,361
    - Eligible Members Vaccinated 1st Dose (Moderna or Pfizer): 68,152
    - Eligible Members Vaccinated 2nd Dose (Moderna or Pfizer) or 1 dose Johnson & Johnson (Janssen): 59,287

Outreach

- Care Coordination (CC) continues to follow the current process in place:
    - COVID-19 training/ updates are offered weekly/biweekly to keep their CC staff up to date on the most recent vaccination information
    - CCs have been outreaching their members to inquire on their vaccination status and conduct an assessment to determine if the members need assistance registering/ scheduling or if the member is home bound and is interested in receiving the vaccine
    - Transportation is set up for those in need

- If a member has had at least one vaccine, the CC will help with reminders for next date and transportation
- Outreach includes education around current CDC guidelines such as risk factors, and preventative actions.

TTech

BCBS continues to work with their vendor, TTech to conduct outbound calls, below are the stats to date: Total Members identified- 108,608, Remaining Records -82,801, Outbound Calls- 59,581, SMS-601, Already Vaccinated- 2070, Appointments Scheduled-309, Homebound Members-57, Appointment Success Rate-2.24%

BCBS meet with HSD, DOH, and other Managed Care Organization (MCO) partners weekly to strategize vaccinating members across the state with the focus on:

- Homebound members – identified through claims and outbound call
  - List is provided to DOH and vaccines are administered through local EMS partners
- Teens ages 14-17
  - Mobile pop up
  - $100 incentives for those families whose children are vaccinated
  - All MCO's partnering to meet 60% vaccination goal by year end
    - Surpassed this goal
    - BCBS Care Van attending vaccination pop- ups and partnering with the Lions Club, Walgreens across the state to provide health education and diabetes outreach
- Customer Service:
  - Customer service representatives help members register.
- Using member advisory boards to educate people and help them register

Collaboration and Events

New Mexico Department of Health (DOH)

- BCBS works closely with DOH on identifying and working with Local EMS to get their homebound members vaccinated.
- Weekly meetings are held to discuss vaccine status
- Weekly reports are received by DOH to help confirm or identify which members have been vaccinated or who are pending second, full vaccination.

Other Managed Care Organizations (MCO) and Local Entities:

- The MCO's are working collaboratively on events and their events calendars which are shared with HSD, DOH, and many other entities to include the following: Presbyterian Health Plan, Western Sky Community Care, Dental Association, NMAA – New Mexico Activities Association, NMPCA - New Mexico Primary Care

Association, NMNPC - New Mexico Nurse Practitioner Council, NMAFP – New Mexico Academy of Family Physicians, NMPS – New Mexico Pediatric Society, NMACP – New Mexico American College of Physicians, NMMS – New Mexico Medical Society, ALTSD – Aging and Long-Term Services Division, and PED – Public Education Dept.

Grants

- BCBS was accepting applications from 501(c)(3) organizations for its COVID-19 Community Collaborative Grant Fund through June 21. BCBS created the COVID-19 Community Collaborative Grant Fund to address the immediate needs of New Mexicans impacted by the COVID-19 pandemic.
    - The COVID-19 Community Collaborative Grant Fund will release 10 rapid-response grants of $10,000 each to 501(c)(3) organizations focused on access to health care, behavioral health, housing and shelter, child and senior care, and COVID-19 health literacy and vaccine outreach. The application is brief and intended to distribute funds quickly to organizations throughout the state responding to the COVID-19 health crisis.

Donations

- Providing approximately $4 million in relief to fully insured
- Employer customers in the form of a premium credit
- Launching the BCBS COVID-19 Community Collaborative Grant Fund, contributing $1 million to aid New Mexico's COVID-19 response
- Donating $10,000 to the Navajo Nation COVID-19 Relief Fund
- Providing their Care Van® to CHRISTUS St. Vincent Regional Medical Center in Santa Fe to help staff prepare and store supplies as they conducted drive-through COVID-19 testing
- $160,000 in 2021 Rapid COVID grants, 10-$10k grants and $60,000 in San Juan County
- $5,170,000 Total

Events

Approximately 250 people attended the Community COVID-19 Vaccination Health Fair & Resources Event, held on June 26 in Rio Rancho. Walgreens administered 34 COVID-19 vaccines.

Doña Ana Community College (DACC) and BCBS Care Van® are working together to provide no-cost health screenings and wellness information at COVID-19 vaccination clinics for the community at DACC's East Mesa campus.

PHP: COVID-19 Relief Efforts

Vaccination Outreach & Services

- PHP customer service representatives and care coordinators conducted proactive phone outreach to thousands of their most vulnerable members in rural areas in the state to get them registered in the Department of Health (DOH) portal.
- Deployed Outreach & Education staff to support clinical teams at their Vaccination Hubs.
- Customer service and scheduling representatives conducted campaigns to encourage vaccination and assist in scheduling appointments in their Vaccination Hubs and clinics.
    - Through these efforts PHP is able to help nearly 50,000 members get vaccinated.
- Through the use of claims data, state vaccination data and Electronic Medical Record (EMR) data from their system, PHP identifies members who meet homebound criteria and would be unable to go to a vaccination site.
    - PHP care coordinators conducted outreach calls to each identified member to provide education on the vaccine and to schedule appointments for vaccination through a partnership with Albuquerque Ambulance Service.
    - Many grateful homebound members shared that they would not have gotten the vaccine otherwise. Story found here: https://www.santafenewmexican.com/news/local_news/presbyterian-health-plan-delivers-covid-19-vaccines-to-some-who-are-homebound/article_656e9f22-a820-11eb-bc96-9f840c457b36.html
- PHP is partnering with Presbyterian's Community Health team to direct members to scheduled vaccine events.
- PHP developed targeted communication pieces related to COVID-19 vaccine including:
    - COVID-19 vaccination facts mailer;
    - COVID-19 vaccination articles in Spring and Summer Newsletters and scheduled to be incorporated into Fall Newsletter; and
    - Myth Busters mailer that was sent to targeted households.
- PHP conducted multiple surveys to understand reasons behind vaccine hesitancy for unvaccinated New Mexicans to inform their strategies.
- Ongoing promotion of the COVID-19 vaccine via social media.
- On a monthly basis, PHP sends lists to all network primary care physicians (PCPs) with their unvaccinated Medicaid members along with a cover letter strongly encouraging PCPs to engage in the state's vaccination efforts by outreaching to their patients.

- PHP created heat maps by age bands to guide targeted vaccination efforts.
- Disseminated communication to network providers promoting incentives for vaccines.
- PHP continues to offer 14-day Meals on Wheels delivery program for COVID-19 positive members with food insecurity.

WSCC: COVID-19 Relief Efforts

Direct Member Outreach

Western Sky is committed to getting vaccinations administered to our Home-Bound and Covid-19 Vulnerable Members that fit the following criteria:

- 65 or Older
- Smoker
- Diabetes
- Asthma
- COPD
- Severe Cardiac Condition
- HIV/AIDS
- Chronic Kidney Disease
- Liver Disease
- Cancer or Leukemia/Multiple Myeloma
- Obesity; and/or
- A positive Covid-19 test result.

Vaccine Administration

Western Sky has partnered with Albuquerque Ambulance and Medic Buddy to administer Covid-19 vaccinations to Home-Bound Members. For instance, Western Sky is collaborating with the Department of Health, the Department of Aging and Long-Term Care Services and County to help administer vaccination to Home-Bound community members including volunteering for funding. It should be noted that only those entities with a DOH-approved refrigerator and who can monitor temperature, etc., can obtain the Covid-19 vaccination, which limits MCO's ability to procure Covid-19 vaccination directly for administration.

COVID Vaccine Registration Website

In January, DOH launched the New Mexico vaccination website - vaccinenm.org – to enable residents to complete comprehensive personal profiles, including medical conditions and employment information so that the State could notify residents in accordance with the Vaccination Plan. As discussed above, Western Sky provided this information and links to

https://cvvaccine.nmhealth.org on its website and materials.

Transportation
Western Sky has assured transportation for Members for their Covid-19 vaccination appointments through our partnership with Secure Transportation. This includes transportation for our members to get drive-through Covid-19 testing if a walk-in appointment cannot be accommodated.

Covid-19 Vaccination Cards
Western Sky is informing all Members that they can obtain a replacement Covid-19 vaccination card if they misplace or lose their card by contacting the administrating provider. They can also visit www.vaxviewnm.org to obtain their immunization record, showing that they have completed the vaccine series if the provider reported it to NMSIIS (New Mexico State Immunization Information System) already. If members experience any difficulty logging in, they can call the NMSIIS Help Desk 833-882-6454 for assistance.

Member Outreach through Provider Engagement
Western Sky shared Gap List of members who are not vaccinated with provider groups. Western Sky held follow up meetings with providers and identified opportunities and challenges around vaccination efforts. Western Sky supported capacity building though underwriting cold storage equipment and supporting with strategic communications plan. Western Sky has created a partnership with Medic Buddy to identify and vaccinate home-bound members throughout New Mexico.

Member Education
Member materials related to COVID-19 do not require HSD approval through the termination of the emergency declaration; however, all materials must align with CDC, NMDOH and HSD messaging. These materials will be submitted to HSD for tracking and monitoring. Western Sky initiated the following plan for communicating information regarding the COVID-19 vaccination to Members through various channels:

- Digital Communication Methods
    - Western Sky has leveraged its website, in addition to as well as email communication and social media channels to inform Members and Community Partners about the COVID-19 Vaccination. Digital Communication Methods include:
- Website Pop-Up
    - Western Sky activated a pop-up message on its website to notify visitors about the vaccine and where to find information, including a link to Western Sky's Covid-19 page and related DOH links.

- E-Blast
    - Western Sky continues to share multiple email communications to Members and Providers sharing updated information about the pandemic and vaccinations, this includes campaigns such as the Rental Assistance, Vax to the Max and others.
- Social Media
    - Western Sky has created posts about the Covid-19 vaccinations on its social media platforms (Facebook, Twitter, Instagram, and LinkedIn)
- Text Campaigns
    - Western Sky has proposed text campaigns to Members, awaiting HSD approval, to encourage Members to register or get their first or second doses (as necessary) of the Covid-19 vaccination.
- Website and Robo Calls
    - Western Sky Community Care's parent company, Centene has made a commitment to the White House to outreach to all of our members across all products and markets to confirm COVID vaccination status. The member outreach will occur via a robo call and website survey from June 3-June 17.
- Public Relations
    - Western Sky's Chief Medical Officer Latha Raja Shankar's Op-Ed "Vaccine questions? Bring them on and leave your doubts," was published in the Santa Fe New Mexican on May 24, 2021. The Op-Ed focused on vaccine hesitancy issues facing New Mexicans and alleviating their worries. As a follow up to the Op-Ed, Dr. Raja Shankar appeared on New Mexico Living on the Fox network, "Targeting COVID-19 vaccine hesitancy," on June 8, 2021, where she encouraged New Mexicans to talk to their providers and register for the vaccine.
- Traditional Communication Methods
    - Western Sky continues to utilize traditional methods of communications such as direct mail and service lines to keep Members informed on the Covid-19 vaccinations. Traditional communication methods include:
- Direct Mail
    - Western Sky is creating a direct mail campaign to members to ensure the highest number of members are being notified, direct mail may include fliers, letters, or postcards.

Member Services

Western Sky is ensuring that our Member Services representatives are well informed about the vaccine and resources surrounding it to help members who call into the health plan with questions. Western Sky's communications efforts have been aligned with efforts by DOH

for vaccination roll-out.

- Phase 1
    - Western Sky's communication efforts targeted the highest risk individuals, first. Similar to Phases 1A to 1C, Western Sky has focused on Members aged 75 and older, residents of long-term care facilities, and those Members with health factors that place them at elevated risk for COVID-19 are top priority for information.
- Phase 2
    - Western Sky's communication efforts will focus on all Members, while still ensuring that high-risk Members, targeted in Phase 1, continue to be informed and supported in registering and obtaining Covid-19 vaccinations.

Community Outreach

1, 2, 3 Eyes on Me – WSCC Community Relations partnered with New Mexico Appleseed to design a pilot program aimed at addressing community members facing access to care barriers through the Public Health Emergency. The program hosts events throughout the State in partnership with community schools, Federally Qualified Health Centers, Department of Health, and community-based organizations providing direct needs resources and COVID-19 vaccination registration assistance.

University of New Mexico Hospital (UNMH) – WSCC Community Relations team collaborated with UNMH to support the UNM Pit POD, donating water, hand sanitizers and restaurant gift cards to volunteers, as a retention and thank you tactic. In addition, WSCC Marketing has designed a marketing campaign to help support volunteer recruitment.
Department of Health (DOH) – WSCC Community Relations team is supporting DOH POD sites throughout the State with volunteers, water donations and vaccination registration information. Additionally, WSCC is helping execute community surveying to support the COVID -19 Vaccination Equity Plan and address health disparities affecting vaccination.
City of Albuquerque, Senior Affairs – WSCC Community Relations has partnered with the CABQ Senior Affairs Department to develop co-branded educational material informing seniors on important topics around the vaccine, providing vaccination location resources, and myth busters reminders. WSCC has also facilitated the access to hand sanitizers and masks by committing to donate 300 sanitizers and vaccinations card holders.
New Mexico United - WSCC Community Relations has partnered with New Mexico united to host vaccination events at home games during the tailgate session and prior to kickoff. New Mexico United has agreed to provide tickets to future home games to individuals who receive their vaccine. To date New Mexico United events have accounted for 306 vaccinations.
Department of Health (DOH) & FUMU – WSCC Community Relations has partnered with

DOH and Kellogg to address food insecurity in rural New Mexico, by distributing 11,000 grocery bags in conjunction with COVID-19 vaccinations in the communities of Albuquerque, Taos, Questa and Peñasco. The groceries serve as an incentive for the second vaccination.

Shoes for Second Shot – WSCC Community Relations is partnering with First Choice Community Center and Ben Archer to provide shoes for school aged children, when they are eligible for vaccination, in exchange for receiving their second vaccination. WSCC has identified that incentive programs increase the likelihood of successful childhood vaccinations.

Frontline Workers Program – WSCC Community Relations has partnered with local restaurants, grocery stores and breweries to connect frontline workers with local community resources and providers to register for or receive COVID-19 vaccinations.

NMAA Athlete Vaccinations- Western Sky is the Health Care Partner for the New Mexico Activities Association. As high school sporting events opened up in 2021, WSCC provided four (4) hand sanitizing stations to be used at all NMAA championship events for the athletes, as well as the public. WSCC is also preparing for vaccination events for students in partnership with DOH and NMAA at upcoming sports events.

Western Sky Community Care partnered with Lynn Middle School, Booker T Washington Elementary School, MacArthur Elementary School, Amador Health Center, Families and Youth Inc., New Mexico Appleseed, and other partners to help setup COVID vaccination drive through sites and deliver additional resources to the community.

Western Sky Community Care is working with Department of Health to raise awareness of the Vax 2 the Max Sweepstakes. Western Sky Community Care will be printing and distributing flyers at any and all COVID vaccination sites we setup or partner with.

Western Sky Community Care will be focused in generating Back to School events throughout New Mexico to ensure students are setup for success for the 2021-2022 school year, our major partners will be the City of Albuquerque Family & Community Services Department, La Casa Family Health Center in the SE area of the state, Las Cruces Community Schools, Taos Public Schools, and others. At these events Western Sky Community Care will facilitate COVID vaccination sites at select cities.

Western Sky Community Care will be working with La Casa Family Health Center to setup students for success for the 2021-2022 school year in Roswell, Clovis, and Portales. At this

event we will also be working to incorporate COVID vaccines.

Public Service Announcements
Comcast Partnership – WSSC Marketing has partnered with Comcast to run a series of PSA's encouraging New Mexicans to get vaccinated.

Pro Football Hall of Fame Partnership – As part of WSCC's commitment to stopping the spread of Covid-19 we've partnered with members of the Pro Football Hall of Fame (HOF) to encourage people to get vaccinated through a PSA campaign designed to increase education and awareness around COVID-19 vaccines.

As part of Centene's HOF partnership WSCC has contracted former Dallas Cowboy Drew Pearson for a roadshow through SE New Mexico. Pearson will speak about his life and accolades while also encouraging people to get their COVID-19 Vaccine targeted in areas of the state with low vaccine numbers and high vaccine hesitancy.

Direct Member Outreach/Wrap-Around Support
Western Sky continues to support the DOH Covid-19 Hotline and since the launch of the vaccine website in late December 2020 all member facing staff provides information following DOH-FAQs and links to resources on how to register for the vaccine.

Western Sky has provided gift cards to healthcare professionals staffing a vaccine site and also sends e-blasts to our teams for volunteer opportunities. HSD met with MCOs to ask about preferred reimbursement methodology for vaccine - all MCOs asked for reimbursement outside of capitation.

The WSCC Customer Service Center has been providing support on the NMDOH Hotline since March 2020. To date, WSCC has answered approximately 40,000 calls and members of the Leadership team have participated in daily meetings with the Department of Health. The following is a brief summary of our DOH activities:

- Smart sheet data entry - those in Phase 1A , 75+ or needing vaccine booster
- Assisting with general vaccine questions
- Providing vaccine immunization record info -vaxviewnm.org
- Assisting callers with scheduling vaccine appointments - those with an event code or those 75+
- DOH follow up and call backs
- Escalating any and all COVID concerns to DOH accordingly
- Providing support for general COVID-19 questions
- Transferring positive results to the DOH EPI team for special handling

- Partnering with DOH to ensure that test results are emailed to callers with urgent requests
- Creating processes/ templates for CSRs to use for call flow
- Ensuring that DOH updates are distributed to CSRs
- Providing COVID Test results
- Assisting callers with troubleshooting portal access to COVID test results
- Troubleshooting vaccine registration

Tribal Relations

Western Sky's Tribal Warm Line is staffed with Tribal Relations staff who educate members to register with NMDOH or Indian Health Service to receive vaccination. All member direct calls and other member outreach conducted by Western Sky Tribal Relations Department also includes a reminder to sign up for the COVID vaccine. Tribal Liaison aided several members in signing up for the COVID-10 vaccine on the website.

Western Sky will continue its on-going efforts to provide and support and volunteer for on-site support, like crown control and patient registration at mass vaccination events hosted by local Indian Health Service/638/ Urban health care facilities for Q2. Recent activities include:
New Mexico Indian Affairs Department & Indian Pueblo Cultural Center - The New Mexico Indian Affairs Department (IAD), in partnership with the New Mexico Department of Health (DOH), Coalition to Stop Violence Against Native Women (CSVANW), First Nations Community Healthsource, Thornburg Foundation, Indian Pueblo Cultural Center (IPCC), All Pueblo Council of Governors (APCG), and MoGro, will be hosting a COVID-19 vaccination and food distribution drive-thru event. WSCC Tribal Relations team volunteered for traffic control and provided PPE/grocery bag incentive items for individuals attending the event.
Isleta Elementary School – WSCC Tribal Relations team supporting Isleta Elementary School by providing PPE kits to provide to students for their three week in-person summer session.

First Nations Community Healthsource - WSCC Tribal Relations partnered up with First Nations Community Healthsource, Crownpoint Chapter House, Crownpoint Indian Health Service, and other local partners for a Community Resource Distribution / COVID-19 Vaccination event serving Crownpoint and surrounding tribal communities in providing food bags and offering free COVID-19 vaccine to 12+ On June 9, 2021. WSCC Tribal Liaison educated on importance of vaccine and assisted with traffic control of event. Next scheduled event will be in Shiprock, New Mexico on June 23, 2021.

State of New Mexico
All Centennial Care Populations
Fee & Benefit Change Summary

Reported Eligibility for Members Enrolled as of: March 31, 2021
Previous Period: April 1, 2019 to March 31, 2020
Current Period: April 1, 2020 to March 31, 2021

Program Changes Effective 7/1/2019	
E&M Fee Schedule Increase	Increase to all FFS rates for procedure codes 99201–99499 below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a corresponding Medicare fee schedule have been increased by 14.5%.
Assisted Living Fee Increase	5% increase to procedure codes T2030 and T2031.
Community Pharmacy Dispensing Fee Increase	$2 increase to dispensing fees for select pharmacies.
Chronic Care Management/Transitional Care Management	Implementation of new services for non-dual Medicaid populations.
Hospital Fee Increase	Increase of 5% to inpatient services and 10% increase to outpatient services for State Teaching Hospitals; 14% increase to inpatient services and 25% increase to outpatient services for SNCP providers; 12% increase to inpatient services and 18% increase to outpatient services for all remaining in-state hospitals.
Pre-Tenancy	Implementation of new services for members with SMI.
Personal Care Services Fee Increase	$.50 per hour increase to procedure codes T1019 and 99505.
Dental Fee Schedule Increase	Increase of 2% to dental reimbursement rates.
Dental Fluoride with Varnish	Implementation of new services and procedure codes D1026 and 99188.

Program Changes Effective 10/1/2019	
BH Outpatient Rate Increase	Increase to all BH OP rates below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a Medicare fee schedule have been increased by 30%.
ECHO E&M Reimbursement Adjustments	Increase to program for anticipated additional physician utilization in the Centennial Care program resulting from Project ECHO.
FQHC Base/Dental Rate Increase	Increase to the base PPS rate to a minimum of $169.77 for all FQHC medical services besides dental. For FQHC dental services, this is an increase to the base PPS rate to a minimum $200.
Not-For-Profit Community Hospital Rate Increase	Increase of 3.8% for all inpatient and outpatient services for in-state not-for-profit hospitals.

Program Changes Effective 1/1/2020	
Community Hospital – Native Americans Rate Increase	The Community Hospital – Native Americans Rate Increase reflects a 13.0% increase to reimbursement levels for inpatient services for eligible in-state hospitals.
For-Profit & Government-Owned Hospital Rate Increase	The For-Profit & Government Owned Hospital Rate Increase reflects a 2.0% increase to reimbursement levels to inpatient and outpatient services for in-state for-profit/investor-owned and government-owned hospitals (excluding UNM hospitals).
Adult Residential Treatment Center	The Adult RTC adjustment reflects the added benefit for adults to receive SUD services at three adult RTCs.
Photo-Ocular Screening	The Photo-Ocular Screening adjustment effective January 1, 2020 reflects an expansion of vision screenings available during well-child visits that will include procedure code 99177.
Justice-Involved Transportation to Pharmacies	The Justice-Involved Transportation to Pharmacies adjustment reflects the added benefit for members released from incarceration to be transported to and from a pharmacy within seven days post-discharge to retrieve appropriate medication.
NF VBP	The NF VBP adjustment reflects a $4.5 million increase to Nursing Facilities to improve quality outcomes by comparing the nursing facilities to CMS benchmarks. After the completion of the contract year, a reconciliation will be performed to reflect actual experience.
PCS Minimum Wage Adjustment	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from $7.50 to $9.00 per hour.
Long-Acting Reversible Contraception (1/1/2020)	The Long-Acting Reversible Contraception (LARC) fee schedule increase reflects the following additional rate increases: a 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983, 58301 and a 152.0% to procedure code 58300.
Leap Day Adjustment	The Leap Day Adjustment reflects an additional day of utilization for nursing facility and HCBS services.
HCQS and NF MBI Adjustments	The Heath Care Quality Surcharge (HCQS) and Nursing Facility Market Basket Increase (NF MBI) adjustment reflects a new surcharge for nursing facilities with over 60 beds and a 2.8% market basket increase to all nursing facilities.

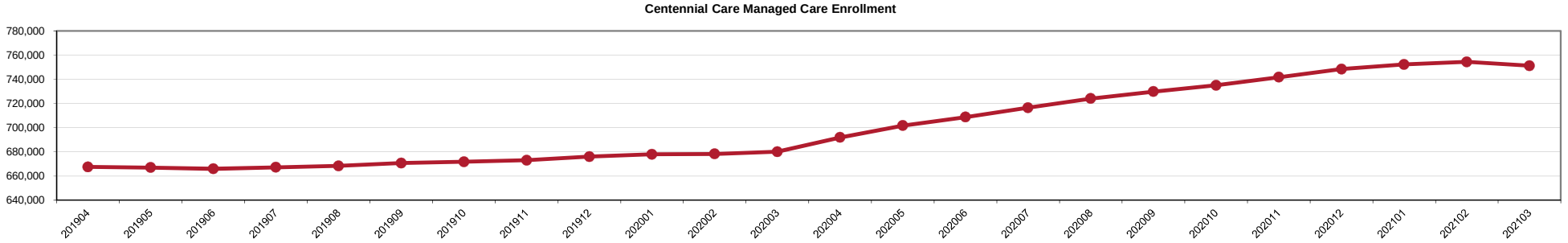
Program Changes Effective 7/1/2020	
OTP Adjustment	The Opioid Treatment Program (OTP) Adjustment reflects the removal of projected OTP expenses for Dual-eligible members effective October 1, 2020, as Medicare will become the primary payer for these services.
Trauma Hospital Rate Increase	The Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals: Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%.
Pharmacy Clinicians Adjustment	Effective July 1, 2020, Pharmacists with Prescriptive Authority are allowed to bill naloxone and other additional services to procedure code 99213 at a rate of $65.66. The Pharmacy Clinicians adjustment accounts for the increased rates from the incentive fees paid prior to July 1, 2020 to procedure code 99213.

Program Changes Effective 1/1/2021	
RHC PPS Rate Rebase	The RHC PPS Rate Rebase reflects increasing the PPS rate for RHC to $169.77 for all RHC medical services effective October 1, 2020.
PCS Minimum Wage effective 1/1/2021	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from $9.00 to $10.50 per hour effective January 1, 2021.
High Cost Low Utilization (HCLU) Drug Adjustment	The HCLU Drug Adjustment for 2021 reflects one treatment of Zolgensma.
Air Ambulance Rate Increase	The air ambulance FFS fee schedule increase effective November 15, 2020 reflects the following additional rate increases: 28.56% to procedure code A0430, 35.51% to procedure codes A0431, and 68.13% to procedure code A0436.
Crisis Triage Center (CTC) Adjustment	The CTC adjustment reflects the expectation that two additional CTC providers will be providing CTC adult outpatient services by January 1, 2021.

State of New Mexico - All MCOs
All Centennial Care Populations
Centennial Care Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021
Previous Period: April 1, 2019 to March 31, 2020
Current Period: April 1, 2020 to March 31, 2021

1. Total Centennial Care Monthly Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Aggregate Member Months by Program

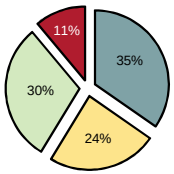
Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	4,660,844	5,102,018	9%
Long Term Services and Supports	582,601	596,506	2%
Other Adult Group	2,820,804	3,057,755	8%
Total Member Months	**8,064,249**	**8,756,279**	**9%**

	Aggregate Medical Costs by Program			*Per Capita Medical Costs by Program (PMPM)*		
Programs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	$ 1,376,779,796	$ 1,412,436,266	3%	$ 295.39	$ 276.84	-6%
Long Term Services and Supports	$ 953,450,951	$ 1,092,736,175	15%	$ 1,636.54	$ 1,831.89	12%
Other Adult Group Physical Health	$ 1,199,198,059	$ 1,357,776,693	13%	$ 425.13	$ 444.04	4%
Behavioral Health - All Members	$ 440,441,123	$ 533,724,801	21%	$ 54.62	$ 60.95	12%
Total Medical Costs	**$ 3,969,869,930**	**$ 4,396,673,935**	**11%**	**$ 492.28**	**$ 502.12**	**2%**

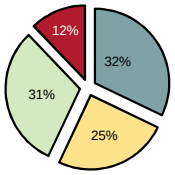
Aggregate Non-Medical Costs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	**% Change**
Admin, care coordination, Centennial Rewards	$ 398,173,641	$ 372,453,137	-6%	$ 49.38	$ 42.54	-14%
NMMIP Assessment	$ 67,748,656	$ 81,887,059	21%	$ 8.40	$ 9.35	11%
Premium Tax - Net of NIMMP Offset	$ 146,659,416	$ 169,864,378	16%	$ 18.19	$ 19.40	7%
Total Non-Medical Costs	**$ 612,581,713**	**$ 624,204,574**	**2%**	**$ 75.96**	**$ 71.29**	**-6%**
Estimated Total Centennial Care Costs	**$ 4,582,451,643**	**$ 5,020,878,509**	**10%**	**$ 568.24**	**$ 573.40**	**1%**

Centennial Care Medical Expenditures

Previous (Q2CY2019 - Q1CY2020)



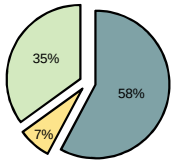
Current (Q2CY2020 - Q1CY2021)



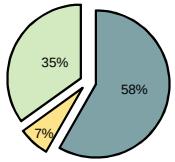
*See above for legend.

Centennial Care Member Months

Previous (Q2CY2019 - Q1CY2020)



Current (Q2CY2020 - Q1CY2021)



*See above for legend.

3. Total Program Medical/Pharmacy Dollars

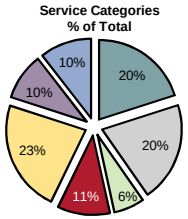
	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 3,553,175,336	$ 3,941,691,404	11%	$ 440.61	$ 450.16	2%
Pharmacy	$ 416,694,594	$ 454,982,531	9%	$ 51.67	$ 51.96	1%
Total	**$ 3,969,869,930**	**$ 4,396,673,935**	**11%**	**$ 492.28**	**$ 502.12**	**2%**

	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
Service Categories	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	$ 796,478,490	$ 870,101,516	9%	$ 98.77	$ 99.37	1%
Acute Outp/Phy	$ 803,856,444	$ 820,227,673	2%	$ 99.68	$ 93.67	-6%
Nursing Facility	$ 247,902,618	$ 251,173,950	1%	$ 30.74	$ 28.69	-7%
Community Benefit/PCO	$ 422,338,355	$ 551,363,972	31%	$ 52.37	$ 62.97	20%
Other Services	$ 904,560,793	$ 990,172,437	9%	$ 112.17	$ 113.08	1%
Behavioral Health	$ 378,038,637	$ 458,651,856	21%	$ 46.88	$ 52.38	12%
Pharmacy (All)	$ 416,694,594	$ 454,982,531	9%	$ 51.67	$ 51.96	1%
Total Costs	**$ 3,969,869,930**	**$ 4,396,673,935**	**11%**	**$ 492.28**	**$ 502.12**	**2%**

** Per capita not normalized for case mix changes between periods.*

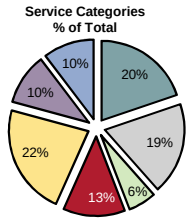
Previous (12 mon) service distribution

Service Categories % of Total



Current (12 mon) service distribution

Service Categories % of Total



4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services includes, but is not limited to, the following services: emergent transportation, non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

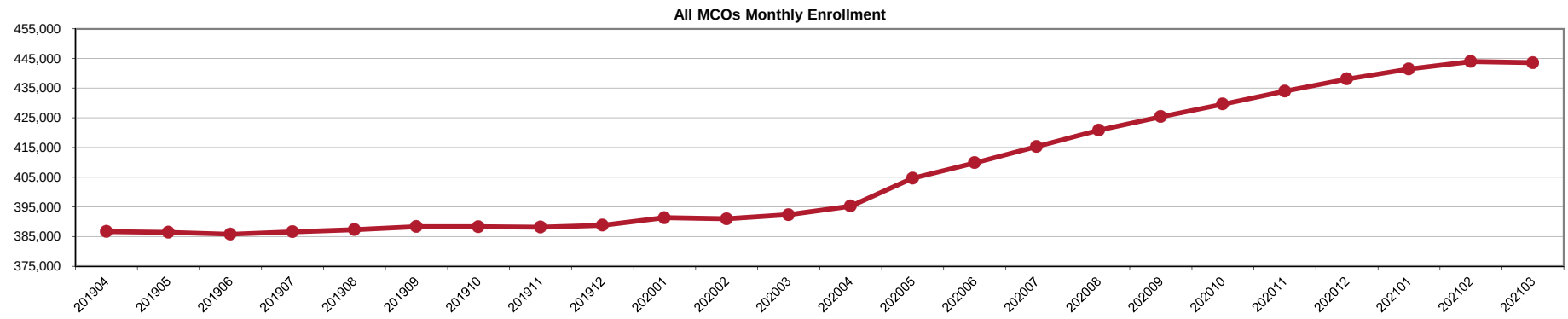
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

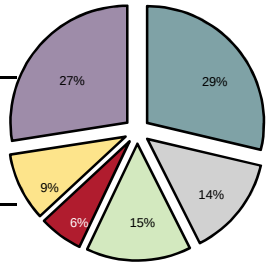
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 1,245,682,650	$ 1,279,172,782	3%
Pharmacy	$ 131,097,147	$ 133,263,484	2%
Total	**$ 1,376,779,796**	**$ 1,412,436,266**	**3%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 410,233,637	$ 405,045,779	-1%
Outpatient (OP)	$ 191,762,268	$ 196,102,058	2%
Physician (PH)	$ 201,136,809	$ 204,665,163	2%
Emergency Department (ED)	$ 98,203,471	$ 85,161,085	-13%
Pharmacy (RX)	$ 131,097,147	$ 133,263,484	2%
Other (OTH)	$ 344,346,464	$ 388,198,697	13%
Total Population Costs	**$ 1,376,779,796**	**$ 1,412,436,266**	**3%**
Per Capita Cost (PMPM)	**$ 295.39**	**$ 276.84**	**-6%**
Total Member Months	**4,660,844**	**5,102,018**	**9%**

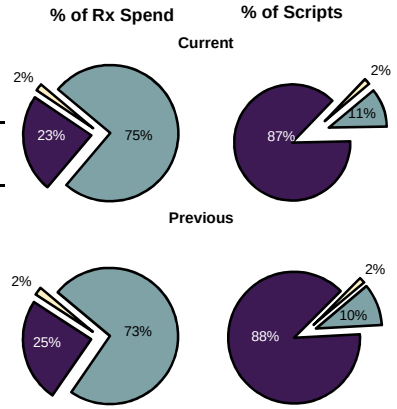
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 96,316,454	$ 100,032,587	4%
Generic	$ 32,232,982	$ 30,974,529	-4%
Other Rx	$ 2,547,711	$ 2,256,368	-11%
Total	**$ 131,097,147**	**$ 133,263,484**	**2%**



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

Total Population

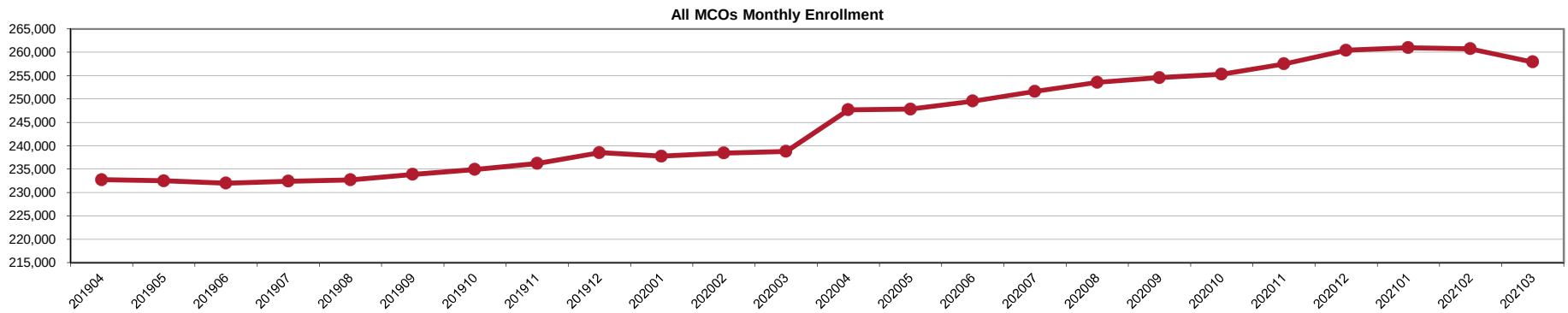
Other Adult Group Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

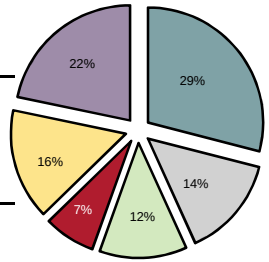
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 1,005,478,180	$ 1,146,320,410	14%
Pharmacy	$ 193,719,880	$ 211,456,284	9%
Total	**$ 1,199,198,059**	**$ 1,357,776,693**	**13%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 318,127,998	$ 393,910,764	24%
Outpatient (OP)	$ 188,381,962	$ 192,778,773	2%
Physician (PH)	$ 156,809,953	$ 166,706,062	6%
Emergency Department (ED)	$ 99,982,123	$ 98,167,256	-2%
Pharmacy (RX)	$ 193,719,880	$ 211,456,284	9%
Other (OTH)	$ 242,176,143	$ 294,757,556	22%
Total Population Costs	**$ 1,199,198,059**	**$ 1,357,776,693**	**13%**
Per Capita Cost (PMPM)	**$ 425.13**	**$ 444.04**	**4%**
Total Member Months	**2,820,804**	**3,057,755**	**8%**

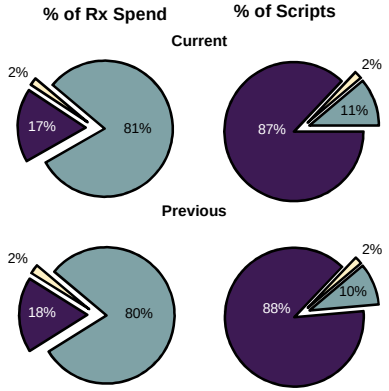
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 154,920,301	$ 170,564,133	10%
Generic	$ 34,485,512	$ 37,007,703	7%
Other Rx	$ 4,314,067	$ 3,884,449	-10%
Total	**$ 193,719,880**	**$ 211,456,284**	**9%**



** "Other Rx" represents supplies such as diabetic strips.*

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

LTSS - Healthy Dual Population

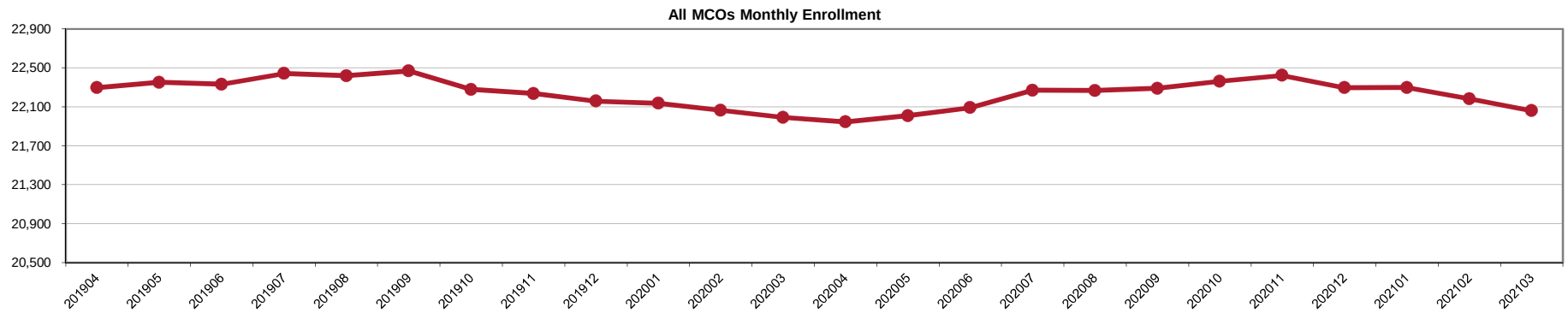
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

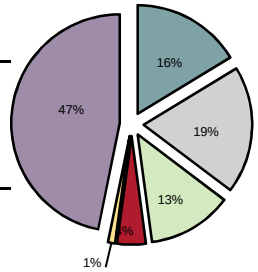
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 48,205,776	$ 44,547,523	-8%
Pharmacy	$ 852,361	$ 459,045	-46%
Total	**$ 49,058,137**	**$ 45,006,567**	**-8%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 8,075,784	$ 7,343,329	-9%
Outpatient (OP)	$ 9,779,428	$ 8,542,315	-13%
Physician (PH)	$ 6,302,786	$ 5,669,221	-10%
Emergency Department (ED)	$ 3,204,470	$ 1,928,418	-40%
Pharmacy (RX)	$ 852,361	$ 459,045	-46%
Other (OTH)	$ 20,843,308	$ 21,064,240	1%
Total Population Costs	**$ 49,058,137**	**$ 45,006,567**	**-8%**
Per Capita Cost (PMPM)	**$ 183.62**	**$ 168.88**	**-8%**
Total Member Months	**267,177**	**266,497**	**0%**

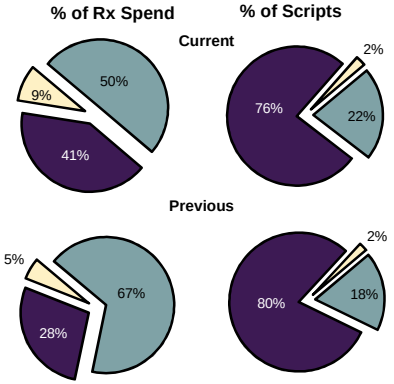
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 572,491	$ 230,050	-60%
Generic	$ 236,138	$ 189,386	-20%
Other Rx	$ 43,732	$ 39,608	-9%
Total	**$ 852,361**	**$ 459,045**	**-46%**



** "Other Rx" represents supplies such as diabetic strips.*

4. Notes

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2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

LTSS - Nursing Facility Level of Care Dual Population

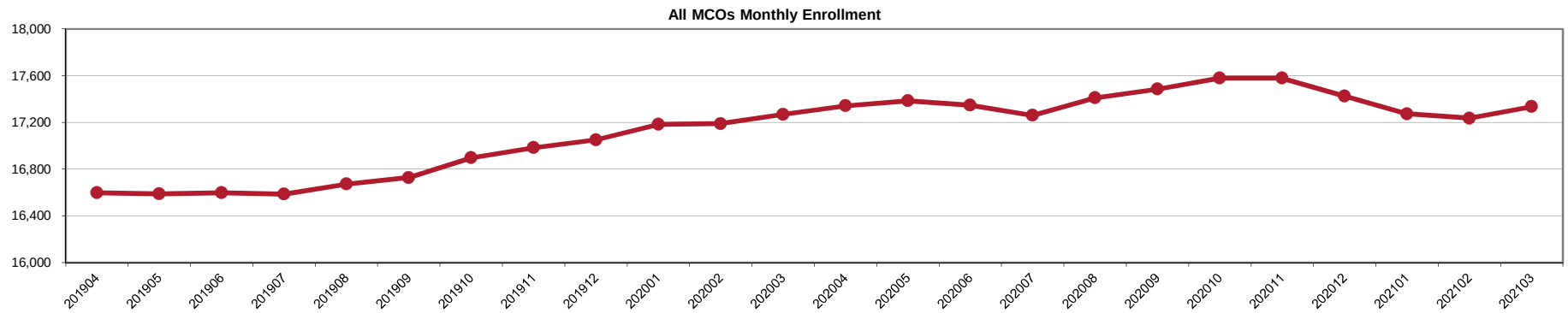
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

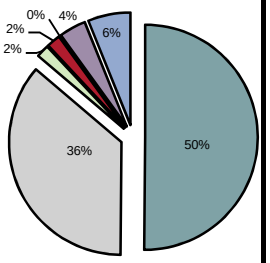
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 536,877,962	$ 615,891,534	15%
Pharmacy	$ 169,920	$ 190,278	12%
Total	**$ 537,047,882**	**$ 616,081,811**	**15%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 230,659,043	$ 308,928,709	34%
Nursing Facility (NF)	$ 221,322,343	$ 222,259,405	0%
Inpatient (IP)	$ 12,264,291	$ 11,175,149	-9%
Outpatient (OP)	$ 14,715,575	$ 12,256,801	-17%
Pharmacy (RX)	$ 169,920	$ 190,278	12%
HCBS	$ 18,558,218	$ 23,642,429	27%
Other (OTH)	$ 39,358,492	$ 37,629,041	-4%
Total Population Costs	**$ 537,047,882**	**$ 616,081,811**	**15%**
Per Capita Cost (PMPM)	**$ 2,654.15**	**$ 2,952.55**	**11%**
Total Member Months	**202,343**	**208,661**	**3%**

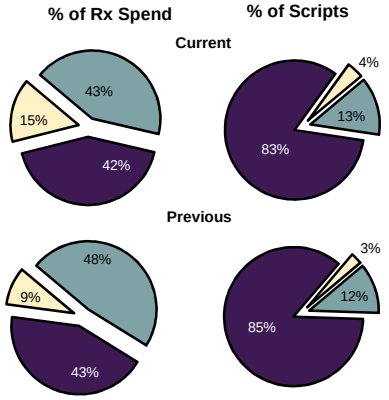
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 81,123	$ 80,882	0%
Generic	$ 73,500	$ 80,827	10%
Other Rx	$ 15,298	$ 28,569	87%
Total	**$ 169,920**	**$ 190,278**	**12%**



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

LTSS - Nursing Facility Level of Care Medicaid Only Population

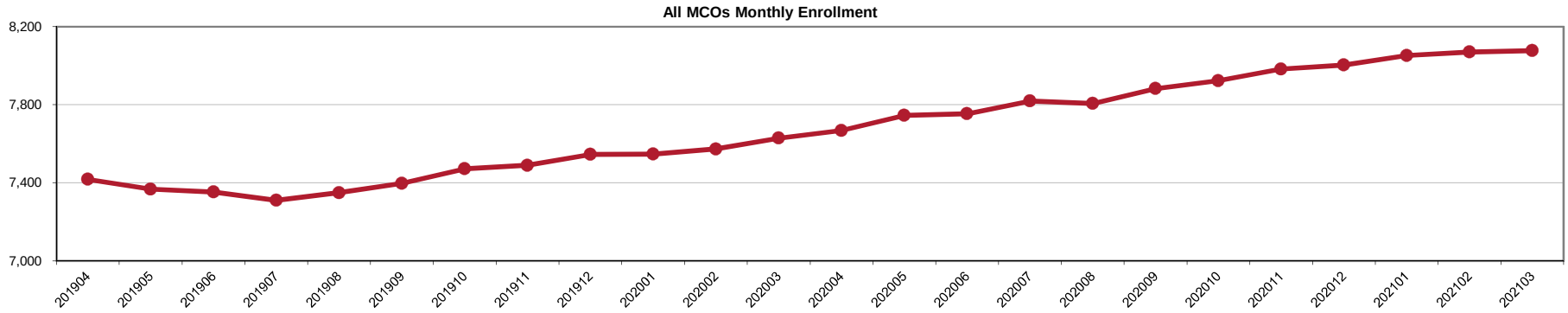
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

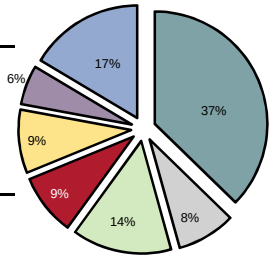
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 264,099,315	$ 309,409,332	17%
Pharmacy	$ 24,908,732	$ 30,944,439	24%
Total	**$ 289,008,047**	**$ 340,353,771**	**18%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 98,990,627	$ 126,846,370	28%
Nursing Facility (NF)	$ 26,230,271	$ 28,697,842	9%
Inpatient (IP)	$ 45,298,011	$ 48,611,280	7%
Outpatient (OP)	$ 31,240,499	$ 30,057,948	-4%
Pharmacy (RX)	$ 24,908,732	$ 30,944,439	24%
HCBS	$ 11,981,925	$ 19,256,389	61%
Other (OTH)	$ 50,357,983	$ 55,939,502	11%
Total Population Costs	**$ 289,008,047**	**$ 340,353,771**	**18%**
Per Capita Cost (PMPM)	**$ 3,231.05**	**$ 3,590.87**	**11%**
Total Member Months	**89,447**	**94,783**	**6%**

Service Categories % of Cost



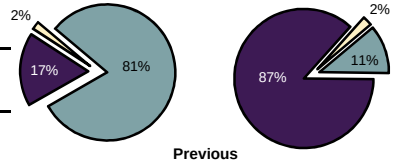
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

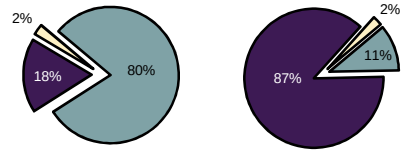
	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 19,889,517	$ 24,950,655	25%
Generic	$ 4,382,799	$ 5,391,268	23%
Other Rx	$ 636,416	$ 602,516	-5%
Total	**$ 24,908,732**	**$ 30,944,439**	**24%**

% of Rx Spend **% of Scripts**

Current



Previous



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

LTSS - Self Directed Population

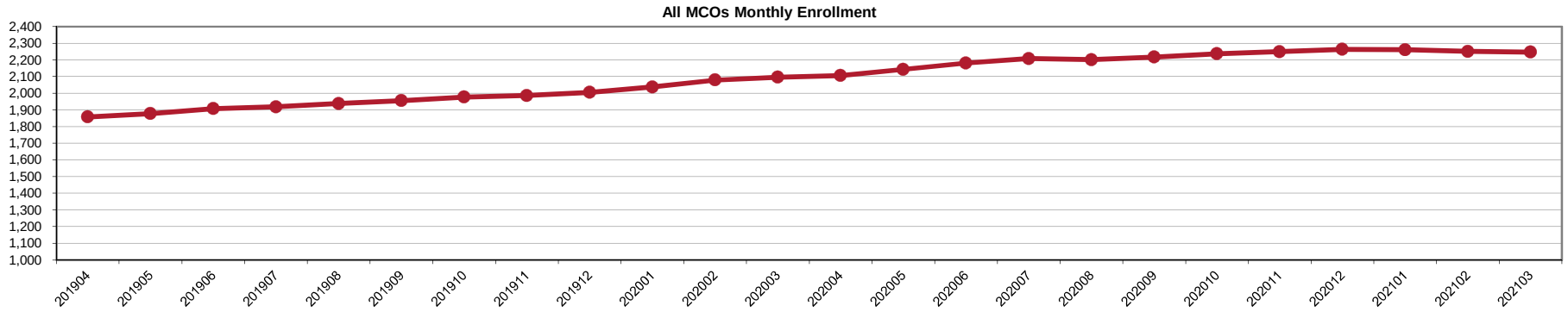
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

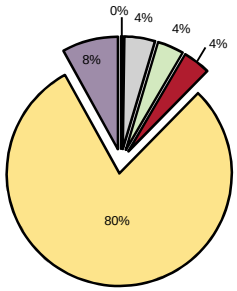
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 74,792,816	$ 87,697,969	17%
Pharmacy	$ 3,544,068	$ 3,596,057	1%
Total	**$ 78,336,885**	**$ 91,294,026**	**17%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	$ 350,004	$ 216,703	-38%
Inpatient (IP)	$ 2,478,769	$ 4,015,215	62%
Outpatient (OP)	$ 3,727,164	$ 3,449,333	-7%
Pharmacy (RX)	$ 3,544,068	$ 3,596,057	1%
HCBS	$ 62,148,542	$ 72,690,075	17%
Other (OTH)	$ 6,088,338	$ 7,326,643	20%
Total Population Costs	**$ 78,336,885**	**$ 91,294,026**	**17%**
Per Capita Cost (PMPM)	**$ 3,314.58**	**$ 3,436.63**	**4%**
Total Member Months	**23,634**	**26,565**	**12%**

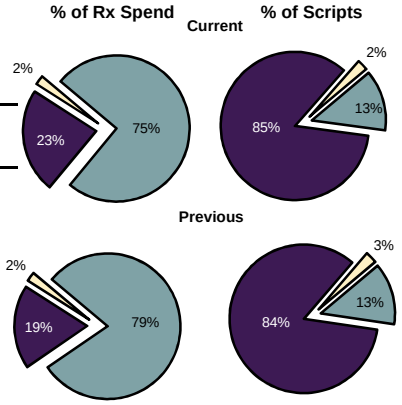
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 2,811,246	$ 2,692,922	-4%
Generic	$ 659,337	$ 829,436	26%
Other Rx	$ 73,486	$ 73,698	0%
Total	**$ 3,544,068**	**$ 3,596,057**	**1%**



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

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2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

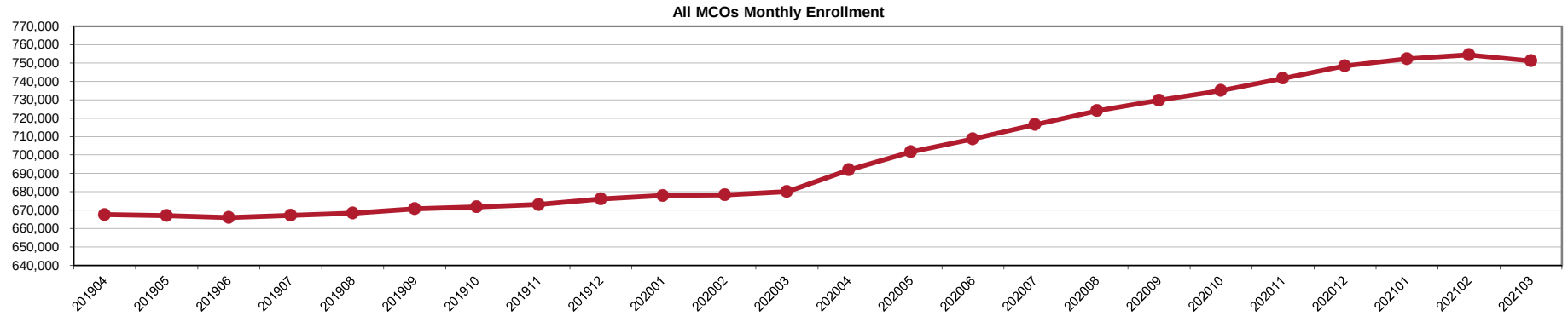
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2021

Previous Period: April 1, 2019 to March 31, 2020

Current Period: April 1, 2020 to March 31, 2021

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

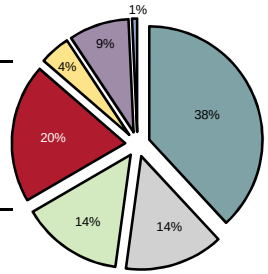
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 378,038,637	$ 458,651,856	21%
Pharmacy	$ 62,402,486	$ 75,072,945	20%
Total	**$ 440,441,123**	**$ 533,724,801**	**21%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	$ 170,721,340	$ 203,372,391	19%
Pharmacy (RX)	$ 62,402,486	$ 75,072,945	20%
Res. Treatment Ctr. (RTC)	$ 72,638,107	$ 77,091,627	6%
Behavioral Health Prov (BHP)	$ 66,919,523	$ 105,350,671	57%
Core Service Agencies (CSA)	$ 17,853,299	$ 23,166,325	30%
Inpatient (IP)	$ 44,406,654	$ 45,744,068	3%
Other (OTH)	$ 5,499,715	$ 3,926,773	-29%
Total Population Costs	**$ 440,441,123**	**$ 533,724,801**	**21%**
Per Capita Cost (PMPM)	**$ 54.62**	**$ 60.95**	**12%**
Total Member Months	**8,064,249**	**8,756,279**	**9%**

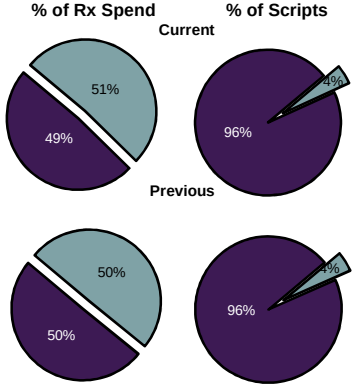
Services Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 31,051,194	$ 38,443,815	24%
Generic	$ 31,351,292	$ 36,629,131	17%
Total	**$ 62,402,486**	**$ 75,072,945**	**20%**



4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).
4. Amounts are reported based on dates of service within the previous and current periods.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- PMPM Analysis

DY 8

Start Date: 01/01/2021

End Date: 6/30/2021

Quarter 2

Start Date:4/1/2021

End Date: 6/30/2021

Table 3 - PMPM Summary by Demonstration Year and MEG

MEG01 TANF & Related	DY 01 Cost Estimates	DY 01 YTD - Actuals [2]	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	4,727,584	4,517,149	4,861,847	4,454,290	5,020,343	4,621,656	5,092,636	4,623,475	5,132,359	4,422,938	4,974,487	4,313,650
PMPM	$ 385.80	$ 329.14	$ 400.77	$ 344.32	$ 416.32	$ 335.32	$ 432.47	$ 344.67	$ 449.25	$ 353.33	$ 460.00	$ 399.37
Dollars	$ 1,823,911,159	$ 1,486,759,546	$ 1,948,487,793	$ 1,533,690,327	$ 2,090,074,424	$ 1,549,716,085	$ 2,202,434,150	$ 1,593,553,832	$ 2,305,734,126	$ 1,562,759,443	$ 2,288,249,485	$ 1,722,754,534

MEG02 SSI & Related - Medicaid Only	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	508,700	497,958	513,736	494,529	518,976	493,577	524,737	487,798	530,824	459,830	499,659	448,460
PMPM	$ 1,763.90	$ 1,656.72	$ 1,842.83	$ 1,785.40	$ 1,925.21	$ 1,756.53	$ 2,008.00	$ 1,734.28	$ 2,094.34	$ 1,729.98	$ 2,158.77	$ 1,921.05
Dollars	$ 897,298,062	$ 824,975,534	$ 946,727,393	$ 882,933,884	$ 999,138,707	$ 866,982,762	$ 1,053,669,000	$ 845,979,008	$ 1,111,724,897	$ 795,496,494	$ 1,078,650,304	$ 861,512,198

MEG03 SSI & Related - Dual Eligible	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	373,823	428,025	380,215	435,140	386,831	447,801	393,832	443,071	401,197	432,715	467,635	433,408
PMPM	$ 1,780.77	$ 1,333.20	$ 1,857.34	$ 1,342.71	$ 1,937.21	$ 1,361.10	$ 2,020.51	$ 1,273.55	$ 2,107.39	$ 1,290.50	$ 2,057.62	$ 1,285.32
Dollars	$ 665,692,378	$ 570,643,867	$ 706,189,973	$ 584,267,888	$ 749,372,219	$ 609,503,295	$ 795,742,098	$ 564,271,364	$ 845,479,241	$ 558,419,629	$ 962,212,283	$ 557,069,331

MEG04 "217 Like" Medicaid Only	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	5,841	2,799	5,898	2,382	5,959	2,987	6,025	3,797	6,095	3,307	4,087	2,990
PMPM	$ 4,936.92	$ 2,380.16	$ 5,090.46	$ 2,347.27	$ 5,248.77	$ 2,537.88	$ 5,412.01	$ 3,295.32	$ 5,580.32	$ 3,649.36	$ 5,747.30	$ 3,807.10
Dollars	$ 28,834,295	$ 6,662,064	$ 30,025,379	$ 5,591,208	$ 31,274,952	$ 7,580,640	$ 32,605,551	$ 12,512,314	$ 34,009,571	$ 12,068,447	$ 23,490,632	$ 11,383,232

MEG05 "217 Like" Dual Eligible	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	27,935	26,895	28,413	27,063	28,907	31,866	29,430	40,409	29,981	47,438	43,493	50,767
PMPM	$ 1,776.90	$ 3,226.87	$ 1,853.31	$ 3,143.68	$ 1,933.00	$ 2,884.00	$ 2,016.12	$ 2,789.99	$ 2,102.81	$ 2,840.04	$ 3,661.18	$ 2,834.27
Dollars	$ 49,637,569	$ 86,786,741	$ 52,657,285	$ 85,077,407	$ 55,877,183	$ 91,901,521	$ 59,334,769	$ 112,740,550	$ 63,043,435	$ 134,725,706	$ 159,236,444	$ 143,887,343

MEG06 VIII Group - Medicaid Expansion	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	1,632,968	1,887,728	1,788,895	2,748,632	1,800,808	3,078,074	1,763,748	3,143,890	1,773,299	3,019,164	3,299,404	3,070,948
PMPM	$ 577.87	$ 453.48	$ 607.34	$ 476.42	$ 638.31	$ 442.85	$ 670.87	$ 450.20	$ 705.08	$ 484.96	$ 738.22	$ 517.06
Dollars	$ 943,638,928	$ 856,047,571	$ 1,086,464,733	$ 1,309,507,303	$ 1,149,478,718	$ 1,363,119,579	$ 1,183,239,734	$ 1,415,376,157	$ 1,250,319,546	$ 1,464,175,694	$ 2,435,685,299	$ 1,587,859,678

MEG08 Uncompensated Care Pool	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
Total Allotment	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 67,294,973	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,316

MEG09 Hospital Quality Improvement Incentive Pool	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
Total Allotment	$ -	$ -	$ 2,824,462	$ 2,824,462	$ 5,764,727	$ 7,359,077	$ 8,825,544	$ 8,825,541	$ 12,011,853	$ 12,011,853	$ 12,000,000	$ 12,000,002

Centennial Care 2.0 Medicaid SUD/IMD	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MM											595	595
PMPM											$ 808.21	$ 5,246.52
Dollars											$ 480,885	$ 3,121,678

Notes:

1.) Actual member months for Demonstration Year 8 include the reported member months for this Centennial Care Quarterly Report, Section XIV and Section IX.

2.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 1

Start Date: 01/01/2014

End Date: 12/31/2014

Table 1.1: Budget Neutrality Limit DY 1 (Special Terms and Conditions (STC) 106)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 385.80	4,517,149	$ 1,742,724,978	70.77%	$ 1,233,316,823	$ 1,486,759,546	$ 1,070,401,817
MEG02 - SSI & Related - Medicaid Only	$ 1,763.90	497,958	$ 878,350,269	70.77%	$ 621,603,625	$ 824,975,534	$ 574,937,245
MEG03 - SSI & Related - Dual Eligible	$ 1,780.77	428,025	$ 762,214,336	70.77%	$ 539,414,868	$ 570,643,867	$ 395,585,750
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	70.77%	$ 48,752,593	$ 68,889,323	$ 47,671,412
MEG09 HQII	NA	NA	$ -	70.77%	$ -	$ -	$ -
Grand Total			**$ 3,452,178,905**		**$ 2,443,087,909**	**$ 2,951,268,270**	**$ 2,088,596,224**

Table 1.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 4,936.92	2,799	$ 13,818,444	69.31%	$ 9,577,968	$ 6,662,064	$ 4,617,656
MEG 05 - "217 Like" Dual Eligible	$ 1,776.90	26,895	$ 47,789,749	69.31%	$ 33,124,475	$ 86,786,741	$ 60,154,448
Grand Total			**$ 61,608,193**		**$ 42,702,443**	**$ 93,448,805**	**$ 64,772,104**

Table 1.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 577.87	1,887,728	$ 1,090,856,222	100.00%	$ 1,090,823,562	$ 856,047,571	$ 856,021,941
Grand Total			**$ 1,090,856,222**		**$ 1,090,823,562**	**$ 856,047,571**	**$ 856,021,941**

Table 1.4: DY 1 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,443,087,909**
Federal Share (Title XIX) Actual Reported	$ 2,088,596,224
Excess Spending - Test 1	$ 22,069,661
Excess Spending - Test 2	$ -
Total Actuals	$ 2,110,665,885
Difference (Actuals - Limit)	$ (332,422,024)
Percentage Difference	-13.6%

Notes:
1.) Member months as of November 3, 2015.
2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.
3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 2

Start Date: 01/01/2015

End Date: 12/31/2015

Table 2.1: Budget Neutrality Limit DY 2 (Special Terms and Conditions (STC) 106)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 400.77	4,454,290	$ 1,785,150,637	71.40%	$ 1,274,541,333	$ 1,533,690,327	$ 1,116,190,097
MEG02 - SSI & Related - Medicaid Only	$ 1,842.83	494,529	$ 911,332,877	71.40%	$ 650,662,973	$ 882,933,884	$ 619,375,970
MEG03 - SSI & Related - Dual Eligible	$ 1,857.34	435,140	$ 808,202,928	71.40%	$ 577,031,437	$ 584,267,888	$ 408,062,785
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	71.40%	$ 49,184,807	$ 67,294,973	$ 46,989,091
MEG09 HQII	NA	NA	$ 2,824,462	71.40%	$ 2,016,577	$ 2,824,462	$ 1,987,574
Grand Total			**$ 3,576,400,227**		**$ 2,553,437,127**	**$ 3,071,011,534**	**$ 2,192,605,517**

Table 2.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,090.46	2,382	$ 12,125,476	69.84%	$ 8,468,468	$ 5,591,208	$ 3,906,915
MEG 05 - "217 Like" Dual Eligible	$ 1,853.31	27,063	$ 50,156,129	69.84%	$ 35,029,186	$ 85,077,407	$ 59,416,310
Grand Total			**$ 62,281,604**		**$ 43,497,654**	**$ 90,668,615**	**$ 63,323,225**

Table 2.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 607.34	2,748,632	$ 1,669,354,159	100.00%	$ 1,669,275,988	$ 1,309,507,303	$ 1,309,445,983
Grand Total			**$ 1,669,354,159**		**$ 1,669,275,988**	**$ 1,309,507,303**	**$ 1,309,445,983**

Table 2.4: DY 2 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,553,437,127**
Federal Share (Title XIX) Actual Reported	$ 2,192,605,517
Excess Spending - Test 1	$ 19,825,571
Excess Spending - Test 2	$ -
Total Actuals	$ 2,212,431,088
Difference (Actuals - Limit)	$ (341,006,039)
Percentage Difference	-13.4%

Notes:

1.) Member months as of November 10, 2016.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 3

Start Date: 01/01/2016

End Date: 12/31/2016

Table 3.1: Budget Neutrality Limit DY 3 (Special Terms and Conditions (STC) 106)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 416.32	4,621,656	$ 1,924,092,463	72.14%	$ 1,388,132,733	$ 1,549,716,085	$ 1,139,912,129
MEG02 - SSI & Related - Medicaid Only	$ 1,925.21	493,577	$ 950,239,887	72.14%	$ 685,548,702	$ 866,982,762	$ 614,387,876
MEG03 - SSI & Related - Dual Eligible	$ 1,937.21	447,801	$ 867,484,358	72.14%	$ 625,844,889	$ 609,503,295	$ 430,114,035
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	72.14%	$ 49,700,067	$ 68,889,323	$ 48,608,306
MEG09 HQII	NA	NA	$ 5,764,727	72.14%	$ 4,158,951	$ 7,359,077	$ 5,234,511
Grand Total			**$ 3,816,470,759**		**$ 2,753,385,341**	**$ 3,102,450,542**	**$ 2,238,256,857**

Table 3.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,248.77	2,987	$ 15,678,086	70.59%	$ 11,066,436	$ 7,580,640	$ 5,353,671
MEG 05 - "217 Like" Dual Eligible	$ 1,933.00	31,866	$ 61,596,973	70.59%	$ 43,478,457	$ 91,901,521	$ 64,866,189
Grand Total			**$ 77,275,059**		**$ 54,544,893**	**$ 99,482,161**	**$ 70,219,860**

Table 3.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 638.31	3,078,074	$ 1,964,773,916	99.93%	$ 1,963,462,566	$ 1,363,119,579	$ 1,362,209,791
Grand Total			**$ 1,964,773,916**		**$ 1,963,462,566**	**$ 1,363,119,579**	**$ 1,362,209,791**

Table 3.4: DY 3 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,753,385,341**
Federal Share (Title XIX) Actual Reported	$ 2,238,256,857
Excess Spending - Test 1	$ 15,674,967
Excess Spending - Test 2	$ -
Total Actuals	$ 2,253,931,824
Difference (Actuals - Limit)	$ (499,453,517)
Percentage Difference	-18.1%

Notes:

1.) Member months as of October 3, 2017.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 4

Start Date: 01/01/2017

End Date: 12/31/2017

Table 4.1: Budget Neutrality Limit DY 4 (Special Terms and Conditions (STC) 106)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 432.47	4,623,475	$ 1,999,533,921	73.07%	$ 1,461,077,079	$ 1,593,553,832	$ 1,186,681,653
MEG02 - SSI & Related - Medicaid Only	$ 2,008.00	487,798	$ 979,495,999	73.07%	$ 715,726,368	$ 845,979,008	$ 606,609,382
MEG03 - SSI & Related - Dual Eligible	$ 2,020.51	443,071	$ 895,229,176	73.07%	$ 654,151,858	$ 564,271,364	$ 402,855,014
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	73.07%	$ 50,338,036	$ 68,889,323	$ 49,178,612
MEG09 HQII	NA	NA	$ 8,825,544	73.07%	$ 6,448,903	$ 8,825,541	$ 6,368,511
Grand Total			**$ 3,951,973,963**		**$ 2,887,742,244**	**$ 3,081,519,068**	**$ 2,251,693,172**

Table 4.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,412.01	3,797	$ 20,549,402	71.42%	$ 14,675,372	$ 12,512,314	$ 8,934,265
MEG 05 - "217 Like" Dual Eligible	$ 2,016.12	40,409	$ 81,469,347	71.42%	$ 58,181,400	$ 112,740,550	$ 80,515,170
Grand Total			**$ 102,018,749**		**$ 72,856,773**	**$ 125,252,864**	**$ 89,449,435**

Table 4.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 670.87	3,143,890	$ 2,109,131,150	95.15%	$ 2,006,847,035	$ 1,415,376,157	$ 1,346,736,283
Grand Total			**$ 2,109,131,150**		**$ 2,006,847,035**	**$ 1,415,376,157**	**$ 1,346,736,283**

Table 4.4: DY 4 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,887,742,244**
Federal Share (Title XIX) Actual Reported	$ 2,251,693,172
Excess Spending - Test 1	$ 16,592,662
Excess Spending - Test 2	$ -
Total Actuals	$ 2,268,285,834
Difference (Actuals - Limit)	$ (619,456,409)
Percentage Difference	-21.5%

Notes:

1.) Member months as of October 4, 2018.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 5

Start Date: 01/01/2018

End Date: 12/31/2018

Table 5.1: Budget Neutrality Limit DY 5 (Special Terms and Conditions (STC) 106)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 449.25	4,422,938	$ 1,987,023,736	74.05%	$ 1,471,331,653	$ 1,562,759,443	$ 1,180,692,546
MEG02 - SSI & Related - Medicaid Only	$ 2,094.34	459,830	$ 963,039,856	74.05%	$ 713,102,213	$ 795,496,494	$ 576,994,701
MEG03 - SSI & Related - Dual Eligible	$ 2,107.39	432,715	$ 911,899,885	74.05%	$ 675,234,593	$ 558,419,629	$ 403,164,509
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	74.05%	$ 51,010,483	$ 68,889,323	$ 50,084,411
MEG09 HQII	NA	NA	$ 12,011,853	74.05%	$ 8,894,418	$ 12,011,853	$ 8,679,765
Grand Total			**$ 3,942,864,653**		**$ 2,919,573,360**	**$ 2,997,576,742**	**$ 2,219,615,932**

Table 5.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,580.32	3,307	$ 18,454,130	72.19%	$ 13,322,745	$ 12,068,447	$ 8,714,682
MEG 05 - "217 Like" Dual Eligible	$ 2,102.81	47,438	$ 99,753,194	72.19%	$ 72,015,661	$ 134,725,706	$ 97,261,654
Grand Total			**$ 118,207,324**		**$ 85,338,406**	**$ 146,794,153**	**$ 105,976,336**

Table 5.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 705.08	3,019,164	$ 2,128,754,916	94.19%	$ 2,005,117,958	$ 1,464,175,694	$ 1,379,137,145
Grand Total			**$ 2,128,754,916**		**$ 2,005,117,958**	**$ 1,464,175,694**	**$ 1,379,137,145**

Table 5.4: DY 5 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,919,573,360**
Federal Share (Title XIX) Actual Reported	$ 2,219,615,932
Excess Spending - Test 1	$ 20,637,930
Excess Spending - Test 2	$ -
Total Actuals	$ 2,240,253,862
Difference (Actuals - Limit)	$ (679,319,499)
Percentage Difference	-23.3%

Notes:

1.) Member months as of October 3, 2019.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 6

Start Date: 01/01/2019

End Date: 12/31/2019

Table 6.1: Budget Neutrality Limit DY 6 (Special Terms and Conditions (STC) 96)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 460.00	4,313,650	$ 1,984,266,466	74.65%	$ 1,481,227,663	$ 1,722,754,534	$ 1,311,867,288
MEG02 - SSI & Related - Medicaid Only	$ 2,158.77	448,460	$ 968,123,620	74.65%	$ 722,690,985	$ 861,512,198	$ 630,043,547
MEG03 - SSI & Related - Dual Eligible	$ 2,057.62	433,408	$ 891,786,870	74.65%	$ 665,706,650	$ 557,069,331	$ 403,439,351
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	74.65%	$ 51,424,933	$ 68,889,316	$ 50,869,441
MEG09 HQII	NA	NA	$ 12,011,853	74.65%	$ 8,966,683	$ 12,000,002	$ 9,127,363
Grand Total			**$ 3,925,078,132**		**$ 2,930,016,915**	**$ 3,222,225,381**	**$ 2,405,346,990**

Table 6.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 98)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,747.30	2,990	$ 17,184,417	72.42%	$ 12,444,939	$ 11,383,232	$ 8,248,128
MEG 05 - "217 Like" Dual Eligible	$ 3,661.18	50,767	$ 185,867,373	72.42%	$ 134,604,989	$ 143,887,343	$ 104,198,687
Grand Total			**$ 203,051,789**		**$ 147,049,929**	**$ 155,270,575**	**$ 112,446,815**

Table 6.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 99)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 738.22	3,070,948	$ 2,267,034,367	93.14%	$ 2,111,614,818	$ 1,587,859,678	$ 1,479,001,851
Grand Total			**$ 2,267,034,367**		**$ 2,111,614,818**	**$ 1,587,859,678**	**$ 1,479,001,851**

Table 6.4: Supplemental Budget Neutrality Test 3: SUD/IMD (STC 100)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG SUD/IMD	$ 808.21	595	$ 480,885	93.13%	$ 447,867	$ 3,121,678	$ 2,907,340
Grand Total			**$ 480,885**		**$ 447,867**	**$ 3,121,678**	**$ 2,907,340**

Table 6.5: DY 6 Assessment of Budget Neutrality (STC 93, 96, 105)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,930,016,915**
Federal Share (Title XIX) Actual Reported	$ 2,405,346,990
Excess Spending - Test 1	$ -
Excess Spending - Test 2	$ -
Excess Spending - Test 3	$ 2,459,473
Total Actuals	$ 2,405,346,990
Difference (Actuals - Limit)	$ (524,669,925)
Percentage Difference	-17.9%

Notes:

1.) Member months as of July 22, 2021.

2.) As defined in STC 102 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 7

Start Date: 01/01/2020

End Date: 12/31/2020

Table 7.1: Budget Neutrality Limit DY 7 (Special Terms and Conditions (STC) 96)

MEG	DY 7 - PMPM	DY 7 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 477.48	4,588,379	$ 2,190,845,366	80.14%	$ 1,755,803,792	$ 1,989,018,557	$ 1,608,947,916
MEG02 - SSI & Related - Medicaid Only	$ 2,247.28	450,717	$ 1,012,888,807	80.14%	$ 811,756,975	$ 1,003,684,112	$ 796,037,992
MEG03 - SSI & Related - Dual Eligible	$ 2,141.98	432,871	$ 927,199,890	80.14%	$ 743,083,518	$ 624,309,599	$ 493,845,233
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	80.14%	$ 55,209,800	$ -	$ -
MEG09 HQII	NA	NA	$ 12,011,853	80.14%	$ 9,626,630	$ 11,999,993	$ 9,559,194
Grand Total			**$ 4,211,835,239**		**$ 3,375,480,715**	**$ 3,629,012,261**	**$ 2,908,390,335**

Table 7.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 98)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,926.04	3,044	$ 18,038,858	79.12%	$ 14,271,506	$ 12,131,092	$ 9,597,122
MEG 05 - "217 Like" Dual Eligible	$ 3,811.29	60,529	$ 230,693,782	79.12%	$ 182,514,193	$ 191,614,255	$ 151,596,722
Grand Total			**$ 248,732,640**		**$ 196,785,698**	**$ 203,745,347**	**$ 161,193,844**

Table 7.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 99)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 772.92	3,278,919	$ 2,534,329,105	90.29%	$ 2,288,315,692	$ 1,962,986,858	$ 1,772,435,009
Grand Total			**$ 2,534,329,105**		**$ 2,288,315,692**	**$ 1,962,986,858**	**$ 1,772,435,009**

Table 7.4: Supplemental Budget Neutrality Test 3: SUD/IMD (STC 100)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG SUD/IMD	$ 841.35	347	$ 291,948	92.08%	$ 268,836	$ 2,971,867	$ 2,736,596
Grand Total			**$ 291,948**		**$ 268,836**	**$ 2,971,867**	**$ 2,736,596**

Table 7.5: DY 7 Assessment of Budget Neutrality (STC 93, 96, 105)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 3,375,480,715**
Federal Share (Title XIX) Actual Reported	$ 2,908,390,335
Excess Spending - Test 1	$ -
Excess Spending - Test 2	$ -
Excess Spending - Test 3	$ 2,467,760
Total Actuals	$ 2,908,390,335
Difference (Actuals - Limit)	$ (467,090,380)
Percentage Difference	-13.8%

Notes:

1.) Member months as of July 22, 2021.

2.) As defined in STC 102 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

ATTACHMENT B

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 7

Start Date: 01/01/2020

End Date: 12/31/2020

Table 7.1: Budget Neutrality Limit DY 7 (Special Terms and Conditions (STC) 96)

MEG	DY 7 - PMPM	DY 7 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 495.62	2,498,816	$ 1,238,465,958	80.01%	$ 990,865,620	$ 926,975,708	$ 743,674,187
MEG02 - SSI & Related - Medicaid Only	$ 2,339.42	230,544	$ 539,339,696	80.01%	$ 431,512,194	$ 469,618,729	$ 374,848,397
MEG03 - SSI & Related - Dual Eligible	$ 2,229.80	214,898	$ 479,179,228	80.01%	$ 383,379,308	$ 316,875,957	$ 252,423,898
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	80.01%	$ 55,116,623	$ -	$ -
MEG09 HQII	NA	NA	$ 12,011,853	80.01%	$ 9,610,383	$ 11,999,993	$ 9,559,194
Grand Total			**$ 2,337,886,058**		**$ 1,870,484,129**	**$ 1,725,470,387**	**$ 1,380,505,676**

Table 7.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 98)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 6,110.34	1,967	$ 12,019,033	79.66%	$ 9,574,362	$ 5,910,536	$ 4,708,334
MEG 05 - "217 Like" Dual Eligible	$ 3,967.56	33,292	$ 132,087,891	79.66%	$ 105,221,214	$ 113,739,986	$ 90,605,272
Grand Total			**$ 144,106,924**		**$ 114,795,576**	**$ 119,650,522**	**$ 95,313,606**

Table 7.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 99)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 809.24	1,739,941	$ 1,408,035,247	90.33%	$ 1,271,827,024	$ 1,007,039,139	$ 909,621,825
Grand Total			**$ 1,408,035,247**		**$ 1,271,827,024**	**$ 1,007,039,139**	**$ 909,621,825**

Table 7.4: Supplemental Budget Neutrality Test 3: SUD/IMD (STC 100)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG SUD/IMD	$ 875.85	207	$ 181,301	91.31%	$ 165,538	$ 1,597,023	$ 1,458,174
Grand Total			**$ 181,301**		**$ 165,538**	**$ 1,597,023**	**$ 1,458,174**

Table 7.5: DY 8 Assessment of Budget Neutrality (STC 93, 96, 105)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 1,870,484,129**
Federal Share (Title XIX) Actual Reported	$ 1,380,505,676
Excess Spending - Test 1	$ -
Excess Spending - Test 2	$ -
Excess Spending - Test 3	$ 1,292,636
Total Actuals	$ 1,380,505,676
Difference (Actuals - Limit)	$ (489,978,453)
Percentage Difference	-26.2%

Notes:

1.) Member months as of July 22, 2021.

2.) As defined in STC 102 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2021 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2021 Quarter 3. Report pulled on 8/13/2021.

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2021

Summary of Expenditures by Waiver Year
Waiver: 11W00285

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total	Total Less Non-Adds
MEG1-TANF & Related	0	1,486,759,546	1,533,690,327	1,549,716,085	1,593,553,832	1,562,759,443	1,722,754,534	1,989,018,557	926,975,708	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,365,228,032	12,365,228,032
MEG2- SSI Medicaid Only	0	824,975,534	882,933,884	866,982,762	845,979,008	795,496,494	861,512,198	1,003,684,112	469,618,729	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,551,182,721	6,551,182,721
MEG3- SSI DUAL	0	570,643,867	584,267,888	609,503,295	564,271,364	558,419,629	557,069,331	624,309,599	316,875,957	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,360,930	4,385,360,930
MEG4-217	0	6,662,064	5,591,208	7,580,640	12,512,314	12,068,447	11,383,232	12,131,092	5,910,536	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73,839,533	73,839,533
MEG5- 217 DUAL	0	86,786,741	85,077,407	91,901,521	112,740,550	134,725,706	143,887,343	191,614,255	113,739,986	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	960,473,509	960,473,509
MEG6-VIII GROUP	0	856,047,571	1,309,507,303	1,363,119,579	1,415,376,157	1,464,175,694	1,587,859,678	1,962,986,858	1,007,039,139	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,966,111,979	10,966,111,979
MEG8-UHC-Uncompensated care	0	68,889,322	36,005,978	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	104,895,300	104,895,300
MEG9-HQII-Hospital Quality Improve Incentive	0	0	2,824,462	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,824,462	2,824,462
UC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uncompensated Care "UC" Pool	0	1	31,288,995	68,889,323	68,889,323	68,889,323	68,889,316	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	306,846,281	306,846,281
Hospital Quality Improvement Incentive "HQII" Pool	0	0	0	7,359,077	8,825,541	12,011,853	12,000,002	11,999,993	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52,196,466	52,196,466
Centennial Care 2.0 Medicaid SUD/IMD	0	0	0	0	0	0	3,121,678	2,971,867	1,597,023																		7,690,568	7,690,568
Total	**0**	**3,900,764,646**	**4,471,187,452**	**4,565,052,282**	**4,622,148,089**	**4,608,546,589**	**4,968,477,312**	**5,798,716,333**	**2,841,757,078**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**35,776,649,781**	**35,776,649,781**
Check		*3,900,764,646*	*4,471,187,452*	*4,565,052,282*	*4,622,148,089*	*4,608,546,589*	*4,968,477,312*	*5,798,716,333*	*2,841,757,078*																			
Difference		*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*																			

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total	Total Less Non-Adds
MEG1-TANF & Related	0	1,070,401,817	1,116,190,097	1,139,912,129	1,186,681,653	1,180,692,546	1,311,867,288	1,608,947,916	743,674,187	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,358,367,633	9,358,367,633
MEG2- SSI Medicaid Only	0	574,937,245	619,375,970	614,387,876	606,609,382	576,994,701	630,043,547	796,037,992	374,848,397	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,793,235,110	4,793,235,110
MEG3- SSI DUAL	0	395,585,750	408,062,785	430,114,035	402,855,014	403,164,509	403,439,351	493,845,233	252,423,898	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,189,490,575	3,189,490,575
MEG4-217	0	4,617,656	3,906,915	5,353,671	8,934,265	8,714,682	8,248,128	9,597,122	4,708,334	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	54,080,773	54,080,773
MEG5- 217 DUAL	0	60,154,448	59,416,310	64,866,189	80,515,170	97,261,654	104,198,687	151,596,722	90,605,272	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	708,614,452	708,614,452
MEG6-VIII GROUP	0	856,021,941	1,309,445,983	1,362,209,791	1,346,736,283	1,379,137,145	1,479,001,851	1,772,435,009	909,621,825	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,414,609,828	10,414,609,828
MEG8-UHC-Uncompensated care	0	47,671,411	25,207,785	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	72,879,196	72,879,196
MEG9-HQII-Hospital Quality Improve Incentive	0	0	1,987,574	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,987,574	1,987,574
UC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uncompensated Care "UC" Pool	0	1	21,781,306	48,608,306	49,178,612	50,084,411	50,869,441	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	220,522,077	220,522,077
Hospital Quality Improvement Incentive "HQII" Pool	0	0	0	5,234,511	6,368,511	8,679,765	9,127,363	9,559,194	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	38,969,344	38,969,344
Centennial Care 2.0 Medicaid SUD/IMD	0	0	0	0	0	0	2,907,340	2,736,596	1,458,174																		7,102,110	7,102,110
Total	**0**	**3,009,390,269**	**3,565,374,725**	**3,670,686,508**	**3,687,878,890**	**3,704,729,413**	**3,999,702,996**	**4,844,755,784**	**2,377,340,087**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**28,852,756,562**	**28,852,756,562**
Check		*3,009,390,269*	*3,565,374,725*	*3,670,686,508*	*3,687,878,890*	*3,704,729,413*	*3,999,702,996*	*4,844,755,784*	*2,377,340,087*																			
Difference		*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*																			

M-CHIP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total	Total Less Non-Adds
MEG7-CHIP GROUP	0	84,356,751	123,819,527	118,474,494	106,620,436	97,509,959	106,079,307	120,146,182	64,688,240	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	821,694,896	821,694,896
Total	**0**	**84,356,751**	**123,819,527**	**118,474,494**	**106,620,436**	**97,509,959**	**106,079,307**	**120,146,182**	**64,688,240**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**821,694,896**	**821,694,896**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total	Total Less Non-Adds
MEG7-CHIP GROUP	0	66,272,555	105,308,829	118,474,494	106,620,424	97,508,661	103,602,915	112,450,839	54,985,004	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	765,223,721	765,223,721
Total	**0**	**66,272,555**	**105,308,829**	**118,474,494**	**106,620,424**	**97,508,661**	**103,602,915**	**112,450,839**	**54,985,004**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**765,223,721**	**765,223,721**

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total	Total Less Non-Adds
Admin	0	109,509,693	0	0	0	8,558,331	196,959,429	236,057,394	117,557,686	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	668,642,533	668,642,533
MEG1-TANF & Related	0	1,954,350	65,528,478	65,128,092	75,672,882	80,475,712	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	288,759,514	288,759,514
MEG2- SSI Medicaid Only	0	0	7,492,116	7,098,152	8,204,996	8,455,296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31,250,560	31,250,560
MEG3- SSI DUAL	0	0	6,533,901	6,432,635	7,626,009	7,887,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,480,241	28,480,241
MEG4-217	0	0	38,287	33,620	78,602	73,212	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	223,721	223,721
MEG5- 217 DUAL	0	0	408,067	443,667	673,384	847,932	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,373,050	2,373,050
MEG6-VIII GROUP	0	36,509,156	42,521,593	46,219,961	60,776,652	59,252,561	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	245,279,923	245,279,923
MEG7-CHIP GROUP	0	972,016	9,725,447	8,862,780	10,909,982	9,242,308	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	39,712,533	39,712,533
Total	**0**	**148,945,215**	**132,247,889**	**134,218,907**	**163,942,507**	**174,793,048**	**196,959,429**	**236,057,394**	**117,557,686**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,304,722,075**	**1,304,722,075**
Check		*148,945,215*	*132,247,889*	*134,218,907*	*163,942,507*	*174,793,048*	*196,959,429*	*236,057,394*	*117,557,686*																			
Difference		*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*																			

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total	Total Less Non-Adds
Admin	0	72,320,580	0	0	0	6,523,508	129,519,032	155,939,837	76,372,446	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	440,675,403	440,675,403
MEG1-TANF & Related	0	1,033,347	40,960,378	40,581,487	48,575,411	50,855,108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	182,005,731	182,005,731
MEG2- SSI Medicaid Only	0	0	4,682,951	4,421,346	5,263,719	5,343,838	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19,711,854	19,711,854
MEG3- SSI DUAL	0	0	4,084,108	4,007,329	4,887,719	4,986,257	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,965,413	17,965,413
MEG4-217	0	0	23,899	21,025	50,385	46,287	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	141,596	141,596
MEG5- 217 DUAL	0	0	255,098	276,989	432,086	536,858	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,501,031	1,501,031
MEG6-VIII GROUP	0	24,041,491	26,579,123	28,804,937	38,875,056	37,448,951	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	155,749,558	155,749,558
MEG7-CHIP GROUP	0	644,187	6,078,767	5,514,776	6,957,623	5,840,810	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,036,163	25,036,163
Total	**0**	**98,039,605**	**82,664,324**	**83,627,889**	**105,041,999**	**111,581,617**	**129,519,032**	**155,939,837**	**76,372,446**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**842,786,749**	**842,786,749**
Check		*98,039,605*	*82,664,324*	*83,627,889*	*105,041,999*	*111,581,617*	*129,519,032*	*155,939,837*	*76,372,446*																			
Difference		*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*																			

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MEMBER MONTHS
CENTENNIAL CARE MEG REPORTING

Eligibility Group	CY 2016 Quarter					CY 2017 Quarter					CY 2018 Quarter					CY 2019 Quarter					CY 2020 Quarter					CY 2021 Quarter				
	1	2	3	4	Total	1	2	3	4	Total	1	2	3	4	Total	1	2	3	4	Total	1	2	3	4	Total	1	2	3	4	Total
Population 1 – TANF and Related	1,130,779	1,150,300	1,169,603	1,170,974	**4,621,656**	1,180,160	1,170,146	1,145,575	1,127,594	**4,623,475**	1,129,981	1,116,304	1,090,944	1,085,709	**4,422,938**	1,078,850	1,077,954	1,079,500	1,077,346	**4,313,650**	1,080,990	1,121,557	1,176,705	1,209,127	**4,588,379**	1,239,321	1,259,495			**2,498,816**
Population 2 – SSI and Related – Medicaid Only	123,597	122,633	123,728	123,619	**493,577**	124,408	125,136	122,027	116,227	**487,798**	116,043	115,944	114,284	113,559	**459,830**	112,782	112,246	111,860	111,572	**448,460**	112,279	111,759	112,968	113,711	**450,717**	114,800	115,744			**230,544**
Population 3 – SSI and Related - Dual	110,017	111,379	113,425	112,980	**447,801**	111,537	111,883	111,273	108,378	**443,071**	108,032	108,101	108,318	108,264	**432,715**	108,143	108,378	108,509	108,378	**433,408**	108,280	108,011	108,149	108,431	**432,871**	107,508	107,390			**214,898**
Population 4 – 217-like Group – Medicaid Only	568	1064	564	793	**2,987**	1,133	1,006	857	801	**3,797**	830	835	853	789	**3,307**	754	751	746	739	**2,990**	724	762	775	783	**3,044**	893	1,074			**1,967**
Population 5 – 217-like Group - Dual	6,938	8,390	7,911	8,627	**31,866**	9,714	10,023	10,181	10,491	**40,409**	11,050	11,820	12,257	12,311	**47,438**	12,167	12,422	12,828	13,350	**50,767**	14,040	14,723	15,545	16,221	**60,529**	16,604	16,688			**33,292**
Population 6 – VIII Group (expansion)	753,995	761,293	778,625	784,161	**3,078,074**	806,114	802,658	773,108	762,010	**3,143,890**	762,410	756,109	747,006	753,639	**3,019,164**	759,129	765,866	767,811	778,142	**3,070,948**	784,465	815,365	827,761	851,328	**3,278,919**	867,668	872,273			**1,739,941**
Population 7 - CHIP Group	151,824	140,006	134,983	132,292	**559,105**	133,031	130,727	123,340	117,212	**504,310**	117,719	113,236	109,585	111,810	**452,350**	113,954	111,660	112,480	115,511	**453,605**	118,812	114,069	118,317	122,709	**473,907**	127,245	131,806			**259,051**
Population 10 - SUD IMD																93	324	92	86	**595**	86	78	115	68	**347**	115	92			**207**
Total	**2,277,716**	**2,295,065**	**2,328,839**	**2,333,446**	**9,235,066**	**2,366,097**	**2,351,579**	**2,286,361**	**2,242,713**	**9,246,750**	**2,246,065**	**2,222,349**	**2,183,247**	**2,186,081**	**8,837,742**	**2,185,872**	**2,189,601**	**2,193,826**	**2,205,124**	**8,774,423**	**2,219,676**	**2,286,324**	**2,360,335**	**2,422,378**	**9,288,713**	**2,474,154**	**2,504,562**	**0**	**0**	**4,978,716**

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Table #9 - Waiver Year 7 Expenditures

Medicaid Eligibility Group (MEG)	Program Expenditures	Administrative Expenditures
Admin		**236,057,394**
MEG01 - TANF & Related	$ 1,989,018,557	$ -
MEG02 - SSI & Related - Medicaid Only	$ 1,003,684,112	$ -
MEG03 - SSI & Related - Dual Eligible	$ 624,309,599	$ -
MEG04 - "217 Like" Medicaid Only	$ 12,131,092	$ -
MEG05 - "217 Like" Dual Eligible	$ 191,614,255	$ -
MEG06 - VIII Group - Medicaid Expansion	$ 1,962,986,858	$ -
MEG07 - CHIP	$ 120,146,182	$ -
Uncompensated Care "UC" Pool	$ -	N/A
Hospital Quality Improvement Incentive "HQII" Pool	$ 11,999,993	N/A
Centennial Care 2.0 Medicaid SUD/IMD	$ 2,971,867	N/A
Grand Total	**$ 5,918,862,515**	**$ 236,057,394**

Source: New Mexico CMS 64 Submission, FFY 2021 Quarer 2, 2021.

Key Utilization / Cost per Unit Statistics by Major Population Group

Physical Health Population: TANF, Aged, Blind, Disabled, CYFD, Pregnant Women

Service Grouping	Utilization (per 1,000 Members) April 2019 - March 2020	Utilization (per 1,000 Members) April 2020 - March 2021	Cost per Unit April 2019 - March 2020	Cost per Unit April 2020 - March 2021
Inpatient (Admissions)	105.0	73.1	$ 9,816	$ 10,628
Inpatient (Days)	475.0	322.8	$ 2,170	$ 2,407
Practitioner / Physician (Services)	8,322.2	5,637.1	$ 78	$ 84
Emergency Department (Visits)	603.3	303.3	$ 414	$ 526
Outpatient (Visits)	1,699.6	1,459.3	$ 287	$ 262
Pharmacy (Scripts)	4,885.6	3,640.1	$ 64	$ 85
Other (Services)[1]	9,423.0	6,614.9	$ 60	$ 63

Pharmacy Classification	Script Utilization April 2019 - March 2020	Script Utilization April 2020 - March 2021	Script Cost per Unit April 2019 - March 2020	Script Cost per Unit April 2020 - March 2021
Brand	10.3%	10.8%	$ 459	$ 588
Generic	88.3%	87.5%	$ 18	$ 22
Other Rx[2]	1.4%	1.7%	$ 85	$ 83

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Adult Expansion: Other Adult Group

Service Grouping	Utilization (per 1,000 Members) April 2019 - March 2020	Utilization (per 1,000 Members) April 2020 - March 2021	Cost per Unit April 2019 - March 2020	Cost per Unit April 2020 - March 2021
Inpatient (Admissions)	86.2	68.4	$ 14,854	$ 19,144
Inpatient (Days)	614.2	742.9	$ 2,085	$ 1,762
Practitioner / Physician (Services)	9,004.5	7,079.6	$ 89	$ 93
Emergency Department (Visits)	731.9	508.9	$ 579	$ 641
Outpatient (Visits)	2,374.5	2,229.7	$ 340	$ 295
Pharmacy (Scripts)	9,505.0	7,895.1	$ 82	$ 103
Other (Services)[1]	10,364.3	8,184.0	$ 70	$ 74

Pharmacy Classification	Script Utilization April 2019 - March 2020	Script Utilization April 2020 - March 2021	Script Cost per Unit April 2019 - March 2020	Script Cost per Unit April 2020 - March 2021
Brand	9.7%	11.1%	$ 674	$ 745
Generic	88.5%	87.0%	$ 17	$ 21
Other Rx[2]	1.8%	1.8%	$ 100	$ 102

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Long Term Services and Supports: Dual Eligible - Nursing Facility Level of Care

Service Grouping	Utilization (per 1,000 Members) April 2019 - March 2020	Utilization (per 1,000 Members) April 2020 - March 2021	Cost per Unit April 2019 - March 2020	Cost per Unit April 2020 - March 2021
Inpatient (Admissions)	226.2	167.7	$ 3,305	$ 3,666
Inpatient (Days)	1,322.4	1,022.9	$ 565	$ 601
Nursing Home (Days)	306,129.5	271,000.1	$ 44	$ 42
Personal Care (Services / hr.)	751,359.1	711,322.3	$ 17	$ 18

Key Utilization / Cost per Unit Statistics by Major Population Group

Outpatient (Visits)	5,377.5	4,037.2	$ 172	$ 164
Pharmacy (Scripts)	825.9	756.0	$ 12	$ 14
HCBS (Services)	4,723.4	5,671.0	$ 217	$ 175
Other (Services)[1]	43,519.8	33,615.8	$ 50	$ 48

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Brand	11.7%	13.5%	$ 50	$ 45
Generic	85.6%	82.6%	$ 6	$ 7
Other Rx[2]	2.7%	3.9%	$ 42	$ 55

Notes:
1 - Other services include dental, transportation, vision.
2 - Other Rx includes diabetic supplies.

Long Term Services and Supports: Medicaid Only - Nursing Facility Level of Care

	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Inpatient (Admissions)	372.8	276.4	$ 16,625	$ 19,791
Inpatient (Days)	2,644.4	1,970.2	$ 2,344	$ 2,776
Nursing Home (Days)	17,338.9	13,910.0	$ 206	$ 228
Personal Care (Services / hr.)	720,674.3	627,453.3	$ 17	$ 18
Outpatient (Visits)	8,348.0	7,783.7	$ 517	$ 436
Pharmacy (Scripts)	36,894.8	32,761.3	$ 90	$ 118
HCBS (Services)	11,511.5	19,955.5	$ 130	$ 88
Other (Services)[1]	66,324.6	51,801.3	$ 95	$ 98

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Brand	10.8%	11.3%	$ 666	$ 843
Generic	87.0%	86.5%	$ 18	$ 24
Other Rx[2]	2.2%	2.3%	$ 102	$ 102

Notes:
1 - Other services include dental, transportation, vision.
2 - Other Rx includes diabetic supplies.

Long Term Services and Supports: Self-Directed Population (Dual and Medicaid Only)

	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Inpatient (Admissions)	194.0	150.4	$ 6,569	$ 10,474
Inpatient (Days)	1,104.3	898.9	$ 1,154	$ 1,753
Nursing Home (Days)	3,867.0	1,277.0	$ 46	$ 66
Personal Care (Services / hr.)	-	-	$ -	$ -
Outpatient (Visits)	7,315.6	5,174.0	$ 268	$ 266
Pharmacy (Scripts)	13,529.3	11,772.8	$ 129	$ 136
HCBS (Services)	326,968.3	277,189.4	$ 90	$ 88
Other (Services)[1]	52,493.0	40,632.4	$ 55	$ 59

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021

Key Utilization / Cost per Unit Statistics by Major Population Group

Brand	13.5%	13.2%	$ 758	$ 772
Generic	84.0%	84.4%	$ 29	$ 37
Other Rx[2]	2.6%	2.4%	$ 104	$ 118

Notes:
1 - Other services include dental, transportation, vision.
2 - Other Rx includes diabetic supplies.

Long Term Services and Supports: Dual Eligible - Healthy Dual Population

	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Inpatient (Admissions)	82.9	63.8	$ 4,471	$ 4,933
Inpatient (Days)	504.2	426.3	$ 735	$ 738
Practitioner / Physician (Services)	9,828.6	6,905.0	$ 27	$ 27
Emergency Department (Visits)	789.0	464.6	$ 192	$ 172
Outpatient (Visits)	3,112.7	2,172.7	$ 147	$ 164
Pharmacy (Scripts)	1,427.5	1,234.7	$ 27	$ 17
Other (Services)[1]	9,351.5	6,000.2	$ 95	$ 116

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Brand	18.3%	21.5%	$ 99	$ 39
Generic	79.7%	76.1%	$ 9	$ 9
Other Rx[2]	2.0%	2.4%	$ 69	$ 61

Notes:
1 - Other services include dental, transportation, vision.
2 - Other Rx includes diabetic supplies.

Behavioral Health Services - All Populations (PH, OAG, LTSS)

	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Inpatient (Admissions)	44.2	29.2	$ 632	$ 783
Inpatient (Days)	101.7	78.9	$ 274	$ 289
BH Practitioner (services)	477.6	474.8	$ 151	$ 162
Core Service Agency (Services)	261.1	281.9	$ 169	$ 159
BH outpatient / clinic (Services)	3,889.6	3,359.8	$ 64	$ 72
Pharmacy (Scripts)	1,806.0	1,654.1	$ 54	$ 62
Residential Treatment Center (days)	42.7	34.2	$ 3,282	$ 3,401
Other (Services)[1]	25.1	15.1	$ 114	$ 128

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2019 - March 2020	April 2020 - March 2021	April 2019 - March 2020	April 2020 - March 2021
Brand	4.5%	4.3%	$ 603	$ 749
Generic	95.5%	95.7%	$ 28	$ 31
Other Rx[2]	0.0%	0.0%	$ -	$ -

Notes:
1 - Other services includes BMS, PSR and PES services.
2 - Other Rx includes diabetic supplies.

DY8 Qtr 2 Attachment D: Customer Service Summary (Jan 1 - June 30, 2021)

BCBS CALL CENTER STANDARDS AND PERFORMANCE MEASURES

Meets Standard | Does Not Meet

			BCBS											
		CONTRACT STANDARD	January	February	March	April	May	June	July	August	September	October	November	December
Member Services	Number of Calls Received - All Queues		12,190	11,829	13,011	11,926	12,083	12,510						
	Number of Calls Answered - All Queues		12,031	11,624	12,837	11,768	11,968	12,338						
	Percent of Calls Abandoned	< 5%	1.3%	1.7%	1.3%	1.3%	1.0%	1.4%						
	Percent of Calls Answered within 30 Seconds	85%	86.5%	85.9%	86.7%	88.5%	89.9%	87.9%						
	Average Wait Time	< 2 minutes	0.4	0.4	0.4	0.3	0.2	0.3						
	Percent of Voicemails Returned by Next Business Day	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
Nurse Advice Line	Number of Calls Received - All Queues		688	631	776	703	697	680						
	Number of Calls Answered - All Queues		672	622	759	676	662	666						
	Percent of Calls Abandoned	< 5%	2.3%	1.4%	2.2%	3.8%	5.0%	2.1%						
	Percent of Calls Answered within 30 Seconds	85%	92.4%	92.4%	91.2%	84.9%	64.2%	80.8%						
	Average Wait Time	< 2 minutes	0.2	0.3	0.3	0.3	0.9	0.4						
Provider Services	Number of Calls Received - All Queues		9,984	9,206	10,384	8,264	3,973	4,428						
	Number of Calls Answered - All Queues		9,755	8,999	10,224	8,115	3,959	4,394						
	Percent of Calls Abandoned	< 5%	2.3%	2.2%	1.5%	1.8%	0.4%	0.8%						
	Percent of Calls Answered within 30 Seconds	85%	88.9%	87.0%	88.8%	88.4%	92.9%	90.4%						
	Average Wait Time	< 2 minutes	0.3	0.4	0.3	0.3	0.2	0.2						
	Percent of Voicemails Returned by Next Business Day	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
UM Line	Number of Calls Received - All Queues		7,789	7,665	8,491	8,208	7,138	7,563						
	Number of Calls Answered - All Queues		7,682	7,568	8,401	7,970	6,983	7,463						
	Percent of Calls Abandoned	< 5%	1.4%	1.3%	1.1%	2.9%	2.2%	1.3%						
	Percent of Calls Answered within 30 Seconds	85%	86.3%	91.3%	92.2%	90.4%	89.9%	89.9%						
	Average Wait Time	< 2 minutes	0.4	0.2	0.2	0.3	0.3	0.3						

Source: BCBS Report 2, M1-M6 CY21

PHP CALL CENTER STANDARDS AND PERFORMANCE MEASURES

Meets Standard | Does Not Meet

		CONTRACT STANDARD	PHP JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Member Services	Number of Calls Received - All Queues		19,240	17,801	19,941	17,877	15,818	17,933						
	Number of Calls Answered - All Queues		18,973	17,548	19,623	17,614	15,559	17,632						
	Percent of Calls Abandoned	**< 5%**	1.4%	1.4%	1.6%	1.5%	1.6%	1.7%						
	Percent of Calls Answered within 30 Seconds	**85%**	90%	89%	88%	87.4%	87.3%	88.3%						
	Average Wait Time	**< 2 minutes**	0.3	0.3	0.3	0.3	0.3	0.3						
	Percent of Voicemails Returned by Next Business Day	**100%**	100%	100%	100%	50.0%	100.0%	100.0%						
Nurse Advice Line	Number of Calls Received - All Queues		2,856	2,493	2,558	2,904	2,671	2,431						
	Number of Calls Answered - All Queues		2,790	2,437	2,509	2,817	2,616	2,391						
	Percent of Calls Abandoned	**< 5%**	2.3%	2.2%	1.9%	3.0%	2.1%	1.6%						
	Percent of Calls Answered within 30 Seconds	**85%**	96%	96%	97%	94.4%	95.8%	96.0%						
	Average Wait Time	**< 2 minutes**	0.2	0.1	0.1	0.2	0.2	0.1						
Provider Services	Number of Calls Received - All Queues		3,345	3,278	3,786	3,495	3,204	3,410						
	Number of Calls Answered - All Queues		3,315	3,236	3,742	3,454	3,166	3,365						
	Percent of Calls Abandoned	**< 5%**	0.9%	1.3%	1.2%	1.2%	1.2%	1.3%						
	Percent of Calls Answered within 30 Seconds	**85%**	90.6%	86.6%	87.3%	88.6%	87.8%	88.6%						
	Average Wait Time	**< 2 minutes**	0.4	0.4	0.3	0.3	0.3	0.3						
	Percent of Voicemails Returned by Next Business Day	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
UM Line	Number of Calls Received - All Queues		1,696	1,487	1,599	1,475	1,414	1,273						
	Number of Calls Answered - All Queues		1,683	1,471	1,588	1,454	1,398	1,258						
	Percent of Calls Abandoned	**< 5%**	0.8%	1.1%	0.7%	1.4%	1.1%	1.2%						
	Percent of Calls Answered within 30 Seconds	**85%**	89.3%	85.7%	87.5%	88.2%	87.3%	88.1%						
	Average Wait Time	**< 2 minutes**	0.2	0.4	0.3	0.3	0.3	0.3						

Source: PHP Report 2, M6 CY21

WSCC CALL CENTER STANDARDS AND PERFORMANCE MEASURES

Meets Standard | Does Not Meet

			WSCC											
		CONTRACT STANDARD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Member Services	Number of Calls Received - All Queues		5,113	4,579	5,372	4,526	4,015	4,258						
	Number of Calls Answered - All Queues		4,871	4,493	5,221	4,408	3,962	4,188						
	Percent of Calls Abandoned	**< 5%**	4.7%	1.9%	2.8%	2.6%	1.3%	1.6%						
	Percent of Calls Answered within 30 Seconds	**85%**	88.2%	86.1%	84.3%	91.9%	91.0%	93.6%						
	Average Wait Time	**< 2 minutes**	0.4	0.4	0.5	0.2	0.3	0.2						
	Percent of Voicemails Returned by Next Business Day	**100%**	100.0%	100.0%	100.0%	100%	100%	100%						
Nurse Advice Line	Number of Calls Received - All Queues		171	201	163	192	178	165						
	Number of Calls Answered - All Queues		166	197	163	190	172	160						
	Percent of Calls Abandoned	**< 5%**	2.9%	2.0%	0.0%	1.0%	3.4%	3.0%						
	Percent of Calls Answered within 30 Seconds	**85%**	92.8%	93.9%	90.8%	89.5%	82.6%	91.9%						
	Average Wait Time	**< 2 minutes**	0.3	0.2	0.4	0.4	0.6	0.2						
Provider Services	Number of Calls Received - All Queues		4,350	3,815	4,329	4,390	3,884	4,450						
	Number of Calls Answered - All Queues		4,277	3,752	4,216	4,284	3,788	4,328						
	Percent of Calls Abandoned	**< 5%**	1.7%	1.7%	2.6%	2.4%	2.5%	2.7%						
	Percent of Calls Answered within 30 Seconds	**85%**	87.0%	88.8%	86.1%	88.3%	85.9%	84.96%						
	Average Wait Time	**< 2 minutes**	0.3	0.4	0.4	0.5	0.6	0.4						
	Percent of Voicemails Returned by Next Business Day	**100%**	100.0%	100.0%	100.0%	100%	100%	100%						
UM Line	Number of Calls Received - All Queues		1,512	1,634	1,806	1,746	1,411	1,653						
	Number of Calls Answered - All Queues		1,484	1,605	1,778	1,712	1,393	1,638						
	Percent of Calls Abandoned	**< 5%**	1.9%	1.8%	1.6%	1.9%	1.3%	0.9%						
	Percent of Calls Answered within 30 Seconds	**85%**	93.1%	92.0%	93.3%	93.0%	96.0%	94.4%						
	Average Wait Time	**< 2 minutes**	0.3	0.4	0.4	0.4	0.2	0.4						

Source: WSCC Report 2, M6 CY21