# CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Demonstration Quarterly Report
Demonstration Year: 7 (1/ 1/ 2020 – 12/ 31/ 2020)
Quarter: 1/2020

July 29, 2020

.

# CONTENTS


1. Introduction ..... 3
2. Enrollment and Benefits Information ..... 5
3. Enrollment Counts for Quarter and Year to Date ..... 9
4. Outreach/Innovative Activities to Assure Access ..... 12
5. Collection and Verification of Encounter Data and Enrollment Data ..... 13
6. Operational/Policy/Systems/Fiscal Development/Issues ..... 14
7. HCBS Reporting ..... 29
8. AI/AN Reporting ..... 40
9. Action Plans for Addressing Any Issues Identified ..... 45
10. Financial/Budget Neutrality Development/Issues ..... 53
11. Member Month Reporting ..... 54
12. Consumer Issues ..... 56
13. Quality Assurance/Monitoring Activity ..... 58
14. Managed Care Reporting Requirements ..... 65
15. Demonstration Evaluation ..... 68
16. Enclosures/Attachments ..... 69
17. State Contacts ..... 70
18. Additional Comments ..... 71

# 1

# 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 will continue 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 complexity
- es 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 to CMS on March 14, 2019 | Approved by CMS on March 24, 2020 |
| SUD Evaluation Design Plan | Submitted to CMS on June 27, 2019 | Approved by CMS on March 24, 2020 |
| SUD Monitoring Protocol | Submitted July 31, 2019 | Pending CMS approval |

# 2

# ENROLLMENT AND BENEFITS INFORMATION

**Table 1: QUARTER 1 MCO ENROLLMENT CHANGES**

| MANAGED CARE ORGANIZATION | 12/31/2019 ENROLLMENT | 3/31/2020 ENROLLMENT | PERCENT INCREASE/ DECREASE Q2 |
|---|---|---|---|
| Blue Cross Blue Shield of New Mexico (BCBS) | 236,328 | 239, 639 | +1.3 percent |
| Presbyterian Health Plan (PHP) | 371,288 | 371,848 | + .15 percent |
| Western Sky Community Care (WSCC) | 59,048 | 59,952 | + 1.5 percent |

*Source: Medicaid Eligibility Reports, December 2019 & March 2020*

**CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT**

Centennial Care 2.0 MCO enrollment data and cost per unit data by programs is provided for July 2017 through June 2019. Please see Attachment A: January 2018 – December 2019 Statewide Dashboards.

***MCO Enrollment***

In aggregate, MCO enrollment is decreasing by less than 1% from the previous to current period. This decrease is comprised of the following:

- 2% decrease in physical health enrollment.
- 1% decrease in aggregate Long-term services and supports enrollment.
- 2% increase in other adult group enrollment.

Differences in eligibility from previous dashboards are due, in part, to a recoupment data discrepancy identified in late 2019. Encounters and eligibility data for historic time periods and the reprocessed data is now reflected in the dashboards.

***MCO Per Capita Medical Costs***
In aggregate, MCO enrollment is decreasing by less than 1% from the previous to current period. This decrease is comprised of the following:

- 2% decrease in physical health enrollment.
- 1% decrease in aggregate Long-term services and supports enrollment.
- 2% increase in other adult group enrollment.

Differences in eligibility from previous dashboards are due, in part, to a recoupment data discrepancy identified in late 2019. Encounter and eligibility data for historic time periods and the reprocessed data is now reflected in the dashboards.

## CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

### *Molina Healthcare Plan Termination*

In DY7 Q1, MHC continued to provide monthly updates on the progress of its termination plan. Based on HSD's review, MHC has submitted all required program reports and is current with all termination plan deliverables. MHC is required to comply with all duties and obligations incurred prior to the contract termination date and to maintain functionality to complete processing of all claims. HSD will continue to work with MHC and monitor the termination plan. MHC and HSD anticipate that MHC will submit its final termination plan report in DY7 Q3.

### *UnitedHealthcare Community Plan Termination*

In DY7 Q1, UHC submitted its final termination plan report, and requested that HSD approve the completion of the termination plan. UHC also requested the opportunity to review and respond to external audit reports, when available, for periods during which UHC was an MCO. HSD had no concerns with the audit review request and informed UHC. HSD anticipates providing its response in DY7 Q2 to UHC's request for approval of the completion of the termination plan.

## CENTENNIAL REWARDS

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

- Adult PCP Checkup – reward for adults who complete an annual PCP wellness checkup;
- Asthma Management – reward for refills of asthma controller medications for children;
- Bipolar – reward for members who refill their medications;
- Bone Density – reward for women age 65 or older who complete a bone density test within the year;
- Dental – reward for adults and children who complete annual dental visits;
- Diabetes – reward for members who complete tests and exams to better manage their diabetes;
- Pregnancy – reward for prenatal first trimester and postpartum visit; and
- Schizophrenia – reward for medication refill.
- Step-Up Challenge – reward for completing a walking challenge;
- Well-Child for ages Birth – 15 Month (aka W15)

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

**Table 2: Centennial Care Rewards**

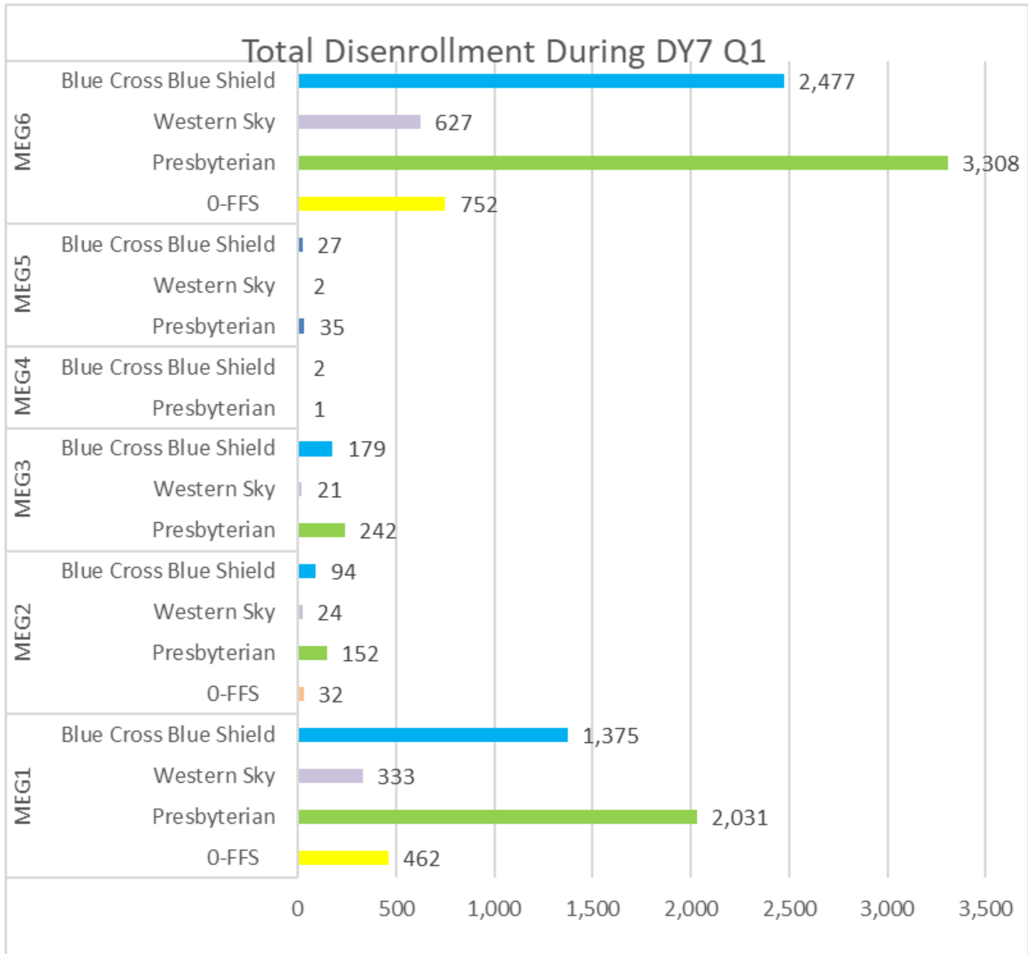
| CENTENNIAL CARE REWARDS | |
|---|---|
| 2020 | |
| | Q1 |
| Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter* | 120,293 |
| Number of Members Registered in the Rewards Program this Quarter | 5,345 |
| Number of Members Who Redeemed Rewards this Quarter** | 11,134 |

*Only includes rewards earned THIS quarter.
**Redeemed rewards could have been earned in any of the previous 24 reporting months.

# 3
# ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following table outlines all 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. Also, most of the disenrollment for this quarter is attributed to loss of eligibility. Due to Public Health Emergency (PHE) regarding Coronavirus (COVID-19), HSD meets the Maintenance of Effort (MOE) statutory requirements 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 to receive the 6.2 percent increased FMAP.

| Demonstration Population | | Total Number Demonstration Participants DY7 Q1 Ending March 2020 | Current Enrollees (Rolling 12-month Period) | Total Disenrollments During DY7 Q1 |
|---|---|---|---|---|
| Population MEG1 - TANF and Related | 0-FFS | 36,227 | 52,726 | 462 |
| | Presbyterian | 179,413 | 221,447 | 2,031 |
| | Western Sky | 29,890 | 37,057 | 333 |
| | Blue Cross Blue Shield | 110,492 | 133,584 | 1,375 |
| | Summary | **356,022** | **444,814** | **4,201** |
| Population MEG2 - SSI and Related - Medicaid Only | 0-FFS | 2,339 | 3,317 | 32 |
| | Presbyterian | 20,229 | 21,856 | 152 |
| | Western Sky | 3,418 | 3,648 | 24 |
| | Blue Cross Blue Shield | 11,461 | 12,068 | 94 |
| | Summary | **37,447** | **40,889** | **302** |
| Population MEG3 - SSI and Related - Dual | 0-FFS | | 103 | |
| | Presbyterian | 22,985 | 24,473 | 242 |
| | Western Sky | 2,424 | 2,535 | 21 |
| | Blue Cross Blue Shield | 10,729 | 11,238 | 179 |
| | Summary | **36,138** | **38,349** | **442** |
| Population MEG4 - 217-like Group - Medicaid Only | 0-FFS | 121 | 207 | |
| | Presbyterian | 132 | 157 | 1 |
| | Western Sky | 19 | 18 | |
| | Blue Cross Blue Shield | 101 | 123 | 2 |
| | Summary | **373** | **505** | **3** |
| Population MEG5 - 217-like Group - Dual | 0-FFS | | 6 | |
| | Presbyterian | 2,503 | 2,610 | 35 |
| | Western Sky | 275 | 263 | 2 |
| | Blue Cross Blue Shield | 1,853 | 1,801 | 27 |
| | Summary | **4,631** | **4,680** | **64** |
| Population MEG6 - VIII Group (expansion) | 0-FFS | 29,029 | 33,660 | 752 |
| | Presbyterian | 132,237 | 131,501 | 3,308 |
| | Western Sky | 22,201 | 22,439 | 627 |
| | Blue Cross Blue Shield | 96,193 | 95,470 | 2,477 |
| | Summary | **279,660** | **283,070** | **7,164** |
| Summary | | 714,271 | 812,307 | 12,176 |


Total Disenrollment During DY7 Q1
MEG6
Blue Cross Blue Shield
2,477
Western Sky
627
Presbyterian
3,308
0-FFS
752
MEG5
Blue Cross Blue Shield
27
Western Sky
2
Presbyterian
35
MEG4
Blue Cross Blue Shield
2
Presbyterian
1
MEG3
Blue Cross Blue Shield
179
Western Sky
21
Presbyterian
242
MEG2
Blue Cross Blue Shield
94
Western Sky
24
Presbyterian
152
0-FFS
32
MEG1
Blue Cross Blue Shield
1,375
Western Sky
333
Presbyterian
2,031
0-FFS
462
0
500
1,000
1,500
2,000
2,500
3,000
3,500

# 4

# OUTREACH/ INNOVATIVE ACTIVTIES TO ASSURE ACCESS

| OUTREACH AND TRAINING | |
|---|---|
| Quarter 1 Activities | In DY7 Q1, HSD participated in the Behavioral Health and Physical Health community events at the 2020 New Mexico State Legislature during the Legislative Session. HSD outreach staff provided information regarding Centennial Care 2.0 Medicaid Benefits, Eligibility and MCO Enrollment.<br><br>In DY7 Q1, HSD outreach and training staff partnered with the New Mexico Health Insurance Exchange in a state-wide Enrollment Event for potential Medicaid applicants using the Real Time Application system process at over 26 locations.<br><br>HSD staff conducted monthly trainings for the Presumptive Eligibility (PE) Program and Presumptive Eligibility Determiners (PED) in the JUST Health Program. HSD also conducted YESNM-PE Demonstration trainings for PEDs. The purpose for these on-going trainings is to increase PED enrollment throughout New Mexico. Trainings took place in person, classroom environment, and also via webinar.<br><br>In DY7 Q1, HSD staff conducted “Baby Bot” trainings for PEDs. This is a new feature in YESNM-PE that allows the PED provider to add an eligible newborn onto Medicaid immediately. This is a mandatory training for certified PEDs. |

# 5
# 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 on a monthly basis 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.

# 6

# OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT ISSUES

**FISCAL ISSUES**

The capitation payments through DY7 Q1 reflect the Centennial Care 2.0 rates effective on January 1, 2020. 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, 2020 were submitted to the Centers for Medicare and Medicaid Services (CMS) on January 6, 2020.

During DY7 Q1, reconciliation payments and recoupments for patient liability, retroactive eligibility, IHS, hepatitis C, and performance measure were made for CY 2018 (DY 5); the effects of those activities are more pronounced in the PMPM of MEG 1. For CY 2019 (DY 6), payments were made for IHS reconciliations and directed payments resulting in an increase in the PMPM of MEG 1.

The fiscal impact of the Public Health Emergency (PHE) due to the Coronavirus (COVID-19) pandemic is not reflected in the financial activities during this quarter. Any fiscal impact from the pandemic during this period will be captured in subsequent quarters.

**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 nations 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 authorities and were approved for the following

***New Mexico Disaster Relief State Plan Amendments (SPAs)***

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

- Expands the list of qualified entities allowed to do Presumptive Eligibility
- Increases DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4%; and

- Established Category of Eligibility (COE) for the COVID Testing Group for the uninsured population
- Targeted Access UPL Supplemental Payments
- Nursing Facility Rate Increases applied when treating fee for service COVID-19 members

***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
- Extension of time to request fair hearing of up to 120 days
- Enroll providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare
- Waive screening requirements (i.e. Fingerprints, site visits, etc.) to quickly enroll providers
- Cease revalidation of currently enrolled providers
- Payments to facilities for services provided in alternative settings
- Temporarily allow non-emergency ambulance suppliers
- Temporarily suspend payment sanctions
- Temporarily allow legally responsible individuals to provide PCS services to children under the EPSDT benefit.

### *Appendix Ks*

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

- 1915c Waivers (Medically Fragile, Mi Via, and Developmental Disability)
    - Exceed service limitations (i.e. additional funds to purchase electronic devices for members, exceed provider limits in a controlled community residence and suspend prior authorization requirements for waiver services, which are related to or resulting from this emergency)
    - Expand service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms.)
    - Permit payment to family caregivers
    - Modify 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
    - Modifying incident reporting requirements
    - Retainer payments for personal care services

- 1115 Demonstration Waiver for Home Community Benefit Services (HCBS)
    - Expand service settings (i.e. telephonic visits in lieu of face-face and provider trainings also done through telehealth mechanisms.)
    - Permit 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.
    - Modification to 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
    - Allow for payment for services
    - Retainer payments for personal care services

**PATIENT CENTERED MEDICAL HOMES (PCMH)**

HSD requires the MCOs to ensure engagement of PCMHs by including PCMH membership as part of a delivery system improvement project.

- For Legacy MCOs, HSD requires a minimum of a five percent (5%) increase of the MCO's members assigned to a PCP who is a provider with a Patient-Centered Medical Home (including both PCMHs that have achieved NCQA accreditation and those that have not). If the MCO achieves a minimum of fifty percent (50%) of membership being served by PCMHs, then the MCO must maintain that same minimum percentage at the end of the calendar year in order to meet this target.
- For non-Legacy MCOs, HSD requires a minimum of ten percent (10%) of the MCO's total membership be assigned to a PCP who is a provider with a Patient-Centered Medical Home (including both PCMHs that have achieved NCQA accreditation and those that have not) by the end of the calendar year.

HSD may impose a penalty if the MCO does not meet the Delivery System Improvement Performance Targets; however, the MCO may propose that any performance penalty amounts be spent on system improvement activities for provider network development and enhancement activities that will directly benefit members.

**Table 3: PCMH Assignment**

| PCMH ASSIGNMENT | | | | |
|---|---|---|---|---|
| Total Members Paneled to a PCMH | | | | |
| | DY6 Q1 | DY6 Q2 | DY6 Q3 | DY6 Q4 |
| BCBS | 95,670 | 100,387 | 106,497 | 107,831 |
| PHP | 196,853 | 203,851 | 213,475 | 239,583 |
| WSCC | 20,164 | 21,682 | 22,705 | 23,460 |
| Percent of Members Paneled to a PCMH | | | | |
| BCBS | 39.8% | 41.4% | 43.3% | 44.0% |
| PHP | 53.0% | 55.0% | 57.5% | 64.7% |
| WSCC | 34.4% | 37.1% | 38.2% | 39.3% |

Due to the PHE, HSD suspended the required Patient Centered Medical Homes quarterly report submission until the emergency declaration is terminated. In response to the PHE, 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 | |
|---|---|
| 1st Quarter Activities | In DY7 Q1, HSD continued monthly audits to monitor MCO compliance with contract and policy requirements when conducting care coordination activities. These audits include: 1) MCO compliance for the correct categorization of members who have been listed as Difficult to Engage, Unreachable or Refused care coordination (DUR); 2) Confirmation that members are being correctly referred for a Comprehensive Needs Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA); 3) Correct placement of members in the Care Coordination Level (CCL) based on information in the CNA and criteria outlined in the Managed Care Service Agreement; and 4) Transition of Care (TOC) files for members transitioning from an in-patient hospital stay or Nursing Facility to the community and members transitioning from a Nursing Facility to the community, confirming the TOC plan adequately addressed the member's needs. HSD monitored MCO compliance through the monthly audits in January and February (M1 and M2) DY7. In response to the PHE related to COVID-19, HSD suspended audits for March (M3) of DY7 Q1. Monthly audits will be captured in subsequent quarters.<br><br>DY7, M1 and M2 audit results from the Monthly DUR Audit are aggregated monthly in Table 4: Care Coordination Categorization Audit. HSD provided audit findings, each month, to the MCOs with requests for further information, additional outreach attempts, recategorization of members to the correct care coordination level when warranted, and targeted training for staff. Based on the audit findings, the MCOs have conducted additional outreach, re-assessed members and provided targeted training to care coordination staff. |

**Table 4 – Care Coordination Categorization Audit**

| DUR AUDIT | DY7 M1 | DY7 M2 | DY7 M3 |
|---|---|---|---|
| **Number of member files audited** | **30** | **30** | **ND** |
| BCBS | 10 | 10 | ND |
| PHP | 10 | 10 | ND |
| WSCC | 10 | 10 | ND |
| **Number of member files correctly categorized** | **29** | **28** | **ND** |
| BCBS | 10 | 9 | ND |
| PHP | 9 | 10 | ND |
| WSCC | 10 | 9 | ND |
| **% of member files correctly categorized** | **97%** | **93%** | **ND** |
| BCBS | 100% | 90% | ND |
| PHP | 90% | 100% | ND |
| WSCC | 100% | 90% | ND |
| **Unable to Reach (UTR)** | | | |
| **Number of member files audited** | **30** | **30** | **ND** |
| BCBS | 10 | 10 | ND |
| PHP | 10 | 10 | ND |
| WSCC | 10 | 10 | ND |
| **Number of member files correctly categorized** | **26** | **23** | **ND** |
| BCBS | 8 | 7 | ND |
| PHP | 8 | 7 | ND |
| WSCC | 10 | 9 | ND |
| **% of member files correctly categorized** | **87%** | **77%** | **ND** |
| BCBS | 80% | 70% | ND |
| PHP | 80% | 70% | ND |
| WSCC | 100% | 90% | ND |
| **Refused Care Coordination (RCC)** | | | |
| **Number of member files audited** | **30** | **30** | **ND** |
| BCBS | 10 | 10 | ND |
| PHP | 10 | 10 | ND |
| WSCC | 10 | 10 | ND |
| **Number of member files correctly categorized** | **16** | **19** | **ND** |
| BCBS | 6 | 5 | ND |
| PHP | 6 | 10 | ND |
| WSCC | 4 | 3 | ND |
| **% of member files correctly categorized** | **53%** | **60%** | **ND** |
| BCBS | 60% | 50% | ND |
| PHP | 60% | 100% | ND |
| WSCC | 40% | 30% | ND |

(ND= No Data)

HSD has continued to focus on areas where monthly audits have shown a need for improved documentation and adherence to contract and policy requirements.

DY7 M1 and M2 audit results for the Transition of Care (TOC) are listed in Table 5: Transition of Care Audit. In response to the PHE related to COVID-19, HSD suspended audits for March (M3) of DY7 Q1. Monthly audits will be captured in subsequent quarters. HSD has worked with the MCOs and reiterated contract requirements in audit findings, resulting in an increase in documentation and compliance for members transitioning from a Nursing Facility into the community. HSD requests updates on specific audited members and require MCOs to provide continued and consistent training to care coordination staff.

**Table 5: Transition of Care Audit**

| TOC AUDIT | DY7 M1 | DY7 M2 | DY7 M3 |
|---|---|---|---|
| **Inpatient (IP)** | | | |
| **Number of member files audited** | **20** | **23** | **ND** |
| BCBSNM | 8 | 10 | ND |
| PHP | 9 | 8 | ND |
| WSCC | 3 | 5 | ND |
| **Number of member files meeting HSD contract requirements** | **11** | **13** | **ND** |
| BCBSNM | 2 | 9 | ND |
| PHP | 5 | 2 | ND |
| WSCC | 2 | 2 | ND |
| **% of member files meeting HSD contract requirements** | **45%** | **57%** | **ND** |
| BCBSNM | 25% | 90% | ND |
| PHP | 56% | 25% | ND |
| WSCC | 67% | 40% | ND |
| **Nursing Facility (NF)** | | | |
| **Number of member files audited** | **14** | **17** | **ND** |
| BCBSNM | 5 | 6 | ND |
| PHP | 6 | 7 | ND |
| WSCC | 3 | 4 | ND |
| **Number of member files meeting HSD contract requirements** | **13** | **16** | **ND** |
| BCBSNM | 5 | 6 | ND |
| PHP | 6 | 7 | ND |
| WSCC | 2 | 3 | ND |
| **% of member files meeting HSD contract requirements** | **93%** | **94%** | **ND** |
| BCBSNM | 100% | 100% | ND |
| PHP | 100% | 100% | ND |
| WSCC | 67% | 75% | ND |

(ND= No Data)

HSD continued to conduct monthly Health Risk Assessments (HRAs) and Care Coordination Level (CCL) Audits in DY7 M1 and M2. In response to the PHE related to COVID-19, HSD suspended audits for March (M3) of DY7 Q1. Monthly audits will be captured in subsequent quarters.

DY7 M1 and M2, audit results for the HRAs and CCLs are listed in Table 6: Health Risk Assessment and Care Coordination Level Audit. Each MCO provided clarification for any discrepancies identified in the HRA and CCL audits. HSD requested the MCOs follow-up with members requiring a CNA per HRA audits. For the CCL audit, if discrepancies were identified, HSD requested the MCO reassess identified members to determine the correct Care Coordination Level per Centennial Care 2.0 contract and Managed Care policy.

**Table 6: Health Risk Assessment and Care Coordination Level Audit**

| HRA/CCL AUDIT | DY7 M1 | DY7 M2 | DY7 M3 |
|---|---|---|---|
| **HRA AUDIT** | | | |
| **Number of member files audited** | **30** | **30** | **ND** |
| BCBSNM | 10 | 10 | ND |
| PHP | 10 | 10 | ND |
| WSCC | 10 | 10 | ND |
| **Number of member files correctly referred for a CNA** | **29** | **29** | **ND** |
| BCBSNM | 10 | 10 | ND |
| PHP | 10 | 9 | ND |
| WSCC | 9 | 10 | ND |
| **% of member files correctly referred for a CNA** | **97%** | **97%** | **ND** |
| BCBSNM | 100% | 100% | ND |
| PHP | 100% | 90% | ND |
| WSCC | 90% | 100% | ND |
| **CCL AUDIT** | | | |
| **Number of member files audited** | **30** | **28** | **ND** |
| BCBSNM | 10 | 9 | ND |
| PHP | 10 | 10 | ND |
| WSCC | 10 | 9 | ND |
| **Number of files with correctly assigned CCL** | 27 | 26 | ND |
| BCBSNM | 10 | 7 | ND |
| PHP | 9 | 10 | ND |
| WSCC | 8 | 9 | ND |
| **% of member files with correctly assigned CCL** | **90%** | **93%** | **ND** |
| BCBSNM | 100% | 78% | ND |
| PHP | 90% | 100% | ND |
| WSCC | 80% | 100% | ND |

HSD continues to monitor the MCOs' Care Coordination programs and address any trends providing technical assistance as needed.

In DY7 Q1, HSD conducted care coordination “ride-alongs” with MCO care coordinators, prior to social distancing restrictions due to COVID-19, to observe member assessments in the home setting. HSD encourages 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. HSD will resume care coordination '“ride-alongs” virtually and will provide additional information in DY7 Q2.

HSD staff conducted ride-alongs with PHP and WSCC, observing initial and annual CNAs. HSD placed particular emphasis on utilization by care coordinators. HSD is requesting care coordinators emphasize the use of the Community Benefits Services Questionnaire (CBSQ) and the Community Benefit Member Agreement (CBMA) to ensure the member agrees to accept or decline community benefits. In addition, HSD requested “ride-alongs” with member’s accessing benefits through a 1915c waiver HSD was able to observe how a member in the 1915c self-directed Mi Via waiver benefited from utilizing services that best served this member. The care coordinator explained options to become a paid caregiver and Emergency Modifications Services (EMOD), which can help with outdoor and indoor ramps and grab bars as well as a possible walk in shower. HSD provided feedback to the MCOs on care coordinator strengths and areas that could use improvement. The observed care coordinators adhered to, and often went beyond, all contractual obligations in their assessments. HSD observed care coordinators assisting members with options for medical alert systems, providing assistance with contacting the Department of Vocational Rehabilitation, and understanding the difference in coverage between Medicare and Medicaid. Care coordinators were thorough and well prepared, showed excellent listening skills, patience and caring for their members.

**BEHAVORIAL HEALTH**

In DY7 Q1, the MCOs, in collaboration with the State and the New Mexico Behavioral Health Provider Association (NMBHPA), continued to look for ways to improve access to behavioral health services around the state. One of the cornerstones of this effort remains expanding the number of Treat First and Open Access providers. Both models reduce barriers to engaging in services, and there are now over 20 Treat First provider agencies in the state, most with multiple locations. Additionally, providers continued to increase group therapy sessions and group recovery support services to allow greater access to services.

## 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. As a result, utilization grew by 85% in the first year, from just 264 per month during the first quarter to almost 500 per month by the end of the year. During DY7 Q1, utilization continued to increase to an average 667 clients per month, or an additional 33%.

## 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 DY7 Q1, the State continued efforts to implement Crisis Treatment Centers; two providers are prepared to begin delivering services as soon as HSD completes the rate development process. Throughout 2019, BHSD expanded SBIRT services through widespread outreach and state-sponsored provider trainings. As a result, utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT) increased by 85 percent over the last year and use of this important service is expected to continue to increase. BHSD has also 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.

During DY6, 4,256 beneficiaries received either residential or inpatient treatment for SUD in an IMD in New Mexico. The annual average length of stay in New Mexico during this reporting period was 19.2 days, well under the aim of the statewide average length of stay of 30 days in residential treatment settings. In DY7 Q1, 2,800 beneficiaries used these services, although the rate of utilization dropped in March, possibly as a result of the COVID-19 crisis.

## ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES

At the start of 2019, most of the existing residential treatment programs for adults in the state were not accredited, many did not follow the American Society for Addiction Medicine (ASAM) criteria and levels of care or offer medication assisted treatment, and none were enrolled Medicaid providers. All of these are requirements to become a provider of the new AARTC service as defined in Centennial Care.

The first step for agencies wishing to provide AARTC services is to submit an application for approval by the New Mexico Human Services Department/Behavioral Services Division (BHSD) and Medicaid Assistance Division (MAD). As of the first quarter of DY7, BHSD has issued temporary approval letters to three AARTC providers: New Mexico Rehabilitation, Santa Fe Recovery, and Shadow Mountain. Final approval will be granted upon completion of a Life and Safety Inspection by DOH. An additional four applications are currently under review and are pending rate reimbursement development by MAD. BHSD will schedule regular site visits with AARTCs to ensure overall program integrity, treatment implementation, staff qualifications, treatment and environment/setting.

## HEALTH HOMES

The CareLink New Mexico Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with Serious Mental Illness (SMI) and children and adolescents with Severe Emotional Disturbance (SED). Seven providers deliver care coordination services in 12 counties 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 139 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.

HSD is in the process of adding Substance Use Disorder to the eligibility criteria for Health Homes, which will align this program with the State's 1115 Demonstration Waiver activities and enable CLNM providers to provide services to this vulnerable population. Specific activities in support of this change are listed in the first item of the table below.

**Table 7: Health Homes Activities**

| CLNM Health Home Activities | |
|---|---|
| 1st Quarter Activities | HSD held a meeting with CareLink New Mexico providers and Steering Committee members to update plans for the addition of Substance Use Disorder to CareLink Health Home (CLNM) eligibility criteria. The discussion included: proposed effective date of the new State Plan Amendment and updates to the CLNM Policy Manual and New Mexico Administrative Code. Attendees identified provider trainings to support SUD services.<br><br>The CareLink Policy Manual updates are being reviewed prior to release for public comment.<br><br>Individual meetings were held with Health Home providers to review enrollment numbers and strategies, care coordination levels of existing members, and staffing levels. Meetings included technical assistance and program support.<br><br>HSD implemented a deliverable to MOCs to provide monthly referrals for MCO members deemed eligible for CLNM services. Lists of potentially eligible members are sent on a monthly basis to CLNM providers for outreach. |

**Table 8: Number of Members Enrolled in Health Homes**

| NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES |
|---|
| Q1 2020<br>JAN – MAR |
| 3,713 |

## Supportive Housing

New Mexico's primary supportive housing program, Linkages, is a tenant-based permanent supportive housing program for homeless adults who are diagnosed with severe mental illness (SMI) and are also functionally impaired. The New Mexico Mortgage Finance Authority (MFA) is contracted by BHSD to subcontract and manage housing authorities/ administrators statewide. The housing authorities/ administrators provide rental assistance vouchers to extremely low-income households that meet eligibility criteria in sites throughout NM since 2007. Linkages programming serves households annually with a Linkages voucher (rental assistance), and number of vouchers depend upon household size and turnover.

The Linkages support services contractors, providers throughout NM, screen for eligibility and assist consumers to obtain and maintain their supportive housing by providing required supportive housing services including engagement, service planning, crisis prevention and intervention, resource coordination, skill building, symptom management assistance, and building natural supports. Linkages clients are also provided support with accessing government benefits. Providers will intervene with a client's landlord and housing administrator to avert eviction.

BHSD is encouraging support service providers to utilize certified peer support workers (CPSWs) to render pre-tenancy and tenancy services, as intended with the Medicaid code service definition. In FY20, BHSD learned that most of the support service providers utilized community support workers, case managers, and supportive housing coordinators to render services; BHSD has encouraged providers to also utilize peers for FY21 to allow for Medicaid reimbursement.

In FY19, 153 rental assistance vouchers were utilized by households statewide. The rental assistance vouchers increased to 160 by FY20 due to available funding to increase vouchers. The rental assistance vouchers are consistently utilized at full capacity; if a voucher becomes available, it is applied to a new applicant household very quickly.

**Table 9: LINKAGES PROVIDERS**

| *Housing Administrator Providers* | *Support Service Providers* | *Location services rendered* |
|---|---|---|
| Bernalillo County Housing Department | Albuquerque Health Care for the Homeless<br>First Nations Community Healthsource<br>Hopeworks | Albuquerque |
| The Life Link | The Life Link | Santa Fe |
| Mesilla Valley Community of Hope | La Clinica<br>Amador Health Care Center | Las Cruces |
| Northern Regional Housing Authority | Valle Del Sol | Taos |
| San Juan County Partnership | Presbyterian Medical Services | Farmington |
| Western Regional Housing Authority | Hidalgo Medical Services Community Health Center | Silver City |

## CENTENNIAL HOME VISITING (CHV) PILOT PROGRAM

In DY7 Q1, the numbers of CC MCO member enrollments for each home visiting (HV) program are as follows:

- **Nurse Family Partnership (NFP):** 50 members (at capacity)

  There are two NFP nurses at the UNM Center for Development and Disability (UNM CDD) dedicated for the CHV Pilot Program in Bernalillo County. Per the NFP model, the UNM CDD NFP program had a capacity of 25 new families for which each one of the new nurses can be responsible.

  UNM CDD received some grant fund from the NFP organization to hire a third nurse to be CHV provider.

- **Parents as Teachers (PAT):** 56 members (4 remaining spots for which the agencies already have referrals)

  The capacity of UNM CDD and ENMRSH, the agency that contracts to provide services in Curry and Roosevelt counties, to provide the PAT HV services is 40 and 20 families, respectively.

The CHV services delivery was affected by PHE related to COVID-19. As a result, HSD issued the following guidance to assist CHV providers:

HSD is temporarily waiving the in-home visit requirement for CHV program providers. 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.

In DY7 Q1, Taos Pueblo is still working to become a Medicaid home visiting provider and amend their contract with the Centennial Care MCOs.

The families served in the CHV Pilot Program are included in the NM Children, Youth and Families Department's evaluation as published in the New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2019 with the program highlight on pages 17 and 18 of the report: https://cyfd.org/docs/Home_Visiting_Outcomes_Report_FY19.pdf.

## PRESUMPTIVE ELIGIBILITY PROGRAM

The 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 NM State Agencies including the NM Department of Health (DOH), NM Children Youth and Families Department (CYFD) and the NM Corrections Department (NMCD). Currently, there are approximately 749 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assist with on-going Medicaid application submissions.

Staff in the Medical Assistance Division's Communication and Education Bureau (CEB) 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, the 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 2 PE certification trainings and 2 YESNM-PE demo refresher trainings in DY7 Q1.

**Table 10: PE Approvals** outlines the numbers of PE approvals granted and the total number of ongoing applications submitted and approved. 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 DY7Q1.

**Table 10: PE Approvals**

| PE APPROVALS (January - March 2020) | | | | |
|---|---|---|---|---|
| MONTH | PES GRANTED | % PE GRANTED W/ONGOING APPLICATION SUBMITTED | TOTAL INDIVIDUALS APPLIED | INDIVIDUALS APPROVED |
| January | 217 | 100.00% | 1600 | 1268 |
| February | 165 | 100.00% | 1368 | 1128 |
| March | 160 | 98.75% | 1207 | 1028 |
| **Q1 Totals** | **542** | **99.63%** | **4175** | **3424** |

## 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 all three months of DY7 Q1, 96.30% of all PE approvals also had an ongoing application submitted.

**Table 11: PE Approvals**

| PE APPROVALS (January – March 2020) | | | | |
|---|---|---|---|---|
| MONTH | PES GRANTED | % PE GRANTED W/ ONGOING APPLICATION SUBMITTED | TOTAL INDIVIDUALS APPLIED | INDIVIDUALS APPORVED |
| January | 11 | 100.00% | 169 | 153 |
| February | 4 | 100.00% | 153 | 139 |
| March | 12 | 100.00% | 113 | 106 |
| **Q1 Totals** | **27** | **100.00%** | **435** | **398** |

# 7

# HCBS REPORTING

| Critical Incidents | |
|---|---|
| 1st Quarter Activities | HSD operates a web-based Critical Incident Reporting System (HSD Critical Incident Portal) to receive, track and trend critical incidents occurring within the Home and Community Based Services (HCBS) populations and recipients receiving behavioral health services. Providers of Centennial Care services are directed to establish access to the HSD Critical Incident Portal and to report incidents into the system within 24 hours of knowledge of the incident.<br><br>Each contracted MCO has access to the HSD Critical Incident Portal. MCO access to the HSD Critical Incident Portal includes access to all critical incident reports submitted by the MCO. It also includes all critical incidents submitted by providers of authorized services for the member of that MCO. The reports are available in real time as they are entered into the database.<br><br>HSD monitors those standards through critical incident data submitted quarterly (Report #36) from the MCOs. This report allows HSD to review the information for critical incidents reported through the HSD Critical Incident Portal that fall within the 13 Categories of Eligibility (COEs).<br><br>HSD Critical Incident Unit engaged in these activities in the first quarter with respect to monitoring the performance of the MCOs and the service provider agencies:<br>• HSD/MAD conducted a quarterly meeting with MCOs (February 27, 2020) and external stakeholders to discuss critical incident reports (CIRs) reporting expectations, barriers and challenges.<br>• Daily review by HSD staff of critical incidents submitted by reporting agencies and MCOs.<br>• HSD is reviewing and preparing an analysis of critical incident COVID-19 reports relating to Members refusing to accept personal care services and if a provider agency does not have sufficient staff to provide in-home services. |

## 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.

Reporting for the quarter 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 12: ADRC Hotline Call Profiler Report**

| ADRC HOTLINE CALL PROFILER REPORT (JANUARY – MARCH 2020) | |
|---|---|
| **TOPIC** | **NUMBER OF CALLS** |
| Home/Community Based Care Waiver Programs | 3,060 |
| Long Term Care/Case Management | 2 |
| Medicaid Appeals/Complaints | 4 |
| Personal Care | 200 |
| State Medicaid Managed Care Enrollment Programs | 28 |
| Medicaid Information/Counseling | 1,290 |

**Table 13: ADRC Care Transition Program Report**

| ADRC CARE TRANSITION PROGRAM REPORT (JANUARY – MARCH 2020) | | | |
|---|---|---|---|
| COUNSELING SERVICES | NUMBER OF HOURS | NUMBER OF NURSING HOME RESIDENTS | NUMBER OF CONTACTS |
| Transition Advocacy Support Services | | 172 | |
| *Medicaid Education/Outreach | 2,132 | | |
| Nursing Home Intakes | | 65 | |
| **LTSS Short-Team Assistance | | | 65 |

*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.

## COMMUNITY BENEFIT

In DY7 Q1, the Long-Term Care (LTC) workgroup's projects have included CC 2.0 program changes such as implementation of the ongoing NF LOC, reporting changes, LTC provider rate increases, and planning for implementation of the federally required Electronic Visit Verification (EVV) to the Self-Directed Community Benefit (SDCB). HSD and the MCOs implemented a new single Allocation Tool that will be used by all MCOs to assess members for Personal Care Services (PCS). HSD also worked on finalizing proposed Managed Care Policy Manual Changes that will be implemented later this year.

## ELECTRONIC VISIT VERIFICATION (EVV)

In DY7 Q1, HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Personal Care Services. Please see EVV data for DY6 Q4 outlined in the table below. The MCOs reported that 76% of the total PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder were created through the First Data Authenticare app. HSD, MCOs and subcontractors continue to work towards implementation of EVV for the SDCB and FFS programs by January 2021.

**Table 14: EVV DATA**

| EVV DATA (OCT – DEC 2019) | | |
|---|---|---|
| MCO | AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD | NUMBER OF TOTAL CLAIMS THIS PERIOD |
| BCBS | 6,716 | 444,698 |
| PHP | 13,651 | 923,365 |
| WSCC | 1,545 | 102,360 |
| TOTAL | 21,912 | 1,470,423 |

## STATEWIDE TRASITION PLAN

HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD plans to issue the STP for public comment and submit tribal notification by mid 2020. Once this is completed, HSD will resubmit the final STP to CMS.

## NURSING FACILITY LEVEL OF CARE (NF LOC)

HSD requires the MCOs to provide a 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 the HSD NF LOC Criteria and Instructions 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 114 audits, PHP conducted 208, and WSCC conducted 61 audits of NF LOC Determinations during DY 7 Q1.

## Table 15 –MCO Internal NF LOC Audits– Facility Based

| Facility Based Internal Audits High NF Determinations | Jan | Feb | Mar | DY7 Q1 |
|---|---|---|---|---|
| **Total number of High NF LOC files audited** | **9** | **12** | **11** | **32** |
| BCBS | 4 | 4 | 4 | 12 |
| PHP | 5 | 4 | 5 | 14 |
| WSCC | 0 | 4 | 2 | 6 |
| **Total number with correct NF LOC determination** | **8** | **12** | **11** | **31** |
| BCBS | 3 | 4 | 4 | 11 |
| PHP | 5 | 4 | 5 | 14 |
| WSCC | 0 | 4 | 2 | 6 |
| **Percent of total MCO monthly averages with correct NF LOC determination** | **89%** | **100%** | **100%** | **97%** |
| BCBS | 75% | 100% | 100% | 92% |
| PHP | 100% | 100% | 100% | 100% |
| WSCC | 0% | 100% | 100% | 100% |
| **Low NF Determinations** | | | | |
| **Total number of Low NF LOC files audited** | **13** | **9** | **11** | **33** |
| BCBS | 4 | 4 | 4 | 12 |
| PHP | 5 | 4 | 5 | 14 |
| WSCC | 4 | 1 | 2 | 7 |
| **Total number with correct NF LOC determination** | **13** | **9** | **11** | **33** |
| BCBS | 4 | 4 | 4 | 12 |
| PHP | 5 | 4 | 5 | 14 |
| WSCC | 4 | 1 | 2 | 7 |
| **Percent of total MCO monthly averages with correct NF LOC determination** | **100%** | **100%** | **100%** | **100%** |
| BCBS | 100% | 100% | 100% | 100% |
| PHP | 100% | 100% | 100% | 100% |
| WSCC | 100% | 100% | 100% | 100% |
| **Timeliness of Determinations** | | | | |
| **Total number of High NF LOC determinations completed within required timeframes** | **9** | **12** | **11** | **32** |
| BCBS | 4 | 4 | 4 | 12 |
| PHP | 5 | 4 | 5 | 14 |
| WSCC | 0 | 4 | 2 | 6 |
| **Percent of total MCO monthly averages completed within required timeframes** | **100%** | **100%** | **100%** | **100%** |
| BCBS | 100% | 100% | 100% | 100% |
| PHP | 100% | 100% | 100% | 100% |
| WSCC | 0% | 100% | 100% | 100% |
| **Total number of Low NF LOC determinations completed within required timeframes** | **13** | **9** | **11** | **33** |
| BCBS | 4 | 4 | 4 | 12 |
| PHP | 5 | 4 | 5 | 14 |
| WSCC | 4 | 1 | 2 | 7 |
| **Percent of total MCO monthly averages completed within required timeframes** | **100%** | **100%** | **100%** | **100%** |

| | | | | |
|---|---|---|---|---|
| BCBS | 100% | 100% | 100% | 100% |
| PHP | 100% | 100% | 100% | 100% |

**Table 16: Quarterly MCO Internal NF LOC Audit Report – Community Based**

| Community Based Internal Audits | Jan | Feb | Mar | DY7 Q1 |
|---|---|---|---|---|
| **Total number of Community Based NF LOC files audited** | **104** | **108** | **106** | **318** |
| BCBS | 30 | 30 | 30 | 90 |
| PHP | 58 | 62 | 60 | 180 |
| WSCC | 16 | 16 | 16 | 48 |
| **Total number with correct NF LOC determination** | **104** | **108** | **106** | **318** |
| BCBS | 30 | 30 | 30 | 90 |
| PHP | 58 | 62 | 60 | 180 |
| WSCC | 16 | 16 | 16 | 48 |
| **Percent of total MCO monthly averages with correct NF LOC determination** | **100%** | **100%** | **100%** | **100%** |
| BCBS | 100% | 100% | 100% | 100% |
| PHP | 100% | 100% | 100% | 100% |
| WSCC | 100% | 100% | 100% | 100% |
| **Timeliness of Determinations** | | | | |
| **Total number of Community Based determinations completed within required timeframes** | **104** | **108** | **105** | **317** |
| BCBS | 30 | 30 | 30 | 90 |
| PHP | 58 | 62 | 59 | 179 |
| WSCC | 16 | 16 | 16 | 48 |
| **Percent of total MCO monthly averages of Community Based determinations completed within required timeframes** | **100%** | **100%** | **99%** | **100%** |
| BCBS | 100% | 100% | 100% | 100% |
| PHP | 100% | 100% | 98% | 99% |
| WSCC | 100% | 100% | 100% | 100% |

## EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) NURSING FACILITY LEVEL OF CARE (NF LOC)

HSD has contracted an external quality review organization (IPRO) to design and conduct a monthly NF LOC determination audit to ensure that the NF LOC data submitted by the MCOs is applied consistently and accurately. HSD has provided guidance to the EQRO which defines the NF LOC sampling criteria and methodology. The EQRO then submits the data provided in the tables below for both high and low NF LOC facility and community-based determinations.

## Table 17: Quarterly MCO NF LOC Determinations- Facility Based

| Facility Based Determinations | | | | |
|---|---|---|---|---|
| HIGH NF Determinations | Jan | Feb | Mar | DY7 Q1 |
| **Total number of determinations/redeterminations completed for High NF LOC requests** | **62** | **65** | **68** | **195** |
| BCBS | 17 | 19 | 19 | 55 |
| PHP | 43 | 40 | 41 | 124 |
| WSCC | 2 | 6 | 8 | 16 |
| **Total number of determinations/redeterminations that met High NF LOC criteria** | **54** | **53** | **53** | **160** |
| BCBS | 14 | 12 | 10 | 36 |
| PHP | 38 | 35 | 35 | 108 |
| WSCC | 2 | 6 | 8 | 16 |
| **Percent of determinations/redeterminations that met High NF LOC criteria** | **87%** | **82%** | **78%** | **82%** |
| BCBS | 82% | 63% | 53% | 65% |
| PHP | 88% | 88% | 85% | 87% |
| WSCC | 100% | 100% | 100% | 100% |
| Low NF Determinations | Jan | Feb | Mar | DY7 Q1 |
| **Total number of determinations/redeterminations completed for Low NF LOC requests** | **528** | **469** | **547** | **1544** |
| BCBS | 195 | 160 | 201 | 556 |
| PHP | 297 | 275 | 315 | 887 |
| WSCC | 36 | 34 | 31 | 101 |
| **Total number of determinations/redeterminations that met Low NF LOC criteria** | **508** | **456** | **518** | **1482** |
| BCBS | 186 | 156 | 193 | 535 |
| PHP | 286 | 266 | 294 | 846 |
| WSCC | 36 | 34 | 31 | 101 |
| **Percent of determinations/redeterminations that met Low NF LOC criteria** | **96%** | **97%** | **95%** | **96%** |
| BCBS | 95% | 98% | 96% | 96% |
| PHP | 96% | 97% | 93% | 95% |
| WSCC | 100% | 100% | 100% | 100% |
| Timeliness Determinations | Jan | Feb | Mar | DY7 Q1 |
| **Total number of High NF LOC determinations/redeterminations completed within required timeframes** | **55** | **55** | **50** | **160** |
| BCBS | 14 | 13 | 11 | 38 |
| PHP | 39 | 36 | 35 | 110 |
| WSCC | 2 | 6 | 4 | 12 |
| **Percent of High NFLOC determinations/redeterminations completed within required timeframes** | **89%** | **85%** | **74%** | **82%** |
| BCBS | 82% | 68% | 58% | 69% |
| PHP | 91% | 90% | 85% | 89% |
| WSCC | 100% | 100% | 50% | 75% |
| **Total number of Low NF LOC determinations/redeterminations completed within required timeframes** | **488** | **444** | **518** | **1450** |
| BCBS | 175 | 156 | 193 | 524 |
| PHP | 279 | 256 | 294 | 829 |
| WSCC | 34 | 32 | 31 | 97 |
| **Percent of Low NF LOC determinations/redeterminations completed within required timeframes** | **92%** | **95%** | **95%** | **94%** |
| BCBS | 90% | 98% | 96% | 94% |
| PHP | 94% | 93% | 93% | 93% |
| WSCC | 94% | 94% | 100% | 96% |

**Table 18: Quarterly MCO NF LOC Determinations- Community Based**

| Community Based Determinations | Jan | Feb | Mar | DY7 Q1 |
|---|---|---|---|---|
| **Total number of determinations/redeterminations completed** | **2080** | **2205** | **2639** | **6924** |
| BCBS | 529 | 637 | 741 | **1907** |
| PHP | 1405 | 1371 | 1697 | **4473** |
| WSCC | 146 | 197 | 201 | **544** |
| **Total number of determinations/redeterminations that met NF LOC criteria** | **2043** | **2118** | **2552** | **6713** |
| BCBS | 525 | 622 | 726 | **1873** |
| PHP | 1376 | 1317 | 1631 | **4324** |
| WSCC | 142 | 179 | 195 | **516** |
| **Percent of total MCO monthly averages of determinations/redeterminations that met NF LOC criteria** | **98%** | **96%** | **97%** | **97%** |
| BCBS | **99%** | **98%** | **98%** | **98%** |
| PHP | **98%** | **96%** | **96%** | **97%** |
| WSCC | **97%** | **91%** | **97%** | **95%** |
| **Timeliness of Determinations** | | | | |
| **Total number of determinations/redeterminations completed within required timeframes** | **2057** | **2179** | **2617** | **6853** |
| BCBS | 520 | 637 | 736 | **1893** |
| PHP | 1396 | 1364 | 1684 | **4444** |
| WSCC | 141 | 178 | 197 | **516** |
| **Percent of total MCO monthly averages of determinations/redeterminations completed within required timeframes** | **99%** | **99%** | **99%** | **99%** |
| BCBS | **98%** | **100%** | **99%** | **99%** |
| PHP | **99%** | **99%** | **99%** | **99%** |
| WSCC | **97%** | **90%** | **98%** | **95%** |

During DY7 Q1, HSD monitored EQRO determination/redetermination disagreements. For DY7 Q1 reporting, the total number of determinations/redeterminations completed for High NF LOC requests was 195, with 55 for BCBS, 124 for PHP, and 16 from WSCC.

The average percent of determinations/redeterminations that met High NF LOC criteria was aggregated at 82 percent, with 65 percent for BCBS, 87 percent for PHP, and 100 percent for WSCC respectively. The percent of determinations/redeterminations that met Low NF LOC criteria saw a 96 percent aggregate total for facility-based, with all MCOs scoring at or above 95 percent.

The total number of MCO NF LOC determinations/redeterminations for Community Based for DY7 Q1 reporting that met NF LOC criteria was aggregated at 97 percent; with 98 percent for BCBS, 97 percent from PHP, and 95 percent from WSCC. Percent of determinations/redeterminations completed within required timeframes was reported at 99 percent aggregated, with 99 percent for BCBS, 99 percent for PHP, and 95 percent for WSCC respectively.

HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and address any trends providing technical assistance as needed.

# 8

# AI/AN REPORTING

| MCO | Date of Board Meeting | Issues/Recommendations |
|---|---|---|
| PHP | None | Due to the PHE, PHP did not have a Native American Consumer Advisory Board meeting during DY7 Q1. |
| BCBS | February 13, 2020<br>Acoma Community Center Gymnasium<br>Acoma, New Mexico | BCBS arranged the meeting with six breakout sessions consisting of the following topics:<br>• Care Coordination – Questions came up regarding how care coordination works, how to request environmental modifications, how to get epilepsy included on the list of diagnoses for ABP Exempt, and what to do if your doctor discontinues your opioid medication. BCBS answered all of the questions accurately and referred some for more follow up by care coordination.<br>• Ombudsman – Some of the questions were how to file a grievance with a medical provider, how to download the virtual visit app and what to do if you need more services than your Medicaid allows. BCBS answered all of the |

| | | questions during the meeting.<br>• Heart Health – BCBS staff discussed risk factors with heart disease and when to know if it is a heart attack or something else. Questions were asked about how to set up an appointment with a cardiac specialist, what the signs are for men and for women having a heart attack, and what to do if you live in a rural area that is a long way from the hospital. BCBS staff provided information to the questions that were asked.<br>• Peer Support – BCBS talked about their behavioral health services, peer support program, and how to get a medical marijuana card. BCBS answered the questions and provided contact information for follow up as well as how to get a behavioral health care coordinator. (Medical marijuana is not a covered Medicaid benefit.)<br>• Community Health Workers – BCBS talked about their Community Social Service (CSS) program and what |
|---|---|---|

| | | |
|---|---|---|
| | | assistance community health workers provide as well as how the Traditional Healing Benefit works. BCBS answered all of the questions during the meeting.<br>• Logisticare/Transportation - A representative from Logisticare went over the details of the transportation program, the importance of 72 hour notice of an appointment needing transportation, how mileage reimbursement works, and how to request overnight lodging if an appointment is scheduled early in the morning and the patient lives far away. Logisticare answered all of the questions during the meeting. |
| Western Sky Community Care | None | Due to the PHE, WSCC did not have a Native American Consumer Advisory Board meeting during DY7 Q1. |

**Table 19: Status of Contracting with MCOs**

| MCO | Status |
|---|---|
| BCBS | BCBS remains open and willing to contract with any I/T/U provider; however, they continue to be unsuccessful in engaging in meaningful negotiations with I/T/U providers. The Navajo Area IHS is the largest I/T/U provider group not contracted with BCBS, and in general they are not responsive to outreach efforts. BCBS will continue to reach out at least once per month to determine if the status has changed. |
| PHP | Presbyterian Health Plan (PHP) continues efforts to establish contracts with New Mexico I/T/Us and Tribal programs. To honor and respect the sovereignty of each Native American community, PHP utilizes Mutual Partnership Agreements (MPA) or Letters of Agreement (LOA). Each agreement is tailored to the specific goals, needs and services of the Tribal communities, with the ultimate goal of improving access to health care for Native American members.<br><br>PHP meets with I/T/Us to provide information about PHPs Value Based Purchasing (VBP) arrangements and identify potential interest to participate in an incentive program and to develop into delegated care coordination arrangements. With IHS and Tribal facilities, PHP explains the uniqueness of the Tribal Entity Initiatives VBP arrangement. They will collaborate with I/T/Us to customize a program to meet their goals and the needs of their community. PHP will provide technical assistance and support to prepare them to participate throughout the program to achieve success. In addition, PHP is working internally to identify data sharing processes to support their VBP initiatives.<br><br>PHPs Native American Affairs program continues to communicate with Community Health Representative (CHR) programs statewide to discuss reimbursement arrangements. The MCO staff collaborate with interested CHR programs to develop custom tailored agreements. If necessary, these agreements are then presented to Tribal leadership for review, approval and implementation.<br><br>**PHP has met with the following I/T/Us and Tribal programs:**<br>**Navajo Nation Region 1 CHR Program**<br>Documentation continued during the fourth quarter of 2019 and will continue in the first quarter of 2020. A new PHP Community Health Worker (CHW) has been hired in San Juan County and will be able to assist with documentation and supporting the CHRs. PHP will continue |

| | |
|---|---|
| | to provide training and technical assistance to the CHR program and continue discussion on improving processes and another reimbursement agreement in 2020.<br><br>**Kewa Family Wellness Center (KFWC)**<br>Native American Affairs staff continue to work with the KFWC Executive Director, to develop and draft a reimbursement agreement for identified services provided to PHP Centennial Care members. This agreement will be presented to the Pueblo Governor and Tribal Council for review and approval. PHP has agreed to provide technical assistance once the Pueblo leadership gives final approval.<br><br>**Kewa Pueblo Health Corporation (KPHC)**<br>PHP will continue to meet with the KPHC leadership to discuss VBP arrangements. They are very interested in developing incentive programs as they continue to expand their services<br><br>**Mescalero Apache CHR Program**<br>The Mescalero Apache Tribe installed a new President, Vice President and four council members at the beginning of January.<br><br>Native American Affairs staff have been collaborating with the Mescalero CHR program to develop a specific reimbursement agreement. The agreement is nearly finalized and will require the approval of Tribal President and Council. Limited discussions regarding the agreement have been shared with various Tribal leaders and the Senior Council Advisor. PHP was added to the Tribal Council agenda in January. Unfortunately, the Council was not able to hear the presentation at the last minute and the presentation was cancelled. The Senior Council Advisor has advised that PHP would be added to a later meeting agenda. Pending this action, PHP will collaborate with the CHR Director to present their pilot project agreement to the new leadership. In the interim, PHP will continue to offer technical assistance and training to their CHR program.<br>In addition, the PHP CHW and Care Coordination teams will continue to work with the CHRs to support their work with our members.<br><br>**First Nations Community Healthsource (FNCH)**<br>FNCH continues to receive incentives for their participation in the Hepatitis C Provider Incentive Program. The Hep C team will continue to meet with them to develop this program. |

| | |
|---|---|
| | **First Nations Community Healthsource (FNCH) Traditional Wellness Program (TWP)**<br>PHP continues to provide support to the First Nations Community Healthsource Traditional Wellness Program. Work on the billing processes for this program is ongoing. PHP will explore additional support opportunities with the Traditional Wellness Program.<br><br>**National Indian Youth Council (NIYC)**<br>Native American Affairs staff are working with PHP Talent Development and HR Recruiting to expand the NIYC Internship program. Available NIYC interns will continues to assist with the education and outreach team as appropriate.<br><br>**New Mexico/Southern Colorado CHR Association**<br>PHP representatives met with the NM/SC CHR Association and various Pueblo delegates to provide an update on PHP's approach to establishing agreements. PHP provided a brief overview of their custom-tailored approach in addition to their current and future pilots. NM Medical Assistance Division was also present at this meeting. PHP Native American Affairs staff and MCO Tribal Liaisons continue communications to develop agreements with the Association.<br><br>**Taos Pueblo Community Health and Wellness Division**<br>Native American Affairs met with the Executive Director and his staff to discuss an agreement for reimbursement for the Taos Pueblo CHR Program. Discussions are ongoing and the Pueblo is receptive to a CHR agreement. PHP also initiated the agreement process to include their Tiwa Babies Home Visiting Program as part of the state's home visiting pilot program.<br><br>**<u>MyPatientLink</u>**<br>To support the Meaningful Use Requirements, PHP continues to partner with the clinical technology transformation team to expand MyPatientLink to all I/T/Us. They continue outreach and education to meet 100% completion in 2020. They are also exploring use of MyPatientLink to assist with transportation appointment confirmations and process improvement for IHS referrals.<br><br>The clinical technology transformation team and the Native American Affairs Manager hosted an online MyPatientLink Training for |

| | |
|---|---|
| | Albuquerque Indian Hospital, Mescalero PHS Indian Hospital, Jicarilla Service Unit and Crownpoint Indian Hospital. Albuquerque Indian Hospital and Mescalero Indian Hospital are live on MyPatientLink. |
| WSCC | WSCC Tribal Relations Department continued to meet with Tribes where they have existing agreements in place to provide training and technical support. As a result, the Pueblos of Cochiti and Ohkay Owingeh requested to revisit some of the language in current agreements. WSCC will continue in meeting with these Tribes to revise current agreements.<br><br>There has been a lot of interest from Pueblos regarding development of services by Tribes and programs. WSCC provided a Professional Services Agreement (PSA) to the Mescalero Apache Tribe, Community Health Representatives (CHR), and the Kewa Family Wellness and CHRs at Santo Domingo Pueblo to allow these programs to provide Care Coordination and other services to WSCC members. The Ramah Pine-Hill Navajo Department of Health & Human Services, has also expressed an interest in contracting with WSCC, seeking an agreement similar to the Mescalero Apache Tribal CHR program. The agreement is a work in progress for the Ramah Pine-Hill project. The Mescalero Apache Tribe and Santo Domingo Pueblo Tribe have not responded to these documents (PSAs) as of the end of the first quarter of 2020. Taos Pueblo requested that WSCC provide a letter of agreement for its Early Childhood Home Visiting Program, in which they intend to provide services throughout the entire Taos County. The Tribal Relations program is currently working internally with Contracting, Medical Management and Care Coordination departments to develop the language for this Letter of Agreement that is intended to be completed and sent to the Pueblo in April.<br><br>WSCC Tribal Relations has been working with Community Outreach and Patient Empowerment, a Non-profit organization, to develop an IT solution for data collection and transmission for Navajo Nation Department of Health. This program is intended to fill the gap in collecting information that managed care organization require for contract compliance without adding any administrative burden to Tribal |

| | |
|---|---|
| | programs. The IT application will also be able to generate reports for ITUs reporting purposes as well as information that CHRs can use to bill MCOs and other 3rd party payers for care coordination and other contracted services.<br><br>The focus on the NM Legislative Session and the change in leadership lead to limited availability of Tribal leadership and programs to meet with WSCC Tribal Relations staff in January and February. In March, as a result of the current COVID-19 Pandemic Health Crisis, Tribes reported that all external meetings have been cancelled or postponed. All outreach, discussions, development and implementation activities relating to new business or agreements have been put on hold until this crisis is contained, and restrictions lifted upon request of the Tribes. |

# 9

## ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

| BLUE CROSS BLUE SHIELD | |
|---|---|
| **ACTION PLAN** | **Remediate Care Coordination Audit Findings** |
| **IMPLEMENTATION DATE:** | **7/19/2016** |
| **COMPLETION DATE:** | **Open Item** |
| **ISSUES** | Overall care coordination with focus on improved practices following the record review and the onsite review |
| **RESOLUTION** | DY7Q1 CNA compliance rate data will be reported in the DY7Q2 report.<br><br>For Action Step 1, BCBS conducted internal audits to ensure that members enrolled in waiver categories who have a CNA indicating they meet criteria for CCL2 or CCL3 are assigned to the correct care coordination level. In DY6Q4 BCBS showed significant improvement in the leveling of members, with compliance increasing from 56% in Q1 to 100% in Q4. Due to three consecutive quarters of compliance over 85%, HSD conducted a confirmation audit of BCBS internal audit files in DY7Q1. HSD's audit results did not agree with BCBS's results, therefore the Action Step 1 remains open. HSD conducted a Technical Assistance call with BCBS in DY7Q1 to review HSD's confirmation audit results and discuss areas that BCBS needed improvement. BCBS will continue to conduct internal audits on waiver member's correct categorizations and submit the results quarterly. HSD will again conduct a confirmation audit when BCBS has shown consistent results above 85% compliance.<br><br>Action Step 2 was closed in DY6 Q2 and remains closed in DY7Q1 |

| BLUE CROSS BLUE SHIELD | |
|---|---|
| **ACTION PLAN** | **Care Coordination Activities** |
| **IMPLEMENTATION DATE:** | **12/21/2018** |
| **COMPLETION DATE:** | **Open Item** |
| **ISSUES** | This action plan includes the following areas requiring improvement:<br>Compliance of care coordination activities (timeliness and clinical appropriateness) with HRA/CNA/NF LOC –**Closed** (CY19 Q1, BCBS updated processes for conducting HRAs and CNAs timely, improved the auditing of care coordinators' work related to timeliness and re-training staff on the updated processes and revised audit tool. BCBS is finalizing workflows for oversight of Delegated Care Coordination entities. BCBS is currently working with Presbyterian Medical Services (PMS) to be contracted as a Delegation of Care Coordination Entity (DCCE) and an effective date not yet been determined.)<br><br>2. Staff Training Evaluation/ Effectiveness Plan<br><br>3. Reporting<br><br>4. Burndown Plan – **Closed** (HRA backlog completed 12/31/18, CNA and NFLOC backlog completed on 4/22/19.) |
| **RESOLUTION** | The BCBS Oversight Action Plan continues to be internally monitored weekly to document progress towards resolution of open items (Action Items 2 and 3).<br><br>The Healthcare Management and reporting teams are in the final stages of refining operational reports in order to enhance the management of the care coordinators' workload. The coding has been completed for these reports and are on target. By 5/1/2020, reports will include implementations. The process document related to staff training and the effectiveness plan was implemented, and the results are being monitored. |

| BLUE CROSS BLUE SHIELD | |
|---|---|
| ACTION PLAN | PCP Auto Assignment |
| IMPLEMENTATION DATE: | 4/25/2019 |
| COMPLETION DATE: | 2/20/2020 |
| ISSUES | BCBS identified an issue with PCP assignments for Centennial Care transition members. The enrollment system typically flags new members for auto-assignment; however, the members did not get flagged as “new”, causing the auto-assign process to skip these members in the normal process. |
| RESOLUTION | 80 percent of the functionality needed to support PCP auto assignment was completed by the DY6 Q4 deadline and BCBS reported an early completion of the remaining 20 percent on 2/20/2020, which had a timeline for completion of 4/1/2020. This Action Plan is now closed. |

| BLUE CROSS BLUE SHIELD | |
|---|---|
| ACTION PLAN | Nurse Advice Line |
| IMPLEMENTATION DATE: | 7/1/2019 |
| COMPLETION DATE: | 2/14/2020 |
| ISSUES | The Nurse Advice Line failed to meet the “85 percent of calls answered within 30 seconds” service level call metric. |
| RESOLUTION | BCBS has met the Nurse Advice line metric for three consecutive months, November 2019, December 2019, and January 2020 and this remediation was closed on 2/14/2020. BCBS continues to monitor this metric. |

| BLUE CROSS BLUE SHIELD | |
|---|---|
| **ACTION PLAN** | **LogistiCare** |
| **IMPLEMENTATION DATE:** | **11/01/2019** |
| **COMPLETION DATE:** | **4/10/2020** |
| **ISSUES** | LogistiCare failed to meet the 85% threshold for the total Calls answered within 30 seconds and the Member Satisfaction metric of 90% for the month of September. |
| **RESOLUTION** | BCBS' member satisfaction metric is now being monitored through a Performance Improvement Plan, the results for January 2020 is 90% and February 2020 is 88.74%. The March results will be available in the next quarterly report. BCBSNM continues to monitor this metric. |

| PRESBYTERIAN HEALTH PLAN | |
|---|---|
| **ACTION PLAN** | **Vision Service Plan (VSP): Utilization Management Audit Area** |
| **IMPLEMENTATION DATE:** | **9/26/2018** |
| **COMPLETION DATE:** | **Open Item** |
| **ISSUES** | Annual Audit, 9/20/18<br>Annual Audit, 9/26/19 |
| **RESOLUTION** | Due to ongoing issues with VSP's operational areas and UM Program, the Agreement with VSP will term on 6/30/2020. The new vision subcontractor is tentatively scheduled to begin 7/1/2020. A pre-delegation audit is in-process. Audit findings will be reported and presented to PHP leadership for final approval. |

| PRESBYTERIAN HEALTH PLAN | |
|---|---|
| **ACTION PLAN** | **Superior Medical Transportation (SMT)** |
| **IMPLEMENTATION DATE:** | **3/29/2019 (Improvement Plan in process)** |
| **COMPLETION DATE:** | **Open Item** |
| **ISSUES** | Improvement Plan- wheelchair access issues |
| **RESOLUTION** | Measure: Ensure all members requiring wheelchair transportation are transported to and from appointments via appropriate wheelchair vehicles to meet members transportation needs.<br>Goal: 100 percent compliant<br>1. SMT reached out to both Shuttle Ruidoso and Cheli's transportation to see if they were able to expand coverage into Grants, NM and Truth or Consequences, NM. Both providers will consider the expansion pending a review and will provide SMT with a decision.<br>2. Z Trip has trained another wheelchair driver; however, has also lost a wheelchair driver. Z Trip is actively recruiting more drivers with a goal to have 4 vans/drivers to assist with Albuquerque and statewide long-distance trips. |

<table>
<tr><th colspan="2">PRESBYTERIAN HEALTH PLAN</th></tr>
<tr><td>ACTION PLAN</td><td>Superior Medical Transportation (SMT)</td></tr>
<tr><td>IMPLEMENTATION DATE:</td><td>5/13/2019</td></tr>
<tr><td>COMPLETION DATE:</td><td>Open Item</td></tr>
<tr><td>ISSUES</td><td>Improvement Plan- Transportation provider no-shows</td></tr>
<tr><td>RESOLUTION</td><td>Measure: Ensure all members are picked up for their appointments and return home transports<br>Goal: 100 percent compliant<br>1. SMT was successful in assigning transports to Indigenous Innovations of Albuquerque. Indigenous Innovations is a 100% Native American owned small business offering NEMT services.<br>2. We Care Transportation responded to its No Show letter via phone indicating they are committed to showing improvement in the number of no-shows, and they have shown improvement. We Care stated that because of the amount of transports assigned to their organization, there are instances when drivers call in sick, or vehicles have a flat tire, where it may be difficult to get a backup driver in time for all members to make appointments, and they do have backup drivers in place for those situations. SMT requested that We Care respond to SMT’s letter in writing.<br>3. Provider No Show letters were sent to Z Trip (4 no-shows) and We Care Transportation (9 no-shows) to address 3 or more missed transports within a two week period. Contracted Transportation Providers (CTPs) are required to respond within 2 business days with improvement plans and expected implementation dates.</td></tr>
</table>

| PRESBYTERIAN HEALTH PLAN | |
|---|---|
| **ACTION PLAN** | **DentaQuest** |
| **IMPLEMENTATION DATE:** | **10/4/2019** |
| **COMPLETION DATE:** | **1/17/2020** |
| **ISSUES** | Annual Audit, May 23, 2019 |
| **RESOLUTION** | A. Administrative & Compliance Audit = 100 percent<br>B. Financial Audit = 100 percent<br>C. Claims Timeliness and Claims Accuracy = 100 percent<br>D. Provider Network = 100 percent<br>E. Credentialing = 100 percent<br>F. Utilization Management<br>1) File Review = 100 percent<br>2) Administrative Review = 95 percent<br>Improvement Plan required for the following items:<br>a. UM 2B - DentaQuest (2019 UM Program Description) Page 3 has been updated to state: Contracted Dental Consultants may be utilized to assist in making determinations of dental appropriateness. A DentaQuest Dental Consultant will consult with licensed, board-certified specialists from appropriate clinical areas, as necessary and as needed. The use of contracted board-certified Dental Consultants is only deemed necessary when DentaQuest has exhausted all internal resources to make a clinically accurate decision. Contracted Dental Consultants may represent oral surgery, endodontics, pediatric dentistry, orthodontics, general dentists, periodontics or other specialists.<br>b. UM 4F- The 2019 UM Program Description and UM08 policies have been updated to further define the use of external board-certified Dental Consultants.<br>c. UM Templates- DentaQuest (UM08-INS-Authorization Review) Page 6 letter F has been added to state: Use of external board-certified Dental Consultants: Contracted Dental Consultants may be utilized to assist in making determination of dental appropriateness. A DentaQuest Dental Consultant will consult with licensed, board-certified specialists from appropriate clinical areas, as necessary and |

| RESOLUTION (continued) | use of contracted board-certified Dental Consultants is only deemed necessary when DentaQuest has exhausted all internal resources to make a clinically accurate decision. When a contracted Dental consultant is utilized, DentaQuest will document the case file accordingly.<br><br>G. Appeals & Grievances Audit = 100 percent<br>H. IT & Reporting = 100 percent<br>I. Fraud, Waste and Abuse = 100 percent |
|---|---|

| PRESBYTERIAN HEALTH PLAN | |
|---|---|
| **ACTION PLAN** | **Superior Medical Transportation (SMT)** |
| **IMPLEMENTATION DATE:** | **1/14/2020 (Improvement Plan in process)** |
| **COMPLETION DATE:** | **Open Item** |
| **ISSUES** | Corrective Action Plan |
| **RESOLUTION** | SMT's oversight of Contracted Transportation Providers (CPTs) who cause high risk situations for PHP members due to missed appointments or rescheduled appointments by delaying care.<br>1. PHP requested weekly updates due each Thursday.<br>2. SMT has actively monitored all high-risk member transports.<br>3. SMT added two new members to the High-Risk transport list based on grievances received.<br>4. SMT contacts CTPs the day prior to scheduled transportation to ensure the high-risk member is scheduled for transport. SMT requests and receives confirmation from CTPs that member is scheduled, and the driver is aware of the high-risk transport and importance of being on time.<br>5. Any CTP who causes a high-risk member to miss his/her appointment will be immediately placed on an improvement plan (IP) after they agree to ensure the member will be picked up, but the CTP fails to do so. Failure to respond to IP or failure to show improvement will result in further corrective action up to and including reporting the incident to the NM Public Regulation Commission and possible termination of the contract. |

| WESTERN SKY COMMUNITY CARE | |
|---|---|
| ACTION PLAN | **Noncompliance by Transportation Vendor** |
| IMPLEMENTATION DATE: | **12/6/2019** |
| COMPLETION DATE: | **Open Item** |
| ISSUES | On 12/6/2019, WSCC issued a Notice of Noncompliance and Request for Corrective Action Plan (CAP) to its subcontractor, Secure Transportation, for failure to meet formatting, timeliness, and accuracy requirements for encounter submissions. |
| RESOLUTION | Secure Transportation initiated the CAP on 12/27/19. WSCC requested that Secure Transportation make significant progress at remediating all issues within 30 days of implementation of the CAP. Secure Transportation requested an extension and the CAP deadline was extended until 3/31/2020. Secure Transportation submitted the necessary data and information by the deadline. WSCC is reviewing the information provided to ensure the data is transmitted timely and correctly going forward. |

| WESTERN SKY COMMUNITY CARE | |
|---|---|
| ACTION PLAN | **Noncompliance by Transportation Vendor** |
| IMPLEMENTATION DATE: | **3/5/2020** |
| COMPLETION DATE: | **Open Item** |
| ISSUES | WSCC requested a Quality Improvement Plan (QIP) from its subcontractor, Secure Transportation, on February 11, 2020. The request for a QIP was related to findings from the 2019 annual audit in areas related to credentialing, customer service, and compliance with driver and vehicle requirements. |
| RESOLUTION | WSCC approved Secure Transportation's QIP on 3/5/2020. WSCC requires Secure Transportation to implement process improvements and/or deliver all finalized documents for each action item within 90 calendar days of the approved date (6/3/2020). If Secure Transportation fails to meet the obligations or make adequate progress with the action plan, WSCC may take further action as allowed by the contract. |

# 10
# FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY7 Q1 reflects the new capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid on January 6, 2020. The result is higher PMPMs for DY 7 compared to those of DY 6 for MEGs 2, 3, 5 and 6; the PMPMs of DY 7 are lower than those of DY 6 for MEGs 1 and 4 (see Attachment C – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment C – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis shows DY 7 is 29.9% below the budget neutrality limit (Table 7.5) through one quarter of payments.

# 11

## MEMBER MONTH REPORTING

| Member Months | | 2020 |
|---|---|---|
| | | 1 |
| **MEG1** | **0-FFS** | 104,381 |
| | **Presbyterian** | 544,556 |
| | **Western Sky** | 90,273 |
| | **Blue Cross Blue Shield** | 332,867 |
| | **Total** | **1,072,077** |
| **MEG2** | **0-FFS** | 7,090 |
| | **Presbyterian** | 60,692 |
| | **Western Sky** | 10,194 |
| | **Blue Cross Blue Shield** | 34,234 |
| | **Total** | **112,210** |
| **MEG3** | **Presbyterian** | 67,664 |
| | **Western Sky** | 7,080 |
| | **Blue Cross Blue Shield** | 31,377 |
| | **Total** | **106,121** |
| **MEG4** | **0-FFS** | 334 |
| | **Presbyterian** | 385 |
| | **Western Sky** | 54 |
| | **Blue Cross Blue Shield** | 295 |
| | **Total** | **1,068** |
| **MEG5** | **Presbyterian** | 7,298 |
| | **Western Sky** | 809 |
| | **Blue Cross Blue Shield** | 5,369 |
| | **Total** | **13,476** |
| **MEG6** | **0-FFS** | 75,769 |
| | **Presbyterian** | 375,451 |
| | **Western Sky** | 63,004 |
| | **Blue Cross Blue Shield** | 272,456 |
| | **Total** | **786,680** |
| **Total** | | **2,091,632** |

# 12
# CONSUMER ISSUES

## GRIEVANCES

HSD reviewed and analyzed data submitted by the MCOs (Report #37 Grievances and Appeals) for the months of January, February, and March. The report provides information related to the summary of member grievance reason codes. The report presents the MCOs timeliness response standards to ensure that grievances filed by members are addressed timely and appropriately. Presented below is the summary of MCO member grievances, reasons for grievances, and variables for DY7 Q1:

| DY7 Q1 (January – March 2020) | | | |
|---|---|---|---|
| **GRIEVANCES** | **BCBS** | **PHP** | **WSCC** |
| Number of Member Grievances | 460 | 365 | 93 |
| | | | |
| Top Two Primary Member Grievance Codes | | | |
| Transportation Ground Non-Emergency | 339 | 111 | 50 |
| Other Specialties | 4 | 49 | 0 |
| | | | |
| Variable Grievances | 117 | 205 | 50 |

## APPEALS

HSD reviewed and analyzed data submitted by the MCOs (Report #37 Grievances and Appeals) for the months of January, February, and March. The report provides information related to the summary of member appeals reason codes. The report presents the MCOs timeliness response standards to ensure that appeals filed by members are addressed timely and appropriately. Presented below is the summary of MCO member appeals, reasons for appeals and variables for DY7 Q1:

| DY7 Q1 (January – March 2020) | | | |
| --- | --- | --- | --- |
| **APPEALS** | **BCBS** | **PHP** | **WSCC** |
| Number of Standard Member Appeals | 265 | 466 | 36 |
| Number of Expedited Member Appeals | 56 | 8 | 8 |

| DY7 Q1 (January – March 2020) | | | |
| --- | --- | --- | --- |
| **APPEALS** | **BCBS** | **PHP** | **WSCC** |
| | | | |
| Top Two Primary Member Appeal Codes | | | |
| Denial or limited authorization of a requested service | 210 | 419 | 40 |
| Denial in whole of a payment for a service | 74 | 27 | 0 |
| | | | |
| Variable Appeals | 37 | 28 | 4 |

# 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 20: 2020 MCO Advisory Board Meeting Schedules below.

**Table 20: 2020 MCO Advisory Board Meeting Schedules**

| BCBS 2020 | | | |
|---|---|---|---|
| MEMBER ADVISORY BOARD MEETING SCHEDULE | | | |
| MCO | DATE | TIME | LOCATION |
| BCBS | 2/27/2020 | 12:00 PM | Los Lunas Transportation Department Auditorium, Los Lunas, NM |
| BCBS | 4/30/2020 | 12:00 PM | Mesa Verde Community Center, Albuquerque, NM |
| BCBS | 8/27/2020 | 12:00 PM | South Valley Multi-Purpose Senior Center, Albuquerque, NM |
| BCBS | 12/10/2020 | 12:00 PM | Boys & Girls Club of Central NM, Rio Rancho NM |
| STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE | | | |
| MCO | DATE | TIME | LOCATION |
| BCBS | 6/18/2020 | 12:00 PM | Frank O'Brien Papen Center, Las Cruces, NM |
| BCBS | 10/8/2020 | 12:00 PM | Hobbs Public Library, Hobbs, NM |
| NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE | | | |
| MCO | DATE | TIME | LOCATION |
| BCBS | 2/13/2020 | 12:00 PM | Acoma Community Center, Acoma, NM |
| BCBS | 5/7/2020 | 12:00 PM | Mescalero Tribal Building Gym, Mescalero, NM |
| BCBS | 8/20/2020 | 12:00 PM | Santo Domingo Elementary/Middle School Gymnasium, Santo Domingo, NM |

| BCBS | 11/4/2020 | 12:00 PM | Gallup Community Service Center, Gallup, NM |
|---|---|---|---|
| **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 (SDCB included in each meeting) |

| **PHP 2020** | | | |
|---|---|---|---|
| **MEMBER ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| PHP | 3/6/2020 | 11:00 AM | PHP Cooper Administrative Center, Albuquerque NM |
| PHP | 6/5/2020 | 11:00 AM | PHP Cooper Administrative Center, Albuquerque NM |
| PHP | 9/4/2020 | 11:00 AM | PHP Cooper Administrative Center, Albuquerque NM |
| PHP | 12/4/2020 | 11:00 AM | PHP Cooper Administrative Center, Albuquerque NM |
| **STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| PHP | 6/30/2020 | 11:00 AM | TBD, Roswell, NM |
| PHP | 7/1/2020 | 11:00 AM | TBD, Ruidoso, NM |
| **NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| PHP | 3/20/2020 | Cancelled COVID-19 | Tamaya Wellness Center, Santa Ana Pueblo, NM |
| PHP | 5/22/2020 | Cancelled COVID-19 | Taos Pueblo, NM |
| PHP | TBD | TBD | Pine Hill, NM (Navajo) – Planning on hold |

| PHP | TBD | TBD | PHP Cooper Administration Center – Albuquerque, NM |
|---|---|---|---|
| **SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| PHP | TBD | TBD | TBD On Hold until DY7 Q4 or DY8 Q1 |
| **BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| PHP | 3/31/2020 | Cancelled COVID-19 | PHP Cooper Administrative Center, Albuquerque NM – |
| PHP | 6/9/2020 | 1:00 PM | PHP Cooper Administrative Center, Albuquerque NM |
| PHP | 9/15/2020 | 1:00 PM | PHP Cooper Administrative Center, Albuquerque NM |
| PHP | 12/8/2020 | 1:00 PM | PHP Cooper Administrative Center, Albuquerque NM |

| **WSCC 2020** | | | |
|---|---|---|---|
| **MEMBER ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| WSCC | 2/13/2020 | 11:30 AM | Albuquerque, NM - Mesa Verde Community Center |
| WSCC | 6/18/2020 | 11:30 AM | Albuquerque, NM - Venue location TBD |
| WSCC | 8/20/2020 | 11:30 AM | Albuquerque, NM - Venue location TBD |
| WSCC | 12/17/2020 | 11:30 AM | Albuquerque, NM - Venue location TBD |
| **STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE** | | | |
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| WSCC | 10/14/2020 | 11:30 AM | Las Cruces, NM - Venue location TBD |
| WSCC | 10/15/2020 | 11:30 AM | Roswell, NM - Venue location TBD |

| NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE | | | |
|---|---|---|---|
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| WSCC | 3/5/2020 | 11:30 AM | WSCC Home Office: 5300 Homestead Rd NE, Albuquerque, NM 87110 |
| WSCC | 6/4/2020 | 5:00 PM | Rio Arriba County - Venue location TBD |
| WSCC | 9/3/2020 | 11:00 AM | McKinley County - Venue location TBD |
| WSCC | 12/3/2020 | 5:00 PM | San Juan County - Venue location TBD |

| SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE | | | |
|---|---|---|---|
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| WSCC | 6/18/2020 | 1:30 PM | Albuquerque, NM - Venue location TBD |

| BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE | | | |
|---|---|---|---|
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| WSCC | 10/14/2020 | 1:30 PM | Las Cruces, NM - Venue location TBD |

| COMMUNITY ADVISORY BOARD MEETING SCHEDULE | | | |
|---|---|---|---|
| **MCO** | **DATE** | **TIME** | **LOCATION** |
| WSCC | 7/9/2020 | 10:30 AM | Albuquerque, NM - Venue location TBD |

| Quality Assurance | |
|---|---|
| 1st Quarter Activities | **Quarterly Quality Meeting**<br>HSD holds quarterly quality meetings with the MCOs to provide HSD updates and guidance on required quality monitoring activities as well as relay HSD findings from the monthly, quarterly, and annual reports submitted by the MCOs.<br>The Quarterly Quality meeting for DY7 Q1 was held on March 12, 2020. During the meeting, HSD provided responses to questions submitted in advance of the meeting by the MCOs regarding data collection and reporting methodologies. HSD addressed the importance of providing accurate data and meaningful analysis of findings for any significant increases or decreases in performance outcomes identified for each of the monitoring measures. HSD provided MCO aggregate findings of the 2019 annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) and DY6 Q4 findings for Tracking Measures (TMs).<br><br>**CAHPS**<br>The findings presented for the annual CAHPS represents MCO aggregate survey results on Members who were eligible and received health care services through Centennial Care in 2018. MCOs included in the aggregate findings were Blue Cross Blue Shield (BCBS) and Presbyterian Health Plan (PHP). The results reported do not include Western Sky Community Care (WSCC). WSCC was not a participating MCO with Centennial Care in 2018, and therefore is not represented in the data findings. The survey results were presented for the adult, child, and children with chronic conditions populations and were compared to the results from the 2018 annual CAPHS report, and to the CY 19 Quality Compass (QC) National Averages. Results presented included:<br>The highest rating received in 2019, was the Rating of Personal Doctor for the adult, child, and children with chronic conditions populations. Of these results, the adult and child results in 2019 were above the 2018 ratings.<br>The lowest rating received in 2019, was the Rating of Health Care for the adult, child, and children with chronic conditions |

| | |
|---|---|
| | populations. Of these results, the child rating in 2019 was above the 2018 rating. None of the 2019 results presented were above the 2019 QC National Averages.<br><br>**TMs**<br>The MCO aggregate findings for CY19, Q4 tracking measure submissions from all three MCOs were presented. The CY19 TM report results were compared to the CY18 results. The notable findings included the following:<br><br>Positive improvement in the Fall Risk Management;<br>Positive improvement in Depression Screening and follow-up plan; and<br>Negative increase in Diabetes Short-Term Complications Admission Rate.<br><br>**<u>Follow-up after Hospitalization for Mental Illness (FUH) and Follow-up after Emergency Department visit for Mental Illness (FUM)</u>**<br>HSD initiated a monthly monitoring plan to address the decline in HEDIS rates from CY17 to CY18, for FUH and FUM with the legacy MCOs (BCBS and PHP). HSD provided the MCOs with instructions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies and barriers associated with improving performance outcomes. The MCOs are to report key drivers of success for areas of improvement with these two (2) measures.<br><br>In DY7 Q1, HSD reviewed and analyzed the reports submitted for January and provided findings, feedback and technical assistance to BCBS and PHP. HSD received the February reports on March 15 and conducted the review and analysis. In response to the PHE related to COVID-19, HSD suspended audits for March (M3) of DY7 Q1. Monthly audits will be captured in subsequent quarters.<br><br>**<u>Performance Measures (PMs)</u>**<br>HSD performance measures and targets are based on HEDIS technical specifications. The MCO is required to meet the |

| | |
|---|---|
| | established performance targets. Each CY target is a result of the CY 18 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 18 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.<br><br>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.<br><br>HSD amended the MCO contracts effective January 1, 2020 to include the following PMs and established targets:<br><br>**PM #1 (1 point) – Well Child Visits in the First fifteen (15) Months of Life (W15)**<br>The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits:<br>CY 2020 target is 62.62%;<br>CY 2021 target is 63.72%;<br>CY 2022 target is 64.82%; and<br>CY 2023 target is 65.91%.<br><br>**PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**<br>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:<br>CY 2020 target is 48.52%;<br>CY 2021 target is 53.33%; |

| | |
|---|---|
| | CY 2022 target is 58.14%; and<br>CY 2023 target is 62.93%.<br><br>**PM #3 (1 point) – Prenatal and Postpartum Care (PPC)**<br>The percentage of Member deliveries of live births between October 8 of the year prior to the measurement years and October 7 of the measurement year that received a prenatal care visit as a Member of the CONTRACTOR's MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO:<br>CY 2020 target is 78.67%;<br>CY 2021 target is 80.70%;<br>CY 2022 target is 82.73%; and<br>CY 2023 target is 84.75%.<br><br>**PM #4 (1 point) – Prenatal and Postpartum Care (PPC)**<br>The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery:<br>CY 2020 target is 63.35%;<br>CY 2021 target is 64.65%;<br>CY 2022 target is 65.95%; and<br>CY 2023 target is 67.26%.<br><br>**PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3**<br>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:<br>CY 2020 target is 68.01%;<br>CY 2021 target is 69.27%;<br>CY 2022 target is 70.53%; and<br>CY 2023 target is 71.78%. |

| | |
|---|---|
| | **PM #6 (1 point) – Antidepressant Medication Management (AMM): Continuous Phase**<br>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:<br>CY 2020 target is 34.33%;<br>CY 2021 target is 34.76%;<br>CY 2022 target is 35.19%; and<br>CY 2023 target is 35.61%.<br><br>**PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation**<br>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:<br>CY 2020 target is 43.34%;<br>CY 2021 target is 44.74%;<br>CY 2022 target is 46.14%; and<br>CY 2023 target is 47.54%.<br><br>**PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day**<br>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:<br>CY 2020 target is 48.42%;<br>CY 2021 target is 50.22%;<br>CY 2022 target is 52.02%; and<br>CY 2023 target is 53.80%.<br><br>**PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day**<br>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:<br>CY 2020 target is 43.52%;<br>CY 2021 target is 45.01%;<br>CY 2022 target is 46.50%; and<br>CY 2023 target is 48.00%.<br><br>**PM #10 (1 point) – Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**<br>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:<br>CY 2020 target is 80.63%;<br>CY 2021 target is 81.35%;<br>CY 2022 target is 82.07%; and<br>CY 2023 target is 82.78%.<br><br>**Tracking Measures (TMs)**<br>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. MCOs report on interventions strategies and barriers that impact performance outcomes. The findings are communicated to the MCOs through scheduled MCO specific technical assistance calls or during the Quarterly Quality Meeting. The MCO contract includes the following TMs in the MCOs contract effective January 1, 2020:<br><br>**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.<br>**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. |

| | |
|---|---|
| | **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.<br>**TM #4-Follow-up after Hospitalization for Mental Illness:** 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.<br>**TM #5-Immunications 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 13$^{th}$ birthday. Report rates for each vaccine and one combination rate.<br>**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.<br>**TM #7-Smoking Cessation:** The Contactor shall monitor the use of smoking cessation products and counseling utilization.<br>**TM #8-Ambulatory Care:** Utilization of outpatient visits and emergency department visits reported by all Member months for the measurement year.<br>**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.<br>**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.<br><br>HSD received the TM report for DY 6 Q4 on January 25, 2020. HSD reviewed and analyzed the report for accuracy and to gauge positive trending. HSD held MCO technical assistance calls with BCBS, PHP and WSCC to discuss MCO specific inconsistencies with the data reported for some measures. |

| | |
|---|---|
| | In response to the PHE related to COVID-19, HSD suspended reporting for March (M3) of DY7 Q1, and data will be captured in subsequent quarters.<br><br>**External Quality Review:**<br>HSD continues to participate in weekly teleconferences with the EQRO to assess the status of EQR projects, to evaluate issues and provide feedback and support as needed.<br>EQRO reviews and validations in Q1 consisted of the following:<br><br>***CY17***<br>CY17 EQRO validation of PIPs was finalized and posted to the HSD website;<br>CY 17 Compliance Review is in review.<br><br>***CY18***<br>CY18 EQRO Annual Technical Report draft was received by the EQRO for review;<br>CY18 Network Adequacy Validation is in review;<br>CY18 PM validation draft report is in review;<br>CY18 PIPs validation draft report is in review;<br>***CY19***<br>CY19 EQRO review tools and validation workplans were submitted to HSD for review and approval;<br>CY19 EQRO Compliance Review MCO kick off has not been scheduled. |

## UTILIZATION

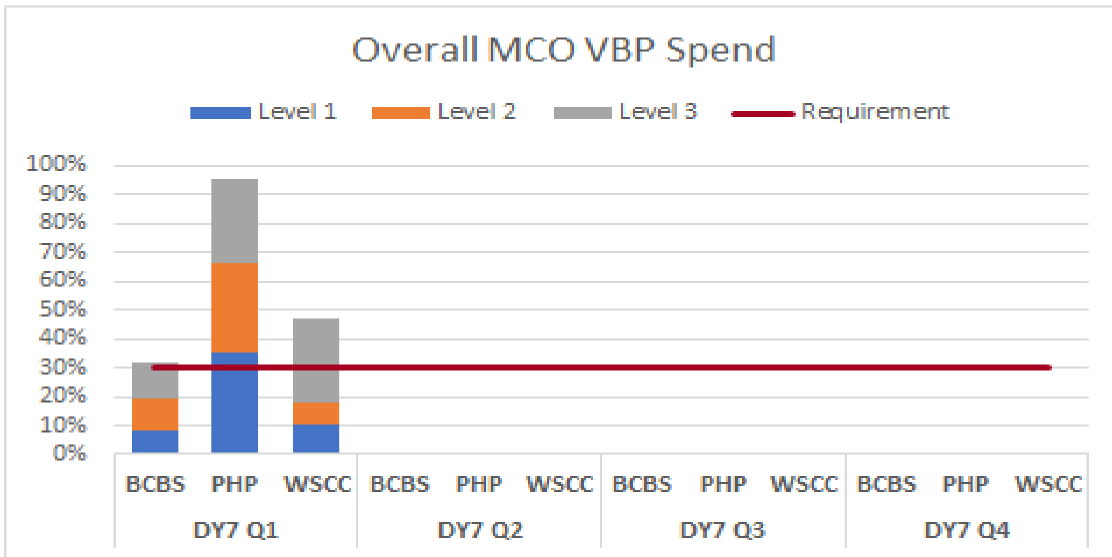
Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for April 2017 through March 2019. Please see Attachment D: Key Utilization/Cost per Unit Statistics by Major Population Group.

## 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. DY6 requirements are as follows:

| VBP Level | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| Required Spend | 10% | 13% | 7% |
| Required Provider Types | • Traditional PH Providers with at least 2 Small Providers<br>• BH Providers<br>• Long-Term Care Providers including Nursing Facilities | • Traditional PH Providers with at least 2 Small Providers<br>• BH Providers<br>• Actively build readiness for Long-Term Care Providers<br>• Actively build readiness for Nursing Facilities | • Traditional PH Providers<br>• Develop BH full-risk contracting model<br>• Implement a MCO led LTC and/or Nursing Facility provider level workgroup to design full-risk model |

For DY7 Q1, all three of the MCOs have already met or exceeded the required VBP spend target of 30%. The MCOs are focused on creating Level 3 VBP agreements which have increased considerable from the implementation of VBP. Level 3 agreements account for the highest level of VBP spend for two of the MCOs.




## 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 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), CHWs, and community health representatives (CHRs) to decrease inappropriate ER utilization.

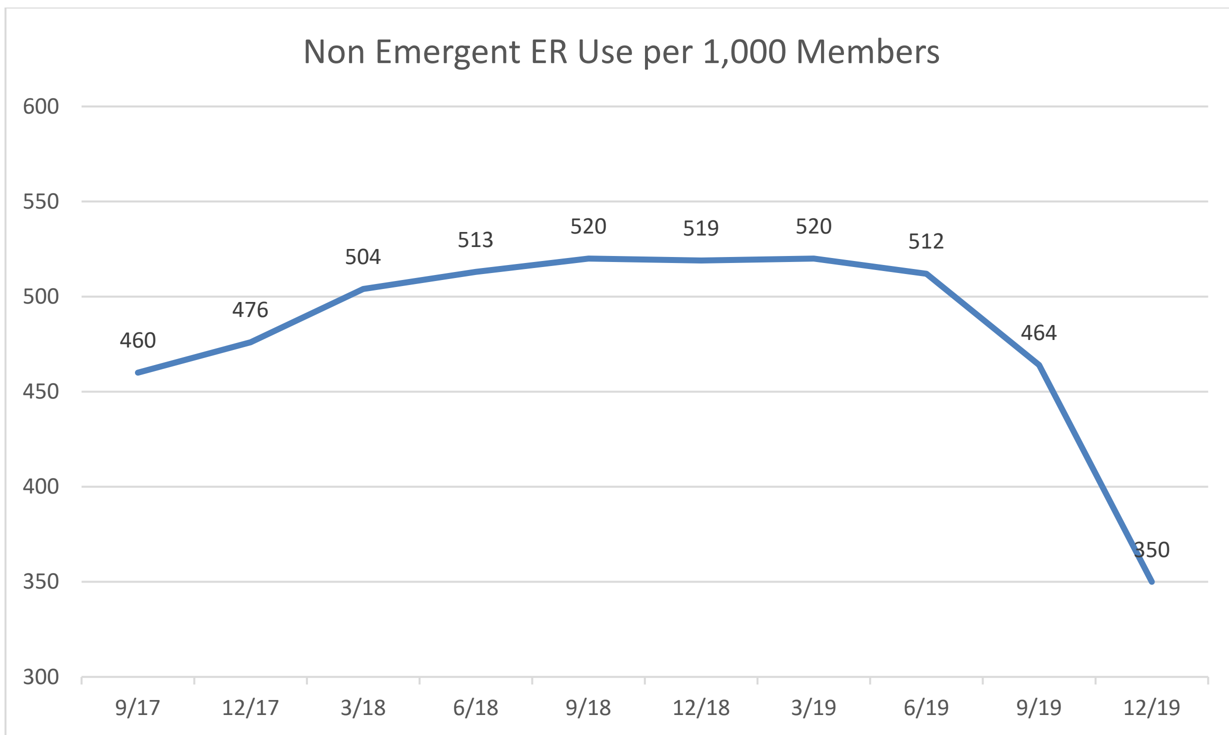
The Community Paramedicine Program is an additional outreach project supporting this effort. Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics. A GME expansion 5-year strategic plan HSD released in January 2020 estimates that 46 new primary care residents will graduate in NM each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next five years. HSD is also supporting primary care GME program development and expansion by awarding up to $1.535M in funds to programs during FY 20.

HSD implemented a minimum wage adjustment for Personal Care Services (PCS) providers for statewide and regional changes in minimum wage. Further, HSD implemented two (2) new MCO performance measures: 1) Follow-up After Hospitalization for Mental Illness; and, 2) Follow-Up After Emergency Department Visit for Mental Illness. The MCOs will need to increase their individual performance and increase by 1 percentage point above the Quality Compass Regional Average; and, failure to meet targets will result in monetary penalties. Finally, WSCC is focusing on primary care, i.e. getting members' primary care services met, as a strategy for preventing and addressing health complications. The WSCC Quality Improvement team is currently working on a robo-dialer campaign for both children and adult members, which will focus on scheduling appointments for members with their PCP. This campaign will run throughout all of 2020.

As a result of the MCO strategies and interventions implemented in 2019, which focused on reducing ED visits for non-emergent care, the count per capita usage per 1,000 members has significantly improved from 2018 to 2019. In comparing visits per 1,000 members from December of 2018 with 519 visits to December of 2019 with 350 visits, the average number of visits to the emergency department for non-emergent care decreased by 169 visits per 1,000 members, which is a 39% improvement. The trend for this measure improved throughout 2019.

The table below reflects a count per capita, per 1,000 members using the emergency room (ER) for non-emergent care between December of 2017 and December of 2019. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership.

### Table 21: Non-Emergent ER Use per 1,000 Members



# 14
# MANAGED CARE REPORTING REQUIREMENTS

## TRANSITION TO CENTENNIAL CARE 2.0 MCOs

HSD no longer has concerns with BCBS' call center performance metrics. BCBS continues to meet NAL standards in DY7 Q1 (see section 9- MCO Action Plans).

PHP had been underperforming in completing some care coordination activities timely in the first two quarters but improved in Q3 and exceeded timeliness standards by Q4.

## GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY7 with the requirement that at least 90% of members having access to certain provider categories in urban, rural, and frontier geographic areas within a defined distance. Centennial Care 2.0 is effective January 1, 2019 with the two legacy MCOs, PHP and BCBS, and one new to Centennial Care 2.0 MCO, WSCC.

**PHYSICAL HEALTH AND HOSPTIALS**

The legacy MCOs demonstrated steady access with slight fluctuations.

- Legacy MCOs performance in access to general hospitals, PCPs, pharmacies and most specialties in urban, rural and frontier areas have continued to be met.
- Geographic access for dermatology, endocrinology, rheumatology, and urology services as well as access to neurosurgeons are anticipated to be limited due to provider shortages in rural and frontier areas.
    - BCBS demonstrates increase in member access to rural certified nurse midwife (10.9%), dermatology in rural areas (17.5%) and frontier areas (16.4%) rural endocrinology (8.8%) and rural personal care service agencies.
    - PHP demonstrates increases in member access to rural endocrinology (12.8%).
    - WSCC demonstrates comparable member access to legacy MCOs in most provider categories.
        - WSCC demonstrated decreases in rural neurosurgeons (5.7%), rural urology (9.7%) and frontier urology (7%).
        - WSCC demonstrated increases in frontier neurosurgeons (9.6%).
    - MCOs report recruiting efforts for specific provider categories in areas of low access and systems audits for improved reporting.

## Table 22: Physical Health Geographical Access

| | Meets Standard | | | Does Not Meet | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Urban | | | Rural | | | 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% | 99.6% | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% |
| Pharmacies | 100.0% | 100.0% | 100.0% | 100.0% | 99.9% | 100.0% | 100.0% | 100.0% | 100.0% |
| FQHC - PCP Only | 100.0% | 100.0% | 100.0% | 90.8% | 89.0% | 99.4% | 97.3% | 86.8% | 98.8% |
| **PH - Standard 2** | | | | | | | | | |
| Cardiology | 99.1% | 98.8% | 98.7% | 99.7% | 100.0% | 99.8% | 99.8% | 99.9% | 99.2% |
| Certified Nurse Practitioner | 99.2% | 100.0% | 100.0% | 99.8% | 100.0% | 100.0% | 99.8% | 100.0% | 100.0% |
| Certified Midwives | 99.0% | 98.8% | 93.6% | 99.9% | 93.9% | 93.4% | 99.8% | 98.4% | 98.4% |
| Dermatology | 70.8% | 98.8% | 98.6% | 72.5% | 72.2% | 86.6% | 97.9% | 89.0% | 98.5% |
| Dental | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Endocrinology | 99.0% | 98.7% | 98.6% | 71.5% | 92.3% | 74.6% | 83.8% | 92.9% | 82.7% |
| ENT | 99.0% | 98.7% | 98.6% | 91.5% | 92.9% | 99.9% | 92.1% | 86.6% | 95.8% |
| FQHC | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Hematology/Oncology | 99.0% | 98.9% | 98.7% | 98.8% | 91.2% | 97.7% | 99.0% | 97.9% | 89.8% |
| Neurology | 99.0% | 98.8% | 98.6% | 91.6% | 92.0% | 81.6% | 89.2% | 90.0% | 88.6% |
| Neurosurgeons | 99.0% | 98.7% | 93.4% | 37.7% | 68.9% | 39.0% | 68.4% | 86.7% | 81.0% |
| OB/Gyn | 99.2% | 98.9% | 98.6% | 99.8% | 99.6% | 99.8% | 99.8% | 99.9% | 99.9% |
| Orthopedics | 99.0% | 98.9% | 98.6% | 99.5% | 100.0% | 99.8% | 99.4% | 98.4% | 99.8% |
| Pediatrics | 100.0% | 98.9% | 98.6% | 100.0% | 100.0% | 99.7% | 99.8% | 99.9% | 100.0% |
| Physician Assistant | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Podiatry | 99.0% | 98.9% | 98.7% | 99.8% | 99.7% | 94.2% | 99.8% | 99.9% | 99.9% |
| Rheumatology | 93.1% | 98.8% | 85.1% | 70.2% | 83.1% | 65.8% | 81.7% | 84.9% | 72.1% |
| Surgeons | 99.2% | 98.9% | 98.7% | 99.8% | 100.0% | 100.0% | 99.8% | 99.9% | 99.9% |
| Urology | 80.0% | 98.7% | 98.6% | 87.5% | 92.4% | 62.4% | 94.0% | 95.9% | 84.0% |
| **LTC - Standard 2** | | | | | | | | | |
| Personal Care Service Agencies (PCS) | 99.2% | 100.0% | 100.0% | 99.3% | 99.8% | 99.8% | 99.8% | 100.0% | 100.0% |
| Nursing Facilities | 94.6% | 92.8% | 94.2% | 99.7% | 99.2% | 99.8% | 99.8% | 99.9% | 99.9% |
| | | | | | | | | | |
| General Hospitals | 99.1% | 98.8% | 98.7% | 99.6% | 99.5% | 99.9% | 99.8% | 99.9% | 99.9% |
| Transportation | 99.1% | 100.0% | 98.7% | 99.6% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Source: MCO Report #55 GeoAccess for CY19Q4

## 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. All 3 MCOs identify transportation coverage in all counties across New Mexico.

- **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. PHP identified a lack of wheelchair accessible transportation options as a barrier to member access and reported an increase in transportation provider no shows. See section 9 of this report for improvement plans regarding these barriers and provider issues.

## TELEMEDICINE DELIVERY SYSTEM IMPROVEMENT PERFORMANCE TARGET

The Telemedicine Delivery System Improvement Performance Target (DSIPT) for Centennial Care 2.0 requirements were revised for calendar year (CY) 20, as follows.

The MCOs shall use the end of CY19 as the baseline for CY 20, 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.

In response to the PHE related to COVID-19, HSD suspended reporting for March (M3) of DY7 Q1, and data will be captured in subsequent quarters. During the PHE, telemedicine utilization increased in all areas and has played a vital role in providing health care services statewide while keeping members safe. HSD expects telemedicine utilization to remain an area of high focus and growth in the future.

# 15
# DEMONSTRATION EVALUATION

| Evaluation Findings and Design Plan | |
|---|---|
| 1st Quarter Activities | **Final Report DY 1 through DY 4**<br>On March 24, 2020, HSD received approval from CMS for the DY 1 through DY 4 1115 Demonstration Waiver Evaluation final report submitted to CMS in April 30, 2019.<br><br>**1115 Demonstration Waiver Evaluation Design Plan**<br>The HSD workgroup completed revisions to the 1115 Demonstration Waiver Evaluation Design Plan, based on CMS feedback and comments. This workgroup consisted of HSD staff from the Medical Assistance Division (MAD) and Behavioral Health Services Division (BHSD), along with external entities knowledgeable in developing Evaluation Design Plans with required CMS monitoring of the Substance Use Disorder (SUD). The updated version of the Evaluation design was submitted to CMS on January 9, 2020.<br><br>**Procurement of an Independent Evaluator for the 1115 Demonstration Waiver**<br>HSD updated the Scope of Work in the Request for Proposal (RFP) to incorporate CMS feedback and comment. Upon receipt of the written approval from CMS on the Evaluation Design Plan, HSD, continued to finalize the RFP and expects to release the RFP in Q3. |

# 16
# ENCLOSURES/ATTACHMENTS

Attachment A: January 2018 – December 2019 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

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

# 17
# STATE CONTACTS

| HSD State Name and Title | Phone | Email Address | Fax |
|---|---|---|---|
| Nicole Comeaux<br>Director<br>HSD/Medical Assistance | 505-827-7703 | Nicole.Comeaux@state.nm.us | 505-827-3185 |
| | | | |
| Megan Pfeffer<br>Deputy Director<br>HSD/Medical Assistance | 505-827-7722 | Megan.Pfeffer@state.nm.us | 505-827-3185 |
| | | | |
| Elisa Walker-Moran<br>Deputy Director<br>HSD/Medical Assistance | 505-827-6234 | Elisa.Walker-Moran2@state.nm.us | 505-827-3185 |
| | | | |
| Kari Armijo<br>Deputy Director<br>HSD/Medical Assistance | 505-827-1344 | Kari.Armijo@state.nm.us | 505-827-3185 |
| | | | |
| Linda Gonzales<br>Deputy Director<br>HSD/Medical Assistance | 505-827-6222 | Linda.Gonzales@state.nm.us | 505-827-3185 |

# 18
## ADDITIONAL COMMENTS

**MCO INITIATIVES**

**BCBS- Target ER usage for members diagnosed with substance abuse while utilizing the work of Recovery Support Assistants (RSAs)**

BCBS dedicated three members of the Recovery Support Team to work exclusively on the Edie (Early Notification of Emergency Room use) platform to identify and target outreach to members identified with substance use disorders. BCBS chose their top three peers with the best engagement skills and developed a cohort in the Edie system so members meeting criteria for substance use/abuse were identified. BCBS' RSA supervisor monitored that platform daily and assigned members who met the criteria to one of the RSAs. The RSAs then traveled to the ED and met the identified members to start the engagement and work on getting them connected with a follow-up provider visit. The RSAs stay engaged with the members through the whole process, encouraging them to go to their appointments and helping them set up appointments and transportation services. Additionally, each RSA was assigned an iPad to take to the ED so if the member wanted an immediate telehealth follow-up visit that could be arranged.

**PHP Customer Services Center (Pharmacy Technician Representatives)**

To better support members with complex pharmacy related issues, the customer service center employed a group of pharmacy technicians to assist members with these issues and other pharmacy benefit related questions. This new customer service model is expected to limit the number of repeat calls, improve member satisfaction and experience, and help get members to experts on the first call.

**PHP – Health and Wellness Education (MyPlate Education)**

PHP attended a health event in the southeast region of the state where staff provided health education on healthy eating through a hands-on activity on how to build a healthy plate based on the United States Department of Agriculture (USDA) MyPlate guidelines. PHP provided healthy eating education, a portion plate, and educational handouts to 138 community members which included 37 Presbyterian Centennial Care members.

**WSCC Expanding Access for Native American Members**

WSCC remains committed, in collaboration with the Indian Health Service (IHS), to expand access to its members and grow partnerships between IHS facilities and local tribal governments, external providers, and WSCC.

- WSCC is in discussions with the University of New Mexico regarding a Native American focus clinic in the southern part of the state that will serve both Native American and non-native members. Discussions are exploring the possibility of providing PCP services and telemedicine specialty care.
- WSCC is in discussions with Medic Buddy, which offers PCP and Urgent Care services. As a result of these discussions, WSCC has partnered with the provider to administer COVID-19 testing on several tribal pueblos beginning in April 2020. WSCC and the provider are also in discussions regarding the implementation of a hybrid telemedicine model at several sites, including Shiprock, Gallup, and Hobbs, New Mexico.

**MEMBER SUCCESS STORIES**

A BCBS member is a special-needs, immunocompromised baby boy that requires specialized infant formula. Early in the COVID-19 crisis, the member's mother contacted BCBS in desperation. She reported that she has been able to identify only one specific formula that her baby is able to tolerate. While the said formula is quite expensive and difficult to find under normal circumstances, she reported that the pandemic crisis has led to empty shelves and she reported she was using the last can she had. Further, while she searched different locations amidst the chaos, she expressed great concern and fear over the possibility of bringing the virus home to her immunocompromised baby. After contacting many resources in the community for help, to no avail, the BCBS Care Coordinator (CC) contacted a local foundation, explained the situation and asked for assistance. The founder called the CC back quickly. With the mother's permission, the founder obtained pertinent information on the needs of the family. Within only a few hours he was able to locate two large cans of the specialized formula, and personally hand delivered them to the family. The CC simultaneously worked with BCBS medical directors to have the specialized formula approved for payment. The formula can now be ordered and delivered directly to the member's home, reducing risks to the baby's health and wellbeing.

A member called the PHP Customer Service Center (PCSC) for help with her primary doctor. The primary care physician (PCP) was supposed to send a referral to a dermatologist, but she sent the wrong type of referral. This happened several times. The member was very frustrated and did not know what to do because the dermatologist would not see her without the correct referral. The member had been having difficulty with her PCP for some time, and now she felt vulnerable due to concerning results from tests leading to the need to see a dermatologist. PCSC Agent Denise was able to three-way call the provider assistance line and was able to obtain a new PCP for the member and schedule an appointment with the member on the line. The member then asked to speak to Denise's team lead to let him know what a great job Denise did. The member said, "I never do these things, but I wanted to take a few minutes to let you know Denise went above and beyond my expectations. I called this morning looking for help, and she was able to relieve 20 pounds of stress off my shoulders. She just helped me so much. I can't even find words to explain it. If I could leave work and give her a hug, I would. I think this is the first time in 3 weeks I've even smiled. She's very good at her job, and someone needs to give her a standing ovation. She made my whole day."

A WSCC Care Coordinator (CC) successfully contacted a member after attempting to locate her for 8 months. The member is 21 years old, was five months pregnant, and diagnosed with Opioid Dependence and Hepatitis C. After the completion of the Comprehensive Needs Analysis, the CC referred the member to programs and services to address her complex care coordination needs, including the Start Smart for your Baby Program (which provided  access to an OB RN), the Centennial Home Visiting Program (which provided a Parent Educator) and the HEP C Team (to begin treatment). Member was very motivated to have a healthy baby and get her life in order. The CC, OB Nurse, and Parent Educator worked together with the Member to ensure services were provided and her goals could be achieved. The member gave birth to a healthy baby, who tested negative for narcotic substances. The member received assistance in obtaining a birth certificate and Social Security Number for the baby. She is now living with her parents, is currently in counseling, and her opioid dependence is in remission. The Parent Educator is working with the Member to develop her resume, find work, and complete a HUD application.