CENTENNIAL CARE 2.0 DEMONSTRATION

1115 Demonstration Quarterly Report
Demonstration Year: 9 (1/1/2022 – 12/31/2022)
Quarter 1 of 2022

June 30, 2022

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INTRODUCTION

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

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

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

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The Centennial Care 2.0 Managed Care Organizations (MCOs) are:

1. Blue Cross Blue Shield of New Mexico (BCBS),

2. Presbyterian Health Plan (PHP), and

3. Western Sky Community Care (WSCC).

Status of Key Dates:

TOPIC	KEY DATE	STATUS
Quality Strategy	Submitted 2021 Draft to CMS on March 30, 2021	CMS provided feedback on April 6, 2022. The 2021 Draft Quality Strategy is under revision based on feedback received and will be resubmitted to CMS by August 1, 2022.
Substance Use Disorder (SUD) Implementation Plan	Approved by CMS on May 21, 2019	Approved by CMS on May 21, 2019
Evaluation Design Plan	Submitted to CMS on June 27, 2019	Approved by CMS on April 3, 2020
SUD Monitoring Protocol	Submitted to CMS on July 31, 2019	Approved by CMS on July 21, 2020
1115 Demonstration Amendment #2	Submitted to CMS on March 1, 2021	Completeness Letter Received on March 25, 2021

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ENROLLMENT AND BENEFITS INFORMATION
Table 1: QUARTER 1 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	12/31/2021 ENROLLMENT	3/31/2022 ENROLLMENT	PERCENT INCREASE / DECREASE Q1
Blue Cross Blue Shield of New Mexico (BCBS)	289,615	292,418	1.0%
Presbyterian Health Plan (PHP)	421,840	423,306	0.3%
Western Sky Community Care (WSCC)	85,860	86,145	0.3%

Source: Medicaid Eligibility Reports, December 2021 & March 2022

In New Mexico's DY8 Annual Report submission, we inadvertently reported January 2022 data for December 31, 2021 resulting in the inaccurate reporting of enrollment increases and decreases for each MCO. Table 1 reflects the correct December 31, 2021 enrollment data. When comparing September 30, 2021 and December 31, 2021 MCO enrollment data, all MCOs reflected an increase in enrollment for Q4 as follows: Blue Cross Blue Shield at 1.8 percent, Presbyterian Health Plan at 1.0 percent, and Western Sky at 2.0 percent. New Mexico has provided education on the importance of accurate reporting and has implemented additional quality measures to ensure numbers populated in this section are accurate going forward.

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment and expenditure data by programs for January 2020 - December 2021 is available in Attachment A to this report.

MCO Enrollment
In aggregate, MCO enrollment increased by 9 percent from the previous to current period. This increase is comprised of the following:
- 11 percent increase in physical health enrollment.
- 2 percent increase in long-term services and supports enrollment.
- 6 percent increase in other adult group enrollment.

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Physical Health and Other Adult Group enrollment experienced continued growth due to the Maintenance of Effort (MOE) requirements during the Public Health Emergency (PHE). Enrollment numbers are expected to decline once the PHE ends. Enrollment graphs provided in Attachment A, illustrate a decrease for the most recent month, which is mostly due to retroactivity not yet accounted for at the cutoff date of the enrollment data (i.e., December 31, 2021). Historically, this decrease in the last month changes to an increase in subsequent quarter due to additional runout.

MCO Per Capita Medical Costs:
In aggregate, total MCO per capita medical costs decreased by 3 percent from the previous to current period. This consists of a 3 percent decrease to non-pharmacy services and a 1 percent increase to pharmacy services. On a dollar basis, higher enrollment levels are a primary driver of the 5 percent year over year increase in total medical expenses.

CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

Molina Healthcare Plan Termination
Molina Healthcare (MHC) was required to comply with all duties and obligations incurred prior to the contract termination date of December 31, 2018, as well as continuing obligations following termination. During DY8, MHC provided monthly updates on the progress of its termination plan. HSD identified that MHC had $1,926,347.83 in financial obligations. In DY8 Q4, MHC was notified of the payable amount due, and provided payment in the amount of $1,926,347.00, which was accepted by the State. New Mexico anticipates making a final determination concerning MHC's completion of all obligations by DY9 Q2.

CENTENNIAL REWARDS

Centennial Rewards program provides incentives to members for engaging in and completing healthy activities and behaviors. Beginning in DY9, New Mexico modified its 2022 Rewards Program as illustrated below.

Reward Activity	Age Requirement	2022 Modification
Adult Primary Care Provider (PCB) Checkup – Complete annual PCP wellness checkup	Ages 22+	Age requirement changed from Ages 19+ to 22+
Asthma Medication Management – Reward on	Ages 5-17	Reward activity

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30-, 60-, or 90-day prescribed refills		eliminated
Bipolar Medication Management – Reward on 30-, 60-, or 90-day prescribed refills	Ages 18-64	Reward activity eliminated
COVID-19 Vaccine or Booster – Complete COVID-19 vaccine or booster	All ages, as advised by CDC	Added booster
Dental Checkup (Adult) – Complete annual dental checkup	Ages 18+	Reward activity eliminated
Dental Checkup (Child) – Complete annual dental checkup	Ages 2-20	Age requirement changed from 2-17 to 2-20
Diabetes HbA1C Test – Completion of HbA1C Test • Bonus: Diabetes HbA1C Control – Attain HbA1c control (<8%)	Ages 10-75	Added new bonus reward activity
Diabetes Retinal Eye Exam – Completion of diabetic retinal exam	Ages 10-75	No change
Diabetes Nephropathy Exam – Completion of diabetic nephropathy exam	Ages 10-75	Reward activity eliminated
Flu Shot - Receive flu vaccine	Ages 6 months+	No change
1st Prenatal Care Visit – Complete prenatal care visit in the first trimester or within 42 days of enrollment	All ages	No change
Postpartum Visit – Complete postpartum care visit between 7 and 84 days after delivery	All ages	No change
Schizophrenia Medication Management – Reward on 30-, 60-, or 90-day prescribed refills	Ages 18+	No change
Well-Baby Checkups – Complete up to six well-child visits with a PCP during the first 15 months of life and up to two well-child visits with a PCP between 16-30 months of life • Bonus: Complete all eight well-child visits with a PCP between 0-30 months of life	0-30 months	Combined Well-Baby Checkup activities and added new bonus reward activity
3-week Step-Up Challenge – Successfully complete 3-week Step-Up Challenge	Ages 10+	Reward activity eliminated
9-week Step-Up Challenge – Successfully	Ages 10+	Reward activity

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complete 9-week Step-Up Challenge			eliminated
Antidepressant Medication Management - Reward on 30-, 60-, or 90-day prescribed refills	Ages 18+		Added new reward activity
Child & Adolescent Well-Care Visit - Complete annual wellness checkup with a PCP or an OB/GYN • Bonus: Adolescent Immunization Series – Complete adolescent immunization series by 13th birthday	Ages 3-21		Added new reward activity
Follow-up After Emergency Dept. Visit for Mental Illness – Complete follow-up visit within 30 days of emergency department visit for mental illness or intentional self-harm diagnoses	Ages 6+		Added new reward activity
Follow-up After Hospitalization for Mental Illness - Complete follow-up visit within 30 days of hospitalization for mental illness or intentional self-harm diagnoses	Ages 6+		Added new reward activity

The following table reflects the number of Medicaid enrollees participating in the Centennial Rewards program.

Table 2: Centennial Rewards

CENTENNIAL REWARDS				
	April - June 2021	July - September 2021	October - December 2021	January - March 2022
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	157,600	72,848	91,978	161,053
Number of Members Newly Registered in the Rewards Program this Quarter	3,800	4,570	6,508	3,793
Number of Members Who Redeemed Rewards this Quarter**	23,484	31,170	46,079	22,540

*Only includes rewards earned THIS quarter.
**Redeemed rewards could have been earned in any of the previous 24 reporting months.
 Source: Finity Quarter 1 Report

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Electronic Engagement Reward Alert Campaign

In DY9 Q1 2022, Finity conducted the following multimedia campaigns to support members. New Mexico also identified reporting discrepancies from last quarter, which have been addressed below. Education has been provided and quality measures have been implemented to ensure accurate reporting in future submissions.

Flu Shot Campaign: Designed to encourage all members ages 6 months and over to receive their flu vaccine. This is a self-attestation campaign with a $5.00 value worth 50 reward points. Texts and emails were sent January through March.
- 585K texts sent in Q1 2022
- 317K emails sent in Q1 2022

Last quarter, New Mexico reported that texts and emails were sent in October and November; however, we've verified that they were sent in October, November, and December. The inclusion of December efforts did not impact our Q4 2021 data reporting as the data remains accurate.

Monthly Redemptions Campaign: Designed to notify members who have earned rewards that they have reward points to spend in the Centennial Rewards Catalog on essential items like oximeters, thermometers, cleaning supplies, PPE, diapers, nursing supplies, toilet paper, and more. Texts and emails for this campaign were sent January through March. This is an ongoing campaign and Q1 results are provided below:
- 323K texts sent in Q1 2022
- 221K emails sent in Q1 2022

Well-Baby Campaign: Designed to encourage parents/guardians to take their babies ages 0-30 months to their well-baby visits. Campaign texts and emails were sent January through March. This is an ongoing campaign and Q1 results are provided below:
- 24K texts sent in Q1 2022
- 5K emails sent in Q1 2022

Last quarter, New Mexico failed to report that the Well-Baby campaign is conducted quarterly. Additionally, due to the high volume of engagements at the end of 2021, Finity split the Well-Baby Campaign texts and emails between November and December. This refined reporting did not impact our Q4 2021 data reporting as the data remains accurate.

Additional Key Stats through Q1 2022:
- Member participation in Q1 2022 reached an all-time high of over 74.6 percent.
- In Q1 2022, members earned over $4M in rewards, which is up 41 percent from Q4 2021.
- In Q1 2022, 161K members earned rewards, which is up 40 percent from Q4 2021.

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Enhanced Customer Satisfaction Survey: Finity enhanced the Centennial Rewards member satisfaction survey in 2021 by adding new questions that were approved by HSD. The results of the Q1 2022 survey are listed below:

Table 3: Centennial Rewards Customer Satisfaction Survey

Centennial Rewards Customer Satisfaction Survey								
DY8 Q3			DY8 Q4			DY9 Q1		
# OF RESPONDENTS 3,741			# OF RESPONDENTS 4,293			# OF RESPONDENTS 1,713		
YES	NO	OTHER	YES	NO	OTHER	YES	NO	OTHER
Are you satisfied with Centennial Care?								
97%	3%	n/a	97%	3%	n/a	97%	3%	n/a
Are you satisfied with your doctor?								
88%	4%	8% I don't have a doctor	87%	5%	8% I don't have a doctor	86%	3%	9% I don't have a doctor
Are you satisfied with your health plan?								
96%	4%	n/a	96%	4%	n/a	96%	4%	n/a
Are you satisfied with the help provided by your care coordinator?								
73%	2%	25% I don't have a care coordinator	72%	2%	26% I don't have a care coordinator	97%	3%	n/a

Source: Finity Quarter 1 Report

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ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

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

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

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

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

In New Mexico's DY8 Annual Report submission, there was a discrepancy identified for the Demonstration Population data table for MEG3, MEG4, MEG5 and MEG6. New Mexico has included the revised table below. New Mexico has provided education on the importance of accurate reporting and has implemented additional quality measures to ensure numbers populated in this section are accurate going forward.

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DY8 Annual Reporting Data Correction

Demonstration Population		Total Number Demonstration Participants DY8 Q4 Ending December 2021	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY8 Q4
Population MEG1 - TANF and Related	0-FFS	38,625	39,202	350
	Presbyterian	219,779	208,433	919
	Western Sky	41,402	40,135	245
	Blue Cross Blue Shield	143,531	137,336	711
	Summary	443,337	425,106	2,225
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,552	2,432	20
	Presbyterian	20,578	20,532	84
	Western Sky	3,698	3,754	26
	Blue Cross Blue Shield	12,276	12,091	47
	Summary	39,104	38,809	177
Population MEG3 - SSI and Related - Dual	0-FFS	0	0	0
	Presbyterian	22,606	23,849	151
	Western Sky	3,235	3,447	30
	Blue Cross Blue Shield	11,050	11,815	86
	Summary	36,891	39,111	267
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	222	147	6
	Presbyterian	109	114	0
	Western Sky	18	21	0
	Blue Cross Blue Shield	77	85	0
	Summary	426	367	6
Population MEG5 - 217-like Group - Dual	0-FFS	0	0	0
	Presbyterian	2,980	3,331	35
	Western Sky	529	585	3
	Blue Cross Blue Shield	2,293	2,562	20
	Summary	5,802	6,478	58
Population MEG6 - VIII Group (expansion)	0-FFS	34,075	38,545	397
	Presbyterian	131,802	141,395	772
	Western Sky	32,904	35,148	276
	Blue Cross Blue Shield	103,884	111,128	688
	Summary	302,665	326,216	2,133
Population MG10 - IMDSUD Group	0-FFS	10	224	1
	Presbyterian	65	362	0
	Western Sky	5	54	0
	Blue Cross Blue Shield	50	248	0
	Summary	130	888	1
Population MGX8 - IMDSUD VIII Group	0-FFS	0	0	0
	Presbyterian	172	922	0
	Western Sky	19	165	0
	Blue Cross Blue Shield	159	759	0
	Summary	350	1,846	0
Summary		828,705	838,821	4,867

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DY9 Q1 Reporting Data

Demonstration Population		Total Number Demonstration Participants DY9 Q1 Ending March 2022	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY9 Q1
Population MEG1 - TANF and Related	0-FFS	37,043	37,989	299
	Presbyterian	222,220	213,388	957
	Western Sky	41,710	40,865	264
	Blue Cross Blue Shield	146,405	141,444	777
	Summary	**447,378**	**433,686**	**2,297**
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,506	2,383	15
	Presbyterian	20,659	20,607	71
	Western Sky	3,728	3,767	18
	Blue Cross Blue Shield	12,393	12,239	49
	Summary	**39,286**	**38,996**	**153**
Population MEG3 - SSI and Related - Dual	0-FFS	0	0	0
	Presbyterian	22,577	23,743	158
	Western Sky	3,267	3,492	33
	Blue Cross Blue Shield	11,136	11,825	75
	Summary	**36,980**	**39,060**	**266**
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	207	148	5
	Presbyterian	110	118	2
	Western Sky	17	19	0
	Blue Cross Blue Shield	76	87	1
	Summary	**410**	**372**	**8**
Population MEG5 - 217-like Group - Dual	0-FFS	0	0	0
	Presbyterian	2,980	3,298	40
	Western Sky	517	572	5
	Blue Cross Blue Shield	2,299	2,557	22
	Summary	**5,796**	**6,427**	**67**
Population MEG6 - VIII Group (expansion)	0-FFS	33,426	37,540	4,741
	Presbyterian	131,719	141,100	867
	Western Sky	33,088	35,488	248
	Blue Cross Blue Shield	104,831	112,046	722
	Summary	**303,064**	**326,174**	**6,578**
Population MG10 - IMDSUD Group	0-FFS	9	159	0
	Presbyterian	94	396	0
	Western Sky	7	45	0
	Blue Cross Blue Shield	57	249	0
	Summary	**167**	**849**	**0**
Population MGX8 - IMDSUD VIII Group	0-FFS	0	0	0
	Presbyterian	190	933	0
	Western Sky	5	124	0
	Blue Cross Blue Shield	164	776	0
	Summary	**359**	**1833**	**0**
Summary		**833,440**	**847,397**	**9,369**

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Total Disenrollments During DY9 Q1

MEG	Plan	Value
MEG 1	FFS	299
MEG 1	Presbyterian	957
MEG 1	Western Sky	264
MEG 1	Blue Cross Blue Shield	777
MEG2	FFS	15
MEG2	Presbyterian	71
MEG2	Western Sky	18
MEG2	Blue Cross Blue Shield	49
MEG3	FFS	
MEG3	Presbyterian	158
MEG3	Western Sky	33
MEG3	Blue Cross Blue Shield	75
MEG4	FFS	5
MEG4	Presbyterian	2
MEG4	Western Sky	0
MEG4	Blue Cross Blue Shield	1
MEG5	FFS	
MEG5	Presbyterian	158
MEG5	Western Sky	33
MEG5	Blue Cross Blue Shield	75
MEG6	FFS	5
MEG6	Presbyterian	2
MEG6	Western Sky	0
MEG6	Blue Cross Blue Shield	1
MG10	FFS	
MG10	Presbyterian	
MG10	Western Sky	
MG10	Blue Cross Blue Shield	

Source: Enrollee Counts Report

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OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY9 Q1	HSD was invited to participate in Public Health Day at the New Mexico Legislature. HSD provided Medicaid and other HSD benefits information as well as New Mexico Crisis and Access Line Information. Stakeholders included, Alliance of Health Councils, New Mexico Public Health Association, and the New Mexico Department of Health. In Quarter 1, HSD staff participated in various statewide town hall events titled "Cabinet in Your Community." The purpose of these events is to meet with constituents and community leaders to resolve issues and provide on-site assistance and support from HSD. HSD provided coaching, outreach and educational activities via webinars to Presumptive Eligibility Determiners (PEDs) in the Presumptive Eligibility and JUST Health Programs to help them better assist their clients in the completion of Medicaid eligibility applications, both on-line and telephonically. HSD also provided on-line certification and refresher training sessions for prospective and current PEDs. HSD participated on the weekly New Mexico Health Marketing Coalition Committee lead by the NM Department of Tourism (NMDT) to promote outreach for new COVID-19 Vaccine and Booster Campaigns developed by the NMDT and their contractor. The campaigns are designed to encourage New Mexicans to get the COVID-19 Vaccine immunization series. The New Mexico Department of Health, HSD's Managed Care Organizations and other healthcare stakeholders comprise this coalition. HSD staff participated in the HSD COVID-19 Vaccination Workgroup and the Department of Health (DOH) COVID Provider Update Workgroup. The purpose of these meetings is to communicate and discuss COVID-19 Vaccine efforts, upcoming statewide events, review federal guidelines and outline operational procedures during the PHE.

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COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA

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

Data is extracted monthly to identify Centennial Care 2.0 enrollment by MCO and for various populations. Any discrepancies that are identified, whether due to systematic or manual error, are immediately addressed. Eligibility and enrollment reports are run monthly to ensure consistency of numbers. In addition, HSD continues to monitor enrollment and any anomalies that may arise, so they are identified and addressed timely. HSD posts the monthly Medicaid Eligibility Reports (MERs) to the HSD website at: https://www.hsd.state.nm.us/medicaid-eligibility-reports/. This report includes enrollment by MCOs and by population.

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OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

FISCAL ISSUES

The capitation payments through DY9 Q1 reflect the Centennial Care 2.0 rates effective on January 1, 2022. 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, 2022 were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2021.

During DY9 Q1, financial payments were made for Indian Health Services (IHS) reconciliation, University of New Mexico Medical Group (UNMMG), hospital access payment (HAP), Hepatitis C reconciliation, retroactive eligibility reconciliation, health care quality surcharge (HCQS), capitation payment reconciliation related to maintenance of effort (MOE), reinvestment payment authorized under Section 9817 of the American Rescue Plan (2021), and medical care credit. Medical care credit and UNMMG payments partially contributed to the PMPM increase for MEG 2 of DY 7. Retroactive reconciliation, UNMMG payments, Hepatitis C reconciliation recoupment and capitation payment reconciliation contributed to the PMPM change for MEG 6 of DY 7. For DY 8, HCQS, HAP, UNMMG and reinvestment payments added to the PMPM of MEGs 1 and 6. Similarly, HAP, UNMMG and HCQS payments added to the PMPM of MEG 2.

The fiscal impact of the public health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during Quarter 1 of CY 2022. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for DY 6 to DY 9 for both fee-for-service and managed care.

PUBLIC HEALTH EMERGENCY (PHE) and NEW MEXICO WILDFIRE EMERGENCY (NMWE)

On January 31, 2020 the Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States to aid the nation's healthcare community in responding to the 2019 novel coronavirus also known as COVID-19. This declaration is retroactive to January 27, 2020.

On May 9, 2022 the Health and Human Services Secretary, Xavier Becerra, declared a

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public health emergency for the State of New Mexico to aid the State in regions impacted by wildfires and straight-line winds.

In response to the COVID-19 PHE, HSD requested several federal waiver authorities and were approved for the following:

New Mexico Disaster Relief State Plan Amendments (SPAs)
HSD submitted five Disaster Relief (DR) SPAs this quarter and received CMS approval. Following is a comprehensive listing of approved DR SPAs:
- Expanding the list of qualified entities allowed to do Presumptive Eligibility
- Increasing DRG rates for ICU inpatient hospital stays by 50 percent and all other inpatient hospital stays by 12.4 percent from April 1, 2020 – September 30, 2020;
- Establishing Category of Eligibility (COE) for the COVID-19 Testing Group for the uninsured population;
- Providing Targeted Access UPL Supplemental Payments;
- Applying a Nursing Facility Rate Increase when treating fee for service COVID-19 members from April 1, 2020 – June 30, 2020;
- Increasing reimbursement for hospital stay services from April 1, 2020 – June 30, 2020;
- Increasing reimbursement to non-hospital providers for E&M codes and non-E&M codes, as well as an increase to Medicaid only procedure codes from April 1, 2020 – June 30, 2020;
- Increasing rates for services provided under the Family Infant Toddler (FIT) Program for July 1, 2020 through July 31, 2020; and
- Providing Targeted Access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from April 1, 2020 through December 31, 2020.
- To implement coverage and reimbursement for COVID-19 vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.
- Providing reimbursement for administration of COVID-19 vaccines to homebound eligible Medicaid beneficiaries from March 15, 2021 through the end of the PHE.
- Applying a rate increase to non-emergency transportation providers from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Applying a nursing facility rate increase for COVID-19 members from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Applying rate increases for ICU inpatient hospital services and for all other inpatient hospital services from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Implementing targeted access supplemental payments for Safety-Net Care Pool

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(SNCP) hospitals from January 1, 2021 through the end of the PHE.

- Implementing a temporary 15 percent reimbursement increase in accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021 and New Mexico's approved Spend Plan for providers of Personal Care Services (PCS) and Private Duty Nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit from May 1, 2021 to June 30, 2022, or the end of the PHE, whichever comes first.

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

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

Appendix Ks
HSD submitted one Appendix K this quarter and received CMS approval. Following is a comprehensive listing of approved Appendix Ks:

- 1915c Waivers (Medically Fragile, Mi Via, and Developmental Disability)
    - Exceeding service limitations (i.e., allowing additional funds to purchase electronic devices for members, exceeding provider limits in a controlled community residence and suspending prior authorization requirements for waiver services, which are related to or resulting from this emergency)
    - Expanding service settings (i.e., telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms)
    - Permitting payment to family caregivers
    - Modifying provider enrollment requirements (i.e., suspending fingerprinting and modifying training requirements)

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- Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
- Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
- Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval

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

- 1915c (Supports Waiver)
  - Modifying provider qualifications to suspend fingerprint checks or modify training requirements
  - Modifying processes for level of care evaluations or re-evaluations
  - Temporarily modifying incident report requirements for deviations in staffing
  - Temporarily allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting, or when the individual requires those services for

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communication and behavioral stabilization, and such services are not covered in such settings

- o Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection
- o Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting
- o Allowing an option to conduct evaluations, assessments, and person-centered service planning meetings virtually in lieu of face-to-face meetings and adjusting assessment requirements.
- o Modifying incident reporting requirements
- o Clarifying the effective dates in section (f.) to temporarily increase payment rates with effective dates 3/16/20 – 9/30/20 for supportive living, intensive medical living, and family living as approved in NM.0173.R06.03.

- 1915c (Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver, and Supports Waiver)
    - o In accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021 and New Mexico's approved Spend Plan, New Mexico received Appendix K approval to temporarily increase payment rates by 15 percent from May 1, 2021 to June 30, 2022.

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD's PCMH initiative continues to expand under Centennial Care 2.0 and supports HSD's commitment to improving health outcomes, improving service delivery, and reducing administrative burdens. The MCOs work with contract providers to implement PCMH programs to build better relationships between members and their care teams.

HSD receives quarterly reports from the MCOs that detail the number of members within the MCO that are paneled to a PCMH as well as the initiatives to promote participation in the PCMH service delivery model.

In response to the public health emergency, HSD directed providers to offer telehealth services 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.

Table 4 below reports the total number of members paneled to a PCMH for DY8 Q1, Q2, Q3

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and Q4 which reflects an increase in members receiving care through a PCMH. The DY9 Q1 data will be reported in the DY9 Q2 report.

Table 4: PCMH Assignment

PCMH ASSIGNMENT			
Total Members Paneled to a PCMH			
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	128,940	145,663	154,450	138,596
PHP	248,493	257,162	262,428	269,646
WSCC	34,073	36,685	37,621	38,421
Percent of Members Paneled to a PCMH			
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	46.30%	51.60%	53.60%	47.20%
PHP	60.90%	62.30%	62.90%	63.90%
WSCC	42.20%	44.40%	44.50%	44.50%

Source: MCO Report #48 DY8 Q4

MCO PCMH initiatives:

BCBS: BCBS continues to conduct weekly Complex Case Management rounds where high-cost members (high ED utilizers and those with high hospital readmissions) are presented by their case manager. BCBS collaborates on how best to meet the medical and social needs of these members to reduce their reliance on the emergency department. While these rounds are not specifically for members in PCMHs, BCBS is encouraging the medical groups that have a PCMH to refer their members to this resource. Care Coordinators actively help members determine what resources they can access before going to the ED. The transition of care team engages with members after discharge to make sure they have the resources they need to avoid readmission.

PHP: PHP VBP team continued to meet with PCMH groups to review progress on utilization and quality metrics. Ongoing discussions with PCMH groups and PHP Performance Improvement (PI) teams included topics such as: social determinants of health, health equity, race and ethnicity, prevention of diabetes for pre-diabetic patients and COVID/Flu vaccinations. Standard practice meeting items included: viewing scorecards, addressing barriers to care, and identifying member education opportunities. PHP's VBP team reviewed 2022 Quality and Utilization measures/thresholds and 2022 Health Equity Training topics with PCMHs. PHP's VBP team added three new small volume PCMH groups in Q4 2021.

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WSCC: WSCC Care Coordinators and Transitions of Care teams monitor claims and data systems for increased Emergency Department (ED) utilization or readmissions on an ongoing basis. The Member Connections team monitors members with 4 or more ED visits in the last 30 days or who may have co-existing mental health or substance use disorders or dependence. WSCC's teams provide education on proper use of ED system, partnering with the healthcare team, navigating the healthcare system, and accessing community-based resources to manage their condition. In addition, WSCC utilizes mPulse mobile, a program for WSCC members that engages them through text messaging. Once a member responds to the initial Welcome Message, mPulse will send members a text message related to education around emergency department visits. If a member was recently discharged from the ER, they will be a candidate for these text messages. The message will ask how they are doing and if they had a follow up visit with a doctor or nurse. Messages will also go through a symptom checker to make sure member is doing well along with a reminder to follow up with a doctor or nurse. When a member requests assistance they are contacted by the WSCC Member Connections team to ensure they have the support and services they need. WSCC conducts interdisciplinary rounds with clinical and non-clinical staff to review and assist our members who are identified as high utilizers including those with hospital readmissions. WSCC also offers a Value-Added Home Respite Bed service, focused on reducing inpatient psychiatric hospital readmissions. Eligible WSCC members will have access to room and board at the Heading Home's Respite Care Program Facility with 24-hour care including assisting the member to manage their medication, individual and group sessions, transportation to appointments, case management focused on discharge planning, financial stability, housing, and access to community resources.

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CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
DY9 Q1 Activities	In DY9 Q1, HSD continued to monitor MCO enrollment and member engagement through the quarterly Care Coordination Report. This report includes data related to completion of required assessments and touchpoints within contract timeframes. The MCO aggregate results from DY8 show performance benchmarks of 85 percent were met, or exceeded, for timely completion of Health Risk Assessments (HRAs), Comprehensive Needs Assessments (CNAs) and Comprehensive Care Plans (CCPs). In DY8, MCOs reported on multiple strategies to retain engagement with members, many who have never had face to face interactions with their care coordinators due to the PHE. All MCOs reported conducting motivational interviewing training several times in DY8. BCBS implemented a "late shift" for all care coordinators at staggered intervals to make calls after hours to Unable to Reach (UTR) members. PHP has strengthened their Community Health Worker (CHW) and Peer Support Specialist (PSS) relationships with providers, emergency rooms, homeless shelters, and other community entities which increases their ability to engage with members. WSCC partnered with mPulse to offer text messaging as an innovative method to engage their members. Additionally, WSCC is completing face-to-face assessments via video conference if the member is agreeable. WSCC has seen an increase in engagement through this program. All MCOs organized, led, or participated in, community outreach events distributing personal protective equipment, food boxes, baby car seats, and supplies for newborns as well as school backpacks and supplies in each quarter of DY8. MCOs were able to meet members, participate in relationship building within communities, and engage with previously unreachable members. HSD continues to monitor strategies and interventions for all MCOs to retain and increase compliance with performance benchmarks. Table 4 below details aggregate and individual MCO performance for DY8 Q1 through DY8 Q4. DY9 Q1 data will be reported in DY9 Q2.

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Table 5 – Care Coordination Monitoring

MCO Performance Standards	DY8Q1	DY8Q2	DY8Q3	DY8Q4
HRAs for new Members	**99.8%**	**99.3%**	**99.50%**	**99.70%**
BCBSNM	100%	99.9%	99.80%	99.90%
PHP	97%	93%	96%	96%
WSCC	100%	100%	100%	100%
HRAs for Members with a change in health condition	**96%**	**93%**	**90%**	**92%**
BCBSNM	100%	100%	100%	100%
PHP	94%	88%	86%	90%
WSCC	100%	100%	100%	100%
CNAs for CCL2 Members	**96%**	**94%**	**94%**	**96%**
BCBSNM	90%	86%	85%	90%
PHP	99%	98%	97%	98%
WSCC	100%	99.9%	99.80%	99.70%
CNAs for CCL3 Members	**94%**	**94%**	**91%**	**94%**
BCBSNM	88%	83%	77%	86%
PHP	98%	98%	96%	97%
WSCC	100%	100%	100%	100%
CCPs for CCL2 Members	**95%**	**95%**	**96%**	**97%**
BCBSNM	85%	88%	88%	91%
PHP	99%	99%	99.60%	100%
WSCC	98%	94%	99%	98%
CCPs for CCL3 Members	**97%**	**97%**	**97%**	**97%**
BCBSNM	93%	92%	93%	92%
PHP	99%	99%	99.60%	99%
WSCC	97%	99%	98%	97%

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

In DY8, HSD continued to monitor the ongoing impact of the Public Health Emergency (PHE) and engagement of members in Care Coordination through a bi-weekly 'Telephonic In-Lieu of Face-to-Face Visits' report. This report monitors compliance of the MCOs' use of telephonic and video visits for Comprehensive Needs Assessments (CNAs) and required touchpoints. The report identifies whether MCOs are able to continue to provide Care Coordination by completing assessments and touchpoints for members telephonically.

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The MCOs report CNAs and touchpoints that have been completed/not completed due to member-driven COVID-19 concerns. These member-driven concerns include the absence of privacy in the member's home to discuss Protected Health Information (PHI) and a lack of sufficient minutes on a member's cell phone. Aggregate MCO completion rates in DY8 were above 90 percent for all assessments and touchpoints conducted telephonically. In subsequent months, the MCOs attempt to conduct assessments and touchpoints that were not completed in prior months. Table 6 below details the MCOs' DY8 Q1 through DY8 Q4 completion of Bi-Weekly Telephonic In Lieu of Face-To-Face visits. DY9 Q1 data will be reported in DY9 Q2.

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

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Initial CNAs completed	**2,195**	**2,522**	**2,056**	**2,318**
BCBSNM	981	1,114	917	995
PHP	990	1,171	964	1,116
WSCC	224	237	175	207
Initial CNAs not completed due to COVID-19	**83**	**69**	**39**	**58**
BCBSNM	78	69	37	51
PHP	5	0	2	7
WSCC	0	0	0	0
Annual CNAs completed	**7,061**	**7,560**	**5,765**	**6,496**
BCBSNM	2,523	2,771	2,267	2,439
PHP	3,919	4,179	3,021	3,627
WSCC	619	610	477	430
Annual CNAs not completed due to COVID-19	**656**	**762**	**618**	**616**
BCBSNM	306	326	240	239
PHP	350	436	378	377
WSCC	0	0	0	0
Semi-annual CNAs completed	**539**	**598**	**544**	**577**
BCBSNM	177	168	212	197
PHP	311	351	281	305
WSCC	51	79	51	75
Semi-annual CNAs not completed due to COVID-19	**40**	**30**	**48**	**44**
BCBSNM	36	22	42	39
PHP	4	8	5	5
WSCC	0	0	1	0

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Quarterly in-person visits completed	**1,298**	**1,643**	**1,385**	**1,734**
BCBSNM	505	667	576	716
PHP	741	904	748	968
WSCC	52	72	61	50
Quarterly in-person visits not completed due to COVID-19	**90**	**85**	**67**	**125**
BCBSNM	13	6	5	6
PHP	77	79	62	119
WSCC	0	0	0	0
Semi-annual in-person visits completed	**5,874**	**6,568**	**6,744**	**7,184**
BCBSNM	1,044	1,115	964	1,113
PHP	4,431	5,086	5,294	5,536
WSCC	399	367	486	535
Semi-annual in-person visits not completed due to COVID-19	**499**	**533**	**559**	**689**
BCBSNM	7	11	5	4
PHP	492	522	554	685
WSCC	0	0	0	0

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

Care Coordination Audits

In DY8, HSD continued to monitor MCO compliance with contract and policy by conducting quarterly Care Coordination audits. These audits monitor:

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

HSD audits the files, reviews, and analyzes the findings and submits reports of the findings to each MCO. Based on the audit findings and recommendations provided by HSD, the

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MCOs conduct additional outreach, re-assess members, and provide targeted training to Care Coordination staff.

HSD audits fifteen (15) member files per category, per MCO quarterly for a total of forty-five (45) DTE, forty-five (45) UTR, forty-five (45) RCC, thirty (30) HRA, thirty (30) CCL, thirty (30) TOC from Inpatient to Community and thirty (30) Nursing Facility to Community. Quarterly audits have allowed for a more in-depth review of files, provided time between audits for the MCOs to implement training and corrective action after HSD audit findings have been submitted.

The table below details the Care Coordination Categorization Audit results for DY8 Q1 through DY8 Q4. DY9 Q1 data will be reported in DY9 Q2.

Table 7 - Care Coordination Categorization Audit

Care Coordination Categorization	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Difficult to Engage (DTE)	**90%**	**65%**	**87%**	**88%**
BCBS	77%	60%	93%	97%
PHP	100%	67%	70%	73%
WSCC	93%	67%	98%	93%
Unable to Reach (UTR)	**70%**	**68%**	**44%**	**89%**
BCBS	69%	53%	0%	86%
PHP	57%	85%	33%	87%
WSCC	84%	67%	99%	93%
Refused Care Coordination (RCC)	**94%**	**82%**	**93%**	**96%**
BCBS	86%	92%	93%	87%
PHP	97%	87%	100%	100%
WSCC	100%	67%	85%	100%

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

HSD noted that DY8 Q4 Care Coordination Categorization audit results showed an increase in compliance from DY8 Q2 for Difficult to Engage (DTE) members (65 percent to 88 percent) and members Refusing Care Coordination (RCC) (82 percent to 96 percent). There was a decrease in aggregate compliance for Unable to Reach (UTR) members from DY8 Q2 (68 percent) to DY8 Q3 (44 percent) For BCBS, this decrease was due to mis-categorization of members (for instance, a member who was included in the UTR universe but was actually DTE). HSD had deducted fewer points for these mis-categorizations in previous audits. The increase in deducted points was instituted to ensure that members are being included in the correct universe and counted appropriately in the Care Coordination Report (#6). For PHP, the decrease was largely due to the significant number of member files with no documentation of attempts to reach members other than a UTR letter. HSD concluded that

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this was mainly a documentation issue, rather than a failure to complete the required outreach and expects that the documentation will improve in future audits. While BCBS and PHP increased compliance in DY8 Q4 for Unable to Reach (UTR) member categorization, HSD determined additional oversight was warranted. In DY8 Q4, HSD implemented Individual Action Plans (IAP) for both BCBS and PHP due to the consistent decrease in audited Unable to Reach (UTR) member files meeting requirements.

HSD has directed BCBS and PHP to update HSD, quarterly, on the training, oversight, and follow-up that is occurring to ensure contract requirements are being met. HSD has directed BCBS and PHP to complete quarterly internal audits of their UTR membership and report the audit results and the steps they are taking to ensure consistency and increase compliance. Results of these IAPs will be received beginning in DY9 Q2.

In addition to HSD submitted audit findings, a discussion of DY8 audit results occurred with all MCOs, at the Quarterly Care Coordination Meeting, to clarify HSD expectations and requirements. Specific areas addressed were:

- Mis-categorization of members
- Files not containing all required documentation of timeliness

Based on HSD audit findings and recommendations, the MCOs conducted additional outreach to members, updated member file documentation and increased training of Care Coordination staff. HSD requested, and received, follow-up on audit files that did not meet compliance.

The table below details the Transition of Care Audit results for DY8 Q1 through DY8 Q4. DY9 Q1 data will be reported in DY9 Q2.

Table 8 - Transition of Care Audit

Transition of Care	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
In-Patient	**89%**	**89%**	**93%**	**98%**
BCBS	99%	82%	87%	95%
PHP	89%	96%	99%	100%
WSCC	80%	x*	x*	100%
Nursing Facility	**97%**	**96%**	**96%**	**98%**
BCBS	98%	92%	99%	97%
PHP	97%	98%	99%	97%
WSCC	95%	99%	91%	100%

Source: HSD Quarterly TOC Audits; Percentages in bold are MCO averages.*WSCC had no In-Patient transitions in DY8 Q2 or DY Q3.

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Results of the DY8 TOC Quarterly Audits showed improvement in:
- Compliance for all required elements of the TOC plan
- Timeliness of the required three-day post-discharge in-home assessment
- Coordination with discharge planning for members transitioning from a Nursing Facility (NF) back to the community

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

HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD noted that aggregate rates of compliance increased by nine (9) percentage points from DY8 Q1 (89 percent) to DY8 Q4 (89 percent) for Inpatient to Community TOC members. The aggregate rate of completion for members transitioning from a NF to the community increased by one (1) percentage point from DY8 Q1 (97 percent) to DY8 Q4 (98 percent). HSD requested, and received, updates on specific audited members and ongoing training provided to Care Coordination staff.

The table below details the Health Risk Assessment and Care Coordination Level Audit results for DY8 Q1 through DY8 Q4. DY9 Q1 data will be reported in DY9 Q2.

Table 9 - Health Risk Assessment and Care Coordination Level Audit

HRA/CCL AUDIT	DY8Q1	DY8Q2	DY8Q3	DY8Q4
Health Risk Assessment (HRA)	**100%**	**92%**	**97%**	**96%**
BCBS	100%	85%	100%	99%
PHP	100%	99%	98%	90%
WSCC	100%	93%	94%	99%
Care Coordination Level (CCL)	**87%**	**95%**	**91%**	**94%**
BCBS	88%	92%	91%	93%
PHP	89%	98%	99%	93%
WSCC	83%	94%	82%	96%

Source: HSD Quarterly HRA and CCL Audits
Percentages in bold are MCO averages

Results of the HRA Audit showed that the MCOs consistently met all contract requirements when completing HRAs. HSD noted that aggregate rates of compliance decreased by four (4) percentage points from DY8 Q1 to DY8 Q3 (100 percent to 96 percent).

HSD noted that aggregate rates of compliance increased by seven (7) percentage points from DY8 Q1 (87 percent) to DY8 Q4 (94 percent) for the CCL Audit. Discrepancies identified in the Care Coordination (CCL) Audit were primarily related to members who met requirements for Care Coordination Level Three (CCL3) but were categorized at Care Coordination Level Two (CCL2). HSD requested clarification on these categorizations from the MCOs. The majority of MCO responses cited incomplete documentation of member requests for a lower level of care. HSD reiterated the need for robust documentation and requested that the MCOs re-assess identified members to determine the correct Care Coordination Level, per contract and policy. HSD received updates from the MCOs on the re-assessments requested.

Care Coordination CNA Ride-Alongs
HSD conducted fourteen (14) virtual CNA ride-alongs with MCO care coordinators in DY8 to observe completion of member assessments. The MCOs began utilizing telephonic or virtual visits in lieu of in-home, in-person touchpoints in DY7 Q1 to reduce the risk of spreading COVID-19 through face-to-face contact.

HSD attended initial, annual, and semi-annual virtual CNAs conducted by BCBS, PHP and WSCC. HSD scheduled additional virtual ride-along with throughout DY8 that were cancelled due to member-driven scheduling changes.

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

HSD provided written feedback to the MCOs on the following findings:
- Care coordinators adhered to all contractual obligations in their assessments;
- Care coordinators were kind, thorough and professional with the members;
- Care coordinators often went beyond contract requirements to assist members with locating and applying for additional resources and services;
- HSD noted opportunities for improvement that included:
  - Ensuring MCOs obtain agreement from members for HSD attendance ahead of the scheduled assessment;
  - Additional pre-assessment research by care coordinators to become familiar with member medications, diagnoses, and goals; and

o Additional training for care coordinators related to active listening skills, motivational interviewing, conducting assessments telephonically and ensuring all contract required elements of the CNA are addressed.

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

Care Coordination HRA Ride-Alongs
HSD conducted fifty-one (51) virtual HRA ride-alongs with MCO care coordinators in DY8 to observe completion of member assessments. Per contract, all HRAs are conducted telephonically.

HSD provided written feedback to the MCOs on the following findings:
- The majority of Assessors were friendly, thorough, and professional with the members;
- Assessors often transferred members to Member Services or a nurse immediately following HRA completion to assist them with urgent needs;
- HSD noted opportunities for improvement that included:
  o Ensuring that Assessors thoroughly explain the services available through Care Coordination;
  o Conducting additional training for specific Assessors who read the questions verbatim in a non-conversational manner;
  o MCO review of HRA scripts to ensure all contract required HSD Standardized HRA questions are included; and
  o MCO submission of revised HRA scripts for HSD approval.

Care Coordination All MCO Meetings
HSD conducts regular quarterly meetings with the MCOs to review data on member engagement, Care Coordination timeliness, performance analysis and member outcomes. HSD held the DY8 Q4 Quarterly Meeting on December 16, 2021 and reviewed:
- Aggregate data from the following reports related to enrollment and compliance with assessment and touchpoint timeliness:
  o Quarterly Care Coordination Report;
  o Children in State Custody (CISC) Report;
  o JUST Health TOC Report;
  o Comprehensive Addition and Recovery Act (CARA) Report;
  o Results of the DY8 Q3 audits of member categorization, Health Risk; Assessments (HRAs), Care Coordination Levels (CCLs) and compliance with

Transition of Care (TOC) requirements; and

- o Results of the DY8 Q3 audits of CISC member categorization, Health Risk Assessments (HRAs) and Care Coordination Levels (CCLs).

In addition to the All MCO Quarterly Care Coordination Meeting, HSD conducts a quarterly all MCO Workgroup focusing on strategies for engaging additional members in Care Coordination and decreasing the population of Difficult to Engage (DTE), Unable to Reach (UTR) and Refused Care Coordination (RCC) members. The DY8 Q4 meeting focused on methodology for reporting member assessments and Care Coordination Levels (CCLs) via the MCO to HSD Interface File and findings related to engagement during HRA and CNA ride-alongs. All MCOs provided positive feedback to the workgroups, expressing appreciation for shared strategies to increase engagement, and providing new plans for measuring member satisfaction.

BEHAVORIAL HEALTH

In 2021 the Behavioral Health Services Division (BHSD) maintained and expanded critical behavioral health services during the COVID-19 public health emergency. Expansion of telehealth services was the biggest change for the behavioral health provider network in 2020, and telehealth continues to be at the heart of behavioral health this year. In addition to standard telehealth delivery methods, behavioral health providers are, for the duration of the emergency, permitted to deliver services telephonically.

In DY9 Q1, 42,088 persons received behavioral health services through telehealth. This total represents approximately a 5.6 percent increase over the prior quarter total of 39,839. Due to the timing in reporting, claim lag is present for 90-days following the end of the quarter so it is likely the increased total will grow when data is refreshed in the following quarter. The steady changes are a result of the continuing pandemic but is also reflective of client and provider preferences and the high value of telehealth in New Mexico's rural and frontier landscapes.

Service delivery over telephonic means continues to see growth quarter-over-quarter. In DY8 Q4, 43,445 persons received services through this modality but in DY9 Q1, the total increased to 54,493 persons. The increase in D9 Q1 represents a 25 percent increase from the prior quarter which is a positive trend for this delivery system. BHSD continues to evaluate which behavioral health services are appropriate to continue delivery through telephone when the public health emergency is over, but this option has undoubtably been a critical link to services during the COVID-19 crisis.

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

Treat First has taken on an even more critical role during the COVID 19 crisis. As depression, anxiety and other behavioral health needs surge from the stresses related to COVID 19, Treat First engages clients quickly in services that address their immediate needs. Treat First agencies have seen 1,349 new clients during the first three months of 2022. With support from the Treat First agencies, 18 percent of these individuals were able to resolve their issues with solution focused interventions within 4 visits. The balance of those clients continued in services. This is notably lower than last year indicating that more individuals wanted to continue in more care. The "No Show" for clients in this period was very low, only 9.1 percent. This is impressive particularly during the pandemic and significantly lower than before agencies started the Treat First Approach.

When youth or adults were asked how they felt their Treat First visits were going, on average, both groups felt that the sessions were working very well to address their immediate needs.

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.

In D9 Q1, SBIRT utilization saw an increase in persons served with a total of 2,131 unique persons compared to 1,425 in the prior quarter (DY8 Q4). This total represents a change percentage of 49.5 compared to the previous quarter. A further breakdown in the increase in persons served over the quarter is looking at the average rate of SBIRT services rendered per month. During this quarter, the monthly average of persons served with SBIRT was 732 compared to 509 in the prior reporting period. As the increase reported in DY9 Q1 is greater

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than any quarter in the previous demonstration year, it is likely the growth will improve further when the totals are refreshed and claim lag is no longer represented in the total.

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 DY9 Q1, the State continued efforts to implement Crisis Treatment Centers (CTC). Provider-specific cost-based rates were established for the first two CTC providers in the state, both of which began delivering services during the third quarter. A third new CTC is due to begin operating under proxy rates before the end of the year while working on developing their final rates.

In DY9, HSD continues to focus 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. HSD has expanded coverage of recipients, ages 22 through 64, to inpatient hospitalization in an IMD, for SUD diagnoses only, with criteria for medical necessity and based on ASAM admission criteria. Covered services include withdrawal management (detoxification) and rehabilitation.

In DY9 Q1, the persons served with SUD in an IMD was 3,099 compared to 3,019 during the previous reporting period. The growth in DY9 Q1 is a 2.6 percent increase over the previous quarter in terms of persons served. A further breakdown of this increase is looking at the average number of persons served per month which for DY9 Q1 was 1,330 whereas in DY8 Q4 the average was 1,276. The first quarter of DY9 has shown improvement over the prior demonstration year and is likely to grow once claim lag is no longer a factor when totals are refreshed in the future reports.

SUD Health IT

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

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

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

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

The Centennial Care 2.0 MCOs have worked together on the Drug Utilization Review (DUR) committee to develop a standard monitoring program for controlled substance utilization. The DUR meets quarterly to accomplish monitoring parameters and receive input requiring action from the MCOs. This includes development of enhanced supports for clinician review of patient's history of controlled substance prescriptions provided through the PDMP.

HSD and the New Mexico Department of Health (DOH) collaborated to place telehealth Certified Peer Support Workers in five EDs 24/7 in 2020, with plans to expand to other EDs during 2021.

HSD and vendors for the new MMIS will be designing and implementing enhanced data analytics targeted for 2022. Smart phone apps are part of the Medicaid Management Information System (MMIS) unified public interface (UPI). HSD and vendors for the new MMIS will be designing and implementing smart phone capabilities (UPI) in 2022. This initiative will assist in retention for treatment for OUD and other SUDs. HSD and vendors for the new MMIS will be designing and implementing data services to provide analytics for public health and clinical support for providers is also targeted for 2022.

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

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ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES

During DY9 Q1 BHSD received three new AARTC applications. A total of nine providers have been approved since the onset of the application process. Seven applications are at various stages of completion Two of the seven are engaged in the development of rates and the remaining five are working to complete the application process.

Table 10 – AARTC Client Counts

MEDICAID CLIENT COUNTS				
PROVIDER	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
716	0	0	0	0
90	50	52	35	37
37	241	269	321	391
81	22	5	0	1
589	9	3	0	0
Unduplicated Total	**322**	**329**	**356**	**429**

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

For the nine existing AARTC's in operation who are approved to bill Medicaid, the data above identifies the total number of clients who received AARTC services during DY9 Q1. Client counts may be impacted by claim lag up to 120 days following the end of the recent quarter.

The utilization of Medicaid clients served from 356 to 429 from DY8 Q4 to DY9 Q1. This is expected as admission to residential services has been affected by the pandemic. It is expected that numbers will increase as actuals counts are adjusted in DY9 Q2 to account for claim lag. Further analysis is warranted to ensure counts are accurately reported and reprehensive for those providers who have more that on site reported, as is the case for provider 037. Provider sites to receive distinct identification numbers to ensure accuracy in client counts.

HSD continues discussing next steps to developing AARTC rates. Rates will be assessed by acquiring one full year of utilization by each provider with a review of expenditure data collected to determine actual costs of operation. Interim rates will then be adjusted to ensure AARTCs services are appropriately supported and funded.

HEALTH HOMES

The CareLink New Mexico Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with the chronic conditions of substance use disorder (SUD) and serious mental illness (SMI), and to children and adolescents with diagnoses in the spectrum of severe emotional disturbance (SED). In addition to SMI, SUD,

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and SED, many members have diagnoses of co-occurring physical health conditions which drives the integrated care and "whole person" philosophy and practice. What is also indicative of whole person care is the concept of the individual as a collaborative participant in planning for care that is based on their preferences, needs, and values.

The CLNM HHs have 5 goals: 1) Promote acute and long-term health; 2) Prevent risk behavior; 3) Enhance member engagement and self-efficacy; 4) Improve quality of life for individuals with SMI/SED/SUD; and 5) Reduce avoidable utilization of emergency department, inpatient and residential services. These goals have guided the services within the CLNM HHs. The services are recorded in an automated system, BHSD Star, and success is measured through pre-determined parameters, HEDIS quality indicators, and member surveys.

CLNM Health Home Activities	
DY9 Q1 Activities	Interviews with all CLNM Directors during the first quarter of 2022 revealed several predominant themes: Lack of available staffing has slowed enrollment numbers and forced higher levels of staff/member ratios. One of the HHs reported losing staff that were moving to education careers because of the new remuneration incentives for educators made in the last legislative session. Even with these limitations referrals and new members are opting-in to the health home. Tracking and responding to depression and suicide risk has taken precedence over some of the other services, as those numbers have risen as a percent of membership. At the end of March there were 1,055 members or 24 percent of the CLNM population at risk of suicide, and 1,814 or 41 percent of members were at risk of depression. It is believed much of that is the isolation that has resulted from the COVID pandemic. Many members report that they miss the direct face-to-face contact with their care coordinator and peer support worker. Health promotion activities have begun to reactivate, especially group activities which are very popular. One such is the PSI or group psycho social intervention that meets weekly; another is weekly nutrition classes. One HH has introduced the WHAM system which is an evidence-based program that tracks health. The Health Promotion coordinator enters this information for each member into the BHSD Star system. Another HH has created a "free admission" MOA with the local zoo, and has a walking group

through the zoo several times a week. Still another has their Health promotion coordinator, who is a nurse, participate in the psycho-social rehabilitation group meetings within their agency for continuity with the CLNM program. Child/adolescent programs include stress, DBT, and coping with others. All members with diabetes either have programs internally, or are referred to outside programs. Population health is gaining more focus. Members on atypical anti-psychotic medications are all screened for diabetes, serum lipids, and metabolic monitoring. Patients with diabetes are all encouraged to get eye and foot exams with very positive follow-through. All members are screened for cervical, breast, and colon cancer, hepatitis B and C, alcohol and other substance use, child abuse and intimate partner violence. Referrals are made and tracked for those kept.

The Emergency Department Information Exchange (EDIE) system of which all health homes are members, has become a tool upon which several of the HHs rely upon to know when a member is in the emergency room and act upon transition activities. Schools are notified when a child is transitioning to or from foster care, residential treatment or inpatient care.

Activities planned for the next quarter are learning sessions for all staff focused on a particular service. Each one will be conducted by one of the CLNM HHs which do a particularly successful job with results based on this service. Some of the sessions identified are:
- Incorporating the ASAM assessment into the workflow;
- Health promotion and innovative ideas for engagement;
- Innovative services performed by the certified peer support workers;
- Incorporating BHSD Star tracking into the workflow

Table 11: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES								
Q1 2021 JAN - MAR	% CHANGE	Q2 2021 APR - JUN	% CHANGE	Q3 2021 JUL - SEPT	% CHANGE	Q4 2021 OCT - DEC	% CHANGE	Q1 2022 JAN - MAR
4,020	1.20%	4,183	4%	4,264	1.90%	4,367	2.40%	4,384

Source: NMStar, CLNM Opt-in Report,

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SUPPORTIVE HOUSING

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

Linkages agencies can bill Medicaid for comprehensive community support services (CCSS), but now that supportive housing services are included in the Centennial Care 2.0 waiver, BHSD continues to strongly encourage Linkages providers to shift to billing directly for supportive housing. The Centennial Care 2.0 waiver requires the services be provided by a certified peer support worker (CPSW) to align with the state's goals for building the peer support workforce. One Linkages provider has six CPSWs assigned to deliver Linkages supportive housing services; this provider actively and consistently utilizes the H0044 code for reimbursement. Another Linkages provider has one CPSW to render Linkages support services; this provider amended their existing contracts with MCOs to allow for H0044 reimbursement and began billing in January 2022. A third provider identified one CPSW within their existing staff to render Linkages support services; this provider amended their existing contracts with MCOs to allow for H0044 reimbursement and began billing in December 2021. A fourth Linkages provider hired a CPSW in December 2021 and worked with the MCOs to amend their contracts to allow for H0004 reimbursement. The remaining Linkages providers continue to consider hiring CPSW staff for Linkages programming and/or are actively seeking CPSWs to hire, while utilizing case managers, community support workers, and supportive housing coordinators to render these services. There are eleven Linkages support service providers, and the interest of all providers not yet utilizing H0004 has increased with the progress made with the providers who have established H0044 reimbursement. The BHSD Supportive Housing Coordinator has been working with the BHSD MCO Contract Managers and MCOs to ensure successful processing establishment and billing of H0044 for the providers, as well as the MCOs submit a quarterly Ad Hoc report about H0044 encounters.

The Office of Peer Recovery and Engagement (OPRE) accepts CPSW training applications, and all Linkages providers have been kept informed about CPSW training opportunities and receive the OPRE monthly newsletter. Providers have been encouraged to utilize the OPRE newsletter to post their open positions to recruit CPSW staff. OPRE has a list-serv of CPSWs available to providers to verify if a potential peer hire is certified. Also, OPRE has a Supportive Housing specialty endorsement, which is an additional training for CPSWs. The

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available list-serv indicates if CPSWs carry this specialty endorsement, which is not required for Medicaid billing but helpful for those CPSWs involved with supportive housing services.

HSD continues to promote the use of CPSWs to render Linkages support services; however, Linkages providers and providers of other behavioral health services have experienced continued challenges with hiring and vacancies within their agencies during the COVID-19 pandemic. Providers continue to receive information, education, and training about the value of CPSW utilization and shifting to Medicaid reimbursement through Supportive Housing trainings, the Linkages policy manual, on-going technical assistance from the BHSD Supportive Housing Coordinator and Linkages TA who meet with each provider monthly, and quarterly Statewide Linkages meetings. The Linkages TA developed a "Getting Started with H0044" guide, which was distributed to all Linkages providers along with data to show the potential monetary gain that could result from billing the code. The data includes information based on varying case load capacities and has served as a very useful promotional tool. The "Getting Started with H0044" guide is disseminated upon inquiry about H0044 and to the entire Linkages provider network at least quarterly. Furthermore, the Linkages TA distributes a monthly newsletter that includes recognition to those providers who have acquired CPSWs for the purpose of H0044 utilization. Lastly, Linkages provider contracts for State Fiscal Year 2022 and 2023 include an item specific to Medicaid and H0044.

Table 12: Medicaid Supportive Housing Utilization

MEDICAID SUPPORTIVE HOUSING UTILIZATION			
(January 1, 2022 – March 31, 2022)			
DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
58			
Unduplicated Total - 58			

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

As a result of legislative sessions, an increase of State General Funds (SGF) for State Fiscal Years (SFY) 2021 and 2023 was and will be applied to Linkages programming. The funding increases allow HSD to expand Linkages services that are not covered by Medicaid. HSD also utilizes these funds to support rental assistance vouchers for eligible Linkages clients. In SFY20, funding allowed for 160 households to receive a rental assistance voucher and support services; in SFY21, the funding increased to support 318 households. In SFY23, there will be an increase of 20 additional vouchers whereby there will be a capacity of 338

households served with a voucher. An individual does not need to be a Medicaid member to obtain a voucher; however, many Linkages clients are Medicaid members. By the end of Q1, 306 vouchers have been issued or filled; a filled voucher means housing has been secured.

In SFY21, Linkages expanded from six to eight sites with Curry and McKinley as new Linkages sites. In SFY22 and SFY23, the Linkages budget will maintain the SFY21 site expansion, and there are eight Linkages sites with a capacity of 338 households served with vouchers and support services.

CENTENNIAL HOME VISITING (CHV) PROGRAM

In DY9 Q1, the Centennial Home Visiting (CHV) pilot program served over 259 families. The models are as follows:

Nurse Family Partnership (NFP) Model:
- University of New Mexico Center for Development and Disability (UNM CDD) NFP served a total of 80 unique families in Bernalillo County and Valencia County.
- Youth Development Inc. (YDI) served 27 unique families in Bernalillo, Rio Arriba, Torrance, and Sandoval counties.

Parents as Teachers (PAT) Model:
- UNM CDD PAT served 33 unique families in Bernalillo County.
- ENMRSH still served 10 unique families in Curry County and Roosevelt County at their capacity.
- Taos Pueblo/Tiwa Babies served 10 unique families in Taos County.
- MECA Therapies served 99 unique families in Taos County

CHV pilot program continues steady growth in access to Medicaid members via new providers and additional service areas. Considering the pandemic, the CHV program onboarded two new programs in fiscal year (FY21), those programs have begun serving families, YDI and MECA. At current, three (3) additional programs have completed the onboarding process and one (1) program is in the onboarding process.
- Community Action Agency of Southern New Mexico's program Thriving Kids Home Visiting is working through the enrollment with managed care organizations. This program will be serving Dona Ana and Otero Counties.

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- Presbyterian Medical Services (PMS) is amending managed care contracts to include PAT model of service delivery. This provider will be serving the rural county San Juan.
- Cariño Home Visiting is preparing for Medicaid enrollment and onboarding staff. This provider will be serving Otero, a rural county, and Dona Ana counties.
- Day one Home Visiting Tresco is in the onboarding process.

With these additional programs, it is anticipated that the CHV program will serve nine hundred and thirteen (913) unique families within fourteen (14) counties.

A workgroup made up of CHV providers, MCOs, program participants and stakeholders continue to meet on monthly basis to for case study discussion, technical assistance, process discussions, referral, and program capacity updates. Additionally, a billing workgroup has been established to support providers with electronic billing and more.

PRESUMPTIVE ELIGIBILITY PROGRAM

The New Mexico HSD Presumptive Eligibility (PE) program continues to be an important part of the State's efforts. Presumptive Eligibility Determiners (PEDs) are employees of qualified hospitals, clinics, FQHCs, IHS facilities, schools, primary care clinics, community organizations, County Jails and Detention Centers, and some New Mexico State Agencies including the New Mexico Department of Health (DOH), New Mexico Children Youth and Families Department (CYFD) and the New Mexico Corrections Department (NMCD). Currently, there are approximately 735 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in the PE program. PE certification requirements include; active participation during the entire training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff conduct "Your Eligibility System for New Mexico-Presumptive Eligibility (YESNM-PE)" demo trainings. During demo trainings, the PEDs have the opportunity to take a refresher training on "How To" utilize the tools and resources available to them; specifically, the New Mexico Medicaid Portal and YESNM-PE to screen for PE, grant PE, and submit on-going Medicaid applications. PE program staff conducted 3 PE certification trainings and 5 YESNM-PE demo refresher trainings in DY9 Q1.

HSD continues to maintain the virtual assistant program to help automate the process of adding newborns to existing Medicaid cases. The "Baby Bot" functionality utilizes our contractor, Accenture's, virtual assistant (AVA) software. AVA allows providers to start a Baby Bot chat session in YESNM-PE (Your Eligibility System New Mexico for Presumptive Eligibility). The chat session can help facilitate adding the newborn to the Medicaid-enrolled mother's case.

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

Access to the Baby Bot is available through a link located on the PED's home page in YESNM-PE. The Baby Bot platform operates as a webservice and sends the information electronically to ASPEN, HSD's eligibility system. Once the mother's eligibility has been electronically verified in ASPEN, the system automatically adds the newborn to the case. This allows immediate access to benefits for the newborn. Currently 218 active PEDs are certified to use the Baby Bot functionality with more trainings scheduled to increase participation.

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

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Table 13: Medicaid-eligible newborns submitted through Baby Bot on YESNM-PE

AVA Baby Bot (January - March 2022)					
Month	Newborns Submitted through AVA	Newborns Successfully Enrolled	Newborns Unsuccessfully Enrolled - Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
January	671	377	294	56%	44%
February	643	72	571	11%	89%
March	723	202	521	28%	72%
Total	**2,037**	**651**	**1,386**	**32%**	**68%**

Source: Accenture Baby Bot dashboard RPA activity detail daily report

In DY9 Q1 PEDs used the Baby Bot functionality. HSD program staff saw an increase in PED participation and noticed an increase in the number of newborns added through Baby Bot. Although in Q1, we did see a decrease with the "% of Newborns Successfully Enrolled". The decrease was due to a system update that inadvertently effected the Baby Bot percent of Successful Newborn Enrolled.

In this reporting period 32 percent of all newborns submitted through a Baby Bot chat session resulted in a successful case update. HSD program staff are working with PEDs and system developers to increase the number of submissions as well as the number of successful submissions through the Baby Bot.

Table 14: PE Approvals

PE APPROVALS (January - March 2022)				
Month	PEs Granted	% PE Granted with Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
January	107	100.00%	613	473
March	105	98.10%	606	482
April	135	99.26%	672	580
Total	**347**	**99.14%**	**1,891**	**1,535**

Source: Monthly PE001 Report from ASPEN and OmniCaid

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NM PEDs are aware of the importance of on-going Medicaid coverage for their clients. Although we did have a decrease in PE applications submitted; NM PEDs continue to maintain the high number of PE approvals that also had an ongoing application submitted in DY8. In DY8 98.66 percent of all PE approvals also had an ongoing application submitted.

JUST HEALTH PROGRAM

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

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

It is HSD's goal to reduce recidivism by ensuring that individuals have immediate access to services (i.e., prescriptions, transportation, Behavioral Health appointments, etc.) upon release. To help facilitate access to care and ensure smooth transitions from correctional facilities, HSD has established the Centennial Care 2.0 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. HSD did see a decrease in the amount of PE applications due to limited movement in the jail/prison setting making application assistance difficult. Jails and prisons across NM also saw a decrease in population all due to COVID-19. In DY8 84.62 percent of all JUST Health PE approvals had an ongoing application submitted.

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Table 15: PE Approvals

		PE APPROVALS – JUST HEATH		
		(January - March 2022)		
Month	**PEs Granted**	**% PE Granted w/ Ongoing Applications Submitted**	**Total Individuals Applied**	**Individuals Approved**
January	3	100.00%	34	29
February	2	100.00%	40	38
March	7	85.71%	37	35
Total	**12**	**91.67%**	**111**	**102**

Source: Monthly PE001 Report from ASPEN and OmniCaid

7
HCBS REPORTING

Critical Incidents	
DY9 Q1	HSD conducts a quarterly meeting with MCOs. The goal of the quarterly meeting is to provide guidance and discuss findings of the MCO's reporting of critical incidents. The quarterly meeting was held on February 16, 2022. The primary discussion was regarding unaddressed Neglect Refusing Services and Neglect Insufficient Staffing COVID-19 critical incident reports. HSD presented examples of untimely COVID reports and specific Diary Entry documentation concerns for each MCO from an audit completed. In order to maintain oversight and compliance, HSD implemented a deliverable for these reports to be sent and due on the 2nd and 4th weeks of the month. HSD conducted daily reviews of critical incidents submitted by the MCOs and providers for the purpose of ensuring compliance with reporting requirements. In addition, HSD completed a weekly Concerns List which identifies specific errors in the report. The Concerns List is sent to MCOs for correction and/or follow-up. HSD provided daily assistance to MCOs and providers to obtain access to the CIR Portal by establishing and/or resetting login credentials as well as deleting duplicate reports. In order to be compliant with CMS, Letter of Direction (LOD) requirements of STC 43(5) has been implemented by HSD. DY9 Q1 data will be received on June 30,2022 and be reflected in DY9 Q2 report.

DY8 Q4 data was received on January 31,2022. During DY8 Q4, a total of 92,978 CIRs were filed for Centennial Care 2.0 which includes physical health (87,072), and subsets of behavioral health (3,220) and community benefit self-directed (2,686) members. Centennial Care 2.0 critical incident reports increased 20 percent since DY8 Q3. This coincides with an increase in reports observed each quarter back to CY20 Q1. Behavioral Health critical incident reports decreased 21 percent since DY8 Q3. This contrasts with an increase in reports observed each quarter back to CY20 Q1 except for a 19 percent decrease in DY7

Q4. Self-Directed critical incident reports increased 3 percent since DY8 Q3. This coincides with increases in both DY8 Q3 and DY8 Q2. This contrasts with an 8 percent decrease in DY8 Q4. HSD has observed the upward trend in CIRs reported in DY8 Q4 from DY8 Q3, primarily by BCBS and PHP. Both MCOs reported an increase in the volume of Neglect CIRs and an influx of membership in Centennial Care 2.0 each quarter due to the COVID-19 pandemic.

The table below represents a MCO summary of the critical incident reporting for DY8 Q4. DY9 Q1 data will be received on April 30,2022 and be reflected in DY9 Q2 report.

Table 16: Critical Incidents Reported

CRITICAL INCIDENTS REPORTED (Q1 - Q4 2021)															
MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
BCBS	3,798	5,195	5,218	7,064	127	229	211	212	95	113	140	184	21,275	779	532
PHP	12,648	14,295	16,211	18,204	557	562	675	477	442	460	569	565	61,358	2,271	2,036
WSCC	774	994	1,035	1,636	40	47	41	42	24	31	40	23	4,439	170	118
Total	17,220	20,484	22,464	26,904	724	838	927	731	561	604	749	772	87,072	3,220	2,686

Source MCO quarterly report #36

The tables below represent MCO specific critical incident reporting for DY8 Q4.

Critical Incident Types	Centennial Care (CC)				Behavioral Health				Self-Directed				Year-to-date Totals		
BCBS (Q1 - Q4 2021)															
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	77	133	90	91	13	34	20	13	4	8	6	3	391	80	21
Death	279	220	213	269	3	3	6	9	5	6	7	8	981	21	26
Elopement / Missing	2	9	12	5	1	1	2	2	0	0	0	2	28	6	2
Emergency Services	1,254	1,299	1,241	1,213	68	93	91	91	68	72	98	82	5,007	343	320
Environmental Hazard	15	22	29	23	0	0	1	1	1	0	3	0	89	2	4
Exploitation	28	38	31	44	2	1	7	3	2	2	4	5	141	13	13
Law Enforcement	11	20	29	15	3	6	6	2	1	1	0	1	75	17	3
Neglect	2,132	3,454	3,573	5,404	37	91	78	91	14	24	22	83	14,563	297	143
All Incident Types	3,798	5,195	5,218	7,064	127	229	211	212	95	113	140	184	21,275	779	532

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| CRITICAL INCIDENT TYPES | PHP (Q1 - Q4 2021) | | | | | | | | | | | | | | |
| | CENTENNIAL CARE (CC) | | | | BEHAVIORAL HEALTH (BH) | | | | SELF DIRECTED (SD) | | | | YEAR TO DATE TOTALS | | |
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	220	238	267	191	73	61	73	55	10	20	19	15	916	262	64
Death	527	360	388	460	13	10	17	10	23	15	11	18	1,735	50	67
Elopement/ Missing	15	12	18	17	2	1	3	0	0	1	3	1	62	6	5
Emergency Services	5,830	6,277	6,626	5,908	304	309	382	236	383	349	430	387	24,641	1,231	1,549
Environmental Hazard	83	79	98	85	7	8	10	6	1	2	2	7	345	31	12
Exploitation	39	44	66	55	4	2	3	3	4	0	9	8	204	12	21
Law Enforcement	53	39	44	54	10	11	10	10	3	4	2	7	190	41	16
Neglect	5,881	7,246	8,704	11,434	144	160	177	157	18	69	93	122	33,265	638	302
All Incident Types	12,648	14,295	16,211	18,204	557	562	675	477	442	460	569	565	61,358	2,271	2,036

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CRITICAL INCIDENT TYPES	WSCC (Q1 - Q4 2021)														
	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	21	26	21	14	1	9	2	2	0	0	0	0	82	14	0
Death	59	48	53	45	2	4	0	6	2	1	3	3	205	12	9
Elopement/ Missing	7	1	0	0	0	0	0	0	1	0	0	0	8	0	1
Emergency Services	195	264	227	210	21	20	26	20	14	25	23	13	896	87	75
Environmental Hazard	10	10	12	11	1	0	2	0	0	0	2	0	43	3	2
Exploitation	7	5	9	3	0	0	0	1	1	1	2	0	24	1	4
Law Enforcement	2	2	5	5	0	1	0	0	0	0	0	0	14	1	0
Neglect	473	638	708	1,348	15	13	11	13	6	4	10	7	3,167	52	27
All Incident Types	774	994	1,035	1,636	40	47	41	42	24	31	40	23	4,439	170	118

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Consumer Support Program

The consumer support program is a system of organizations and state agencies that provide standardized information to beneficiaries about Centennial Care 2.0, long-term services and supports (LTSS), the MCO grievance and appeals process, and the fair hearing process.

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

Table 17: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT January - March 2022	
TOPIC	**NUMBER OF CALLS**
Home/Community Based Care Waiver Programs	2,511
Long Term Care/Case Management	1
Medicaid Appeals/Complaints	8
Personal Care	176
State Medicaid Managed Care Enrollment Programs	27
Medicaid Information/Counseling	740

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2022, Quarter 3 report

Table 18: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT January - March 2022			
COUNSELING SERVICES	**NUMBER OF HOURS**	**NUMBER OF NURSING HOME RESIDENTS**	**NUMBER OF CONTACTS**
Transition Advocacy Support Services		122	
*Medicaid Education/Outreach	3,52		
Nursing Home Intakes		65	
**LTSS Short-Team Assistance			75

*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

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individual circumstances.
Source: Care Transition Bureau (CTB) GSA I 7-630-8000-0001 CFDA 93-778 State Fiscal Year 2022, Quarter 3 report

Community Benefit

In DY9 Q1, Community Benefit related projects have included Centennial Care 2.0 program such as Centennial Care 2.0 MCO report revisions, updating the Statewide Transition Plan as requested by CMS, and the Self-Directed Community Benefit (SDCB) vendor transition. HSD continued to collaborate with providers, stakeholders and sister state agencies to amend our proposed plan for the American Rescue Plan Act (ARPA) increased HCBS funding and send to CMS as required. Due to ongoing allocation efforts, most of our approved Community Benefit slots have been filled. We requested approval for 200 additional slots to be able to serve more members who are not otherwise Medicaid eligible.

NM has identified that that there are workforce shortages for Community Benefit Personal Care Services (PCS) caregivers for both Agency-Based and Self-Directed services. We are addressing this issue through the following remediations:

- Implementing annual rate increases for PCS to coincide with state and local minimum wage increases;
- Using ARPA funds for temporary economic relief payments to Community Benefit providers; and
- Approving higher rates for certain caregivers in rural areas on a case-by-case basis.

Electronic Visit Verification

In DY9 Q1, HSD continued to work with MCOs and subcontractors to monitor the implementation of EVV for SDCB and fee-for-service programs which started January 2021. HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Community Benefit (ABCB) and EPSDT Personal Care Services. HSD is on track to implement EVV for Home Health Services in 2023 as required by the Cures Act.

Please see ABCB EVV data for DY8 Q4 outlined in the table below. The MCOs reported that 77 percent of the total ABCB PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder of claims were created through the Fiserv Authenticare application.

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Table 19: EVV DATA

EVV DATA (October 2021 - December 2021)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	7,897	457,830
PHP	14,890	890,818
WSCC	1,821	112,477
TOTAL	24,608	1,461,125

Source: MCO Report #35 DY8 Q4 October-December 2021

Statewide Transition Plan

In DY9 Q1, HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD issued the STP for public comment in October 2021 and submitted to CMS on January 14, 2022. CMS completed its review and submitted questions to HSD on February 23, 2022. CMS and HSD will convene a call to discuss the CMS feedback in DY9 Q2, and HSD will complete the STP edits as requested by CMS.

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

HSD requires the MCOs to provide a quarterly summary of their internal audits of NF LOC Determinations. Each MCO conducts internal random sample audits of both community-based and facility-based determinations completed by their staff based on HSD NF LOC criteria and guidelines. The audit includes accuracy, timeliness, consistency, and training of reviewers. The results and findings are reported quarterly to HSD along with any Quality Performance Improvement Plan.

- BCBS conducted a total of 102 NF LOC determination audits: 18 (eighteen) Facility Based and 84 (eighty-four) Community Based.
- PHP conducted a total of 204 NF LOC determination audits: 60 (sixty) Facility Based and 144 (one hundred forty-four) Community Based.
- WSCC conducted a total of 60 NF LOC determination audits: 12 (twelve) Facility Based and 48 (forty-eight) Community Based.
- Audit results were consistent throughout Q4 DY8. All three MCOs reported 100 percent agreement with reviewer determinations for both Facility Based and Community Based. All MCOs reported 100 percent agreement for Facility Based timeliness and 100 percent for Community Based timeliness. All MCOs provided documentation of ongoing training for reviewers during Q4 DY8.

A Nurse Auditor was hired by HSD in Q1 DY9. The Nurse Auditor has initiated random audits of the MCO's internal NF LOC audits. HSD will continue to monitor the MCOs'

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internal audits of NF LOC determinations and identify and address any trends and provide technical assistance as needed. Findings of the random audits will be reported in Q2 DY9.

Table 20: MCO Internal NF LOC Audits– Facility-Based

Facility-Based Internal Audits	Oct	Nov	Dec	DY8 Q4
High NF Determinations				
Total number of High NF LOC files audited	**9**	**9**	**10**	**28**
BCBSNM	3	3	3	9
PHP	4	4	5	13
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	**9**	**9**	**10**	**28**
BCBSNM	3	3	3	9
PHP	4	4	5	13
WSCC	2	2	2	6
% of files with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determinations	Oct	Nov	Dec	DY8 Q4
Total number of Low NF LOC files audited	**21**	**21**	**20**	**62**
BCBSNM	**3**	3	3	9
PHP	**16**	16	15	47
WSCC	**2**	2	2	6
Total number of files with correct NF LOC determination	**21**	**21**	**20**	**62**
BCBSNM	**3**	3	3	9
PHP	**16**	16	15	47
WSCC	**2**	2	2	6
% of files with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	Oct	Nov	Dec	DY8 Q4
Total number of High NF LOC determinations completed within required timeframes	**9**	**9**	**10**	**28**
BCBSNM	3	3	3	9
PHP	4	4	5	13
WSCC	2	2	2	6
% of High NF LOC determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

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	Oct	Nov	Dec	DY8 Q4
Total number of Low NF LOC determinations completed within required timeframes	**21**	**21**	**20**	**62**
BCBSNM	3	3	3	9
PHP	16	16	15	47
WSCC	2	2	2	6
% of Low NF LOC determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q4 MCO Internal Audit Results
Total percentage rows contain average percentages

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

Community-Based Internal Audits	Oct	Nov	Dec	DY8 Q4
Total number of Community-Based NF LOC files audited	**94**	**90**	**92**	**276**
BCBSNM	30	26	28	84
PHP	48	48	48	144
WSCC	16	16	16	48
Total number with correct NF LOC determination	**94**	**90**	**92**	**276**
BCBSNM	30	26	28	84
PHP	48	48	48	144
WSCC	16	16	16	48
% with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	**Oct**	**Nov**	**Dec**	**DY8 Q4**
Total number of Community-Based determinations completed within required timeframes	**94**	**90**	**92**	**276**
BCBSNM	30	26	28	84
PHP	48	48	48	144
WSCC	16	16	16	48
% of Community-Based determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q4 MCO Internal Audit Results
Total percentage rows contain aggregate percentages

MCO NF LOC Determinations
Per Special Terms and Conditions (STC) 40 for New Mexico's Centennial Care 2.0 Waiver,

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HSD requires that the MCOs report to the state quarterly, a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the Member did not meet LOC based on HSD NF LOC criteria. HSD's External Quality Review Organization (EQRO) compiles this information into a table for HSD's Quality Bureau and provides the requested information by the last day of the month following the end of the quarter. The information from this table will be entered into the CMS quarterly report. The results and findings reported were reviewed and determined the following:

- The aggregated Facility Based High NF determination percentage was 76 percent in DY8 Q4 for EQRO agreement, decreasing from 79 percent in DY8 Q3.
- The aggregated Facility Based Low NF determination percentage was 95 percent in DY8 Q4 for EQRO agreement, decreasing from 96 percent in DY8 Q3.
- Community Based determinations was 98 percent in DY8 Q4 for EQRO agreement, keeping consistency from 98 percent in DY8 Q3.

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

Table 21: MCO NF LOC Determinations – Facility-Based

Facility-Based Determinations	Oct	Nov	Dec	DY8 Q4
High NF Determinations	**Oct**	**Nov**	**Dec**	**DY8 Q4**
Total number of determinations/redeterminations completed for High NF LOC requests	**56**	**49**	**62**	**167**
BCBSNM	12	15	14	41
PHP	37	25	44	106
WSCC	7	9	4	20
Total number of determinations/redeterminations that met High NF LOC criteria	**39**	**38**	**50**	**127**
BCBSNM	4	8	6	18
PHP	28	22	40	90
WSCC	7	8	4	19
% of determinations/redeterminations that met High NF LOC criteria	**70%**	**78%**	**81%**	**76%**
BCBSNM	33%	53%	43%	44%
PHP	76%	88%	91%	85%
WSCC	100%	89%	100%	95%
Low NF Determinations	**Oct**	**Nov**	**Dec**	**DY8 Q4**
Total number of determinations/redeterminations completed for Low NF LOC requests	**331**	**331**	**324**	**986**
BCBSNM	89	98	95	282
PHP	209	201	205	615
WSCC	33	32	24	89
Total number of determinations/redeterminations that met Low NF LOC criteria	**317**	**318**	**303**	**938**
BCBSNM	87	95	93	275
PHP	197	191	186	574
WSCC	33	32	24	89
% of determinations/redeterminations that met Low NF LOC criteria	**96%**	**96%**	**94%**	**95%**
BCBSNM	98%	97%	98%	98%
PHP	94%	95%	91%	93%
WSCC	100%	100%	100%	100%

Source: QY8 Q4 External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report
Total percentage rows contain average percentages

Table 22: MCO NF LOC Determinations – Community-Based

Community Based Determinations	Oct	Nov	Dec	DY8Q4
Total number of determinations/redeterminations completed	**2,209**	**2,087**	**2,141**	**6,437**
BCBSNM	562	548	620	1,730
PHP	1,509	1,395	1,391	4,295
WSCC	138	144	130	412
Total number of determinations/redeterminations that did not meet NF LOC criteria	**2,169**	**2,034**	**2,108**	**6,311**
BCBSNM	557	530	614	1,701
PHP	1,476	1,360	1,365	4,201
WSCC	136	144	129	409
% of determinations/redeterminations that did not meet NF LOC criteria	**98%**	**97%**	**98%**	**98%**
BCBSNM	99%	97%	99%	98%
PHP	98%	97%	98%	98%
WSCC	99%	100%	99%	99%

Source: DY8 Q4 External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report
Total percentage rows contain average percentages

External Quality Review Organization (EQRO) NF LOC

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

EQRO Monthly report summaries of determination and denials were reviewed for Facility Based and Community Based.
- October 2021 Discrepancies between MCO and EQRO were reviewed.
- EQRO had one (1) Facility Based disagreement with the MCO, WSCC. The supporting documentation requesting a Physician Order for LOC was not received.
- EQRO had one (1) Community Based disagreement with the MCO, WSCC. The supporting documentation clearly indicates that the member did not meet "minimum requirements for Community Benefits Eligibility: functional level such that 2 or more ADL cannot be accomplished without consistent, ongoing, daily provision or some or all levels of service.
- November, December 2021 no discrepancies occurred between MCOs and EQRO.

HSD's Nurse Auditor has reviewed the determination files and agrees with the EQROs assessment of NF LOC determinations for Q4 DY8. HSD will continue to monitor the EQRO audit of MCO NF LOC determinations.

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Table 23: EQRO NF LOC Review

Facility-Based High NF Determination	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Number of Member files audited	**18**	**19**	**18**	**19**
BCBSNM	5	7	6	7
PHP	6	6	6	6
WSCC	7	6	6	6
Number of Member files the EQRO agreed with the determination	**16**	**19**	**18**	**19**
BCBSNM	3	7	6	7
PHP	6	6	6	6
WSCC	7	6	6	6
% of Member files the EQRO agreed with the determination	**89%**	**100%**	**100%**	**100%**
BCBSNM	60%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determination	**DY8 Q1**	**DY8 Q2**	**DY8 Q3**	**DY8 Q4**
Number of Member files audited	**36**	**35**	**36**	**35**
BCBSNM	13	11	12	11
PHP	12	12	12	12
WSCC	11	12	12	12
Number of Member files the EQRO agreed with the determination	**36**	**35**	**36**	**35**
BCBSNM	13	11	12	11
PHP	12	12	12	12
WSCC	11	12	12	11
% of Member files the EQRO agreed with the determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Community-Based	**DY8 Q1**	**DY8 Q2**	**DY8 Q3**	**DY8 Q4**
Number of Member files audited	**90**	**90**	**90**	**90**
BCBSNM	30	30	30	30
PHP	30	30	30	30
WSCC	30	30	30	30
Number of Member files the EQRO agreed with the determination	**90**	**90**	**90**	**90**
BCBSNM	30	30	30	30
PHP	30	30	30	30
WSCC	30	30	30	30
% of Member files the EQRO agreed with the determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q1-Q4 EQRO NF LOC Report for CMS. Total percentage rows contain aggregate percentages.

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8
AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	February 10, 2022 Virtual meeting	Meeting announcements, member calls and invitations were started a month prior to the Native American Advisory Board meeting. Members were engaged during the meeting. The meeting format provided health activities, knowledge questions, and opportunities for members to ask questions and win door prizes. Community partners and providers attended the meeting. An incentive program was implemented for BCBS Care Coordinators and Health Coordinators to invite their assigned members to the meeting. **Issue:** One member had issues with his computer microphone and another had challenges attending the meeting by phone. **Response:** For BCBS to provide mic check for all attendees and provide alternative ways to communicate and participate in the meeting. Staff will assist members to join the meeting by phone.
PHP	March 24, 2022 Virtual meeting	PHP sent 500 letters of invitation through the mail to far northwest NM - Aztec, Bloomfield, Farmington, Kirtland, Fruitland, Hogback and Shiprock. Just over 450 Follow-up or RSVP phone calls were also made to the invited members. PHP Provider Network Operations also sent the invitation to all ITU partners. **Issue:** A member indicated they were having difficulty downloading the online Traditional Medicine application. **Response:** PHP informed member to try several different things with her computer to get the application. **Issue:** Several questions were asked about transportation benefits under PHP like "Do I qualify

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		for mileage reimbursement? Would it be through PHP or Secure transportation? How often can I turn in paperwork for this reimbursement?" **Response:** A staff person at PHP answered that PHP or Secure transportation can review the process with the member. Request must be 48 hours in advance of appointment. PHP will check to see if the member attended the appointment. She can provide paperwork after each trip or monthly. A check will be mailed to the member. **Issue:** A member asked if PHP covers nebulizer treatments. **Response:** PHP covers the equipment, but the medical provider would need to prescribe the medication. **Issue:** The question was asked why IHS is not offering free COVID test kits. **Response**: Group was informed by PHP that Corona Virus Hotline is offering free test kits and a toll-free number was provided. Also, website links were provided for people to request free COVID test kits.
WSCC	March 3, 2022 Virtual meeting	**Issue:** A member asked about the gym passes that were previously offered through WSCC. **Response:** The WSCC Tribal liaison said WSCC no longer offered that benefit but they could request it through their Holistic Care grant or Traditional Healing Benefit to cover the cost of a gym membership. **Issue:** How do we use the eyeglass coverage (benefit)? **Response**: WSCC said they can call WSCC Member Services. They can also help you find a provider. **Issue**: Does WSCC cover every city in NM? **Response:** WSCC staff person said yes their

services are state wide and that includes Care Coordinators, Member Connections, Provider Relations, and Tribal Liaisons.

Issue: Member asked when they will receive the $25 gift card for attending the advisory board meeting.

Response: WSCC indicated that the packed will be sent out by certified mail to each attendee within a week. It will include the VISA gift card.

MCO	Status of Contracting with MCOs
BCBS	BCBSNM is pending signature from the following providers: • Tachiinii Nursing • Tewa Roots at Nambe • Navajo Regional Behavioral Health Center in Shiprock
PHP	Active Negotiations currently: • Kewa Pueblo Health Corporation/Kewa Health Center • Kewa Family Wellness Center • First Nations Community Healthsource/Traditional Wellness Program • Navajo Regional Behavioral Health Center in Shiprock • Pueblo of Nambe/Tewa Roots Society • Taos Pueblo Community Health and Wellness Program – Tiwa Babies
WSCC	• WSCC has been working with Kewa Family Health and Wellness Center and services provided at the Kewa youth shelter • WSCC is working with the Navajo Nation Shiprock Division of Behavioral Health and Mental Health services as well as the Navajo Nation Department of Health and Department of Justice • WSCC met with Laguna Pueblo to provide education on their health plan offerings and present business development opportunities

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9
ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Provider Directory
IMPLEMENTATION DATE:	3/1/21
COMPLETION DATE:	Open Item
ISSUES	**2021 Provider Directory Audit** The purpose of this action plan is to outline a process for researching the findings and recommendations identified in the M&S Provider Directory Verification report to determine gaps, root-cause, and remediation. This document provides the framework for the action plan approach, roles and responsibilities, timeframes, and strategy for remediation. This action plan is considered a working document that captures important information and is revised as the project progresses.
RESOLUTION	BCBS is diligently working to add required information to the website and to improve the quality of the information. Audit Remediation Deliverables • "Accepting new patients" indication will be removed and "provider may not be accepting new patients" indication will be used in its place, in the key. **Completed** • The new key will be updated and restored to production. **Completed** • Define physical disability accommodations that are not defined in the key. **Completed** • Separate provider experience/training from physical disability accommodations. **Completed** • Develop and implement alphabetized provider specialty index. **Completed** • Directory enhancements, reformat the city/county headers. **Completed** Status update summary. The delivery of the directory PDFs will be executed via mock templates, which are generated by

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reviewing and "rationalizing" the print directory into similar content and format mockups. The Final NMCC Print Directory Mockup, including all updated elements for the audit remediation, have been sent to HSD for approval prior to being published into production.

HSD will continue to receive updates for BCBS's new Provider Directory platform. HSD is monitoring the progress of activities.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/26/21
COMPLETION DATE:	Open
ISSUES	ModivCare has been placed on a corrective action plan for not meeting the contractual timeliness measures for certain Customer Service Call Center metrics and other additional contractual requirements.
RESOLUTION	Due to continued service level failures, the action plan remains open. Service Level (85 percent or more calls answered by a live person within 30 seconds) = Failed in February 80.4 percent; however, BCBS subcontractor addressed this and increased this to 87.5 percent in March. **Closed** Nurse Advice Line (85 percent or more calls answered by a live person within 30 seconds) = Failed in January at 83.8 percent due to an increase in calls but was brought into compliance in February and March. **Closed** Provider Services line (85 percent of calls answered within 30 Seconds)= Failed in February 76.7 percent and in March 84.6 percent. BCBS found a root cause in the increased call volume from providers not utilizing the

Interactive Voice Response (IVR) system and BCBS provided feedback along with instructions to those top provider offices with information on how to use the automated system. In the meantime, all BCBS Customer Advocates are trained to take both member and provider calls. BCBS new-hire Customer Advocates are currently taking calls, and this will increase our ability to meet our contract standards.

Member Satisfaction (90 percent or higher) = Fail 82 percent
A-Leg (90 percent of pickups within 15 min of scheduled appointment time) = 93.5 percent
Provider No Shows (Quality metric/driver must show up to pick up members from or medical appointment) = 76 reported

DY8 Q4 summary. Draft Plan of Action (POA) was provided and reviewed with ModivCare for the additional performance measure deficiencies aside from the call center metrics. BCBS reviews daily and monthly reports provided by ModivCare. ModivCare added new contract providers to help mitigate Provider No Shows, A-Leg pickups and overall member satisfaction. POA remains open with additional items added regarding lodging and provider no shows. ModivCare is meeting their service level call center metrics.

DY9 Q1 updates:
Provider No Shows: 76 (the number reflected may change once the complaint process/investigation is completed). ModivCare is currently meeting Member Satisfaction and A-Leg Pickups and has closed this portion of the POA (Plan of Action). ModivCare is also working on additional provider contracts.

March 31, 2022: ModivCare has been able to add Corazon & Concierge. ModivCare is in the final contracting & onboarding with Albuquerque Cab. ModivCare is also contracting with Waypoint and Medtrans, still within 30 days to onboard. HSD receives bi-weekly updates and continues to carefully review the ModivCare remediation plan and their progress. BCBS has twice a week calls with ModivCare to review and resolve

	any transportation issues related to members with High Risk/Critical Care needs to ensure that members are being picked up and taken to appointments. With these efforts, it is BCBSs expectation that ModivCare will continue meeting their call center metrics and improve member satisfaction.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Provider Service Line
IMPLEMENTATION DATE:	12/24/21
COMPLETION DATE:	01/01/22
ISSUES	On Friday, December 24th, Christmas Eve, the BCBS call center was not able to receive calls from providers as required by the HSD contract. The issue was due to a form incorrectly completed (human error) when management updated the 2021 holiday schedule indicating the provider line would be closed to align with the Health Care Service Corporation (HCSC) corporate holiday schedule. This caused the closed message to be played inadvertently for providers instead of direct access to Customer Advocates who were available to take calls. Provider call impact was minimal.
RESOLUTION	BCBS is diligently working to add required information to the website and to improve the quality of the information. **Action Plan Timeframes** Identified a more rigorous review process was needed by HCSC teams supporting NMCC, to ensure alignment on steps for each specific holiday that does not align with the corporate holiday schedule. **Completed** The calendar review process now requires higher level sign-off by the Customer Service. BCBS confirms that the provider services line will be appropriately staffed and open Monday through Friday, except for the days outlined in section 4.11.2.3 of the NMCC Contract. Sign off for their 2022 schedule has been **Completed**. Communication Improvement and Training: There was a

break-down in the escalation process to engage the correct team for support and awareness of the issue on Christmas Eve. **Completed**

Requested reporting enhancements to better distinguish call outcomes between self-service options and when providers "opt-out" for a customer advocate. **Completed**

HSD has reviewed and determined that this action plan can be closed. This item will be removed in Q2 of DY 9.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP
IMPLEMENTATION DATE:	3/1/2021
COMPLETION DATE:	In Progress
ISSUES	2020 Provider Directory Audit
RESOLUTION	4/1/21 - Seven findings related to a Provider Directory Audit. The first finding is not contested, which was that the general and online provider directories do not include all information components required by Contract, sections 4.14.5.1 and 4.14.5.4. The additional findings are being carefully reviewed. PHP is creating a detailed project plan to add required information to the website and to improve the quality of the information. HSD will receive updates for PHP's Provider Database Management project, which is in production and will improve the provider information required to feed the provider directory and downstream claims and encounters databases and other requirements dependent on provider information. The project plan was received by HSD on April 23, 2021. HSD accepted PHP's remediation plan and is monitoring the progress of activities. 7/6/21 – PHP's corrective action plan (CAP) is in progress. An update of the project plan was provided to the HSD Contract Manager. 10/1/21 – PHP CAP is being reviewed monthly to assess progress and resource needs. A system build is required to ensure accuracy and provider adoption to help ensure required information is updated. PHP is working on both strategies. 12/31/21 - PCP CAP is continuing to be reviewed monthly and is working on the system build and provider adoption. 2/21/2022 - Final scope document completed and being

presented to leadership for sign off next week.

4/4/2022 - Project Team had a meeting April 1 to discuss leadership feedback and questions.

5/18/2022-Scope approved and project moving forward.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	3/4/2021
COMPLETION DATE:	In Process
ISSUES	Improvement Plan – Network Adequacy
RESOLUTION	Secure Transportation (ST) was put on an improvement plan for the Network issues. Monthly meetings will be held between ST and PHP leadership to review issues/concerns. 9/13/2021 Update: Network concerns remained an issue for ST. PHP put ST on a corrective action plan (CAP) as the issues are not getting resolved timely. ST will provide updates monthly on efforts to improve the network, next update due in October 2021. 2/15/2022: ST added new providers to its network of drivers. PHP is working on increasing mileage reimbursement. Mileage reimbursement is offered at the front end of the scheduling process through Care Coordination to free up drivers for members who do not have supports for this option. Secure is offering hiring bonuses and retention bonuses to help maintain the current network.

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PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	DentaQuest
IMPLEMENTATION DATE:	5/13/2021
COMPLETION DATE:	In Process
ISSUES	Improvement Plan – In Process
RESOLUTION	Annual Audit: PHP's subject matter expert (SME) determined that claims that deny as a true duplicate to a previously processed claim should only deny with the duplicate denial code, 2029. An adjustment to the claim's logic can correct the issue. In addition, training may need to be provided to the medical billers to ensure the claim meets the standards of compliance, both for coding and format. An Improvement Plan was required. PHP is monitoring monthly: DentaQuest has provided an update that research to technical changes required to suppress inconsequential denial reasons have been completed. It has been determined the change to the adjudication logic requires a significant system enhancement, including software development. The ticket has been moved to the prioritization waiting list. 2/2/2022 - Discovery portion is in progress and testing should begin by the end of CY22 Q1. PHP will continue to monitor to completion with monthly improvement plan updates.

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PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP 2019 EQRO Compliance Audit
IMPLEMENTATION DATE:	7/1/2021
COMPLETION DATE:	In Process – Based on Draft Report
ISSUES	Improvement Plan – In Process
RESOLUTION	PHP is implementing corrective actions on any item found in the audit that is less than "fully compliant." 12/31/2021 Update: PHP's Compliance Officer retired, and a new Compliance Officer has been hired. Anticipate review for closure on this item in early 2022. PHP has not received a final audit report, so this item remains open until PHP is certain that there are no outstanding findings or recommendations to correct.

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

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WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Non-compliance by Transportation Vendor
IMPLEMENTATION DATE:	3/16/2021
COMPLETION DATE:	Open Item
ISSUES	Corrective Action Plan (CAP) for the unresolved findings from the Transportation Vendor Quality Improvement Plan.
RESOLUTION	One finding was resolved in Q2. Validation of the documentation submitted for the remaining findings occurred during Q3. WSCC determined that the transportation vendor, Secure Transportation (ST), did not meet the metrics for the validation of credentialing/recredentialling. Effective 9/1/21, WSCC is assessing a monthly financial penalty of 1 percent of the total monthly capitation or compensation amount paid to ST. ST will provide a driver universe every 90 calendar days for WSCC to validate ST's Credentialing/Recredentialing. The 1 percent penalty will continue until ST receives a compliance score of at least 90 percent. In Q4, ST submitted its driver universe. WSCC reviewed and requested additional information. That information and WSCC's re-review and scoring will occur in Q1 DY9.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Provider Directory
IMPLEMENTATION DATE:	3/1/21
COMPLETION DATE:	Open Item
ISSUES	2020 Provider Directory Audit
RESOLUTION	There were eight findings from an external audit, related to the completeness, accuracy, and consistency of information included in the provider directory when compared to the requirements in Sections 4.14.5.1 and 4.14.5.4 of the Managed Care Agreement. In DY8 Q2, WSCC provided a detailed action plan with timelines for resolution of each finding. HSD will continue to receive updates on the progress of WSCC's Action Plan. Closure is anticipated in DY9 Q2.

10
FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY9 Q1 reflects the capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2021. On average, the CY 2022 rate was higher than that of CY 2021; however, fee-for-service claim payments during CY 2022 were still lagging, and they affected the PMPMs. In addition, data run out for CY 2022 will continue and the PMPMs will continue to change as expenditures come in (see Attachment B – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment B – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis indicates that DY 7 is 12.0 percent below the budget neutrality limit (Table 7.5) through nine (9) quarters of payments. For DY 8, Table 8.5 shows a 14.1 percent below the budget neutrality limit with data through five (5) quarters. Table 9.5 shows a 27.4 percent below the budget neutrality limit for DY 9 with preliminary data with one quarter of payments.

11
MEMBER MONTH REPORTING

Member Months		2022
		1
MEG1	0-FFS	107,794
	Presbyterian	670,041
	Western Sky	125,207
	Blue Cross Blue Shield	439,619
	Total	1,342,661
MEG2	0-FFS	7,406
	Presbyterian	61,966
	Western Sky	11,149
	Blue Cross Blue Shield	37,117
	Total	117,638
MEG3	Presbyterian	67,038
	Western Sky	9,637
	Blue Cross Blue Shield	32,857
	Total	109,532
MEG4	0-FFS	570
	Presbyterian	330
	Western Sky	55
	Blue Cross Blue Shield	229
	Total	1,184
MEG5	Presbyterian	8,728
	Western Sky	1,524
	Blue Cross Blue Shield	6,760
	Total	17,012
MEG6	0-FFS	91,388
	Presbyterian	390,103
	Western Sky	97,626
	Blue Cross Blue Shield	309,370
	Total	888,487
MEG10	0-FFS	10
	Presbyterian	109
	Western Sky	7
	Blue Cross Blue Shield	67
	Total	193
MGX8	0-FFS	
	Presbyterian	219
	Western Sky	5
	Blue Cross Blue Shield	190
	Total	414
Total		2,477,121

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12
CONSUMER ISSUES

GRIEVANCES

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

In DY9 Q1, the reports submitted by MCOs for January, February and March were reviewed and analyzed to determine compliance with contractual requirements. HSD observed in DY9 Q1 the second top primary member grievance code reported was MCO Operational Issues, compared to previous quarters reporting of Other Specialties. The table below is a summary of the quarterly data reported by the MCOs for DY9 Q1:

Table 24: Grievances Reported

Grievances reported (January - March 2022)																
Grievances	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Member Grievances	483				434				39				956			
Top Two Primary Member Grievance Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Transportation Ground Non-Emergency	344				180				15				539			
MCO Operational Issues	6				45				0				51			
Variable Grievances	133				209				24				366			

Source: MCO Report #37

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APPEALS

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

In DY9 Q1, the reports submitted by MCOs for January, February and March were reviewed and analyzed to determine compliance with contractual requirements. The table below is a summary of the quarterly data reported by the MCOs for DY9 Q1:

Table 25: Appeals Reported

Appeals Reported (January - March 2022)																
APPEALS	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	472				484				23				979	0	0	
Number of Expedited Member Appeals	37				28				6				71	0	0	
Top Two Primary Member Appeal Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Denial or limited authorization of a requested service	430				497				29				956	0	0	
Denial in whole of a payment for a service	70				7				0				77	0	0	
Variable Appeals	9				8				0				17	0	0	

Source: MCO Report #37

13
QUALITY ASSURANCE/ MONITORING ACTIVITY

ADVISORY BOARD ACTIVITIES

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

Table 26: 2022 MCO Advisory Board Meeting Schedules

BCBS 2022			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	03/03/2022	12:00-1:30 PM	Virtual - Albuquerque - Central
BCBS	04/07/2022	3:30-5:00 PM	Virtual - Valencia and Socorro Counties - Central
BCBS	06/16/2022	12:00-1:30 PM	Virtual – Albuquerque - Central
BCBS	07/21/2022	12:00-1:30 PM	Virtual – Albuquerque - Central
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	09/29/2022	12:00-1:30 PM	Virtual - Las Cruces (Dona Ana County) - Regional
BCBS	10/20/2022	12:00-1:30 PM	Virtual - Santa Fe (Santa Fe County) - Regional
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	02/10/2022	12:00-1:30 PM	Virtual - Sandoval and Bernalillo Counties

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BCBS	05/05/2022	3:30-5:00 PM	Virtual - McKinley (Crownpoint)
BCBS	08/25/2022	12:00-1:30 PM	Virtual - Eight Northern Pueblos
BCBS	11/17/2022	12:00-1:30 PM	Virtual - McKinley (Zuni, Ramah and Pine Tree)

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

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

PHP 2022			
Meetings will be held virtually until state restrictions are lifted for in-person meetings. SDCB Subcommittee Member Advisory Board Meetings are currently on hold.			
MEMBER ADVISORY BOARD MEETING SCHEDULE (CENTRAL AREA)			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	03/04/2022	1:30 PM – 3:30 PM	Virtual Meeting
PHP	06/03/2022	1:30 PM – 3:30 PM	Virtual Meeting
PHP	09/09/2022	1:30 PM – 3:30 PM	Virtual Meeting
PHP	12/02/2022	1:30 PM – 3:30 PM	Virtual Meeting

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RURAL AREA MEETINGS			
MCO	DATE	TIME	LOCATION
PHP	Q2 or Q3 2022		In development: PHP anticipates scheduling two rural meetings in Q2 or Q3, locations TBD

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	03/24/2022	3:00 PM – 5:00 PM	Virtual Meeting
PHP	06/09/2022	3:00 PM – 5:00 PM	Virtual Meeting
PHP	09/08/2022	3:00 PM – 5:00 PM	Virtual Meeting
PHP	12/08/2022	3:00 PM – 5:00 PM	Virtual Meeting

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	Meetings On Hold • Due to the low volume of self-directed members, PHP opted to fold these meetings into its broader Centennial Care 2.0 Member Advisory Board. Updates are provided at every meeting, presented by PHP's LTC Care Coordination Manager.

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	03/08/2022	1:00 PM – 2:30 PM	Virtual Meeting
PHP	06/07/2022	1:00 PM – 2:30 PM	Virtual Meeting

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PHP	09/13/2022	1:00 PM – 2:30 PM	Virtual Meeting
PHP	12/13/2022	1:00 PM – 2:30 PM	Virtual Meeting

WSCC 2022			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	02/11/2022	2:00 PM- 4:00 PM	Virtual Meeting
WSCC	05/14/2022	10:00 AM-12:00 PM	Virtual Meeting
WSCC	08/18/2022	11:00 AM- 1:00 PM	Virtual Meeting
WSCC	12/08/2022	2:00 PM - 4:00 PM	Virtual Meeting

STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	04/14/2002	4:00 PM- 6:00 PM	Virtual Meeting
WSCC	10/12/2002	3:00 PM-5:00 PM	Virtual Meeting

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	03/03/2022	11:00 AM- 1:00 PM	Virtual Meeting
WSCC	06/02/2022	4:00 PM- 6:00 PM	Virtual Meeting
WSCC	09/02/2022	11:00 AM-1:00 PM	Virtual Meeting
WSCC	12/02/2022	4:00 PM- 6:00 PM	Virtual Meeting

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING			
MCO	DATE	TIME	LOCATION
WSCC	08/18/2022	11:00 AM- 1:00 PM	Virtual Meeting (Included in the MAB Presentation)

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BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	10/12/2022	3:00 PM- 5:00 PM	Virtual Meeting (Included in Statewide)

COMMUNITY ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	06/15/2022	3:00 PM- 5:00 PM	Virtual Meeting

Quality Assurance	
DY9 Q1 Activities	**Quarterly Quality Meeting** HSD holds Quarterly Quality Meetings (QQMs) 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. The Quality Bureau, Performance Measure Unit, Quarterly Quality Meeting (QQM) for DY9 Q1 was held on March 23, 2022. HSD presented to the MCOs CY21 Q4 performance status, and comparison to the CY21 targets for each of the ten (10) Performance Measures (PMs). MCOs were informed all data presented was administrative data including the measures that allow hybrid reporting. In Q4, the MCO aggregate rates for PM6, PM7, PM8, and PM9 have exceeded the CY21 target for each respective measure; and six (6) PMs are performing below the CY21 target according to administrative data. However, the final determination of whether each MCO has met the HSD targets for CY21 is reliant on the CY21 annual audited HEDIS report. HSD provided an overview of the New Mexico Legislative Finance Committee performance measures for State Fiscal Year (SFY) 2023. MCOs were provided with the quarterly and annual measures assigned by the LFC for SFY23 along with their assigned targets to begin strategizing initiatives for improved outcomes. HSD also presented the MCOs with an overview and purpose of the 1115 Demonstration Waiver Evaluation which has prompted multiple deliverables and technical assistance calls with the MCOs to ensure

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necessary data is collected at the level of detail needed to research the approved hypotheses in the Evaluation Design Plan. It was announced that HSD contracted with Health Services Advisory Group (HSAG) to complete the requirements of the 1115 Demonstration Waiver Evaluation.

Lastly, HSD provided an overview and summary of the Hospital Directed Payment Program and how HSD will select hospital measures to improve quality outcomes.

Follow-up after Hospitalization for Mental Illness (FUH) and Follow-up after Emergency Department Visit for Mental Illness (FUM) – Monthly Monitoring

HSD Quality Bureau initiated a Monthly Monitoring Plan to address the decline in Healthcare Effectiveness Data and Information Set (HEDIS) rates from Calendar Year (CY) 2017 to CY 2018, for FUH and FUM with the legacy MCOs (BCBS and PHP). In August of DY7 and after a full year of participating in HEDIS reporting, HSD directed WSCC to begin submissions on both measures. HSD provided the MCOs with directions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies, and barriers associated with improving performance outcomes.

In DY9 Q1, HSD reviewed and analyzed reports submitted in Q4 of DY8 (October, November, and December). HSD will report DY9 Q1 data in the DY9 Q2 submission of the CMS report.

The HSD established target rate for DY8 for Follow-up after Hospitalization for Mental Illness (FUH) is 50.22 percent (CY21). By M12 no MCO met the HSD established target. Through M12, MCOs had the following average rates: BCBS 48.94 percent, PHP 47.95 percent and WSCC 44.52 percent.

The DY8 HSD target rate for Follow-up after Emergency Department Visit for Mental Illness (FUM) is 45.01 percent (CY21). By M12, two MCOs exceeded the HSD established target. Through M12, MCOs had the following average rates: BCBS 52.04 percent, PHP 58.02 percent, and WSCC 37.69 percent.

HSD will continue to receive Monthly Monitoring Plans for Follow-Up After Hospitalization for Mental Illness 30-day (FUH) and Follow-Up After Emergency Department Visit for Mental Illness-30 Day (FUM)

for the first quarter of DY9.

BCBS:
FUH: M10 49.73 percent; M11 49.78 percent; M12 55.77 percent: Increase of 6.04 percentage points from M10 to M12.

Strategies and Interventions
In Q4 of DY8, BCBS BH Clinical Operations Leadership held ongoing team and 1:1 meetings with staff. In addition, BH Clinical Operations Leadership met with facility leadership at Mesilla Valley, Eastern NM, and Peak Behavioral Health to discuss ongoing areas for improvement with Transition of Care (TOC) and facility staff coordination. BCBS offers a member incentive to follow-up with a Behavioral Health provider after an inpatient mental health hospitalization event. The BH Clinical Operations Leadership team will schedule monthly All-Staff meetings through DY8 and DY9, as well as ongoing team and 1:1 meetings with staff, in addition to monthly case auditing. In M12, BH Clinical Operations Leadership and BCBSNM Network began discussions to explore the potential expansion of the Reserved Appointment initiative to other geographic areas with greater population. Behavioral Health Clinical Operations will meet with Network to explore additional opportunities to expand the Reserved Appointment Initiative and Clinical Operations will meet early in DY9 to discuss increase utilization of follow up visits.

FUM: M10 53.60 percent; M11 55.03 percent; M12 55.95 percent: Increase of 2.35 percentage points from M10 to M12.

Strategies and Interventions:
Interventions for BCBS in Q4 of DY8 included ongoing staff meetings on a biweekly and monthly basis, as well as individual 1:1 meetings between BH Clinical Operations Leadership and staff focused on member engagement, barriers to follow-up and strategies to support members. An All-Staff meeting was also held in M11. BCBS continues to utilize the EDIE System to identify outreach opportunities. Clinical staff continues to meet with staff on a bi-weekly basis through Q4 of DY8. Through Q4, activities for Provider Education and Telehealth Training included the BH Quality team working on content development for the DY9 provider trainings, which are expected to be completed by the end of DY8. The BH Quality Team held the BH Quality Tracker meeting and the PM Tracker Meeting in M11. Ad Hoc meetings were also scheduled and held

throughout Q4.

PHP:
FUH: M10 51.85 percent; M11 51.78 percent; M12 52.69 percent:
Increase of .84 percentage points from M10 to M12.

Strategies and Interventions:
The VBP MFIP (Model Facility Incentive Program) program continued
throughout M12 of DY8 and is targeted towards inpatient psychiatric
facilities. By the second week of M12, all enrolled MFIP facilities
attended meetings during which achieved improvements in FUH
rates were acknowledged, and areas for improvement in FUH rates
were identified and discussed. Included in these meetings are
representatives from Utilization Management and Care Coordination,
as well as PHPs Medical Director, who brings a level of expertise to
assist facilities with problem solving. This input from multiple areas of
member care assists in acknowledging facility strengths, and
problem-solving in areas in need of improvement. An online
Behavioral Health Town Hall took place in M12, during which BQIP
(Behavioral Health Quality Incentive Program) programs including
FUH were presented, and providers encouraged to enroll. Two
providers expressed interest and have entered communication with
the VBP team.

FUM: M10 62.06 percent; M11 63.13 percent M12 63.64 percent:
Increase of 1.58 percentage points from M10 to M12.

Strategies and Interventions:
An intervention, targeted towards inpatient facilities and finalized in
M10, was formally presented to MFIP (Model Facility Incentive
Program) facilities in M11. This intervention will allow for inpatient
hospital staff to complete telehealth FUH appointments starting the
day after member discharge. This intervention is designed to help link
the member to appropriate aftercare resources while also addressing
hospitalization readmission rates. Since M10, approximately 60 FUH
appointments have been completed by inpatient facilities utilizing this
strategy. An online Behavioral Health Town Hall took place in M12,
during which BQIP (Behavioral Health Quality Incentive Program)
including FUH were presented, and providers encouraged to enroll.
Two providers expressed interest and have entered communication
with the VBP team. The specialized IPCC (Inpatient Care
Coordination) Task Team continued to meet biweekly in December

2021 to discuss and coordinate care related to several individual members with high utilization rates to reduce rehospitalization rates for those members. During Q4, the IPCC Task Team's efforts had a generally positive effect on re-hospitalization rates; four members' rehospitalization rates were unchanged, two members' rehospitalization rates decreased, and two members' rehospitalizations increased. The IPCC Task Team continues to actively address member barriers to stabilization in the community, with a goal to decrease hospitalization rates amongst these members.

WSCC:
FUH: M10 48.45 percent; M11 50.36 percent M12 51.91 percent: Increase of 3.46 percentage points from M10 to M12.

Strategies and Interventions:
BH Liaisons review a daily list of inpatient psychiatric discharges. The BH Liaisons work with discharge facilities on discharge planning; as well as, reaching out to members telephonically to assist them with aftercare. Members are referred to providers throughout the state but may also be referred to Teambuilders Behavioral Health of Santa Fe for an initial telehealth assessment. Teambuilders completes statewide telephonic outreach to WSCC members after discharge, to complete a preliminary telehealth assessment; however, this does not take the place of scheduled appointments with outpatient providers. Facility discharge planners and WSCC Behavioral Health Liaisons refer members to Teambuilders upon discharge. Additionally, WSCC members have access to Teledoc's telemedicine services. FUH Gift Cards for members completing a claim-documented FUH follow-up visit program offers a member incentive to follow-up with a Behavioral Health provider after an inpatient mental health hospitalization event. Gift cards are distributed quarterly after sufficient claims runout to determine HEDIS compliance. This program's success is measured through documentation that the outreach team completes when working with a member to complete follow-up required to fulfill the FUH measure. This documentation allows WSCC to understand which members were a part of the intervention group and compare them to the members who have fulfilled the requirements of the HEDIS measure. WSCC QI is collaborating with the Centene Advanced Behavioral Health HEDIS and Clinical Provider Training teams to create a behavioral health-focused provider training on targeted BH HEDIS

Measures and the clinical strategies that support quality care. The curriculum is currently in development and is planned to include targeted BH HEDIS Measures and strategies for physical and behavioral health providers to support the delivery of quality coordinated care, help improve patient experience and impact outcomes related to medication management, lab testing, and follow up treatment measures.

FUM: M10 43.72 percent; M11 44.62; M12 45.80 percent: Increase of 2.08 percentage points from M10 to M12.

Strategies and Interventions:
WSCC utilizes mPulse, a texting campaign has been one of the main initiatives that has been used throughout DY8, continued into Q4. mPulse asks the member questions through text ensuring the member has completed a follow-up appointment. WSCC's Value Based Payment (VBP) Team continues to work on a monthly to quarterly basis with contracted Behavioral Health (BH) provider groups throughout the State of New Mexico to inform them of members that need to be seen and any updates to the FUM measure. The P4P (Pay for Performance) program is reviewed with these providers to ensure services are accessible to WSCC members. Training providers on any changes within their gap lists and reviewing best practices on how to best overcome barriers are discussed during VBP provider meetings. The ED intervention program through mPulse continued sending messages to members. The Behavioral Health Performance Improvement Team (PIT) is an internal team that meets to work through barriers and try to determine what interventions are working and work as a team to build a better plan to improve FUM results. Member Connections continues to do FUM outreach and education to members about the Teambuilders outreach calls. WSCC is working closely with Teambuilders and are currently in discussions around enhanced rates for FUM follow-ups for WSCC members. WSCC is informing BH providers to increase participation for Edie alerts (SYNCRONYS and with Collective Medical) for quicker access to member utilization within the State BH system. Four of the nine BH VBP providers have agreed to and/or signed up with Collective Medical and SYNCRONYS.

 Performance Measures (PMs)
HSD Performance Measures (PMs) and targets are based on HEDIS technical specifications. Each MCO is required to meet the

established performance targets. Each CY target is a result of the CY 2018 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 2018 Quality Compass Regional Average plus one (1) percentage point. Failure to meet the HSD-designated target for individual performance measures during the CY will result in a monetary penalty based on two percent (2 percent) of the total capitation paid to the MCO for the agreement year.

HSD requires the MCOs to submit quarterly reports that are used to monitor the performance of each PM to determine if MCOs are on track for meeting the established target. MCOs report any significant changes as well as interventions, strategies, and barriers that impact improved performance. HSD staff will review and analyze the data to determine if the MCOs are trending towards meeting the established targets. HSD findings are communicated to the MCOs through MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meeting (QQM). HSD expects to see rates increase quarter over quarter and the final determination of whether the MCOs have met the targets is reliant on the CY21 annual audited HEDIS report, which will be received in DY9 Q2.

Below are the MCO quarterly rates and interventions for each Performance Measure (PM) and their established target for CY 2021.

The following PMs show results for DY8 Q1, Q2, Q3 and Q4 reporting:

PM #1 (1 point) – Well-Child Visits in the First fifteen (15) Months of Life (W30)
The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits:

CY 2021 target is 63.72 percent.
BCBS Q1 34.08 percent; Q2 48.99 percent; Q3 56.66 percent; Q4 58.48 percent; Increase of 1.82 percentage points from Q3 to Q4 and 5.24 percentage points below the CY 2021 target.
PHP Q1 28.71 percent; Q2 50.27 percent; Q3 51.09 percent; Q4 51.76 percent: Increase of 0.67 percentage points from Q3 to Q4 and 11.96 percentage points below the CY 2021 target.
WSCC Q1 21.63 percent; Q2 32.92 percent; Q3 46.63 percent; Q4 50.72 percent: Increase of 4.09 percentage points from Q3 to Q4 and 13 percentage points below the CY 2021 target.
MCO Aggregate: Q1 Total 30.02 percent; Q2 Total 47.15 percent; Q3 Total 53.00 percent; Q4 Total 54.22 percent: Increase of 1.22

percentage points from Q3 to Q4 and 9.5 percentage points below the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: BCBS interventions contributing to the increase in Q4 included,
Quality Management Staff and Vendor CareNet performing member outreach calls to schedule appointments for parents and guardians of members 0-15 months of age due for well child checkups. Value-based contracts were set up with multiple provider groups to incentivize W30 measure performance. Monthly joint operating committee meetings were held by BCBS in Q4 to support provider groups achieve target goal rates.

PHP Intervention: PHP launched the Baby Bonus Program, a new reward program designed to encourage guardians to schedule and keep well child visits according to National Standards. The Performance Improvement Department staff called members who are part of the PPC measure to ensure they are aware of the new reward program for their newborn. PHP reports this direct caregiver/parent outreach has increased collaboration for members to schedule and attend required well baby visits. This internal collaboration with clinical departments and partnerships has enhanced visit compliance. All phone calls made to guardians are also to offer assistance with both scheduling of appointments and transportation for completing the appointment.

WSCC Intervention: The Western Sky Provider Quality Liaisons (PQLs) continue to conduct Provider outreach. This Provider outreach then cascades to members, as Providers outreach to members to schedule visits. WSCC also implemented an mPulse member texting campaign for this measure in Q4. Care Coordinators continue to work with members in Care Coordination to address all gaps in care. This includes providing member education, connecting members to a provider, and assisting with transportation or any other barriers.

PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
The percentage of Members ages three (3) through seventeen (17) years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year:

For this measure the National Committee for Quality Assurance

(NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

CY 2021 target is 53.33 percent.
BCBS Q1 11.59 percent; Q2 15.82 percent; Q3 19.70 percent; Q4 23.29 percent: Increase of 3.59 percentage points from Q3 to Q4 and 30.04 percentage points below the CY 2021 target.
PHP Q1 4.01 percent; Q2 6.89 percent; Q3 10.53 percent; Q4 12.94 percent: Increase of 2.41 percentage points from Q3 to Q4 and 40.39 percentage points below the CY 2021 target.
WSCC Q1 6.05 percent; Q2 10.51 percent; Q3 14.52 percent; Q4 18.59 percent: Increase of 4.07 percentage points from Q3 to Q4 34.74 percentage points below the CY 2021 target.
MCO Aggregate: Q1 Total 7.27 percent; Q2 Total 10.79 percent; Q3 Total 14.48 percent; Q4 Total 17.41 percent: Increase of 2.93 percentage points from Q3 to Q4 and 35.92 percentage points below the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: In Q4, as part of value based contracting efforts with multiple provider groups, BCBS Clinical Practice Consultant and Clinical Value Consultant staff continued to inform provider groups of their performance in the HEDIS Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents measure. The consultants offered member detail lists following joint operating committee meetings allowing the provider groups to close gaps in care while achieving performance goal targets. The consultants also continued to educate providers on billing and coding to capture physical activity counseling.

PHP Intervention: PHP continues to work with providers to ensure guardians schedule needed preventative and well child visits. PHP's Performance Improvement staff partner with provider representatives and office staff to ensure understanding of requirements and improved documentation of nutrition assessment and education of members/guardians. In addition, PHP continues to enhance administrative data collection to provide early documentation of compliance. PHP staff continue educating providers, and agencies statewide about telehealth, video visits and to schedule and attend much needed WCC visits. Parents/guardians are encouraged to utilize telehealth and video visits as well as follow through with scheduling an in-person clinic visit. SBHC's and Public Health Offices are ensuring correct coding is applied for these visits, so they

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are captured for this measure.

WSCC Intervention: WSCC continues to work with VBP providers on this measure. This is a VBP Pay-4-Performance measure and is reviewed at all provider engagement meetings. WSCC has also increased its number of providers with whom they receive data from for these sub-measures, thus improving performance where data can only be gathered via Electronic Medical Record. WSCC has also provided a weight management plan for members. Care Coordination also continues to provide a role in members education and providing support with gaps in care.

PM #3 (1 point) – Prenatal and Postpartum Care (PPC)
The percentage of Member deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a Member of the MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO:

CY 2021 target is 80.70 percent.
BCBS Q1 59.74 percent; Q2 58.78 percent; Q3 57.95 percent; Q4 57.38 percent: Decrease of 0.57 percentage points from Q3 to Q4 and 23.32 percentage points below the CY 2021 target.
PHP Q1 54.57 percent; Q2 55.51 percent; Q3 56.50 percent; Q4 56.70 percent: Increase of 0.20 percentage points from Q3 to Q4 and 24 percentage points below the CY 2021 target.
WSCC Q1 48.48 percent; Q2 49.81 percent; Q3 51.09 percent; Q4 47.69 percent: Decrease of 3.40 percentage points from Q3 to Q4 33.01 percentage points below the CY 2021 target.
MCO Aggregate: Q1 Total 55.99 percent; Q2 Total 56.15 percent; Q3 Total 56.45 percent; Q4 Total 55.87 percent: Decrease of 0.58 percentage points from Q3 to Q4 and 24.83 percentage points below the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: BCBS quality management staff is monitoring the pandemic and attempting creative solutions to both outreach and help members secure a prenatal appointment. BCBS notes they are finding that members who fall in the denominator of the measure, are still apprehensive with the risks associated to "in-person" appointments. BCBS continues member education efforts to include utilization of the Special Beginnings (SB) Care Coordination program to BCBS pregnant members. The SB Program provides care coordination, health education and guidance   from prenatal through 8 weeks postpartum.

PHP Intervention: PHP continues to work with providers on incentive programs encouraging them to initiate interventions to get members in the office for needed care. PHP also continues to educate community programs that provide services to pregnant women on available incentive programs and high-risk referral processes.

WSCC Intervention: In Q4, an mPulse texting campaign continued on a bi-weekly basis. This campaign sent reminders to members about prenatal care appointments, as well as a direct link for members to download the Pacify application. Pacify is an application that the member can use 24/7 for assistance with lactation specialists and is used to answer questions through a provided Nurse advice line. Start Smart for Baby (SSFB) continues to be used for all expecting mothers. This program allows them opportunities to learn about the different benefits WSCC offers such as baby showers, Pacify, and setting up scheduled visits with their provider. It is designed to customize the support and care a mother will need for a healthy pregnancy and baby.

PM #4 (1 point) – Prenatal and Postpartum Care (PPC)
The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

CY 2021 target is 64.65 percent.
BCBS Q1 42.98 percent; Q2 47.59 percent; Q3 47.51 percent; Q4 54.30 percent: Increase of 6.79 percentage points from Q3 to Q4 and 10.35 percentage points below the CY 2021 target.
PHP Q1 45.54 percent; Q2 51.68 percent; Q3 54.11 percent; Q4 59.45 percent: Increase of 5.34 percentage points from Q3 to Q4 and 5.2 percentage points below the CY 2021 target.
WSCC Q1 32.17 percent; Q2 38.39 percent; Q3 43.86 percent; Q4 49.64 percent: Increase of 5.78 percentage points from Q3 to Q4 and 15.01 percentage points below the CY 2021 target.
MCO Aggregate: Q1 Total 43.33 percent; Q2 Total 48.76 percent; Q3 Total 50.54 percent; Q4 Total 56.40 percent: Increase of 5.86 percentage points from Q3 to Q4 and 8.25 percentage points below the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: BCBS Quality Clinical Value Consultants held standing monthly meetings with provider groups, supporting them in meeting their goals. BCBS consultants shared performance measure outcomes with provider groups as part of value based contracting efforts to improve prenatal and postpartum HEDIS rates.   Attributed member lists were also provided allowing them to close gaps in care. In Q4, BCBS released a member social media video narrated by their Director advising the importance of scheduling prenatal appointments. The video is available on their member website.

PHP Intervention: PHP continues to advertise rewards programs to encourage members to be compliant with postpartum care. In addition, PHP continues efforts to improve Clinical Data Information feeds and electronic access to medical records to allow identification of service closer to dates of service.

WSCC Intervention: TriCore data was used to determine additional births that were not on WSCC's original data. WSCC's Start Smart for Your Baby program increases communication by allowing new mothers to be more engaged in their baby's health and their postpartum health. A new texting campaign was launched providing appointment reminders, resulting in increased visits and care in Q4. WSCC worked with TriCore to obtain more real time data for the PPC measure, which was used to outreach to members for timely postpartum care. Care Coordinators continue to work with members to address all gaps in care. This includes providing member education, connecting members to a provider, and assisting with transportation or any other barriers.

PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3
The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

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CY 2021 target is 69.27 percent.
BCBS Q1 50.12 percent; Q2 58.01 percent; Q3 60.11 percent; Q4 60.58 percent: Increase of 0.47 percentage points from Q3 to Q4 and 8.69 percentage points below the CY 2021 target.
PHP Q1 54.24 percent; Q2 62.02 percent; Q3 62.47 percent; Q4 62.90 percent: Increase of 0.43 percentage points from Q3 to Q4 and 6.37 percentage points below the CY 2021 target.
WSCC Q1 34.54 percent; Q2 47.68 percent; Q3 50.92 percent; Q4 54.64 percent: Increase of 0.72 percentage points from Q3 to Q4 and 14.63 percentage points below the CY 2021 target.
MCO Aggregate: Q1 Total 50.71 percent; Q2 Total 57.94 percent; Q3 Total 60.13 percent; Q4 Total 60.92 percent: Increase of 0.79 percentage points from Q3 to Q4 and 8.35 percentage points below the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: BCBS's Quality Management Staff and Vendor CareNet performed member outreach calls to parents/guardians advising when Combo 3 immunizations are due and to provide supporting scheduling an appointment with a provider. Quarterly articles with childhood immunization focus were published, promoting member education and engagement. In Q4, BCBS Care Van collaborated with Walgreens to provide child immunizations. Value based contracting and joint operating committee (JOC) meetings were held with multiple providers groups. The JOC meetings were aimed to help provider groups improve CIS Combo 3 rates with BCBS Centennial membership.

PHP Intervention: PHP continues to reach out to members in a multitude of methodologies: mail, phone calls, provider notifications, social media and in-person events, providing first line support to the Got Shots program throughout the year, and coordination with providers remain a cornerstone of the immunization program. Continued partnerships with Community Wellness coalitions, SBHC's and contracted provider groups continued in Q4. Department wide outpatient outreach efforts with member phone calls, provider collaborations to engage member with gaps in care for this measure also continued.

WSCC Intervention: WSCC continued to work with the New Mexico Immunization Coalition on the "Got Shots?" Campaign. This campaign was an effort to get New Mexican children immunized for the year. WSCC also hosted multiple immunization clinics throughout the State for all ages. WSCC continues to provide Value Based Payment (VBP) provider meetings to review care gap lists and share

best practices for a concentrated focus on getting members scheduled for visits.

PM #6 (1 point) – Antidepressant Medication Management (AMM): Continuous Phase
The number of Members age eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) Calendar Days (6 months) of continuous treatment with an antidepressant medication.

CY 2021 target is 34.76 percent.
BCBS Q1 28.76 percent; Q2 34.16 percent; Q3 39.38 percent; Q4 40.04 percent: Increase of 0.66 percentage points from Q3 to Q4 and 5.28 percentage points above the CY 2021 target.
PHP Q1 46.24 percent; Q2 45.10 percent; Q3 44.93 percent Q4 44.22 percent: Decrease of 0.71 percentage points from Q3 to Q4 and 9.46 percentage points above the CY 2021 target.
WSCC Q1 26.68 percent; Q2 33.36 percent; Q3 40.56 percent; Q4 42.96 percent: Increase of 2.4 percentage points from Q3 to Q4 and 8.20 percentage points above the CY 2021 target.
MCO Aggregate: Q1 Total 33.18 percent; Q2 Total 38.27 percent; Q3 Total 42.06 percent; Q4 Total 42.49 percent: Increase of 0.43 percentage points from Q3 to Q4 and 7.73 percentage points above the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: BCBS reports that ongoing interventions have continued to positively impact this measure. Provider education about depression and Antidepressant Medication Management (AMM) remained a focus in Q4 and BCBS's BH Quality team continued to participate in Provider Network meetings with primary care provider groups. In Q4, BCBS offered a free provider education webinar on Comorbid Behavioral Health and Physical Health Conditions that provided CME/CEU credit. BCBS is developing a provider education webinar on depression, to include AMM which is anticipated to take place in Q1 of CY22.

PHP Intervention: The incentivization of the AMM measure within the Provider Quality Incentive Program continued in CY 2021. PQIP enrollment within the AMM measure grew to 74 provider groups by the end of CY 2021, with average provider performance being within the highest tier for reimbursement. Collaboration between physical health and behavioral health providers was encouraged through a PHP newsletter article published in Q1 CY21, which detailed how

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collaboration between these providers improves health outcomes.

WSCC Intervention: The WSCC Pharmacy team continues to identify members with time left in the AMM measure to understand which members have no antidepressant refills remaining on their prescription. The Pharmacy team also outreaches to pharmacies to monitor whether prescriptions are current. WSCC's pharmacy partner, Envolve, has a telephonic outreach program that targets newly diagnosed AMM members. The intervention includes education and referral back to the prescribing provider when necessary. Western Sky also offers a Behavioral Health Disease Management (BH DM) program staffed locally by a WSCC Health Coach, an RN. The BH DM Health Coach reaches out to members telephonically about their anti-depressant prescriptions and educates, shares local resources, and coordinates care.

PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation
The total percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD Treatment.

CY 2021 target is 44.74 percent.
BCBS Q1 38.48 percent; Q2 41.18 percent; Q3 41.88 percent; Q4 43.13 percent: Increase of 1.25 percentage points from Q3 to Q4 and 1.61 percentage points below the CY 2021 target.
PHP Q1 42.46 percent; Q2 49.43 percent; Q3 49.56 percent Q4 53.87 percent: Increase of 4.31 percentage points from Q3 to Q4 and 9.13 percentage points above the CY 2021 target.
WSCC Q1 42.38 percent; Q2 43.21 percent; Q3 45.01 percent; Q4 44.92 percent Decrease of 0.09 percentage points from Q3 to Q4.and 0.18 percentage points above the CY 2021 target.
MCO Aggregate: Q1 Total 40.93 percent; Q2 Total 45.77 percent; Q3 Total 46.22 percent; Q4 Total 48.91 percent: Increase of 2.69 percentage points from Q3 to Q4 and 4.17 percentage points above the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: In Q4, the Provider Enhanced Payment Incentive was continued and promoted in Provider Network meetings with provider groups. Recovery Support Assistant (RSA) staff continued to assist members with scheduling follow-up appointments through the Reserved Appointment Initiative. Planning continued in Q4 to develop a new series of provider education webinars that will include substance abuse coordination of care and improving follow-up care.

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The free webinar will target primary care providers and offer them CME/CEU credit which is anticipated to occur in Q2 of CY22.

PHP Intervention: Value Based Purchasing programs were offered to both physical health and behavioral health providers with opportunities for incentives for completing both initiation and engagement appointments with members diagnosed with substance use (SUD) or alcohol/other drug dependence (AOD) diagnoses. A cross-departmental workgroup focused on Reducing Unhealthy Alcohol Use and Alcohol-related harm concluded in CY21 and major accomplishments included devising a strategy to reduce alcohol-related harm and associated costs by increasing the use of the evidence-based intervention, Electronic Alcohol Screening and Brief Intervention (E-SBI) within the Presbyterian delivery system.

WSCC Intervention: The IET member incentive program has increased member engagement and compliance for this measure. The Member Connections (MC) outreach team increased the number of members they outreached to in Q4, as well as continued refinement of their process. This includes assessing and mitigating barriers, assisting with scheduling and rescheduling appointments, as well as finding needed resources within the plan or externally. The team continues to use Interpreta, a HEDIS engine with nightly claims refresh, to determine appropriate membership for outreach.

PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge.

CY 2021 target is 50.22 percent.
BCBS Q1 45.80 percent; Q2 51.47 percent; Q3 50.07 percent; Q4 55.77 percent: Increase of 5.70 percentage points from Q3 to Q4 and 5.55 percentage points above the CY 2021 target.
PHP Q1 46.54 percent; Q2 51.76 percent; Q3 51.45 percent; Q4 52.69 percent: Increase of 1.24 percentage points from Q3 to Q4 and 2.47 percentage points above the CY 2021 target.
WSCC Q1 36.50 percent; Q2 47.67 percent; Q3 49.62 percent; Q4 51.20 percent: Increase of 1.58 percentage points from Q3 to Q4 and 0.98 percentage points above the CY 2021 target.
MCO Aggregate: Q1 Total 45.09 percent; Q2 Total 51.16 percent; Q3 Total 50.71 percent; Q4 Total 53.68 percent: Increase of 2.97 percentage points from Q3 to Q4 and 3.46 percentage points above the CY 2021 target.

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MCO Strategies and Interventions:
BCBS Intervention: The Outpatient Incentive Program, Reserved Appointment Initiative, and the Facility Incentive Program were continued in Q4 of CY21. Planning continued in Q4 to develop a new series of provider education webinars that will focus on coordinating care and the importance of follow-up care beginning in Q1 of CY22. The free webinars will target primary care providers and offer them CME/CEU credit. This measure has continued to be impacted by COVID-19 and the ongoing barriers presented by the virus and the new variants. Members may still be reluctant to engage in follow-up care or see their providers in-person, they may have difficulties with the technology for telemedicine appointments, or they may have other socioeconomic barriers that may be impacting their ability to receive follow-up care.

PHP Intervention: VBP programs that offered incentives for successful performance in the FUH measure were leveraged as a major FUH intervention in CY21; available programs included the Model Facility Incentive Program (MFIP) for inpatient acute psychiatric facilities/units, the BH Quality Incentive Program (BQIP) for outpatient behavioral health providers, and the Provider Quality Incentive Program (PQIP) for physical health providers. The MFIP program's engagement with participating providers grew throughout the calendar year to 100 percent participation in quarterly meetings by Q4 2021. MFIP meetings were redesigned in CY21 to allow for a more robust and strategic meeting and includes input from multiple groups within PHP, including the Care Coordination team, the Utilization Management team, and the PHP Medical Director.

WSCC Intervention: The WSCC BH Services team continued to focus on increasing Teambuilders telehealth assessment referrals. Teambuilders provides monthly outreach and completion reports, which is monitored for program effectiveness by the BH Services team as well as Quality. Giftcard distribution continued through September 2021, with a total of 299 cards distributed for CY21. An intervention started in Q3, and continued in Q4, was provider outreach for gap closure by the Provider Quality Liaisons (PQLs).

PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day
The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit.

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CY 2021 target is 45.01 percent.
BCBS Q1 47.34 percent; Q2 55.79 percent; Q3 53.75 percent; Q4 55.95 percent: Increase of 2.20 percentage points from Q3 to Q4 and 10.94 percentage points above the CY 2021 target.
PHP Q1 62.79 percent; Q2 65.92 percent; Q3 63.41 percent; Q4 63.46 percent: Increase of 0.23 percentage points from Q3 to Q4 and 18.45 percentage points above the CY 2021 target.
WSCC Q1 30.38 percent; Q2 36.50 percent; Q3 41.86 percent; Q4 45.80 percent: Increase of 3.94 percentage points from Q3 to Q4 and 0.79 percentage points above the CY 2021 target.
MCO Aggregate: Q1 Total 52.74 percent; Q2 Total 59.01 percent; Q3 Total 57.47 percent; Q4 Total 58.97 percent: Increase of 1.50 percentage points from Q3 to Q4 and 13.96 percentage points above the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: Interventions have continued for this measure in Q4 of CY21, including having Transition of Care (TOC) staff and Recovery Support Assistant (RSA) staff conduct member outreach using the EDIE© system. Planning continued to develop additional provider education webinars that will focus on the importance of follow-up care that will begin in Q1 of CY22. The webinars will target primary care providers and offer free CME/CEU credit.

PHP Intervention: PHP was able to successfully leverage telehealth and video platforms for increased member engagement and create integrated care partnerships between behavioral health and physical health providers using the Presbyterian Healthcare Services (PHS) Consult Liaison Services. This program provides psychiatry services via telemedicine technology at identified EDs and Urgent Care-EDs within the PHS delivery system.

WSCC Intervention: The outreach team refers members directly to Teambuilders Behavioral Health of Santa Fe for a telephonic initial assessment. This telephonic visit is an initial stage for transitioning a member toward more routine, or community-based behavioral health treatment. The MC outreach team increased the number of members they outreached to in Q3 and Q4, as well as continued refinement of their process. This includes assessing and mitigating barriers, assisting with scheduling and rescheduling appointments, as well as finding needed resources within the plan or externally. The team is continuing use of Interpreta, a HEDIS engine with nightly claims refresh, to determine appropriate membership for outreach.

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PM #10 (1 point) – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
The percentage of Members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

CY 2021 target is 81.35 percent.
BCBS Q1 38.16 percent; Q2 59.08 percent; Q3 69.36 percent; Q4 76.78 percent: Increase of 7.42 percentage points from Q3 to Q4 and 4.57 percentage points below the CY 2021 target.
PHP Q1 41.78 percent; Q2 61.93 percent; Q3 71.25 percent; Q4 79.31 percent: Increase of 8.06 percentage points from Q3 to Q4 and 2.04 percentage points below the CY 2021 target.
WSCC Q1 35.74 percent; Q2 55.79 percent; Q3 64.85 percent; Q4 73.55 percent: Increase of 8.70 percentage points from Q3 to Q4 and 7.8 percentage points below the CY 2021 target.
MCO Aggregate: Q1 Total 39.86 percent; Q2 Total 60.28 percent; Q3 Total 69.93 percent; Q4 Total 77.83 percent: Increase of 7.90 percentage points from Q3 to Q4 and 3.52 percentage points below the CY 2021 target.

MCO Strategies and Interventions:
BCBS Intervention: A provider education webinar on Comorbid Behavioral Health and Physical Health Conditions that included the SSD measure was held in Q4 of CY21. This free webinar targeted primary care providers and offered CME/CEU credit to attendees. Additionally, this measure and the webinar were promoted in Provider Network meetings with primary care groups to educate providers about the measure and to offer in-home A1c test kits to providers who may have members who do not want to come into their office for testing. BCBS staff reached out to members telephonically to offer in-home A1c test kits and Medic Buddy mobile testing services to ensure that members received the recommended diabetes screening if they were uncomfortable going into an office. Pharmacy staff also continued to send letters to providers to remind them of the importance of screening their members for diabetes. BCBS is planning for a CY22 webinar series that will include SSD in a Diabetes and Mental Health webinar.

PHP Intervention: The QI team continued to work on the abstraction project for SSD members who were hospitalized for mental illness. Provider educational efforts spanned many different venues including direct peer-to-peer outreach calls conducted by the BH Medical Director, SSD educational letters mailed to prescribers, and a

newsletter article regarding metabolic monitoring for members taking antipsychotic medications published in the Centennial Care 2.0 Provider Newsletter.

WSCC Intervention: In Q4, the WSCC team developed and implemented a year-end push as a focused intervention. Lab2U was utilized to send lab kits to members' homes. A group of BH VBP providers who meet regularly with Western Sky was also engaged to help get metabolic monitoring tests to the SSD population of members within their BH groups' panels. The WSCC BH Medical Director conducted outreach to provider prescribers for these members. Additionally, these member lists were provided to the providers.

Tracking Measures (TMs)
HSD requires the MCOs to submit quarterly reports for the Tracking Measures listed in the MCO contract. HSD Quality Bureau reviews and analyzes the reports for completeness and accuracy and to gauge positive or negative outcomes and trends. The MCOs report interventions, strategies, and barriers that impact performance outcomes. HSD's review findings are communicated to the MCOs through scheduled MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meetings (QQMs). Numbers and rates reported are cumulative from quarter to quarter for all TMs except for TM #1, which is reported on a 12-month rolling period.

The following TMs show results for DY8 Q1, Q2, Q3, and Q4 reporting:

TM #1 – Fall Risk Management
The percentage of Medicaid Members sixty-five (65) years of age and older with an outpatient visit with a diagnosis of a fall or problems with balance/walking and were screened by a practitioner for fall risk on the date of the diagnosis. An increase in percentage indicates improvement for this measure.

BCBS Q1 0.06 percent; Q2 0.05 percent; Q3 0.02 percent; Q4 0.00 percent: Decrease of 0.02 percentage points from Q3 to Q4.
PHP Q1 4.37 percent; Q2 4.25 percent; Q3 3.72 percent; Q4 3.83 percent: Increase of 0.11 percentage points from Q3 to Q4.
WSCC Q1 0.23 percent; Q2 0.30 percent; Q3 0.34 percent; Q4 0.58 percent: Decrease of 0.24 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 1.16 percent; Q2 Total 1.15 percent; Q3 Total 1.04 percent; Q4 1.04 percent: No change from Q3 to Q4.

MCO Interventions:
BCBS Intervention: BCBS will continue to educate clinicians during quality meetings and in the newsletter on the use of the correct CPT code that indicates that they have completed the fall risk assessment.

PHP Intervention: To reduce fall risk, interventions include home evaluations for fall risk, evaluation for Long Term Care Services and Supports needs, durable medical equipment, review of medications that may increase fall risk, and physical or occupational therapy.

WSCC Intervention: WSCC utilizes a multidisciplinary team that includes Medical Management, disease management, care coordination, and population health to improve performance for members with falls.

TM #2 – Diabetes Short-Term Complications Admission Rate
Number of inpatient hospital admissions for diabetes short-term complications per 100,000 enrollee months for Medicaid enrollees ages eighteen (18) and older. Reported as a rate per 100,000 member months. A lower rate indicates improvement for this measure.

BCBS Q1 16.72; Q2 21.45; Q3 20.73; Q4 21.64: Decline in performance of 0.91 per 100,000 member months from Q3 to Q4.
PHP Q1 13.17; Q2 15.31; Q3 15.90; Q4 15.82: Improvement of 0.08 per 100,000 member months from Q3 to Q4.
WSCC Q1 2.03; Q2 5.30; Q3 10.21; Q4 10.33: Decline in performance of 0.12 per 100,000 member months from Q3 to Q4.
MCO Aggregate: Q1 Total 13.22; Q2 Total 16.41; Q3 Total 17.01; Q4 Total 17.32: Decline in performance of 0.31 per 100,000 member months from Q3 to Q4.

MCO Interventions:
BCBS Intervention: BCBS' Quality Improvement Department finalized creating non-clinical elements to the existing Short-Term Complications of diabetes Admissions Performance Improvement Project, choosing to seek provider input via a newly created questionnaire to accompany the provider notification letter.

PHP Intervention: The third and last mailing for 2021 occurred in October 2021 to 973 members with care gaps in the Comprehensive

Diabetes Care measure to remind them to seek care for A1c, nephropathy and eye care.

WSCC Intervention: WSCC conducted a Proactive Outreach Manager campaign to members in Q4, which are automated outreach calls that encourage members to access their primary care practitioner for care for conditions such as diabetes and other health conditions.

TM #3 – Screening for Clinical Depression
Percentage of Medicaid enrollees ages eighteen (18) and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen. An increase in percentage indicates improvement for this measure.

BCBS Q1 0.41 percent; Q2 0.77 percent; Q3 1.02 percent; Q4 1.39 percent: Increase of 0.37 percentage points from Q3 to Q4.
PHP Q1 0.60 percent; Q2 1.10 percent; Q3 1.46 percent; Q4 1.83 percent: Increase of 0.37 percentage points from Q3 to Q4.
WSCC Q1 0.53 percent; Q2 0.73 percent; Q3 0.98 percent; Q4 1.39 percent: Increase of 0.41 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 0.53 percent; Q2 Total 0.96 percent; Q3 Total 1.28 percent; Q4 Total 1.65 percent: Increase of 0.37 percentage points from Q3 to Q4.

MCO Interventions:
BCBS Intervention: In Q4 2021, efforts were made to identify those providers who are screening for depression but are not including the results code in their billing.

PHP Intervention: The PHQ-9 in the Care Coordination Comprehensive Needs Assessment continued in CY 2021; there were over 300 members who were educated on their questionnaire results and 97 percent of members care plans addressed symptoms of moderate to severe depression.

WSCC Intervention: WSCC added this measure to its Value-based PH pay-for-performance program in an effort to increase primary care provider awareness, focus on this population, and increase follow up care.

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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. An increase in rate indicates improvement for this measure.

BCBS Q1 42.96 percent; Q2 46.45 percent; Q3 39.52 percent; Q4 39.97 percent: Increase of 0.45 percentage points from Q3 to Q4.
PHP Q1 35.83 percent; Q2 38.17 percent; Q3 38.44 percent; Q4 40.17 percent: Increase of 1.73 percentage points from Q3 to Q4.
WSCC Q1 33.33 percent; Q2 40.84 percent; Q3 42.49 percent; Q4 41.20 percent: Decrease of 1.29 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 37.94 percent; Q2 Total 41.48 percent; Q3 Total 39.30 percent; Q4 Total 40.21 percent: Increase of 0.91 percentage points from Q3 to Q4.

MCO Interventions
BCBS Intervention: The Reserved Appointment Initiative, Outpatient Incentive Program, and the Facility Incentive Program were all continued in Q4 2021.

PHP Intervention: Provider town hall presentations were used to educate providers on all behavioral health HEDIS measures, including FUH; each presentation encouraged both physical health and behavioral health providers to enroll in our Value-Based Purchasing (VBP) programs.

WSCC Intervention: Providers have access to a daily inpatient census report for assigned members, have been educated on this tool, and are using these reports for member outreach.

TM #5 – Immunizations for Adolescents (IMA)
The percentage of adolescents thirteen (13) years of age who had one (1) dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. An increase in percentage indicates improvement for this measure.

BCBS Q1 60.07 percent; Q2 76.20 percent; Q3 80.88 percent; Q4 81.69 percent: Increase of 0.81 percentage points from Q3 to Q4.
PHP Q1 70.74 percent; Q2 73.26 percent; Q3 77.67 percent; Q4 78.39 percent: Increase of 0.72 percentage points from Q3 to Q4.
WSCC Q1 62.07 percent; Q2 68.36 percent; Q3 73.14 percent; Q4 75.00 percent: Increase of 1.86 percentage points from Q3 to Q4.

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MCO Aggregate: Q1 Total 66.50 percent; Q2 Total 73.69 percent; Q3 Total 78.22 percent; Q4 Total 79.08 percent: Increase of 0.86 percentage points from Q3 to Q4.

MCO Interventions:
BCBS Intervention: Telephonic outreach to parents/guardians encouraging them to complete immunizations and offering scheduling assistance with a provider during the call.

PHP Intervention: Utilizing improved GIC data to engage Provider Groups, collaborating with VBP programs and improving social media campaigns to inform and educate members on the importance of adolescent immunizations.

WSCC Intervention: The mPulse texting campaign continued to run throughout Q4 with a focus on getting members in for a well-visit.

TM #6 – Long-Acting Reversible Contraceptive (LARC)
Utilization of Long-Acting Reversible Contraceptives. The contractor shall report LARC insertion/utilization data for this measure.

BCBS Q1 183; Q2 438; Q3 637; Q4 811
PHP Q1 350; Q2 697; Q3 1,015; Q4 1,321
WSCC Q1 77; Q2 112, Q3 181; Q4 242
MCO Aggregate: Q1 Total 610; Q2 Total 1,247; Q3 Total 1,833; Q4 Total 2,374

TM #7 – Smoking Cessation
The MCO shall report the number of successful quit attempts. The MCO shall monitor the use of smoking cessation products and counseling utilization. Total number of unduplicated Members receiving smoking and tobacco cessation products/services.

BCBS Q1 1,201; Q2 2,139; Q3 2,826; Q4 3,443
PHP Q1 1,886; Q2 3,547; Q3 4,674; Q4 5,715
WSCC Q1 326; Q2 674; Q3 958; Q4 1,178
MCO Aggregate: Q1 Total 3,413; Q2 Total 6,360; Q3 Total 8,458; Q4 Total 10,336

MCO Interventions:
BCBS Intervention: Added the first true generic of Chantix on 9/19/2021 to the formulary and removed the Apo-Varenicline from the formulary on 11/1/2021.

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PHP Intervention: Reworked the Tobacco Cessation program processes to address need for member clarity on services offered, include more member touchpoints, and follow up on services rendered.

WSCC Intervention: WSCC continued to identify and refer members who are interested in the smoking cessation program to provide tobacco cessation disease management activities to support members' smoking cessation needs and readiness for change.

TM #8 – Ambulatory Care Outpatient Visits
Utilization of outpatient visits reported as a rate per 1,000 member months. An increase in rate indicates improvement for this measure.

BCBS Q1 64.14; Q2 147.03; Q3 232.18; Q4 319.16: Increase of 86.98 per 1,000 member months from Q3 to Q4.
PHP Q1 59.35; Q2 134.89; Q3 215.48; Q4 296.34: Increase of 80.86 per 1,000 member months from Q3 to Q4.
WSCC Q1 29.31; Q2 96.43; Q3 162.73; Q4 234.42: Increase of 71.69 per 1,000 member months from Q3 to Q4.
MCO Aggregate: Q1 Total 57.83; Q2 Total 135.06; Q3 Total 215.70; Q4 Total 297.68: Increase of per 1,000 member months 81.98 from Q3 to Q4.

MCO Interventions:
BCBS Intervention: Care Coordination works with members to promote PCP utilization.

PHP Intervention: PHP continues to expand their provider network.

WSCC Intervention: For all members who are in Care Coordination, the Care Coordinator will work with the member to address all gaps in care. This includes providing member education, connecting member to a provider, and assisting with transportation or any barrier to getting to the appointment.

TM #8 – Ambulatory Care Emergency Department Visits
Utilization of emergency department (ED) visits reported as a rate per 1,000 member months. A lower rate indicates improvement for this measure.

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BCBS Q1 7.24; Q2 16.88; Q3 27.95; Q4 38.67: Decline in performance of 10.72 per 1,000 member months from Q3 to Q4.
PHP Q1 6.73; Q2 15.90; Q3 26.22 Q4 36.13: Decline in performance of 9.91 per 1,000 member months from Q3 to Q4.
WSCC Q1 4.03; Q2 13.18; Q3 23.33; Q4 33.73: Decline in performance of 10.40 per 1,000 member months from Q3 to Q4.
MCO Aggregate: Q1 Total 6.62; Q2 Total 15.96; Q3 Total 26.52; Q4 Total 36.77: Decline in performance of 10.25 per 1,000 member months from Q3 to Q4.

MCO Interventions:
BCBS Intervention: Community Health workers are utilized as part of an ED reduction initiative.

PHP Intervention: PHP continues to work closely with providers and members to ensure that needed services are available at the appropriate care level.

WSCC Intervention: mPulse mobile is a new program for WSCC members that engages them through text messages related to education around ED visits. If a member was recently discharged from the ED, mPulse mobile will ask how they are doing and if they had a follow up visit with a doctor or nurse.

TM #9 – Annual Dental Visit (ADV)
The percentage of enrolled Members ages two (2) to twenty (20) years who had at least one (1) dental visit during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 19.17 percent; Q2 37.46 percent; Q3 37.61 percent; Q4 37.84 percent: Increase of 0.23 percentage points from Q3 to Q4.
PHP Q1 21.17 percent; Q2 38.79 percent; Q3 50.44 percent; Q4 56.33 percent: Increase of 5.89 percentage points from Q3 to Q4.
WSCC Q1 9.23 percent; Q2 30.37 percent; Q3 43.66 percent; Q4 51.66 percent: Increase of 8.00 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 19.27 percent; Q2 Total 37.48 percent; Q3 Total 45.42 percent; Q4 Total 49.69 percent: Increase of 4.27 percentage points from Q3 to Q4.

MCO Interventions:
BCBS Intervention: In collaboration with the Community Outreach

team, Familia Dental hosted Dental Days from Oct. through Dec. 2021, with members show completed appointments receiving Centennial Care 2.0 Rewards.

PHP Intervention: Presentations, education, and member communication via letters and phone calls include information on the need to complete dental visits.

WSCC Intervention: Member Services continues to inform members of ADV and the Proactive Outreach Management automated calling campaign was launched in Q4 as a final push to get members in by the end of the year.

TM #10 – Controlling High Blood Pressure (CBP)
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. An increase in percentage indicates improvement for this measure.

BCBS Q1 3.10 percent; Q2 7.20 percent; Q3 11.50 percent; Q4 20.83 percent: Increase of 9.33 percentage points from Q3 to Q4.
PHP Q1 8.77 percent; Q2 20.25 percent; Q3 25.15 percent; Q4 34.05 percent: Increase of 8.90 percentage points from Q3 to Q4.
WSCC Q1 0.83 percent; Q2 2.94 percent; Q3 8.03 percent; Q4 11.93 percent: Increase of 3.90 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 5.79 percent; Q2 Total 13.52 percent; Q3 Total 18.15 percent; Q4 Total 26.80 percent: Increase of 8.65 percentage points from Q3 to Q4.

MCO Interventions:
BCBS Intervention: Early October, members could watch a video about high blood pressure on social media sites from Dr. Ann Bay, Chief Medical Officer at Blue Cross and Blue Shield of New Mexico, with the message of risks of high blood pressure, seeing your provider twice a year, taking medications for hypertension, lifestyle changes and healthful habits.

PHP Intervention: Working with large providers on electronic access to blood pressure data to ensure appropriate identification of members status.

WSCC Intervention: WSCC educates Care Coordinators to help

members with uncontrolled blood pressure, diabetes, or kidney failure get blood pressure monitors

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase
The percentage of members ages six (6) to twelve (12) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. An increase in rate indicates improvement for this measure.

BCBS Q1 39.66 percent; Q2 39.93 percent; Q3 39.83 percent; Q4 39.65 percent: Decrease of 0.18 percentage points from Q3 to Q4.
PHP Q1 25.80 percent; Q2 26.40 percent; Q3 26.44 percent; Q4 26.60 percent: Increase of 0.16 percentage points from Q3 to Q4.
WSCC Q1 34.12 percent; Q2 33.96 percent; Q3 35.38 percent; Q4 35.38 percent: No change in percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 31.46 percent; Q2 Total 31.88 percent; Q3 Total 32.01 percent: Q4 Total 31.97 percent: Decrease of 0.04 percentage points from Q3 to Q4.

MCO Interventions:
BCBS Intervention: In Q4 2021 there was a free provider education webinar offered that included the ADD measure. Providers who attended received CME/CEU credit.

PHP Intervention: Provider education surrounding the ADD measure occurred in CY 2021 and providers were encouraged to enroll in VBP programs if they are eligible.

WSCC Intervention: After reviewing medications members are taking, members who are high risk would potentially be brought to rounds for further review.

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD) Continuation and Maintenance Phase:
The percentage of members ages six (6) to twelve (12) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who remained on the medications for at least 210 days who, in addition to the visit in the Initiation Phase had at least two follow-up visits with a practitioner within 9-months after the Initiation Phase. An

increase in percentage indicates improvement for this measure.

BCBS Q1 59.70 percent; Q2 58.68 percent; Q3 56.25 percent; Q4 54.80 percent: Decrease of 1.45 percentage points from Q3 to Q4.
PHP Q1 30.33 percent; Q2 33.17 percent; Q3 30.71 percent; Q4 30.99 percent: Increase of 0.28 percentage points from Q3 to Q4.
WSCC Q1 57.14 percent; Q2 53.85 percent; Q3 42.11 percent; Q4 48.78 percent: Increase of 6.67 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 40.74 percent; Q2 Total 42.72 percent; Q3 Total 40.28 percent; Q4 Total 40.13 percent: Decrease of 0.15 percentage points from Q3 to Q4.

MCO Interventions:
BCBS Intervention: In Q4 2021 there was a free provider education webinar offered that included the ADD measure. Providers who attended received CME/CEU credit.

PHP Intervention: Quarterly Provider Education Conferences encouraged enrollment in VBP Programs, which includes incentivization of the ADD measure.

WSCC Intervention: For members in Care Coordination, WSCC would address any medication needs or concerns, assist with arranging transportation to and from provider appointments, and review the list of medications that the members are taking.

TM #12 – Child and Adolescent Well-Care Visits (WCV)
The percentage of members three (3) to twenty-one (21) years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 9.73 percent; Q2 20.58 percent; Q3 33.62 percent; Q4 42.49 percent: Increase of 8.87 percentage points from Q3 to Q4.
PHP Q1 8.44 percent; Q2 16.99 percent; Q3 28.59 percent; Q4 36.37 percent: Increase of 7.78 percentage points from Q3 to Q4.
WSCC Q1 7.38 percent; Q2 14.35 percent; Q3 25.22 percent; Q4 35.71 percent: Increase of 10.49 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 8.76 percent; Q2 Total 17.92 percent; Q3 Total 29.92 percent; Q4 Total 38.33 percent: Increase of 8.41 percentage points from Q3 to Q4.

	MCO Interventions: BCBS Intervention: All newly enrolled members were sent the member handbook which provided benefit information on Well-Child Visits. The handbook was also made available on the BCBS website. PHP Intervention: Encouraged medical record collection and abstraction. WSCC Intervention: The Provider Quality Liaisons have worked with Value Based Providers to provide scorecard reviews and member gap lists, encouraging providers to get members in for a well child visit. **External Quality Review** HSD conducts bi-weekly meetings with the External Quality Review Organization (EQRO) to review monthly projects, provide consistent feedback and communication, provide assistance and support, and to assess issues. EQRO Reviews and Validations in Q4 of DY8 and Q1 of DY9 consisted of the following: CY18 EQR Reviews and Validations: 2018 Compliance Review- Final report was posted to the HSD website. CY19 EQR Reviews and Validations: 2019 Network Adequacy Validation- Final report was posted to the HSD website. 2019 Compliance Review- Final report was posted to the HSD website. 2019 Validation Performance Measures- Final report was posted to the HSD website. CY20 EQR Reviews and Validations: 2020 Compliance Review- 2nd draft was submitted to HSD in DY8 M11. 2020 Validation of Performance Measures- 2nd draft was submitted to HSD in DY8 M12 with additional QC Benchmarks. 2020 Validation of Performance Improvement Projects- 1st draft was submitted to HSD DY8 M12. 2020 Network Adequacy Validation- 1st draft issued to HSD in DY8

	M11. CY21 EQR Reviews and Validations: 2021 Information Systems Capability Assessment (ISCA)- Final report was posted to the HSD website.

UTILIZATION

Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for January 2020 through December 2021. Please see Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group.

VALUE BASED PURCHASING

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

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

For DY8 Q4, BCBS and PHP have met or exceeded the required VBP spend target of 33 percent. For DY8 Q4 WSCC has not met the target and currently sits at 31 percent. Data will be refreshed in the annual supplement and HSD will evaluate if each MCO has met the DY8 threshold.

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Overall MCO VBP Spend
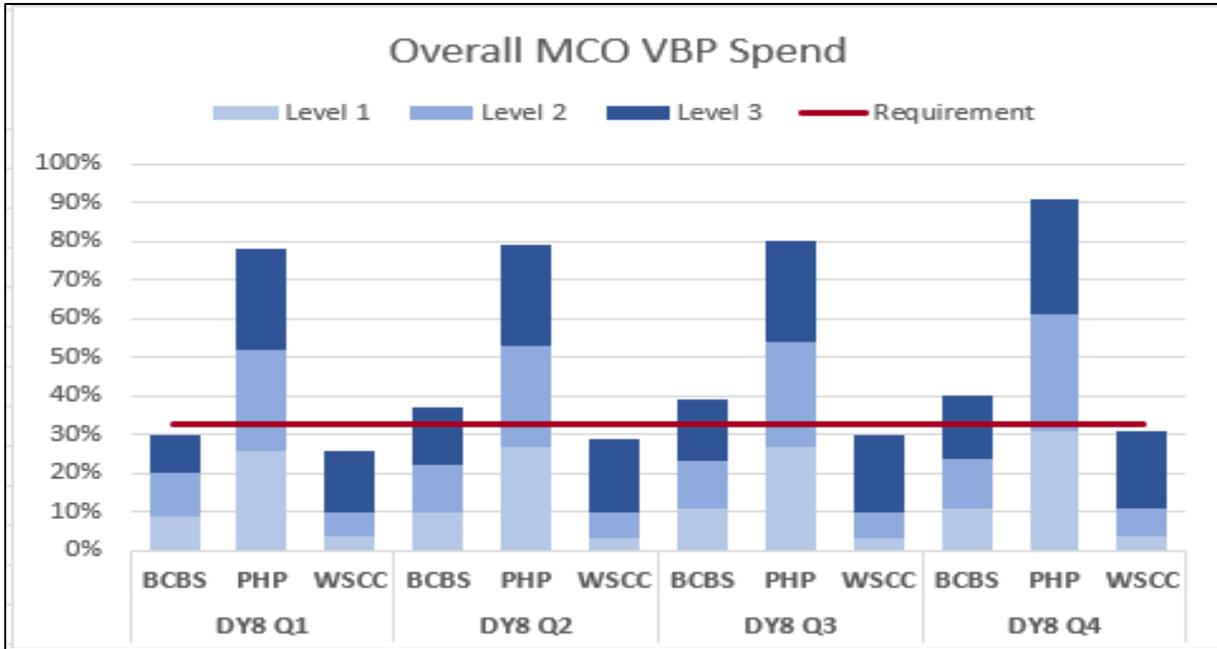
Source: CY21 Q1, Q2, Q3, and Q4 MCO VBP Financial Reports

LOW ACUITY NON-EMERGENT CARE (LANE)

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

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

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

Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics. A GME expansion 5-year strategic plan released by HSD in January 2020 estimates that 46 new primary care residents will graduate in New Mexico each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60 percent within the next five years.

BCBS continues to utilize Community Health Workers as part of an ED reduction initiative.

PHP continues to work closely with providers and members to ensure that needed services are available at the appropriate care level.

WSCC continues to utilize mPulse mobile, a new program for WSCC members that engages them through text messages related to education around ED visits. If a member was recently discharged from the ED, mPulse mobile will ask how they are doing and if they had a follow up visit with a doctor or nurse.

As a result of the MCO strategies and interventions in Q4 of DY8, which focused on reducing ED visits for non-emergent care, the percentage of emergency utilization that are considered low acuity declined from DY7 Q4 to DY8 Q4. In comparing visits from December of 2020 with 51 percent visits to December of 2021 with 53 percent of

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emergency visits being low acuity, the percentage of visits to the emergency department for non-emergent care declined by two (2) percentage points. A lower rate indicates improvement for this measure. The trend for this measure indicates a steady decline in DY8 Q4.

The graph below reflects the percentage of members using the ER for non-emergent care between December of 2019 and December of 2021. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY9 Q1 will be reported in the DY9 Q2 CMS Quarterly Monitoring Report.

Table 27: Non-Emergent ER Use
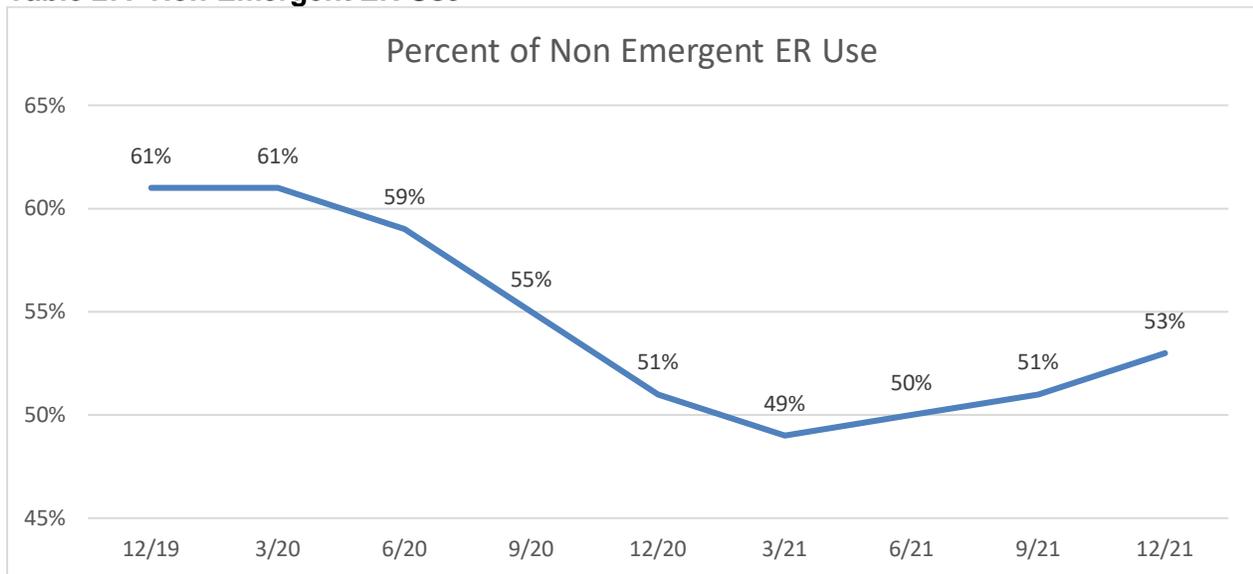
Source: Mercer- Non-Emergent Emergency Room Utilization Report

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14
MANAGED CARE REPORTING REQUIREMENTS

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY8 with the requirement that at least 90 percent of members having access to certain provider types in urban, rural, and frontier geographic areas within a defined distance. Geographical Access is collected and validated on a quarterly basis therefore this section is reflective of January 1st, 2021, to October 30th, 2021.

Physical Health and Hospitals

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

- MCOs performance in access to general hospitals, PCPs, pharmacies, and most specialties in urban, rural and frontier areas were met.
- Geographic access for dermatology, endocrinology, rheumatology, and urology services as well as access to neurosurgeons were and are anticipated to be limited due to provider shortages in rural and frontier areas, however, access has been maintained. MCOs closely monitor these services and employ ongoing efforts to ensure member access such as targeted recruitments, referral training, provider enrollment training, and value-based contract arrangements.

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Table 28: Physical Health Geographical Access

Geo Access PH Q4 Calendar Year 2021 (October 1 - December 31, 2021)

PH - Standard 1	Urban			Rural			Frontier		
	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacies	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.0%	99.9%
FQHC - PCP Only	100.00%	100.0%	100.0%	99.20%	91.1%	99.3%	96.9%	95.1%	98.7%
PH - Standard 2									
Cardiology	99.20%	99.1%	99.0%	88.10%	100.0%	100.0%	99.8%	99.9%	99.7%
Certified Nurse Practitioner	100.00%	100.0%	100.0%	99.40%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.20%	98.9%	94.1%	99.10%	94.1%	99.2%	99.8%	98.6%	98.1%
Dermatology	99.20%	98.9%	98.9%	99.50%	73.2%	87.2%	85.4%	89.6%	98.1%
Dental	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.10%	98.9%	98.9%	90.70%	78.7%	87.0%	84.2%	88.9%	92.9%
ENT	99.10%	98.8%	98.9%	99.80%	87.9%	100.0%	95.2%	88.5%	97.3%
FQHC	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.20%	99.0%	98.9%	87.30%	95.3%	98.5%	93.0%	98.0%	88.6%
Neurology	99.20%	98.9%	98.9%	70.90%	92.9%	91.8%	98.5%	92.1%	95.7%
Neurosurgeons	99.10%	83.4%	98.9%	100.00%	74.9%	40.8%	67.4%	87.3%	81.0%
OB/Gyn	99.40%	98.9%	99.0%	61.40%	99.7%	99.9%	99.8%	99.8%	99.7%
Orthopedics	99.10%	99.0%	98.9%	91.80%	100.0%	100.0%	96.3%	98.6%	99.7%
Pediatrics	100.00%	98.9%	99.0%	100.00%	99.7%	99.9%	99.8%	98.7%	100.0%
Physician Assistant	100.00%	100.0%	100.0%	90.30%	100.0%	100.0%	99.9%	100.0%	100.0%
Podiatry	99.20%	99.0%	99.1%	99.30%	99.7%	94.1%	96.6%	99.9%	100.0%
Rheumatology	88.10%	98.9%	83.2%	36.20%	83.6%	70.5%	88.1%	85.4%	73.4%
Surgeons	99.40%	99.0%	99.1%	99.80%	100.0%	100.0%	99.8%	99.9%	99.7%
Urology	99.10%	98.8%	98.9%	99.70%	85.6%	91.1%	82.4%	87.8%	90.9%

LTC - Standard 2

	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
Personal Care Service Agencies	100.00%	100.0%	100.0%	100.00%	99.7%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	99.30%	93.0%	99.4%	100.00%	97.4%	99.7%	99.8%	100.0%	99.7%
General Hospitals	99.20%	98.9%	98.9%	99.30%	99.3%	99.9%	99.8%	99.9%	99.7%
Transportation	100.00%	100.0%	99.1%	99.20%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: MCO Report #55 GeoAccess CY21 Q4

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Transportation

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

Grievances: Consistent with previous reporting Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period. Please see Complaints and Grievances for additional information. The MCOs are monitoring accessible transportation options as a barrier to member access with its transportation vendor and exploring new options. HSD continues to work with MCOs on the concerns and inquiries surrounding the NEMT program, related to unreliable transports and shortage in drivers and vehicles.

Initiatives:
Non-Emergency Medical Transportation (NEMT) Rate Increase HSD has received approval from CMS through an Emergency State Plan Amendment (SPA # 22-0001) to temporarily increase provider reimbursement to NEMT providers by 6.81 percent increase for all transportations made between January 1, 2022, through June 30, 2022. HSD will establish a post payment adjustment process that will identify these COVID positive related stays so that the provider will be reimbursed the additional 6.81 percent (6.81 percent).

Customer Service Reporting

BCBS met all of the call center metrics during DY9 Q1 with the exception of the Member Services, Provider Services, and Nurse Advice Line.

Member Services: The percentage of calls in February that were answered within 30 seconds was 80.4 percent, which is below the standard of 85 percent. The percentage of Voicemails returned by the next business day also decreased to 89.5 percent.

Nurse Advise Line: The percentage of calls in January that were answered within 30 seconds was 83.8 percent, which is just below the standard of 85 percent. BCBS attributes the deficiency to the gaps in staffing. BCBS is actively working with its nurse advice line subcontractor to address this deficiency. HSD continues to closely monitor. See attachment D- for call center metrics.

Provider Services: There was an increase in percentage of calls answered within 30 seconds from February at 76.7 percent to March at 84.6 percent, below the contract standard of 85 percent. The missed mark of 85 percent of calls answered within 30 seconds can be attributed to continued decreases in provider use of Interactive Voice Response (IVR), contributing to a higher-than-expected call volume for Customer

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Advocates. BCBS found a root cause in the increased call volume from providers not utilizing the IVR system and have provided feedback along with instructions to those top provider offices with information on how to use the automated system. In the meantime, all BCBS Customer Advocates are trained to take both member and provider calls. New-hire Customer Advocates are currently taking calls, and this will increase BCBSs ability to meet our contract standards. The percentage of voicemails returned by the next business day increased from 84.6 percent in February to 100 percent in March and is in compliance of the contractual standards.

PHP met all call center metrics for the reporting period, DY9 Q1.

WSCC did not meet performance standards for one or more months in DY9 Q1 for the following call centers. Please see Attachment D for details.
- Member Services for percent of Calls Abandoned and Percent of Calls Answered within 30 Seconds
- Nurse Advice Line for Percent of Calls Answered within 30 Seconds
- Provider Services Line for Percent of Calls Abandoned, Percent of Calls Answered within 30 Seconds, and Average Wait Time

WSCC has acknowledged these performance deficiencies and has committed to HSD that it will improve its performance to meet all call center performance standards going forward. It has provided a root cause analysis and implemented a corrective action plan. HSD will closely monitor, including regular meetings during Q4.

Telemedicine Delivery System Improvement Performance Target (DSIPT)
The MCOs shall use the end of CY21 as the baseline for CY22, 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.

The MCO Telemedicine DSIPT report is currently undergoing review and revisions. Both

Q1 and Q2 reports will be updated in Q2DY9 Quarterly Monitoring report.

Table 29: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Serviced with Telemedicine	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
New Behavioral Health Members	**13,700**	**9,963**	**7,505**	**TBD**
BCBSNM	4,932	3,800	2,793	TBD
PHP	7,150	5,014	3,870	TBD
WSCC	1,618	1,149	842	TBD
New Physical Health Members	**33,269**	**25,757**	**21,070**	**TBD**
BCBSNM	12,616	9,519	6,993	TBD
PHP	18,541	14,379	12,442	TBD
WSCC	2,112	1,859	1,635	TBD
Total New Unduplicated Members	**38,698**	**29,444**	**23,364**	**TBD**
BCBSNM	14,331	10,911	7,915	TBD
PHP	21,217	15,999	13,368	TBD
WSCC	3,150	2,534	2,081	TBD
YTD* Unduplicated Members	**163,306**	**188,954**	**216,420**	**TBD**
BCBSNM	61,121	69,785	80,147	TBD
PHP	89,744	104,593	119,316	TBD
WSCC	12,441	14,576	16,957	TBD

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT) * January-March 2022

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY9 Q1 Activities	HSD and Health Services Advisory Group, Inc. (HSAG) continued to work together to collect Medicaid Management Information System (MMIS), value-based purchasing (VBP), health home, low-birth weight, financial, and managed care organization (MCO) data. Also, HSD and HSAG continued meet weekly to review collected data, discuss missing data and information, and provide clarifications for methodologies used. When necessary, HSD facilitated meetings between HSAG and program subject matter experts (SME) to discuss data and methodology for a specific metric. During this reporting period, HSD and HSAG did not encounter any evaluation or technical challenges. HSAG continues to perform data validation and gap analysis on all data extracts, development of SAS®1 programming code for the performance measure calculations and finalized a cost-effectiveness and budget neutrality analytic plan. HSAG begun drafting non-results sections of the interim evaluation report. HSAG has completed preliminary analyses for 18 evaluation measures. Preliminary results were presented to HSD indicating that overall, preliminary evidence on measures evaluated to-date supports their respective hypotheses, with 11 out of 18 measures supporting their hypothesis.

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Below are the preliminary conclusions for the 18 measures. <u>These results are preliminary and subject to change upon finalization and may not represent the final results in the Interim Evaluation Report.</u>

Aim One: Continue the use of appropriate services by members to enhance member access to services and quality of care.

- Hypothesis 1: Continuing to expand access to LTSS and maintaining the progress achieved through rebalancing efforts to serve more members in their homes and communities will maintain the number of members accessing community benefit (CB) services
  - *Measure 1 – Number of Centennial Care members enrolled and receiving CB services*

The average year-over-year (YoY) change from 2016 and onward is less than one percent, supporting the hypothesis that the number of beneficiaries accessing CB services has been maintained, following an increase shortly after the introduction of Centennial Care in 2014.

Preliminary Conclusion: Supports the hypothesis

- Hypothesis 2: Promoting participation in a Health Home will result in increased member engagement with a Health Home and increase access to integrated physical and behavioral health care in the community
  - *Measure 2 — Number/percentage of Centennial Care members enrolled in a Health Home*

This measure seeks to determine if increased promotion of Health Home participation has led to an increase in the percentage of Centennial Care 2.0 members who are enrolled in a Health Home.

Overall, the percentage rose from 0.36 percent in April 2019 to 0.52 percent in December 2021.

Preliminary Conclusion: Supports the hypothesis

- Hypothesis 5: Expanding member access to and incentives for preventative care through the CHV pilot program and CR will encourage members to engage in preventative care services
  - *Measure 12 — Percentage of Centennial Care 2.0 members participating in Centennial Rewards (CR)*

Centennial Rewards (CR) is a rewards program in which all Centennial Care 2.0 members are enrolled. Participants earn points that can be used to purchase items by completing healthy activities, such as a prenatal care visit, flu shot, or HbA1c test. Members must complete a registration process and health scan to redeem rewards; about 30 percent of program participants redeem their rewards. The program is administered by Finity Communications, Inc.

One goal of the demonstration is to provide incentives to members to receive preventative services by expanding CR participation. Overall, the CR participation rate

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nearly doubled during this period, increasing from 39.0 percent in 2014 to 72.7 percent in 2020. In addition, since the implementation of Centennial Care 2.0 in 2019, the CR participation rate increased each year, from a baseline rate of 67.8 percent in 2018 to 72.7 percent in 2020. While the CR participation rate increased significantly from 2014 to 2020, there is still room for improvement, with a little over 25 percent of Centennial Care 2.0 members opting not to participate in the CR program.

Preliminary Conclusion: Supports the hypothesis

> o *Measure 14 – Does use of CR encourage members to improve their health and make healthy choices?*

The percentage of CR user satisfaction survey respondents who answered yes to the questions "Has the program helped you improve your health?" and "Do the rewards encourage you to make healthy choices?". Between 2018 and 2020, the percentage of respondents answering yes to these questions remained consistently high at above 90 percent. Because there is limited pre-Centennial Care 2.0 data and no comparison group, the results presented are descriptive in nature and neither support nor fail to support the hypothesis.

Preliminary Conclusion: Neither supports nor fails to support

Aim Two: Manage the pace at which costs are increasing while sustaining or improving quality, services, and eligibility.

- Hypothesis 1: Incentivizing hospitals to improve health of members and quality of services and increasing the number of providers with VBP contracts will manage costs while sustaining or improving quality

> o *Measure 16 – Has the number of providers with VBP contracts increased?*

During the period of 2018 and 2021, the number of provider groups with VBP contracts increased for MCOs, Centennial Care, and Centennial Care 2.0 as a whole. In 2018, prior to the implementation of Centennial Care 2.0, there were a total of 145 provider groups with VBP contracts, which increased by 170 percent to 392 provider groups in 2021. The largest annual increase in program wide VBP provider groups, 73 percent, occurred between 2018 and 2019.

Preliminary Conclusion: Supports the hypothesis

> o *Measure 18 – Has the number of providers participating in VBP arrangements, who meet quality metric targets, increased?*

Overall, the percentage of expenditures attributed to VBP arrangements increased, from about 27 percent prior to the implementation of Centennial Care 2.0 to 62 percent in 2021. BCBS and PHP increased their VBP payments as a percentage of total expenditures during this period by 18 percent and 58 percent, respectively. WSCC's VBP payments declined from 36 percent of total expenditures in 2019 to 31 percent in 2021. While the largest increase in program wide VBP payments occurred when Centennial Care 2.0 was implemented in 2019 (an increase from 27 percent of total

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expenditures in 2018 to 48 percent in 2019), VBP payments continued to increase in 2020 and 2021.

Preliminary Conclusion: Supports the hypothesis

Aim Three: Streamline processes and modernize the Centennial Care 2.0 health delivery system through use of data, technology, and person-centered care.

- Hypothesis 1: The Demonstration will relieve administrative burden by implementing a continuous Nursing Facility Level of Care (NFLOC) approval with specific criteria for members whose condition is not expected to change over time.
    - o *Measure 22 — Number of continuous NFLOC approvals*

Only data for 2019 was reported to-date. For 2019, Presbyterian Health Plan consistently reported the most continuous NFLOC approvals. Blue Cross Blue Shield and Western Sky Community Care reported very few continuous NFLOC approvals for any given quarter in 2019. Because no pre-intervention data are available, the results presented are descriptive in nature and no conclusions can be drawn.

Preliminary Conclusion: N/A

- Hypothesis 2: The use of technology and continuous quality improvement (CQI) processes align with increased access to services and member satisfaction
    - o *Measure 23 — Has the number of telemedicine providers increased During Centennial Care 2.0?*

Preliminary analysis shows the number of telemedicine providers increased 44 percent in the first year of the Centennial Care 2.0 demonstration above what was expected had the pre-Centennial Care 2.0 trend continued. This suggests the evidence supports the hypothesis. Measurement of telemedicine providers during the second year of the demonstration, CY 2020, was confounded by the COVID-19 public health emergency (PHE) which saw a wide-spread and necessary shift towards telemedicine. Conclusions for 2020 and 2021 are unreliable due to this confounding factor.

Preliminary Conclusion: 2019 data supports the hypothesis

- o *Measure 24 — Has the number of members with a telemedicine visit increased during Centennial Care 2.0?*

The baseline number of members from 2013 to 2018, prior to the implementation of Centennial Care 2.0, was 8,109 per quarter on average. In 2019, prior to the start of the COVID-19 pandemic, the quarterly average was 13,080 members, a 61 percent increase over the 2013–2018 quarterly average and a 95 percent increase over the 2018 quarterly average. The COVID-19 public health emergency response led to an increase in average unemployment in the state and nationwide. An expansion of Medicaid eligibility and job losses increased the population eligible for benefits since the initial outbreak of COVID-19 in the United States. In 2020 and 2021, the total number of members utilizing telemedicine services increased dramatically. The significant growth in the utilization is most likely attributable to the public health emergency response with an average quarterly increase to approximately 90,000 members in 2020 and 2021.

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However, telemedicine utilization per thousand members also increased significantly from approximately 10–12 visits per thousand members in January and February 2020 to a peak of approximately 200 visits per thousand members in April 2020, which suggests an increase in the proportion of members utilizing telemedicine services. By the end of 2021, utilization had decreased to approximately 100 visits per thousand members, still up significantly from pre-COVID levels. Conclusions for 2020 and 2021 are unreliable due to this confounding factor.

Preliminary Conclusion: 2019 data supports the hypothesis

> o *Measure 25 — Member rating of health care; Measure 26 — Member rating of health plan; Measure 27 — Member rating of personal doctor*

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Surveys are a set of standardized surveys that assess beneficiary perspectives on care. CAHPS surveys were administered by each MCO annually. HSAG used the results from these surveys to analyze three measures: member rating of health care, member rating of health plan, and member rating of personal doctor. Statewide rates were calculated by weighting plan-specific rates by total enrollment each year. Prior to the introduction of Centennial Care 2.0 in 2019, statewide rates remained relatively consistent across the three measures for adults and children, with satisfaction among children being higher than satisfaction among adults.

> o *Measure 25 — Member rating of health care*

After the introduction of Centennial Care 2.0, member rating of health care increased across both the adult and child populations. Adult members' rating of health care significantly increased from 71.0 percent in 2018 to 77.5 percent in 2019, 5.6 percentage points higher than the predicted value if the trend in the baseline period had continued. Pediatric member rating of health care also increased in 2019 compared to 2018 to 88.0 percent, 3.1 percentage points higher than the predicted value.

Preliminary Conclusion: Supports the hypothesis

> o *Measure 26 — Member rating of health plan*

Member rating of health plan for adult and pediatric members also increased in 2019 after the introduction of Centennial Care 2.0. For both adult and pediatric members, the 2019 actual value was about 1 to 2 percentage points higher than the predicted value if the trend in the baseline period had continued.

Preliminary Conclusion: Supports the hypothesis

> o *Measure 27 — Member rating of personal doctor*

Member rating of personal doctor for both adult and pediatric members increased in 2019 after the introduction of Centennial Care 2.0. Adult members' satisfaction of their personal doctor increased from 80.9 percent in 2018 to 84.6 in 2019, nearly 4 percentage points higher than the expected value. The rating of children's personal doctor remained relatively similar, increasing from 89.3 percent in 2018 to 90.8 percent in 2019, 0.1 percentage points higher than the expected value if the baseline trend had continued.

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Preliminary Conclusion: Neither supports nor fails to support

- Hypothesis 3: Implementation of electronic visit verification (EVV) is associated with increased accuracy in reporting services rendered.
  - *Measure 28 — Number of claims submitted through EVV*

During the time period between 2018 and 2021, Presbyterian Health Plan submitted the highest number of claims through EVV, beginning with 237,150 and 243,417 claims in Q1 and Q2 of 2018 and jumping to 890, 451 claims in quarter 1 of 2019. Blue Cross Blue Shield experienced a similar increase from 262,715 claims in Q4 2018 and reaching 452,255 claims by Q2 of 2019. The number of claims submitted through EVV increased slightly from 85,119 claims in 2019 to 111,840 claims in 2021 for Western Sky Community Care.

Preliminary Conclusion: N/A

  - *Measure 29 — Percent of paid or unpaid hours retrieved due to false reporting*

No MCO except for Presbyterian Health Plan reported having any paid or unpaid hours retrieved due to false reporting. PHP reported 86, 168 and 112 paid or unpaid hours retrieved due to false reporting for Q1 through Q3 of 2020.

Preliminary Conclusion: N/A

Aim Four: Improved quality of care and outcomes for Medicaid beneficiaries with SUD.

- Hypothesis 1: The demonstration will increase the number of providers that provide SUD screening, which will result in an increase in the number of individuals screened and the percentage of individuals who initiate treatment for alcohol and other drug (AOD) dependence treatment.
  - *Measure 30 — Number of providers who provide SUD screening*

HSAG assessed the number of providers who had a claim for SUD screening by quarter. Overall, the quarterly average number of providers increased 73 percent during Centennial Care 2.0, from 190 providers per quarter in 2018 (prior to the demonstration) to 329 providers per quarter in 2021. However, after reaching a peak of 342 providers in 2021 Q3, the number of providers decreased to 308 in 2021 Q4. This decline may be due to incomplete Q4 data but should be monitored to assess if the trend continues into 2022.

Preliminary Conclusion: Supports the hypothesis

  - *Measure 31 — Number of individuals screened for SUD*

HSAG assessed the number of individuals who had a claim for SUD screening by quarter. Overall, the quarterly average number of members increased by 92 percent during Centennial Care 2.0, from 2,270 members per quarter in 2018 (prior to the demonstration) to 4,367 members per quarter in 2021. However, after reaching a peak of 4,866 total members in 2021 Q2, the number of members decreased each quarter to 3,764 in 2021 Q4. This decline may be due to incomplete Q4 data but should be monitored to assess if the trend continues into 2022.

Preliminary Conclusion: Supports the hypothesis

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  o *Measure 32 – Has the percentage of individuals with SUD who received any SUD related service increased?*

The hypothesis for this measure is that the demonstration will increase the number of providers that provide SUD screening, which will result in an increase in the percentage of individuals who initiate treatment for AOD dependence. The percentage of members with a SUD diagnosis who received SUD services each quarter between 2018 and 2021 remained effectively flat, ranging between 39.6 percent and 43.3 percent with an average quarter-over-quarter change of only 0.1 percent.

Preliminary Conclusion: Does not support the hypothesis

- Hypothesis 4: The Demonstration will Increase the number of individuals with fully delegated care coordination which includes screening for co- morbid conditions, which will result in increased utilization of physical health services.
  - o *Measure 48 — Percentage of individuals diagnosed with SUD receiving care coordination*

Hypothesis 4 states that an increase in the number of members with fully delegated care coordination (i.e., participation in a Health Home) will result in an increased utilization of physical health services. Research question 1 examines whether the percentage of individuals with an SUD diagnosis receiving care coordination increased.

Due to limitations in the Health Home enrollment data, HSAG could only examine members receiving care coordination on or after April 2019. This precludes an interrupted time series analysis as described in the evaluation design plan or a pre-test/post-test design.

A statistical process control chart was used to assess variation over time in this measure. The percentage of members with an SUD diagnosis enrolled in a Health Home remained steady at approximately 2.5 percent following an initial increase in 2019. The dashed orange control limits indicate the expected range of quarterly variation. No evidence of special cause variation was detected—that is, there was no consistent shift or trend in the rate, nor were there outlying data points, with the possible exception of Q2 2019; however, this could be driven in part by incomplete Health Home enrollment data.

Preliminary Conclusion: Does not support the hypothesis

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ENCLOSURES/ATTACHMENTS

Attachment A: January 2020 – December 2021 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

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

Attachment D: Customer Service

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ADDITIONAL COMMENTS

MCO INITIATIVES

BCBS: Social Determinants of Health (SDoH) Value Added Service (VAS)
In Q1 BCBS has implemented a Social Determinants of Health (SDoH) Value Added Service (VAS). These funds are available for BCBS members that have an identified needs on their care plan. These funds will be used to improve the members mental or physical wellbeing. These funds will offer an opportunity for members with limited financial means to obtain goods and services that help address health equity. Some examples could include funding to attend to school, tools for their job, school supplies not offered for a class, sports equipment, a bicycle to get to work, transportation to an interview, clothes for an interview, goods for a member post incarceration, or other opportunities identified in a members care plan where there are no community resources to support the members identified need. These funds will be utilized to help a member meet their goals and address their healthcare needs. Additionally, these funds will assist a member in engaging and remaining in care coordination.   Active participation is one of the requirements of utilization of the funds as well as designation of Care Coordination Level (CCL) 2 or CCL 3.   Total Members Assisted to date: 10

PHP: Population Health Management-Wellness and Health Education
PHP worked collaboratively with HSD to enhance the Diabetes Prevention Program (DPP) provider billing and coding experience. To accomplish this, PHP performed research and offered guidance on the inclusion of Registered Dieticians as eligible provider types for DPP claim submissions. As a result, HSD updated the billing codes allowing registered dieticians to bill for DPP services. PHP's DPP providers can now begin submitting appropriate claims for payment of DPP services and PHP is monitoring the effects of this update. Initial findings are favorable, including but not limited to, improved provider experience and confidence in the DPP, increased member enrollment and increased engagement through DPP provider referrals. These are favorable as DPP participants derived from provider referrals demonstrate higher retention and engagement.

Since the Diabetes Prevention Program (DPP) implementation in 2019 through March 2022, PHP had 334 Centennial Care Members enrolled and a total of 146 participants

with logged individual sessions related to physical activity, healthy food choices, eating patterns, and daily weight management. The 12-month DPP is offered to eligible members and is an evidence-based prevention program with oversight by the Centers for Disease Control and Prevention. The program focuses on diabetes through weight loss and lifestyle changes. Of the PHP enrolled participants, 49 have experienced an average weight loss of 8.9 percent body weight and 23 have improved their body mass index (BMI) classification. This translates to an average weight loss of 20.6 pounds per participant with logged events.

A total of six Centennial Care members have successfully completed the program (remained engaged for 12-consecutive months and completed all 26 DPP sessions). These members lost an average of 14 pounds per person, with one member losing a total of 53 lbs., a 20.9 percent weight loss. Overall, DPP graduates experienced a total average weight loss of 5.45 percent total body weight per person. PHP remains extremely proud of these member's achievements and the ongoing success of all members who are enrolled in the program.

PHP: Initiatives to Improve Transportation
Improving the monthly member no-show total, in DY8 Q4, the average monthly member no show total was 2,200 members. A "no show" is when the transportation was scheduled, and a driver dispatched but upon arrival the member cancelled at the door or the member was not home at the time of the pick-up. PHP partnered with the Presbyterian Customer Service Center (PCSC) to create a pre-recorded message (30 seconds) to members who appeared on the monthly no-show report. The call is a reminder to cancel appointment if not needed. When a member remembers to cancel transports, this frees up drivers to assist other members. The goal is to continue with the monthly call campaigns to decrease the total number of member no-shows.

Using the same report of members that no show, PHP created a postcard to mail to members to remind them to use the transportation app when scheduling or cancelling any transportation needs. The postcard also includes the phone numbers to Secure Transportation for any questions related to transportation.

PHP's transportation staff is teaming up with the BH Care coordinators to review those members who have been attending methadone treatment for an extended period of time to reassess the needs of the member. The goal is to determine if now the appropriate time to move them to the next level of care. Many of the members were not assigned to a care coordinator because they have been difficult to engage or have refused care

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coordination in the past. For those members that PHP has been successful in reaching and engaging, the member was unaware of the benefits to having a care coordinator and appreciated the support. Moving from daily appointments to weekly helped with the transportation issues but more importantly helped the member balance important appointments with work and daily life activities.

Working with PHP Community Health Workers (CHW), PHP created a call list of members in the Albuquerque area. PHP focused on dental and vision appointments. The CHW made an outbound call to member to see what if any alternatives to transportation would benefit the member. Albuquerque city bus pass is free for 2022, CHWs asked each member if they were within walking distance to a bus line and if that would be a solution during the recent concerns with transportation. CHWs also provided information for the SunVan, which is a free alternative to transportation. If these options did not work for the member, CHWs provided them with details on the mileage reimbursement process for their next appointment.

Mileage Reimbursement:

Teaming up with care coordination to reach out to members that are currently receiving chemotherapy.   If member has natural supports, having the member transported to appointments by family/friend benefits the member. Making sure the members circle is small especially with compromised immunity, offering mileage reimbursement as opposed to utilizing the transportation service, if they have support.

WSCC: Member Satisfaction
WSCC initiated a process to identify and improve drivers of consumer satisfaction with the health plan. This multi-faceted set of initiatives intends to create innovate enhancements for CAHPS performance by exploring diverse areas in-depth, such as: (1) ensuring members' Social Determinants of Health (SDoH) needs are met, e.g., housing, transportation, and food availability; (2) assessment of appeals and grievances to identify trends; (3) training all staff on everyone's responsibility in the member's journey through enrollment to receiving care; (4) monthly CAHPS workgroups to identify key drivers in Access & Availability, Coordination of Care, and Health Disparities to develop innovations and interventions . During Quarter 1 of 2022, WSCC worked with various WSCC Departments to move forward with the Neighborhood Project that was identified in Q4 of 2021. This project incorporates various data sources, but more importantly member experiences and the voice of the member through the CAHPS and other member surveys. The Neighborhood Project will be conducting initiatives and

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interventions regarding the Prenatal and Postpartum Care (PPC) HEDIS Measures for Hispanic members in Luna and Dona Ana Counties. Success will be measured by improvement in all domains of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey from 2021 to 2022 (administered in March 2022) and in increase in the adherence of the PCP (Prenatal and Postpartum) Measure in the zip codes identified in the Neighborhood Project.

MEMBER SUCCESS STORIES

BCBS member is a 55-year-old Native American woman who has been drinking most of her life. Recovery Support Assistant (RSA) has been working with member since 2020 but closed the member's case because she was unable to be reached. The member's case was reopened in August of 2021 by a RSA because the member was incarcerated. Member was given 8 months to live due to her alcohol abuse leading to a diagnosis of late stage of cirrhosis. Member reached out and wanted assistance with in-patient placement. Member completed 90 days and is currently 8 months sober. Member has been taken off the liver transplant list because her liver is in remission and regenerating due a change in lifestyle and diet. Member has been utilizing skills obtained from treatment and therapy by setting healthy boundaries. Member is leading by example (her words) to help daughter who is going down the same path. Member is grateful for her recovery and is hopeful moving forward.

Member was engaged in PHP care coordination following several emergency room visits due to a second trimester miscarriage of her twins. Upon completing Member's initial assessment, she was experiencing grief and postpartum depression. She requested assistance finding new gynecologist to complete her follow up appointments due to not wanting to return to the one she was previously seeing while pregnant and requesting assistance to establish with a therapist who specialized in grief and miscarriages. The PHP Care Coordinator assisted Member by providing tailored provider lists to address her needs. Member was able to establish with a therapist who helped her work through her grief. Member was also able to establish with a gynecologist to complete her follow up appointments, and she established with a primary care doctor. Member was engaged in Care Coordination for 2-1/2 years. Member requested to end Care Coordination services after successfully delivering a healthy baby boy and completing her transition of care plan related to her child's birth. Member reported significant supports and strengths during her pregnancy and postpartum period. She did not experience postpartum depression for a second time. Member reported she felt like care coordination had assisted her in meeting her needs

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and was ready to graduate.

A member with Western Sky Community Care (WSCC), was diagnosed with Myelodysplastic Syndrome in 2021. In DY9 Q1, the member received a stem cell transplant out of state and was required to stay at the facility for 100 days post-transplant. The member's Care Coordinator (CC) worked with the corporate transplant coordinator, the facility and the member's providers to ensure ongoing communication. All appointments were kept. At discharge, CC arranged for the member's return to New Mexico.

MCO COVID-19 RELIEF EFFORTS

BCBS: COVID-19 Relief Efforts
Data Analysis
Weekly report is shared with the Human Service Department (HSD) and the Department of Health (DOH) to review the BCBS Vaccine Status report. As of December March 31st, BCBS has identified and shared the following data.
- Eligible Members: 258,235
- Eligible Members Vaccinated 1st Dose (Moderna or Pfizer): 100,678
- Eligible Members Vaccinated 2nd Dose (Moderna or Pfizer) or 1 dose Johnson & Johnson (Janssen): 101,677
- Members 18+ years of age who have received a booster since August 13, 2021: 3,721
- Total Eligible Homebound Members: 10,063 Members Vaccinated: 6,010
- Homebound Emergency Medical Services Vaccinations: 143

Outreach
- Care Coordination (CC) continues to follow the current process in place: COVID-19 training/ updates are offered weekly/biweekly to keep our CC staff up to date on the most recent vaccination information.
- Care Coordinators have been outreaching to their members to inquire on their vaccination status and conduct an assessment to determine if the members need assistance registering/scheduling or if the member is home bound and is interested in receiving the vaccine.
- Transportation is set up for those in need.
- If a member has had at least one vaccine, the Care Coordinator will coordinate reminders for next date and transportation.

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- Outreach includes education around current CDC guidelines such as risk factors, and preventative actions.

Provider Outreach Campaign

BCBSNM has been working collaboratively with the other MCO's on Primary Care Physician (PCP) provider outreach to those with our largest patient panels to see if there are any barriers to administering and/or billing the vaccine. BCBS identified that most PCP offices are experiencing member/patient refusal, burnout, and administrative barriers. None of the PCP clinics reported issues with billing or billing related concerns through Quarter 4. BCBSNM continues to provide GAP listings to our PCP groups which identifies those members who need their vaccines and/or boosters.

Customer Service

- Customer service representatives help members register.
- Member advisory boards (including both Member Advisory Board and Native American Advisory Board meetings) are utilized to educate people and help them register for a vaccination.

Collaboration and Events

New Mexico Department of Health (DOH)

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

Medic Buddy/Duke City Urgent Care

- BCBS has collaborated with Medic Buddy/Duke City Urgent Care to complete their target of vaccinating homebound members needing initial COVID-19 vaccines and boosters. Numbers as of December 3, 2021, are 140.

Other Managed Care Organizations (MCO) and Local Entities:

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

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Academy of Family Physicians (NMAFP), New Mexico Pediatric Society (NMPS), New Mexico American College of Physicians (NMACP), New Mexico Medical Society (NMMS), NM Aging and Long-Term Services Department (ALTSD), and NM Public Education Department (PED).

- BCBSNM is currently collaborating with Medic Buddy/Duke City Urgent Care to complete their target of vaccinating homebound members needing initial COVID-19 vaccines and boosters. Numbers as of December 3, 2021, are 140.

Grants
- There were no COVID-19 related grants received or issued in Q1.

Donations
- BCBSNM donated 100 convention totes and 100 tissue packs to San Felipe Black Mesa Casino.
- BCBSNM donated 100 convention totes and 100 grocery totes to Tesuque Pueblo Buffalo Thunder Casino.
- BCBSNM donated 100 pairs of socks and 75 toothbrush kits to NMDOH for the PIT Homeless Initiative.
- BCBSNM donated 140 granola bars, cookies, and bottles of water, 130 convention totes, 140 tissue packs and 50 pairs and socks to Grandparents Raising Grandchildren in Alamogordo.

Events
- **Santa Fe Roundhouse Flu and COVID-19 Vaccine Clinic, January 18th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with Walgreens to provide COVID-19 Vaccinations at the Roundhouse in Santa Fe during the 2022 Legislative Session. A total of 4 vaccines were administered: 1 adult COVID vaccine, 1 adult booster and 2 adult flu shots.
- **Valencia County COVID 19 Vaccine and Test Distribution, January 28th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with NMDOH to provide COVID-19 vaccines to the Belen community. A total of 33 vaccines were administered: 11 child COVID-19 vaccines and 22 adult booster shots. At the same event, 2,377 COVID-19 test kits were distributed to the community.
- **San Jose Parish COVID-19 Vaccine Clinic, January 30th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with Walgreens to provide flu and COVID-19 vaccines to the

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parishioners of San Jose and the general community. A total of 134 vaccines were administered: 6 child flu shots, 31 adult flu shots, 10 child COVID-19 vaccines, 7 adult COVID-19 vaccines, 12 child booster shots, and 68 adult booster shots. Utopia Dental also provided 42 dental screenings inside the Care Van.

- **Santa Fe Roundhouse Flu and COVID-19 Vaccine Clinic, February 7th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with Walgreens to provide COVID-19 Vaccinations at the Roundhouse in Santa Fe during the 2022 Legislative Session. A total of 11 vaccines were administered: 3 adult booster shots and 8 adult flu shots.

- **Valencia County COVID 19 Vaccine and Test Distribution, February 17th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with NMDOH to provide COVID-19 vaccines to the Belen community. A total of 18 vaccines were administered: 4 child COVID-19 vaccines and 2 adult COVID-19 vaccines, 1 child booster shot, and 11 adult flu booster shots. At the same event, 540 COVID-19 test kits were distributed to the community.

- **Covell Consultants Vaccine Clinic, February 18th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with Walgreens to provide COVID-19 vaccines to Covell Consultants clients and general community. Walgreens administered 2 adult booster shots.

- **San Jose Parish COVID-19 Vaccine Clinic, March 6th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with Walgreens to provide flu and COVID-19 vaccines to the parishioners of San Jose and the general community. A total of 43 vaccines were administered: 1 child flu shots, 8 adult flu shots, 1 child COVID-19 vaccine, 2 adult COVID-19 vaccines, and 31 adult booster shots. New Mexico Lions Club also provided 59 vision screenings inside the Care Van.

- **Valencia County COVID 19 Vaccine and Test Distribution, March 7th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with NMDOH to administered provide COVID-19 vaccines to the Belen community. NMDOH administered 2 adult booster shots. At the same event, 1,260 COVID-19 test kits were distributed to the community.

- **Care Van at Broadmoor Senior Center, March 9th**
  The Blue Cross and Blue Shield of New Mexico's (BCBSNM) Care Van® program partnered with Walgreens to provide COVID-19 vaccines to the Rio Rancho community. Walgreens administered 6 adult booster shots. New Mexico Lions Club also provided 10 vision screenings inside the Care Van.

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- **Supported the following COVID-19 Vaccination Events across the state and in tribal communities**
  - Pueblo of Acoma COVID-19 Vaccine Clinic. In January, BCBSNM provided 125 grocery totes, 125 lip balms and 50 Blue Bear placemats.
  - Pueblo of Acoma COVID-19 Vaccine Clinic. In February, BCBSNM provided 100 grocery totes, 100 tissue packs and 100 Blue Bear coloring books.
  - Zuni Vaccination Clinic. BCBSNM provided 150 grocery totes, 150 tissue packs and 150 Blue Bear coloring books.

PHP: COVID-19 Relief Efforts in DY9 Q1

Supporting Members:
- Presbyterian Health Plan (PHP) continues to offer the Meals on Wheels delivery program for COVID-19 positive members with food insecurity. PHP has coordinated a total of 12,158 meals thus far for members with food insecurity who required support following a COVID-19 diagnosis.
- PHP leadership continues to participate in ongoing weekly collaboration with DOH, HSD, and other stakeholders to coordinate COVID-19 initiatives and heat maps are updated weekly to ensure we can view areas of focus.
- PHP's Outreach team collaborated with community partners to organize and staff health fairs, Listen and Learn events, food distribution events, information booths where information on COVID-19 vaccination sites and plan benefits were shared. Some of our statewide partners included numerous Native American Chapter Houses, Pueblo Administration centers, Joy Junction, Albuquerque Indian Center, NM Primary Care Association, First Nations, Be Well NM, community centers, health and wellness centers, and multiple homeless shelters.
- Provided support to members by assisting with scheduling for a COVID-19 test prior to a scheduled procedure or for general testing needs, via the testing line in Patient Services.
- Care Coordinators continue to promote boosters with appropriate members meeting criteria, educating them on the benefits of the vaccine and assisting in directing them to vaccination resources.
- Published articles promoting COVID-19 vaccine including specific promotion for kids in quarterly Newsletter.
- Developed "Myth Busters for Kids" special mailer dispelling misinformation about the vaccine specifically related to children. The mailer was sent to all member households with children.

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- Presbyterian regularly promotes COVID-19 vaccinations via social media and other public service informational campaigns including as a participant in the State's COVID-19 Marketing Group.
- Continue to educate Care Coordination staff to inquire about COVID-19 vaccine status as part of all routine touchpoints to ensure ongoing member education concerning COVID-19 vaccines, boosters and available resources.

Peer Support COVID-19 Efforts:
- PHP Certified Peer Supports continue to work directly with Help New Mexico, Inc. by filling out applications for people seeking housing assistance. The program offers support with foreclosure and rental assistance, utility payments, childcare assistance, and clothing and food assistance. Peers also refer to other programs for rent and utility help like the City of Albuquerque's Health and Social Service Centers, St Vincent de Paul, ECHO in Farmington, Community Action Agencies in Midwest, Southern, Southeast, and Eastern Plains New Mexico and many other agencies throughout the state.
- PHP Housing Manager attends the New Mexico Coalition to End Homelessness (NMCEH) and DOH meetings which is now meeting bi-weekly to identify housing options across the state to prevent COVID-19 for homeless individuals know to have been exposed to COVID-19. They assisted in providing PPE and cleaning supplies to homeless and domestic violence shelters, funded hotel stays for COVID-19 positive and vulnerable populations in rural NM, worked with cities across the state to open wellness hotels and find alternative shelter when the existing shelters were closed.
- PHP's Medical Director, Dr. David Yu, presented on Long COVID-19 in the PHP Clinical Operations Cares Training session on March 22, 2022. This training is mandatory for Clinical Operations Care Coordination and CHW staff. The objectives were to discuss Long COVID-19 symptoms and clinical implications on NFLOC criteria.

Supporting Native Americans:
- Provided guidance to COVID-19 testing and resources during the Q1 Native American Consumer Advisory Board.
- Participated in the National Indian Health Board (NIHB) discussion on "Disparities of Covid-19 Transmission Among AI/AN Populations.
- Provided ongoing guidance and support for tribal leaders, regarding on-site COVID-19 testing.

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- Offered on-line opportunities to educate members of available services and benefits.
- Facilitated communications for specific complex cases. Engaged Pueblo and IHS resources for guidance in returning critical care member to a community that is experiencing large COVID-19 surge and lack of medical providers.
- Updated the Tribal Liaison team on the Presbyterian Mobile Testing Unit locations. Schedule allowed for referrals when mobile unit is in tribal communities.

Supporting Providers:
- PHP continues to send monthly lists to PCP's of their paneled members who have not received the COVID-19 vaccine.
- Created reports that identified PCP's with no or low volume of COVID-19 vaccination claims and outreached to them to identify barriers in delivering the vaccine to their patients or in submitting claims to PHP. PHP provides assistance with billing inquiries.

WSCC: COVID-19 Relief Efforts

Event	Date	Descriptions
Shots for Shoes – La Casa, Roswell	February 7th – 11th	Shots for Shoes event. At this event Western Sky Community Care (WSCC) administered COVID-19 vaccinations to students 12-18 years of age. After getting vaccinated students were given a form to fill out stating what shoe size they wear, what brand they like, and what colors they like. At this event, WSCC administered 21 COVID-19 vaccinations. WSCC passed out WSCC plan information to all who attended. Shoes were provided to students when they received their second dose, approximately mid-March.
Shots for Shoes – La Casa, Clovis	February 7th – 11th	Shots for Shoes event. At this event Western Sky Community Care (WSCC) helped students 12-18 years of age get their COVID-19 vaccination. After getting vaccinated students were given a form to fill out stating what shoe size they wear, what brand they like, and what colors they like. At this event WSCC was able to give 21 COVID-19 vaccinations. WSCC passed out WSCC plan

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		information to all that attended. Shoes were provided to students when they received their second dose, approximately mid-March.
Shots for Shoes – La Casa, Portales	February 7th – 11th	Shots for Shoes event. At this event Western Sky Community Care (WSCC) helped students 12-18 years of age get their COVID-19 vaccination. After getting vaccinated students were given a form to fill out stating what shoe size they wear, what brand they like, and what colors they like. At this event WSCC was able to give 21 COVID-19 vaccinations. WSCC passed out WSCC plan information to all that attended. Shoes were provided to students when they received their second dose, approximately mid-March.

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