HSD Department Performance Scorecard

SECTION 6

This section showcases the new, online and publicly-accessible Department Performance Scorecard organized by the HSD strategic goals. Included are graphs and descriptions of all 31 measures.

Summary of Scorecard

HSD's programs serve more than 1 million New Mexicans. With a Fiscal Year 2021 budget of $7,560,018,800, the department makes budgetary and policy decisions that have long-term effects on both state spending and its customers. As a result, HSD is deeply committed to incorporating principles of evidence-based governance, using data to drive decision making to achieve optimal results aligned to strategic priorities. As stewards of New Mexicans' tax dollars, HSD staff and leaders have a responsibility to use data in the delivery and monitoring of high-quality health and human services programs, and to be transparent about (and held accountable to) its performance.

The HSD Performance Scorecard is a strategic management tool used to identify and improve various internal business functions and their resulting outcomes, and provide feedback to key stakeholders, including HSD customers and the public. It is designed to help answer the most common questions New Mexicans may have about the Human Services Department. Individuals can use the Scorecard to choose a Medicaid Managed Care Organization that best meets their needs, or to determine how quickly they can apply for and get benefits via several different routes. Some of the metrics show opportunities for improvement; and, ultimately, the Scorecard shows what HSD is doing and how well the department is performing.

The Pew Foundation has published extensive data on evidence-based policy making, outlining five key components:
1. Program assessment: review public programs to understand their evidence base.
2. Budget development: use evidence of program effectiveness in budget processes to make more informed investment choices.
3. Implementation oversight: support effective implementation to ensure the benefits of evidence-based programs are achieved.
4. Outcome monitoring: measure and report outcome data to determine whether programs or priorities are achieving desired results.
5. Targeted evaluation: support impact evaluations of select public programs to learn what works.

The HSD Performance Scorecard is designed to:
- Promote greater intra-departmental communication and accountability;
- Maintain strategic focus;
- Determine what is critical to measure;
- Support the department in implementing changes and measuring outcomes; and,
- Tell HSD's story accurately, consistently.

With a total of 31 measures, the Scorecard categorizes measures among the four goals outlined in the HSD Strategic Plan.
1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.
2. Create effective, transparent communication to enhance the public trust.
3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.
4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

Each measure includes the following:
- Graph with measure name, legend, description of x and y axes, and data
- Description of the measure
- Reporting frequency (e.g. monthly, quarterly, annually)
- Numerator
- Denominator
- Target, if applicable
- Data source
- Comments

Pursuant to the Accountability in Government Act (AGA), quarterly reports are required of key state agencies (such as the Human Services Department), including performance measures and targets approved for each fiscal year by the Department of Finance and Administration (DFA) in consultation with the Legislative Finance Committee (LFC). Although many measures are included in both the Scorecard and the AGA quarterly reports, HSD developed a Department Performance Scorecard because it offers more flexibility and is an opportunity to showcase many diverse measures that tie directly to its Strategic Plan. Whereas LFC measures may be consistent across administrations, the Scorecard reflects the vision of the current administration and uses the most accurate and up-to-date methodology for data collection and reporting.

Summary of Measures

GOAL 1 HAS 23 MEASURES – Improve the value and range of services we provide to ensure every qualified New Mexican receives accurate and timely benefits.

Child Support

1. As an average NM child on child support, how much can I expect to receive each month?

Medicaid and SNAP

2. As a Medicaid or SNAP applicant, what are the chances of having my non-emergency application processed within 45 days for Medicaid and 30 days for SNAP?

3. As a SNAP applicant, what are the chances I will receive an emergency review within 7 days, if eligible for one?

4. As a Medicaid or SNAP recipient, what are the chances of having my reapplication processed within 30 days?

5. As a SNAP recipient, what are the chances I will receive at least as much as I should for benefits?

6. As a SNAP recipient, what are the chances I will receive less than I should for benefits?

Access to Care: Medicaid and SNAP

7. Compared to pre-COVID-19, how many people like me were able to receive NEW benefits each month during the pandemic?

8. How much were monthly SNAP benefit payments for the average NM family?

9. How many people like me are enrolled in Medicaid?

10. How many people like me had a telemedicine visit, thanks to their Managed Care Organization (MCO) working with providers?

Medicaid Managed Care Organizations and Behavioral Health

11. How good is my Managed Care Organization at working with providers to ensure I have a behavioral health (BH) visit with a behavioral health provider?

12. How good is my Managed Care Organization at working with providers to ensure I have a behavioral health (BH) visit with a non-behavioral health provider?

13. How good is my Managed Care Organization at working with providers to ensure I have a behavioral health (BH) visit with a behavioral health or a non-behavioral health provider? (total encounters)

14. How good is my Managed Care Organization at working with providers to ensure I receive ongoing antidepressant medication management, should I need it?

15. How good is my Managed Care Organization at working with providers to ensure I receive treatment initiation for alcohol or other drug dependency, should I need it?

16. How good is my Managed Care Organization at working with providers to ensure I receive a follow-up with a mental health practitioner within 30 days after a hospitalization for mental illness?

17. How good is my Managed Care Organization at working with providers to ensure I receive a follow-up within 30 days after a visit to the Emergency Department for mental illness?

18. How good is my Managed Care Organization at working with providers to ensure that I, as someone who takes antipsychotic medication to treat my Schizophrenia or Bipolar Disorder, am also provided a diabetes screening should I need it?

Medicaid Managed Care Organizations and Family & Children

19. How good is my Managed Care Organization at working with providers to ensure my child will have at least 6 well-child visits by 15 months old?

20. How good is my Managed Care Organization at working with providers to ensure my child will receive exercise recommendations?

21. I'm pregnant. How good is my Managed Care Organization at working with providers to ensure I receive the prenatal care that I need?

22. I'm pregnant. How good is my Managed Care Organization at working with providers to ensure I receive the postnatal care that I need?

23. How good is my Managed Care Organization at working with providers to ensure my 2 year-old will have a their childhood immunizations completed?

Summary of Measures

GOAL 2 HAS 3 MEASURES – Create effective, transparent communication to enhance the public trust.

1. How many contacts with HSD do people like me make via websites and/or social media?

2. As a member of the public, how many times could I read media stories about HSD with positive or neutral sentiments?

3. Since the public health emergency was declared, how has my overall experience with HSD and its programs (SNAP, TANF, Child Support, Medicaid, LIHEAP) been?

GOAL 3 HAS 3 MEASURES – Successfully implement technology to give customers and staff the best and most convenient access to services and information.

1. As a staff member, how long am I waiting for the eligibility system to respond to the final determination steps?

2. As a customer, what are my chances of being provided an automated decision on eligibility for services?

3. While serving me from home, how well-equipped do HSD staff feel to effectively do their jobs?

GOAL 4 HAS 2 MEASURES – Promote an environment of mutual respect, trust, and open communication to grow and reach our professional goals.

1. Calculated annually, what percent of HSD employees leave their jobs?

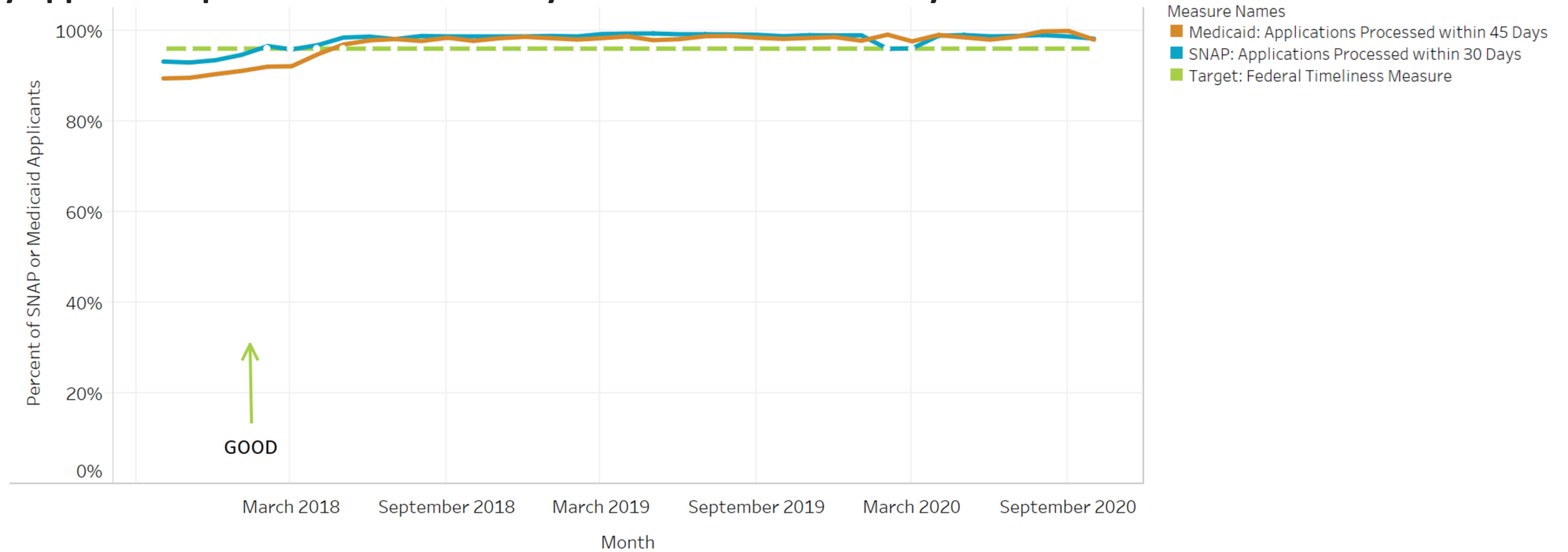2. What is the rate of open jobs at HSD?

Goal 1: CHILD SUPPORT - As an average NM child on child support, how much can I expect to receive each month?
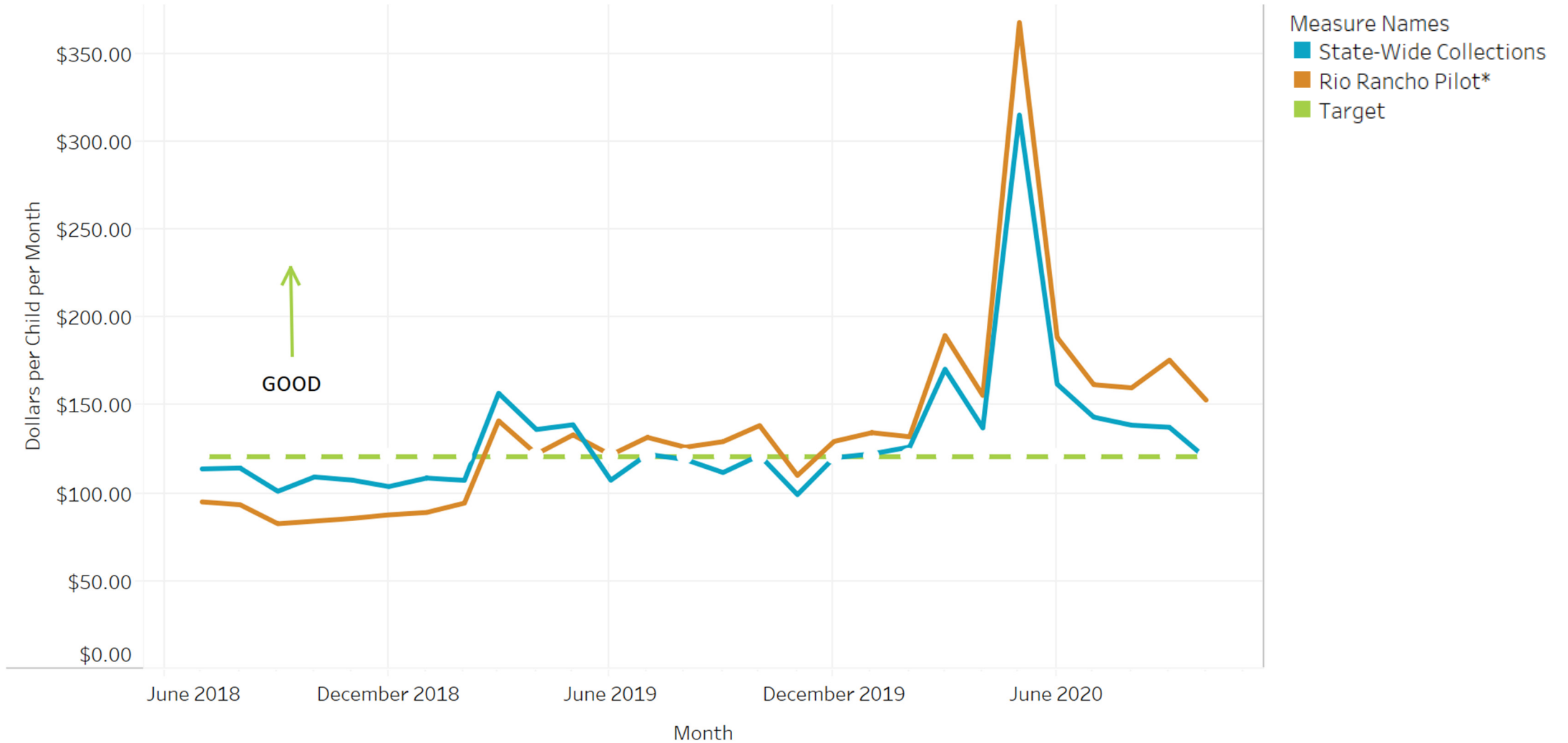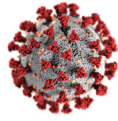
|	As an average NM child on child support, how much can I expect to receive per month?					
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
Amount of child support collected per child in the Child Support caseload *Child Support is piloting new tools and processes in the Rio Rancho Office, which has realized a 170% increase in this measure since Aug 2018.	Monthly	Sum of support ($) given to each child on child support	Total number of active dependents in the Child Support caseload	$121 based on improvements seen in primary pilot office	Structured Query Language (SQL) query Child Support Enforcement System (CSES) extract of Federal Child Support Office Quarterly Report of Collections	March-July 2020 skewed by the intercept of COVID-19 Stimulus Payments.

Goal 1: MEDICAID and SNAP - As a Medicaid or SNAP applicant, what are the chances of having my non-emergency application processed within 45 days for Medicaid and 30 days for SNAP?

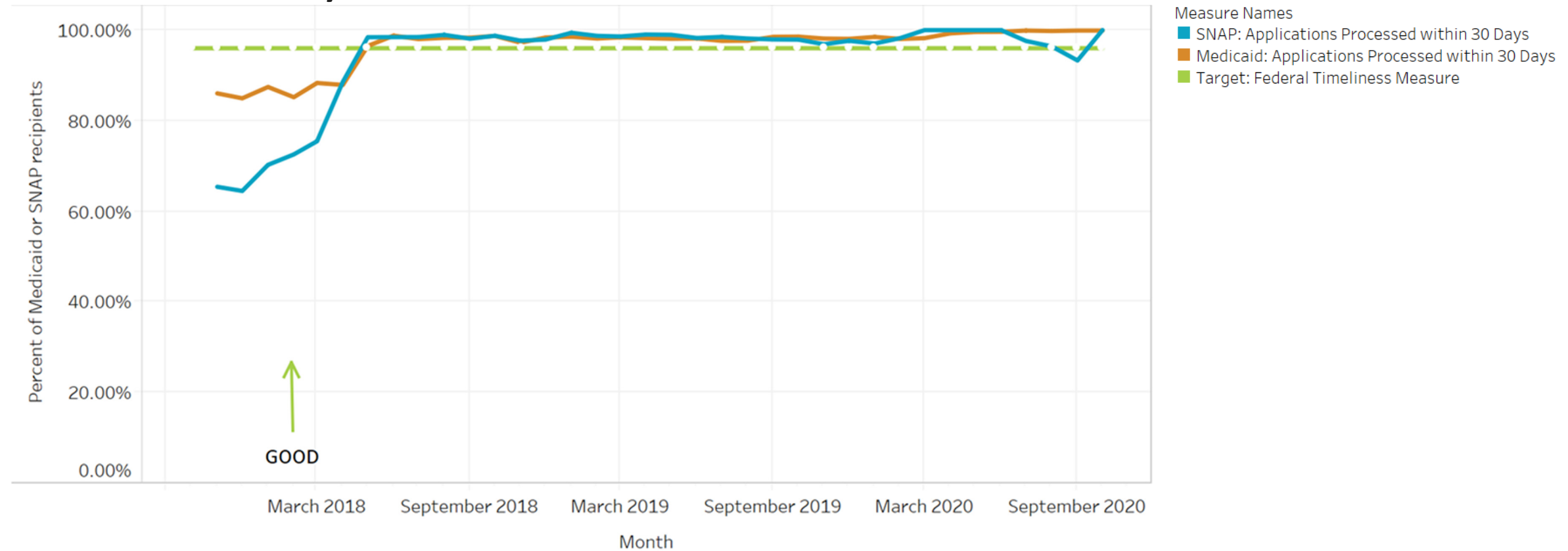| As a Medicaid or SNAP applicant, what are the chances of having my non-emergency application processed within 45 days for Medicaid and 30 days for SNAP?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the percent of non-expedited SNAP or Medicaid initial applications approved and denied in with the federal regulatory timeframes.	Monthly	Number of non-expedited SNAP or Medicaid initial applications approved or denied by the 30th day or 45th day, respectively, from the date of application within the month.	Total number of Medicaid or SNAP applications received during the month.	96% - federal timeliness measure of 95%	ASPEN, the Income Support eligibility system, using the Business Intelligence Tool Monthly Statistical Report (Medicaid pg. 14 SNAP p. 33)	The United States Department of Agriculture Food and Nutrition Services Department (USDA FNS) has an established SNAP application processing timeframe of 30 days from the date of the application. The Center for Medicare and Medicaid Services (CMS) has an established application processing timeframe of 45 days from the date of application.

Goal 1: MEDICAID and SNAP - As a SNAP applicant, what are the chances I will receive an emergency review within 7 days, if eligible for one?
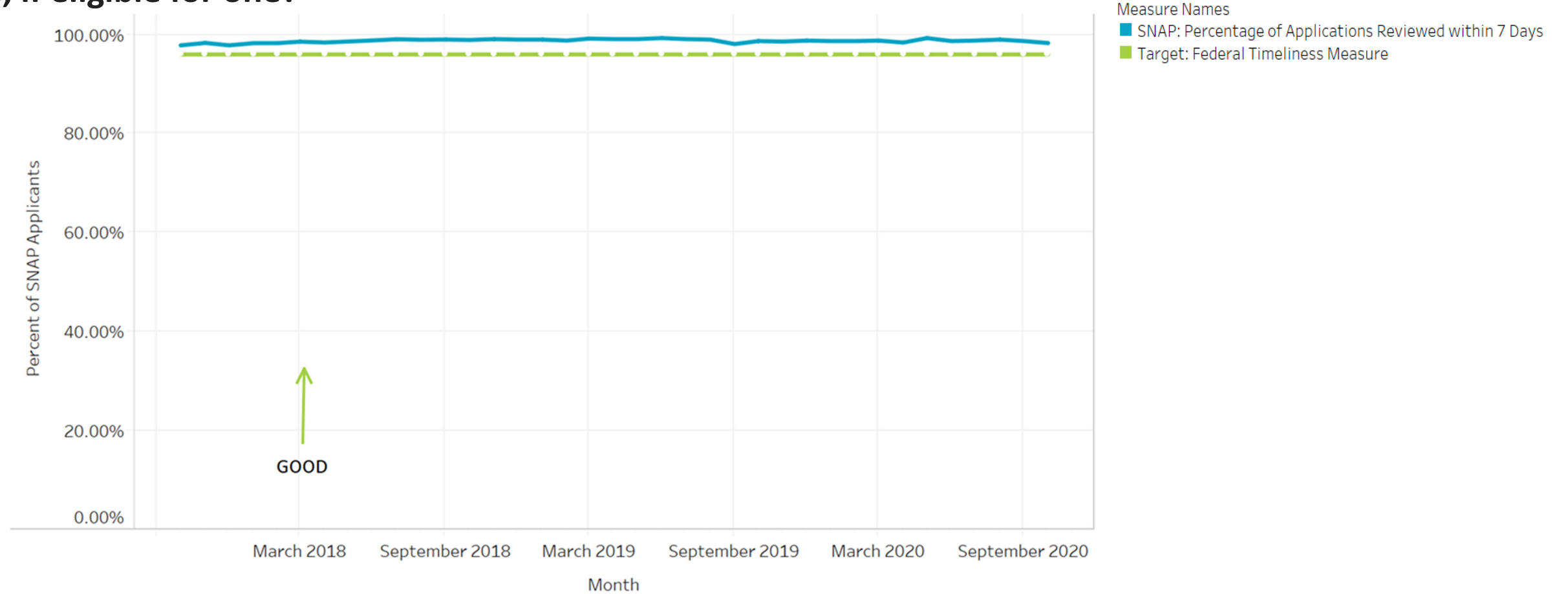
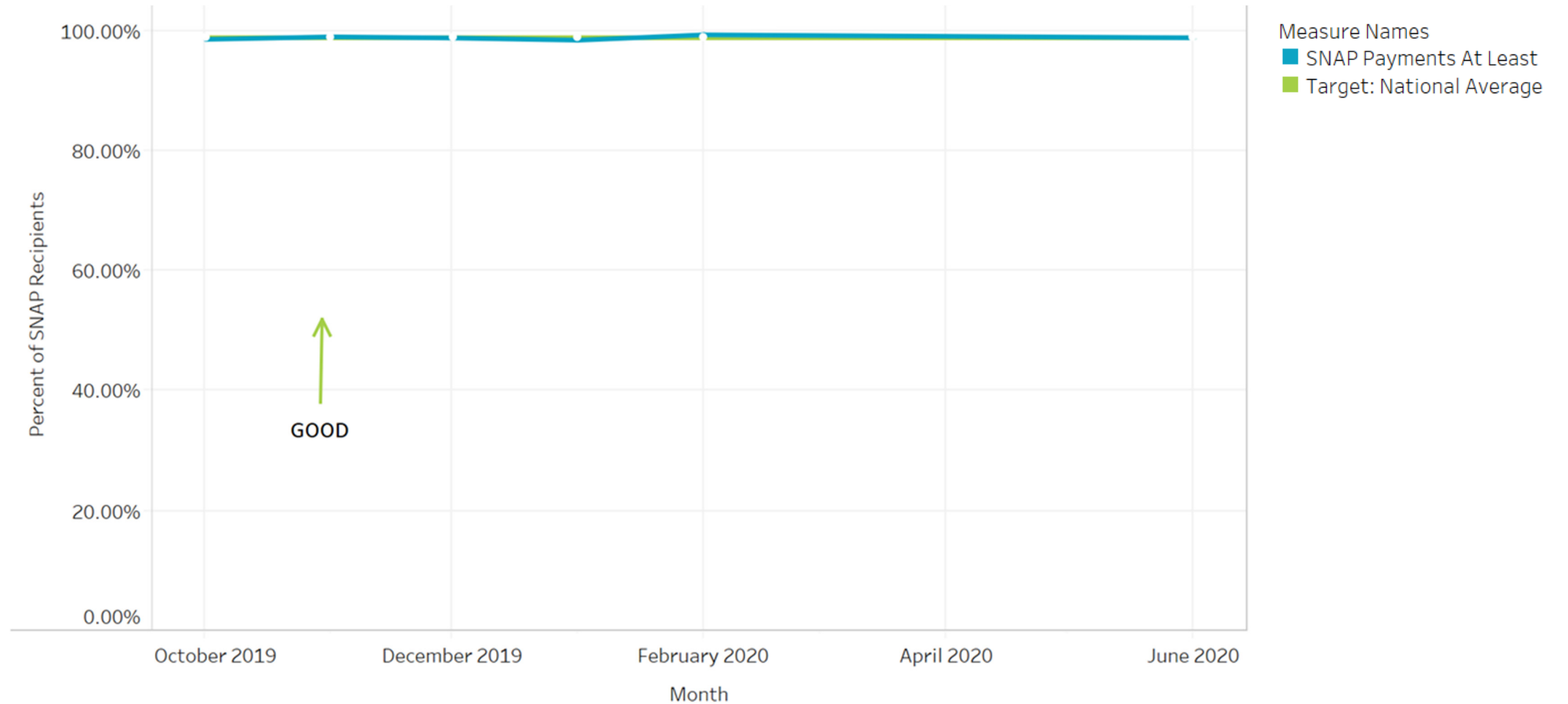| As a SNAP applicant, what are the chances I will receive an emergency review within 7 days if eligible for one?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the percent of expedited SNAP applications processed within 7 days of request, for eligible customers based on SNAP regulations. 7 CFR 273.2	Monthly	Number of expedited SNAP applications processed by the 7th day during reporting period	Total number of SNAP applications eligible for expedited review during reporting period	96% - federal timeliness measure of 95%	ASPEN, the Income Support eligibility System, using the Business Intelligence Tool Monthly Statistical Report pg. 31	The following households are eligible for expedited SNAP processing, receiving SNAP benefits seven calendar days from the date of application receipt: 1) household monthly income less than $150; 2) total cash available is less than $100; 3) household monthly home and utility costs are more than income and total cash available; or, 4) household includes a migrant or seasonal farm worker with very little income.

Goal 1: MEDICAID and SNAP - As a Medicaid or SNAP recipient, what are the chances of having my reapplication processed within 30 days?

As Medicaid or SNAP recipient, what are the chances of having my reapplication processed within 30 days?

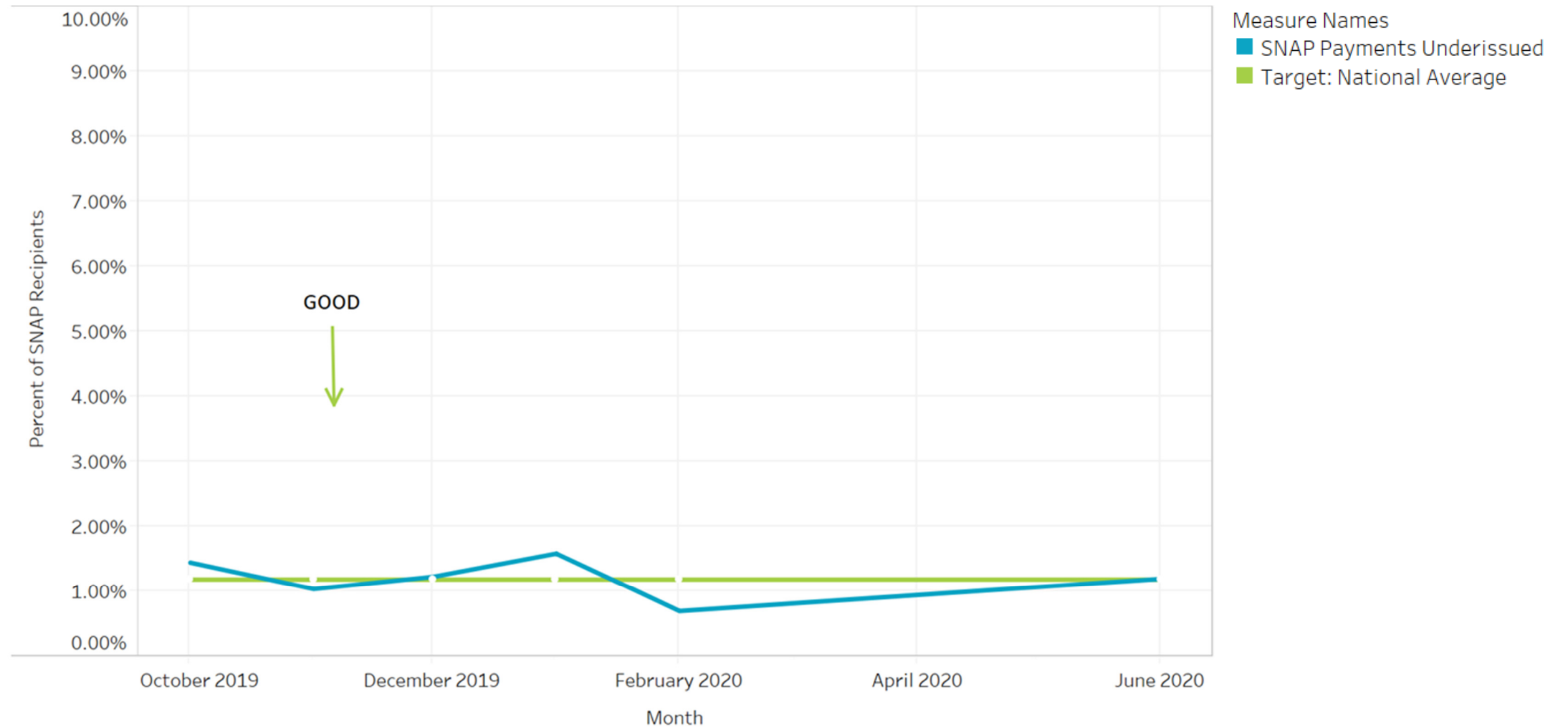| Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the SNAP and Medicaid recertification timeliness, which includes SNAP and Medicaid benefits that were approved ongoing and terminated during reporting period.	Monthly	Number of Medicaid or SNAP recertifications processed during reporting period	Total number of Medicaid or SNAP recertifications	96% - federal timeliness measure of 95%	ASPEN, Income Support eligibility system using Business Intelligence Tool Monthly Statistical Report (Medicaid p. 20, SNAP p. 40)	In accordance with the United States Department of Agriculture and Food and Nutrition Services (USDA/FNS), SNAP recipients must renew their benefits annually. This data reflects the State's timeliness in processing those renewals (approvals and closures). Households must receive a determination within 30 days of submitting for renewal. The Center for Medicare and Medicaid Services (CMS) allows for Medicaid recipients to have their health coverage administratively renewed. When an administrative renewal is not successful, HSD must send a renewal packet annually. This data reflects the State's timeliness in processing these renewals (approvals and closures). Households must receive a determination within 30 days of submitting their renewal.

Goal 1: MEDICAID and SNAP - As a SNAP recipient, what are the chances I will receive at least as much as I should for benefits?

Measure Names
- ■ SNAP Payments At Least
- ■ Target: National Average

| As a SNAP recipient, what are the chances I will receive at least as much as I should for benefits?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the percentage of SNAP correct payments, showing percent correct and/or over issued, during the reporting period.	Monthly	Total SNAP benefits (in Quality Control Sample) issued in error	Total SNAP benefits issued in sample	98.82% - National Average	State Reported Quality Control Data submitted through Food and Nutrition Services Quality Control (FNSQC). Reported in the Income Support SNAP Performance Report	This data is delayed up to one quarter due to the Quality Control reporting timeframes

Goal 1: MEDICAID and SNAP - As a SNAP recipient, what are the chances I will receive less than I should for benefits?

**As a SNAP recipient, what are the chances I will receive less than I should for benefits?**

Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the percentage of SNAP payment errors, showing percent under issued, during the reporting period.	Monthly	Total SNAP benefits (in Quality Control Sample) issued in error	Total SNAP benefits issued in sample	1.18% - National Average	State Reported Quality Control Data submitted through Food and Nutrition Services Quality Control (FNSQC). Reported in the Income Support SNAP Performance Report	This data is delayed up to one quarter due to the Quality Control reporting timeframes

Goal 1: ACCESS to CARE - Compared to pre-COVID-19, how many people like me were able to receive NEW benefits each month during the pandemic?
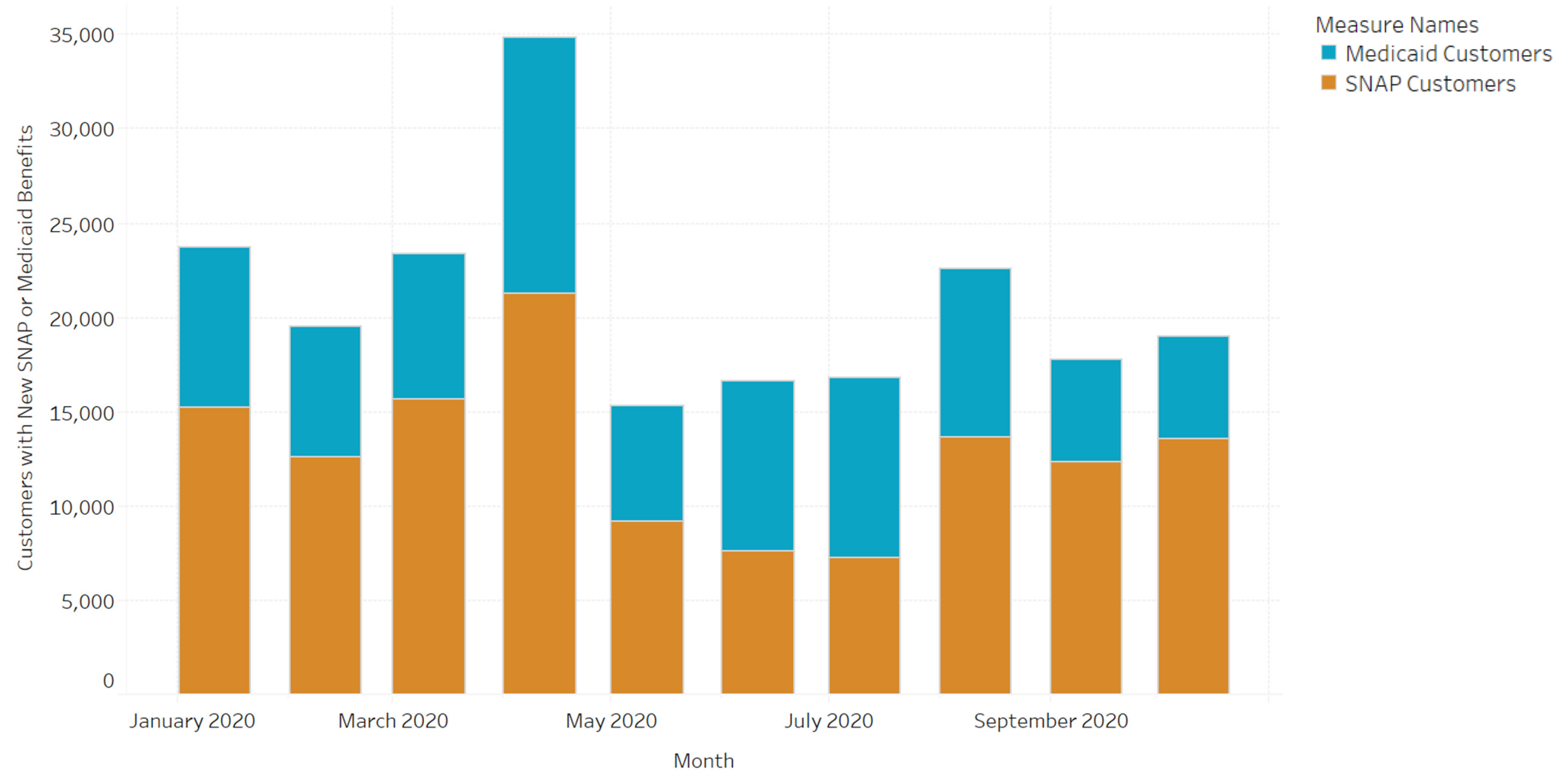

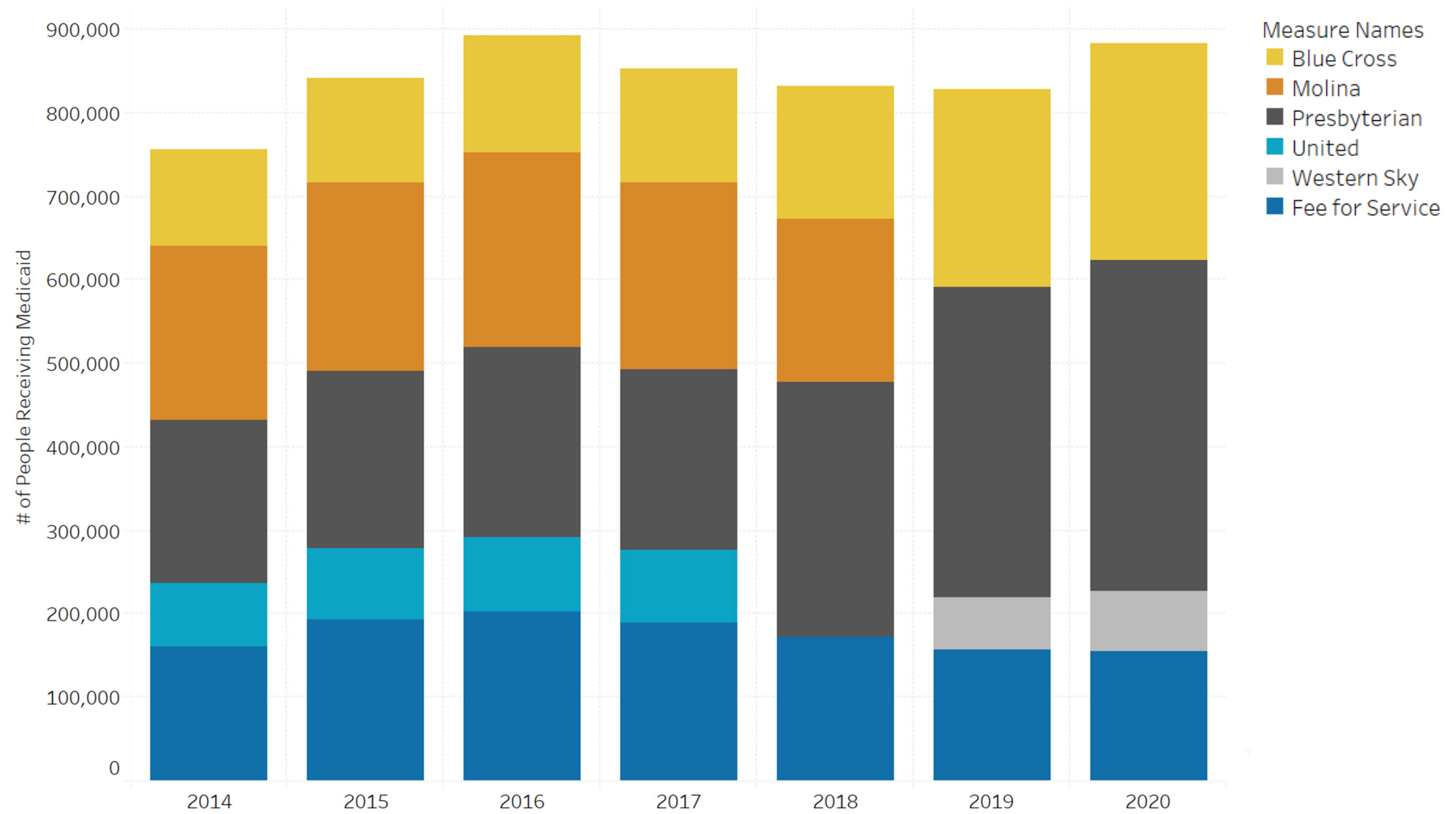| Compared to pre-COVID-19, how many people like me were able to receive NEW benefits each month during the pandemic?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The number of SNAP and Medicaid customers who have received new benefits during the pandemic during the reporting period.	Monthly	Number of new SNAP and Medicaid applications approved during the reporting period	No denominator	n/a	ASPEN, Business Intelligence Tool, Monthly Statistical Report, Pg. 3	
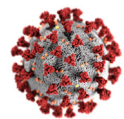
Goal 1: ACCESS to CARE - How much were monthly SNAP benefit payments for the average NM family?
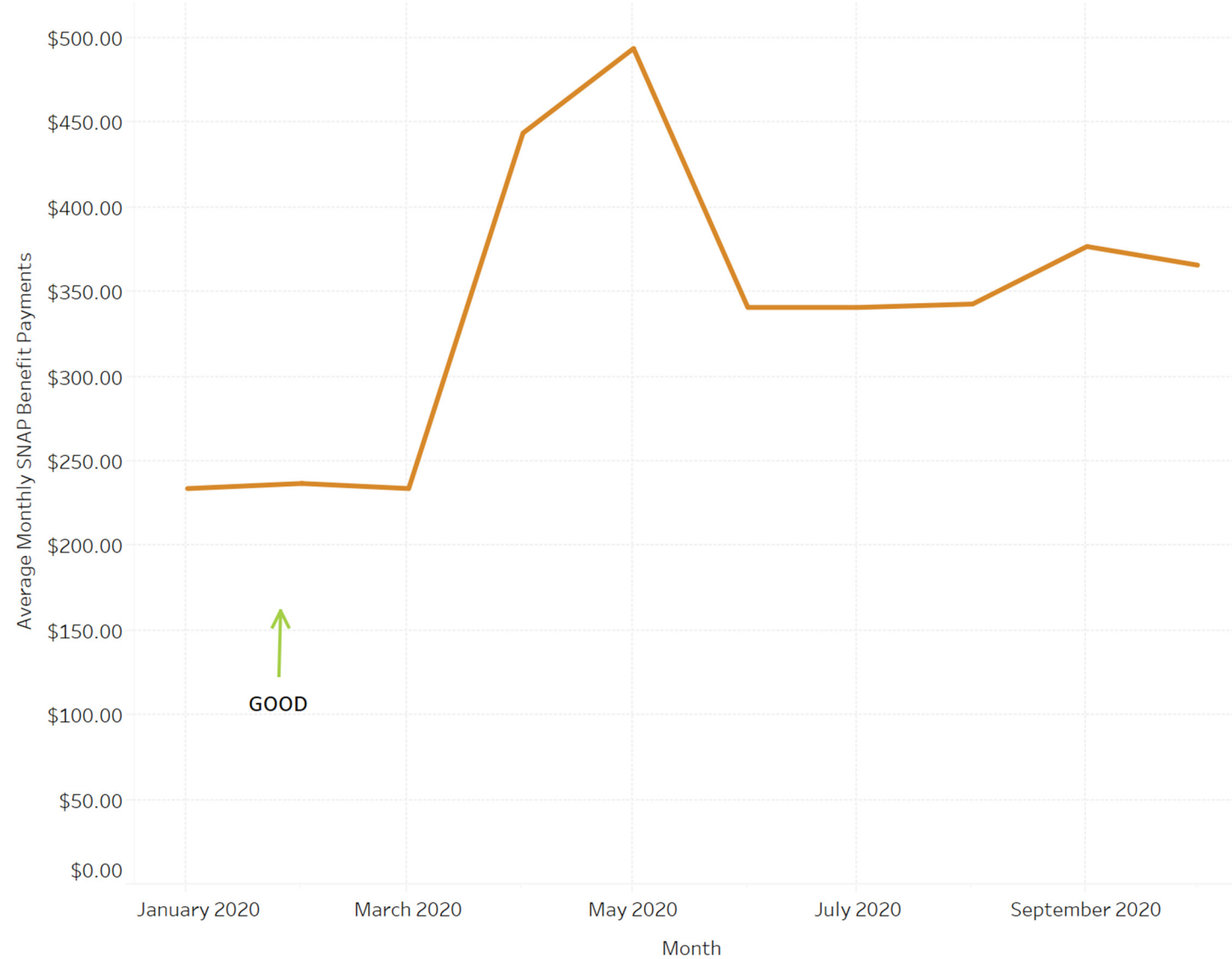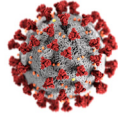
|	How much were monthly SNAP benefit payments for the average NM family?					
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The average benefit payment for SNAP cases during the pandemic	Monthly	The average SNAP benefit during the 2020 reporting period	No denominator	n/a	ASPEN, Business Intelligence Tool, Monthly Statistical Report, Pg. 3	

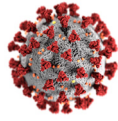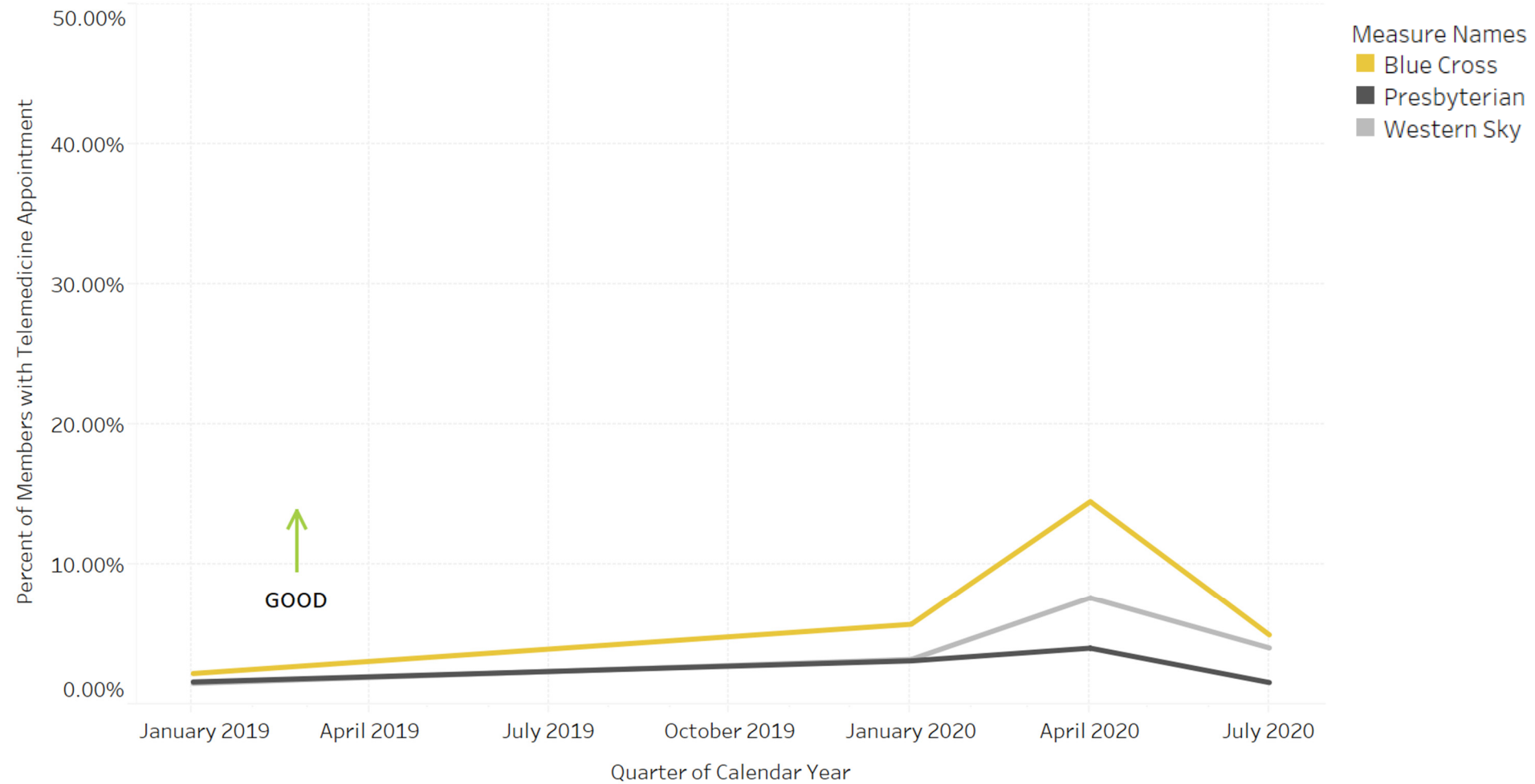# Goal 1: ACCESS to CARE - How many people like me are enrolled in Medicaid?

Measure Names
- Blue Cross
- Molina
- Presbyterian
- United
- Western Sky
- Fee for Service

# of People Receiving Medicaid (y-axis, 0 to 900,000)

Years: 2014, 2015, 2016, 2017, 2018, 2019, 2020

How many people like me are enrolled in Medicaid?

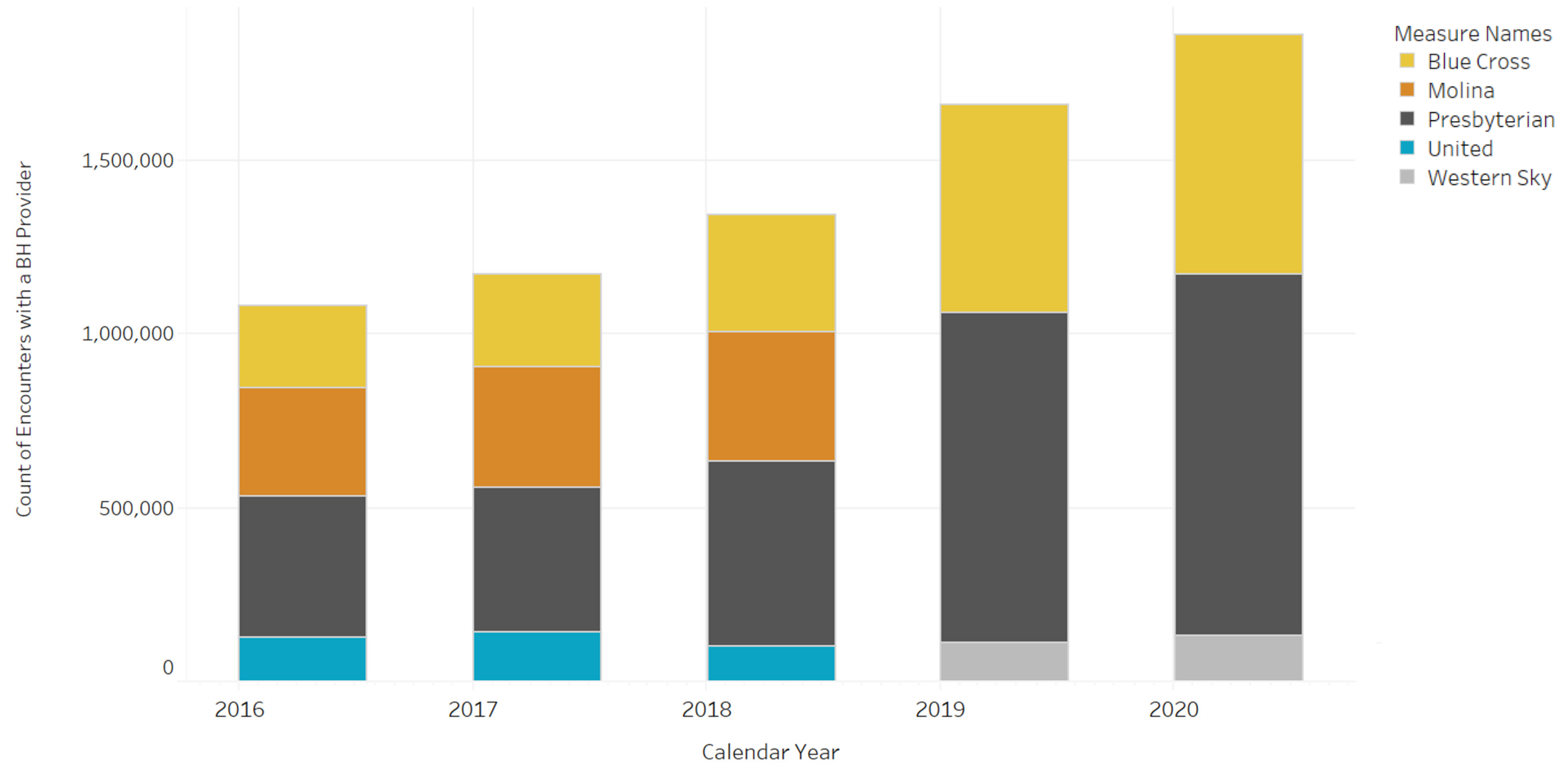| Description	Reports	Numerator	Denominator	Target	Data Source	Comments
Count of Medicaid enrollees by reporting period	Annual	Number of Medicaid customers by MCO and Fee for Service (FFS)	No denominator	N/a	Medicaid Enrollment Report (MER)-by Managed Care Organization-Fee-for-Service	
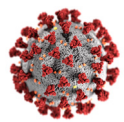
Goal 1: ACCESS to CARE - How many people like me had a telemedicine visit, thanks to their Managed Care Organization working with providers?

Measure Names
- Blue Cross
- Presbyterian
- Western Sky

Chart: Percent of Members with Telemedicine Appointment (y-axis, 0.00% to 50.00%) vs Quarter of Calendar Year (x-axis, January 2019 to July 2020). "GOOD" arrow pointing upward.

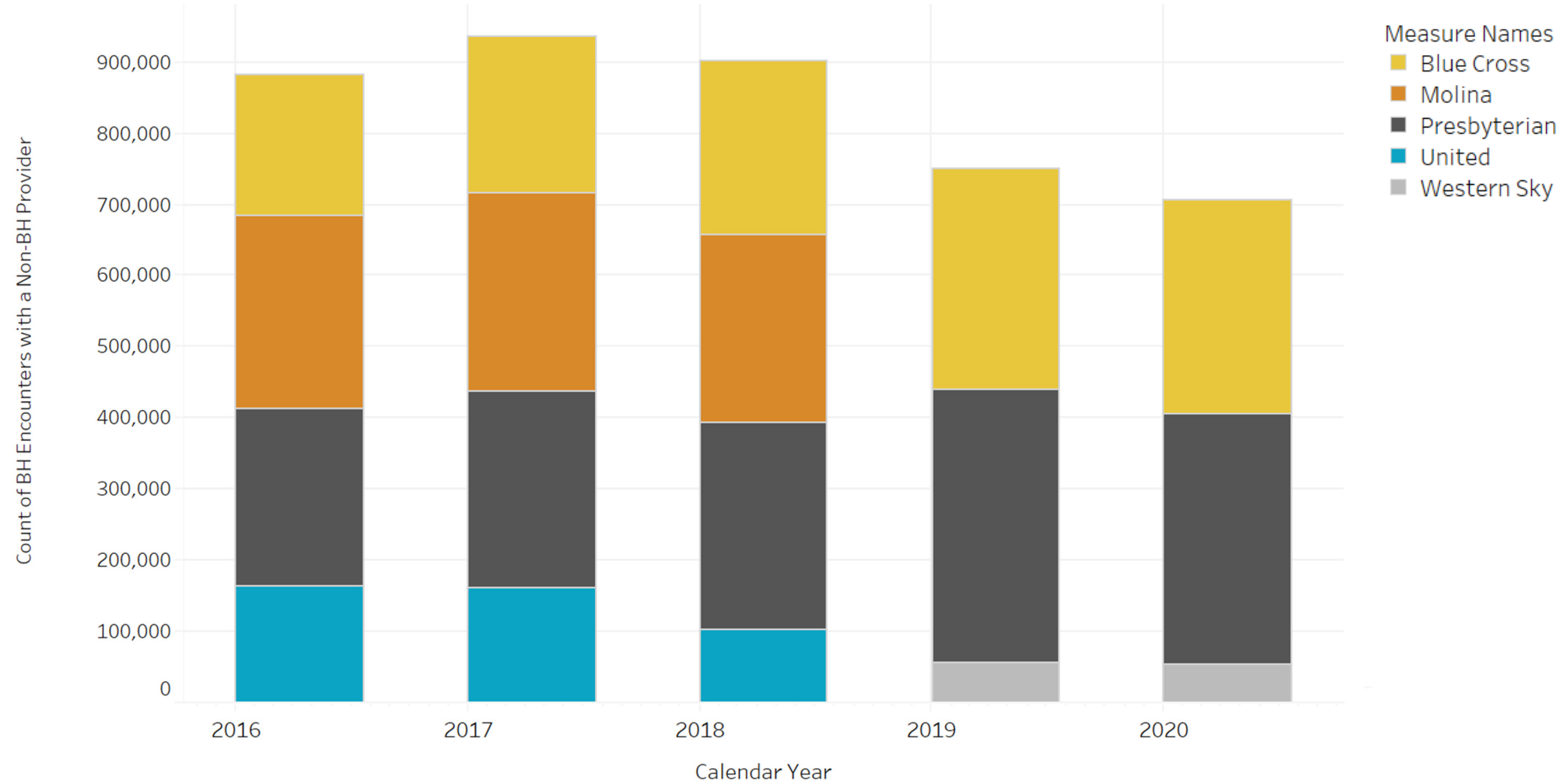| How good is my Managed Care Organization (MCO) at working with providers to ensure I can have a telemedicine appointment?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This measure reflects a state goal to increase the number of unique enrolled Managed Care Organization members with a telemedicine visit by twenty percent (20%) in rural, frontier, and urban areas for physical health specialists and behavioral health specialists.	Quarterly	Number of unique enrolled Managed Care Organization members with a telemedicine visit.	Number of unique enrolled Managed Care Organization members.	Increase by 20%	MCO reports	Members utilizing telehealth as a percent of overall membership may not be the most accurate representation of the availability of telehealth, because members can choose to utilize or not. A higher proportion of non-utilizing members as well as a higher number of sicker members (more in-person needed) negatively impacts the score. HSD is working with MCOs to refine the measure.

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I have a behavioral health (BH) visit with a behavioral health provider?

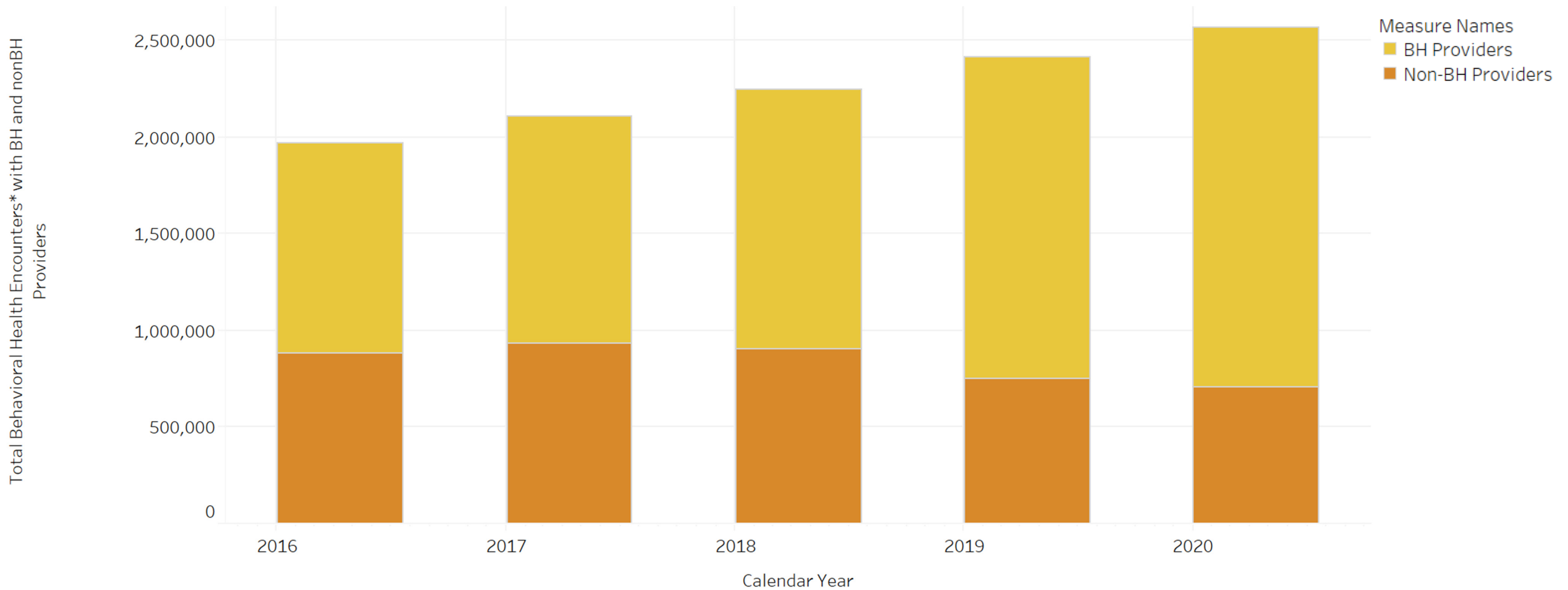| How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH provider?						
Description	Reports	Numerator	Denominator	Targets	Data Source	Comments
The total number of BH encounters provided by BH professionals	Annual	Number of BH encounters paid for the services of a BH practitioner outside of Long-Term Care (LTC) facilities and Emergency Departments (ED)	No denominator	Increase BH provider visits: 2014-2020: improve each year by 2%; 2020-2023: expected to be at or above 75%	Medicaid billing data	2020 data is an estimate based on doubling the data through June. Non-BH providers include primary care providers, nurse practitioners, etc.

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I have a behavioral health (BH) visit with a non-behavioral health provider?

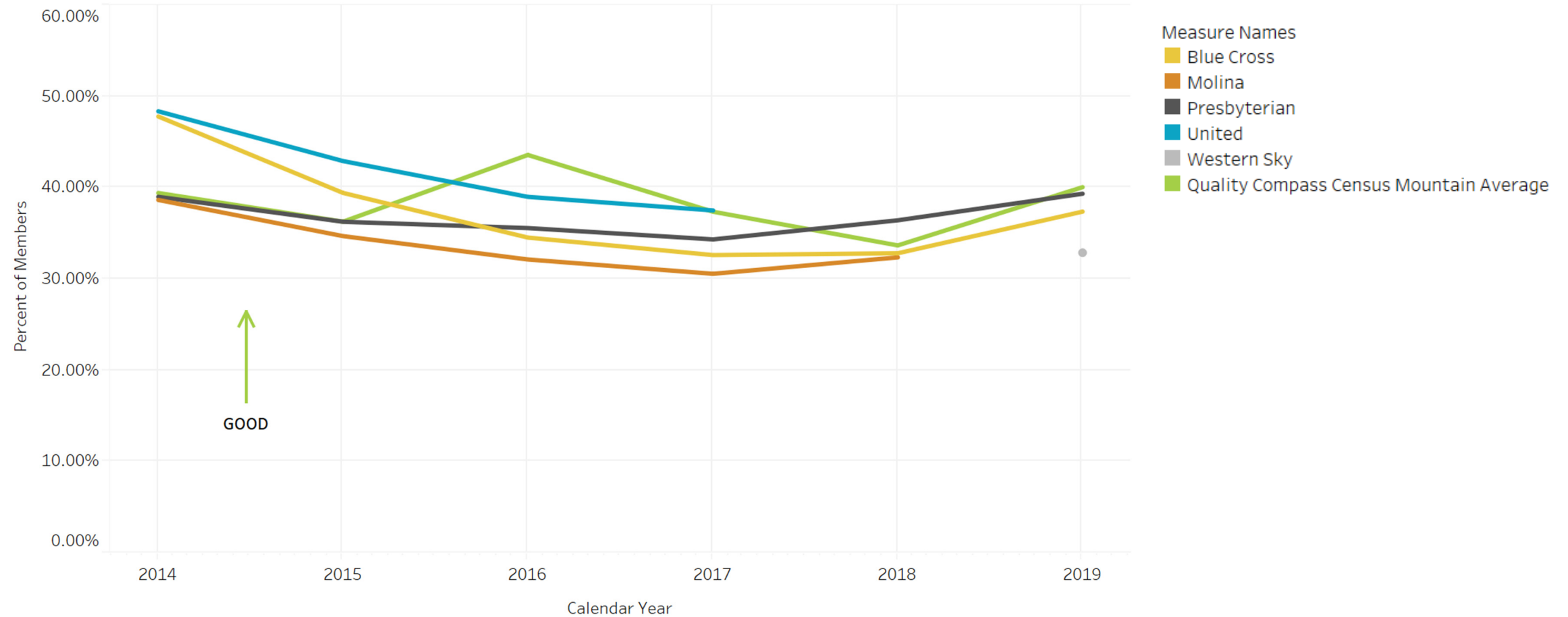| How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a non-BH provider?						
Description	Reports	Numerator	Denominator	Targets	Data Source	Comments
The number of BH encounters provided by non-BH professionals	Annual	Number of BH encounters paid for the services of a non-BH practitioner	No denominator	Increase BH provider visits: 2014-2020: improve each year by 2%; 2020-2023: expected to be at or above 75%	Medicaid billing data	2020 data is an estimate based on doubling the data through June. Non-BH providers include primary care providers, nurse practitioners, etc.

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I have a behavioral health (BH) visit with a behavioral health or a non-behavioral health provider? (total encounters)

Measure Names
- BH Providers
- Non-BH Providers

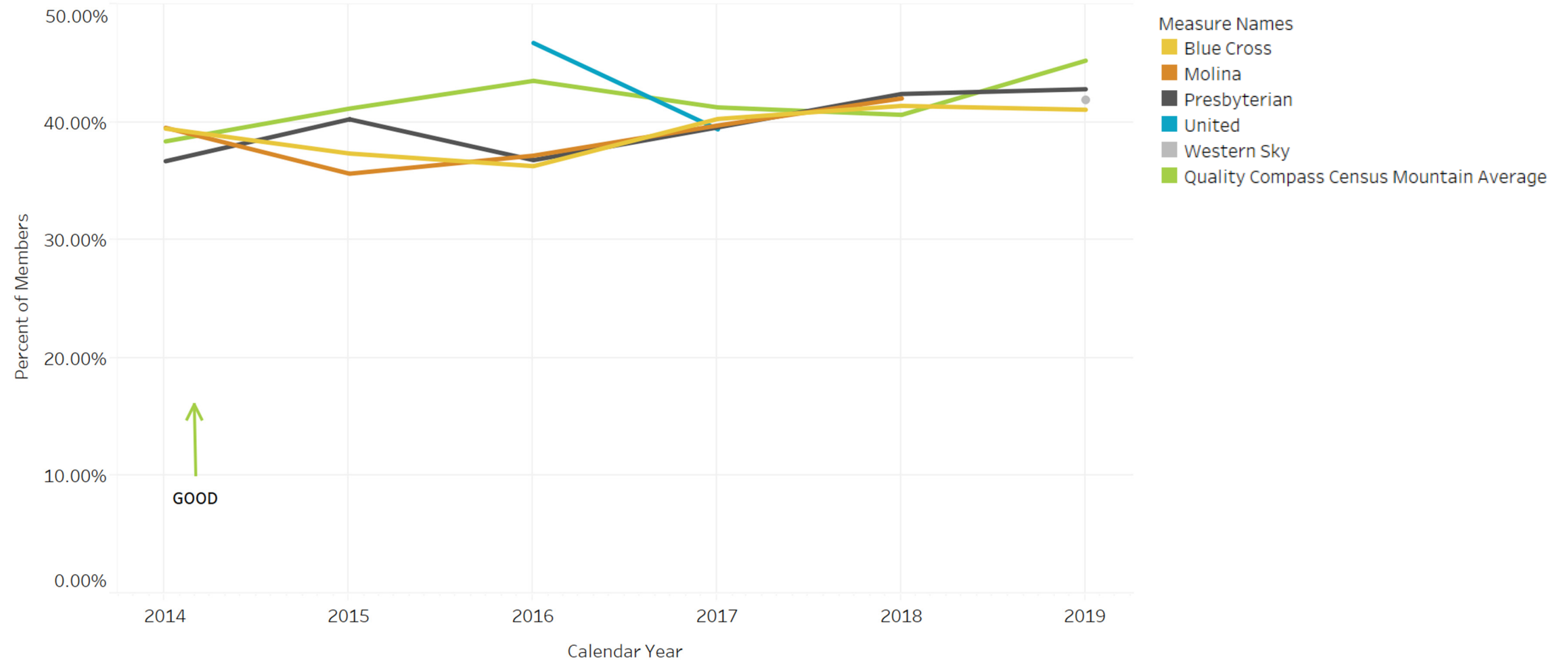| How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a non-BH provider?						
Description	Reports	Numerator	Denominator	Targets	Data Source	Comments
The number of BH encounters provided by non-BH professionals	Annual	Number of BH encounters paid for the services of a non-BH practitioner	No denominator	Increase BH provider visits: 2014-2020: improve each year by 2%; 2020-2023: expected to be at or above 75%	Medicaid billing data	2020 data is an estimate based on doubling the data through June. Non-BH providers include primary care providers, nurse practitioners, etc.

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I receive ongoing antidepressant medication management, should I need it?

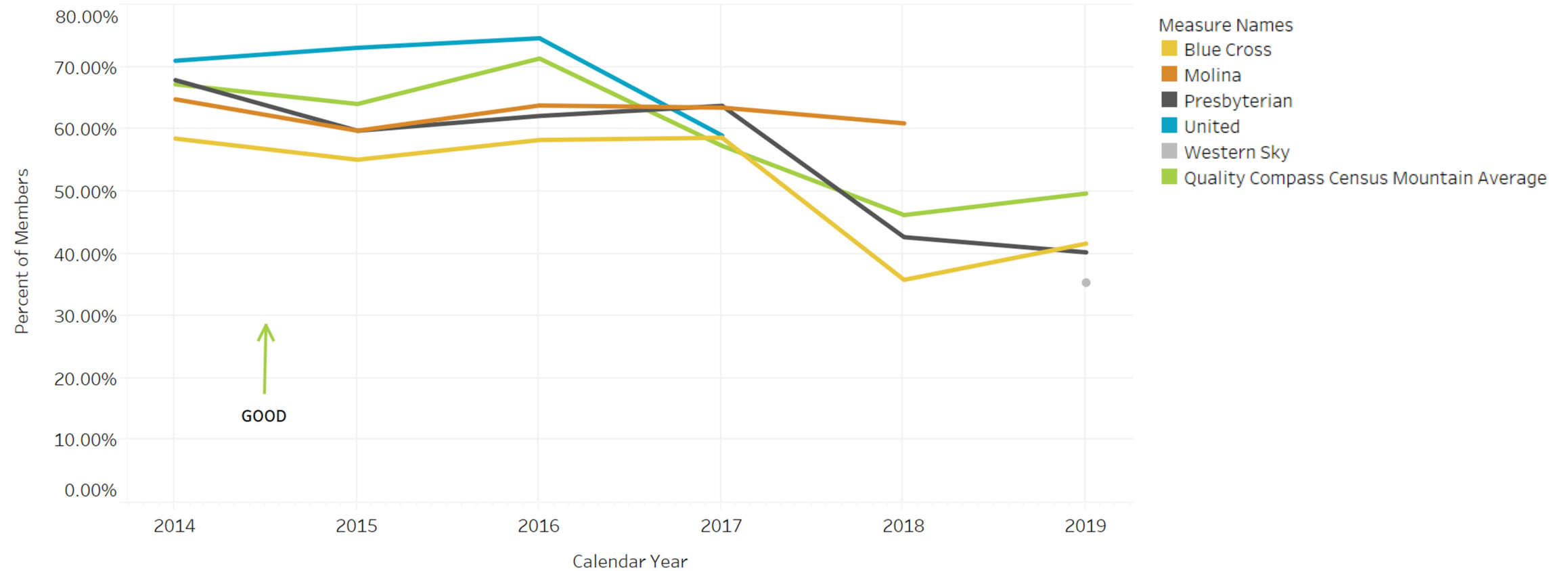| How good is my Managed Care Organization (MCO) at working with providers to ensure I receive ongoing antidepressant medication management, should I need it?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of members 18 years of age and older as of April 30 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.	Annual	Members with at least 180 days (6 months) of treatment with antidepressant medication, beginning on the prescription start date	Members 18 years and older diagnosed with a new episode of major depression	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I receive treatment initiation for alcohol or other drug dependency, should I need it?

How good is my Managed Care Organization (MCO) at working with providers to ensure I receive treatment initiation for alcohol or other drug dependency, should I need it?

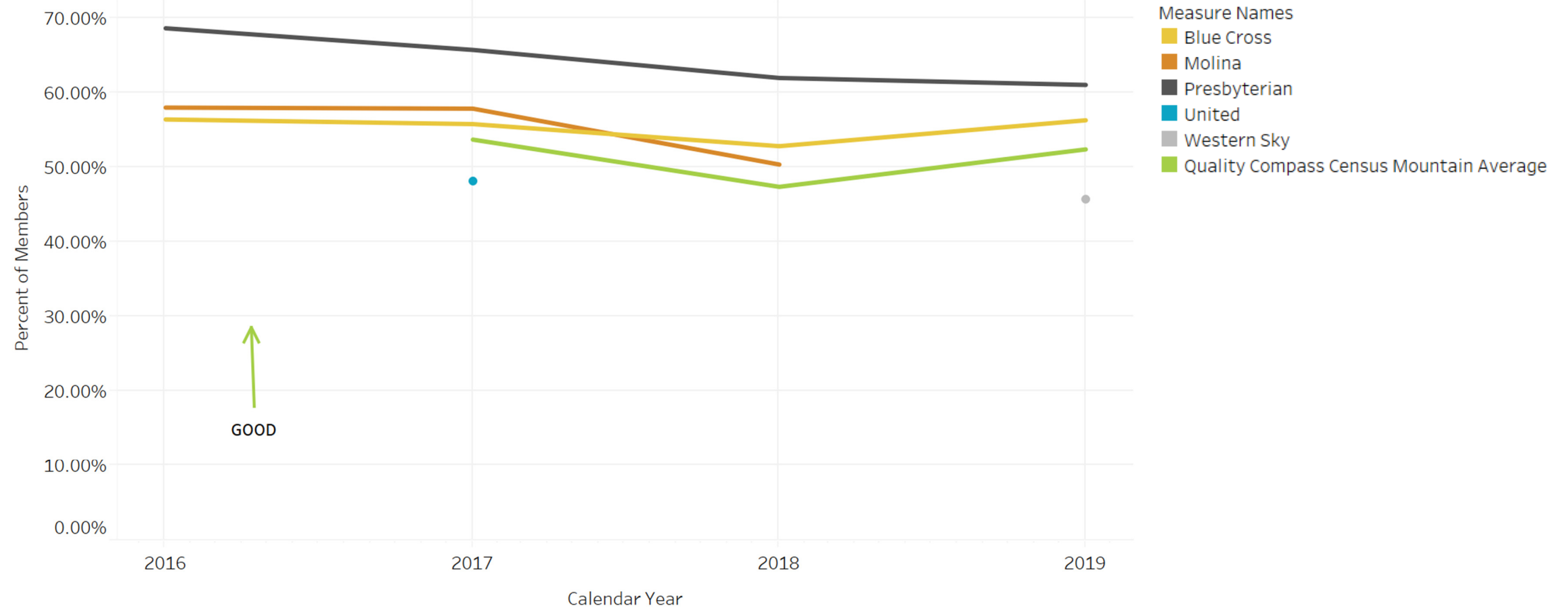| Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received Initiation of AOD Treatment	Annual	Initiation of AOD treatment within 14 days of the Index Episode Start Date (IESD).	Members 13 years and older with a new episode of AOD abuse or dependence during the Intake Period.	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I receive a follow-up visit with a mental health practitioner within 30 days after a hospitalization for mental illness?

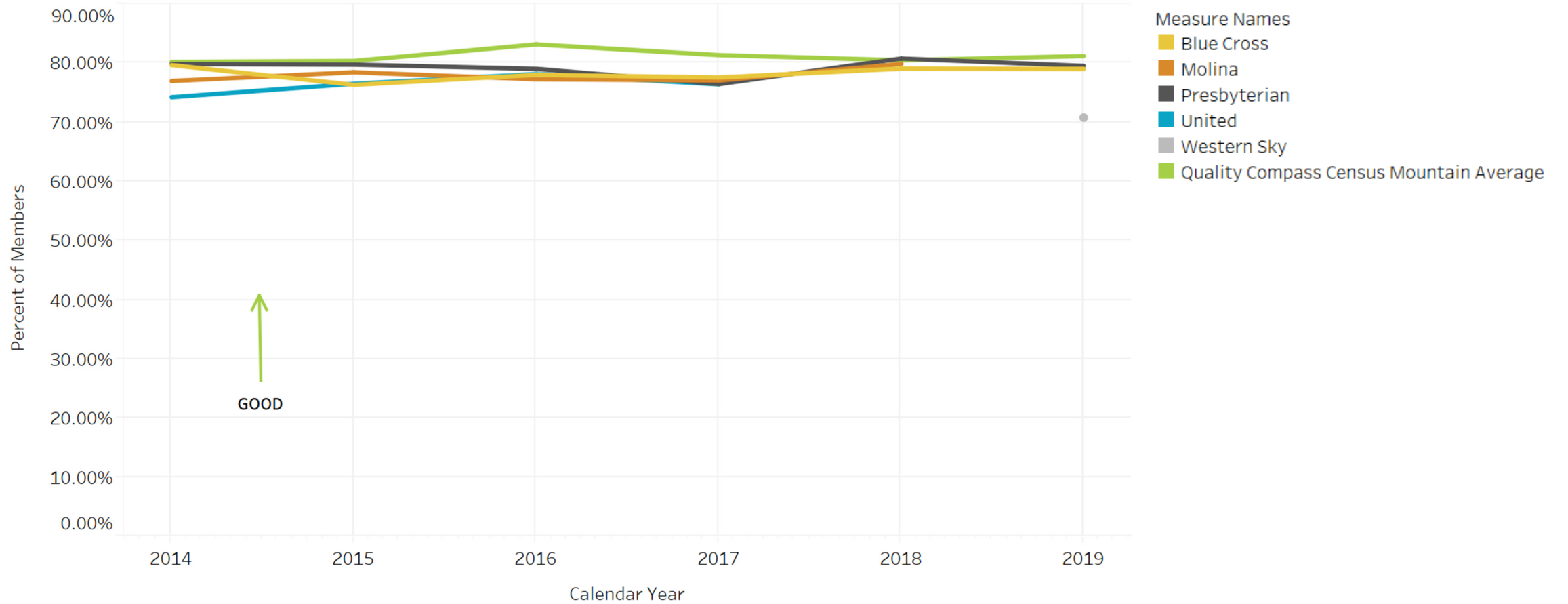| How good is my Managed Care Organization (MCO) at working with providers to ensure I receive a follow-up visit with a mental health practitioner within 30-days after a hospitalization for mental illness?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of discharges 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.	Annual	A follow-up visit with a mental health practitioner within 30 days after discharge. Do not include visits that occur on the date of discharge.	Members 6 years and older as of the date of discharge, who were an acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	HEDIS methodology for 2018 was modified to exclude follow-up visits on the same day as hospital discharge. MCOs have historically offered provider incentives to see members for these outpatient follow-ups on the same day as discharge as they are shown to improve long-term engagement in outpatient treatment. The measure drop is not reflective of an overall drop in performance, but rather reflective of the exclusion of a substantial number of follow-up visits that occurred on the hospital discharge date.

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure I receive a follow-up visit within 30 days after a visit to the Emergency Department for mental illness?

Measure Names
- Blue Cross
- Molina
- Presbyterian
- United
- Western Sky
- Quality Compass Census Mountain Average

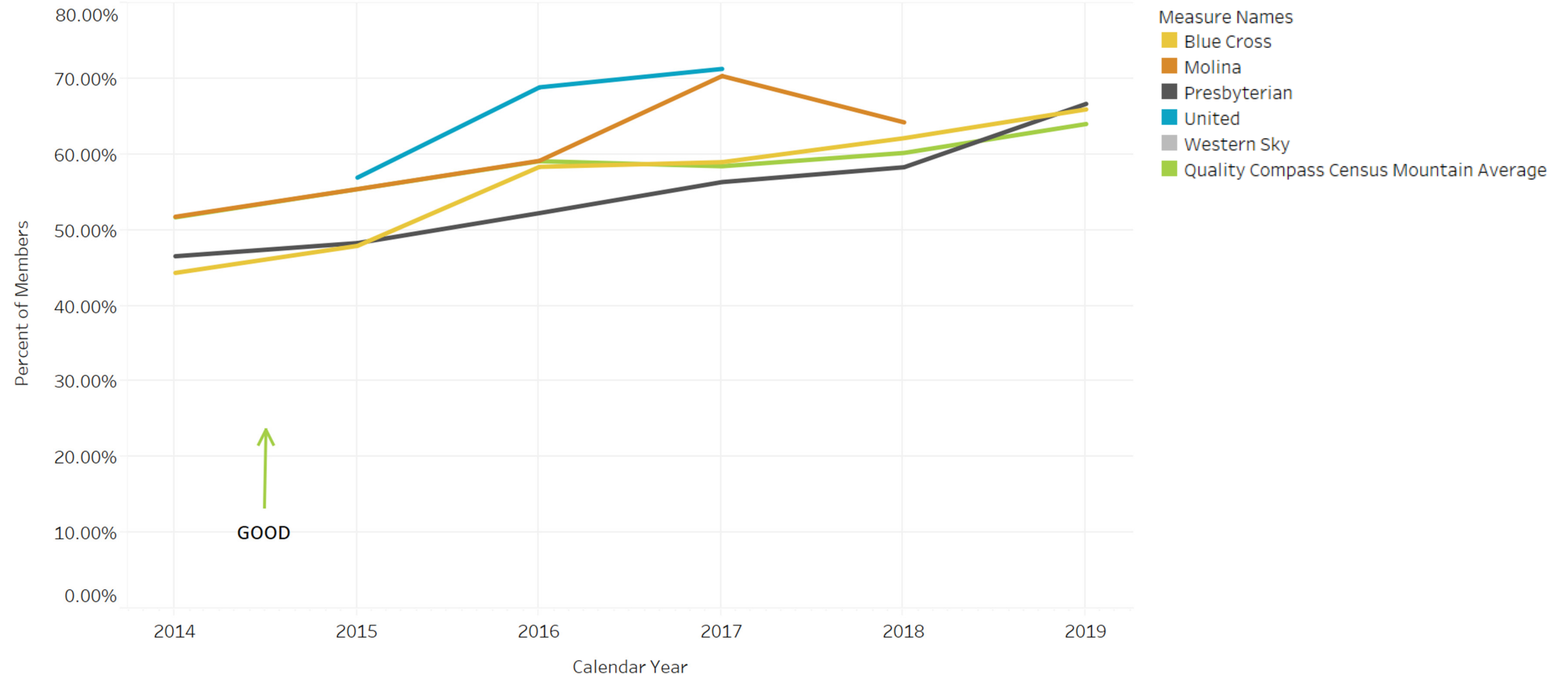| How good is my Managed Care Organization (MCO) at working with providers to ensure I receive a follow-up visit within 30 days after a visit to the Emergency Department for mental illness?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of emergency department (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.	Annual	A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.	Members 6 years and older as of the date of the ED visit, with an ED visit with a principal diagnosis of mental illness or intentional self-harm	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and BEHAVIORAL HEALTH - How good is my Managed Care Organization at working with providers to ensure that I, as someone who takes antipsychotic medication to treat my Schizophrenia or Bipolar Disorder, am also provided a diabetes screening should I need it?

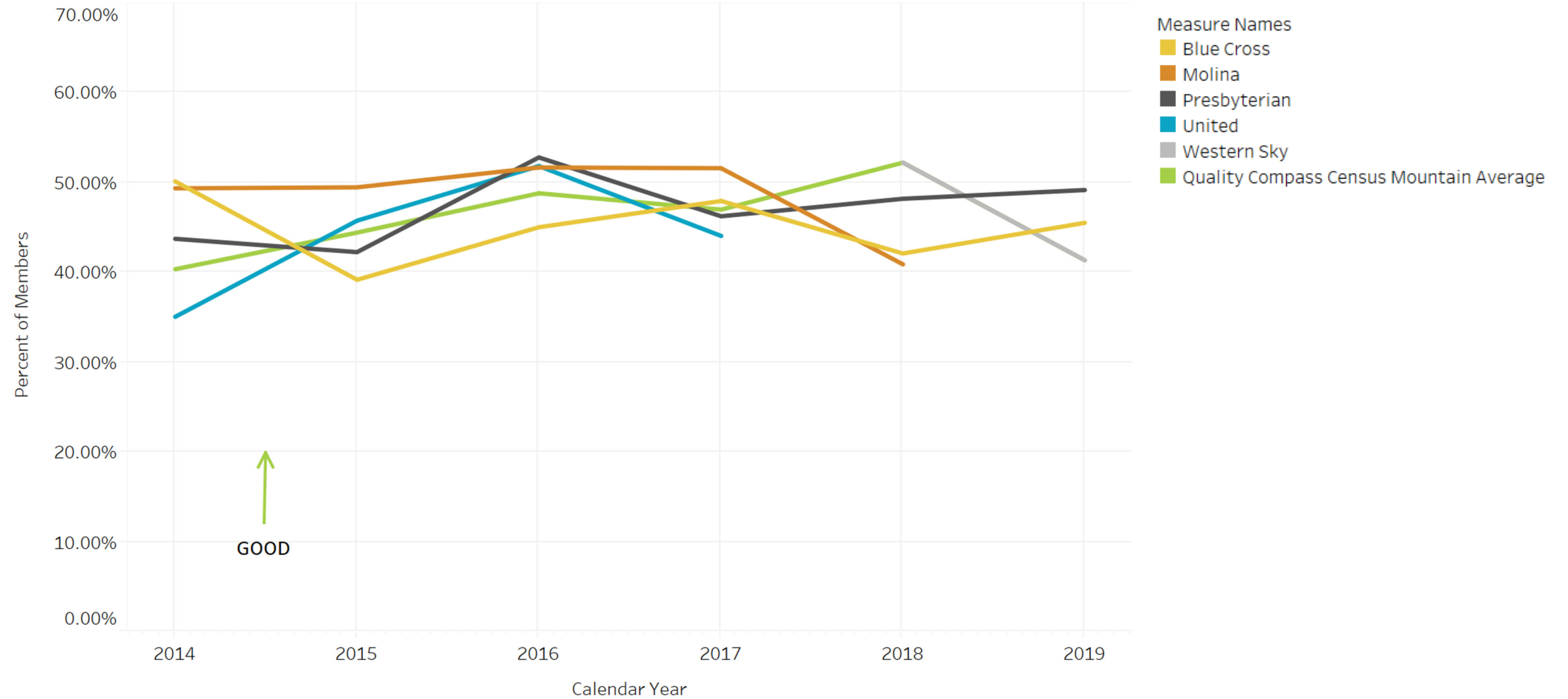| How good is my Managed Care Organization (MCO) at working with providers to ensure that I, as someone who takes antipsychotic medication to treat my Schizophrenia or Bipolar Disorder, am also provided a diabetes screening should I need it?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
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.	Annual	Diabetes Screening: A glucose test or an HbA1c test performed during the measurement year	Members 18–64 years taking antipsychotic medication for schizophrenia or bipolar disorder	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and FAMILY & CHILDREN - How good is my Managed Care Organization at working with providers to ensure my child will have at least 6 well-child visits by 15 months old?

How good is my Managed Care Organization (MCO) at working with providers to ensure my child will have at least 6 well-child visits by 15 months old?

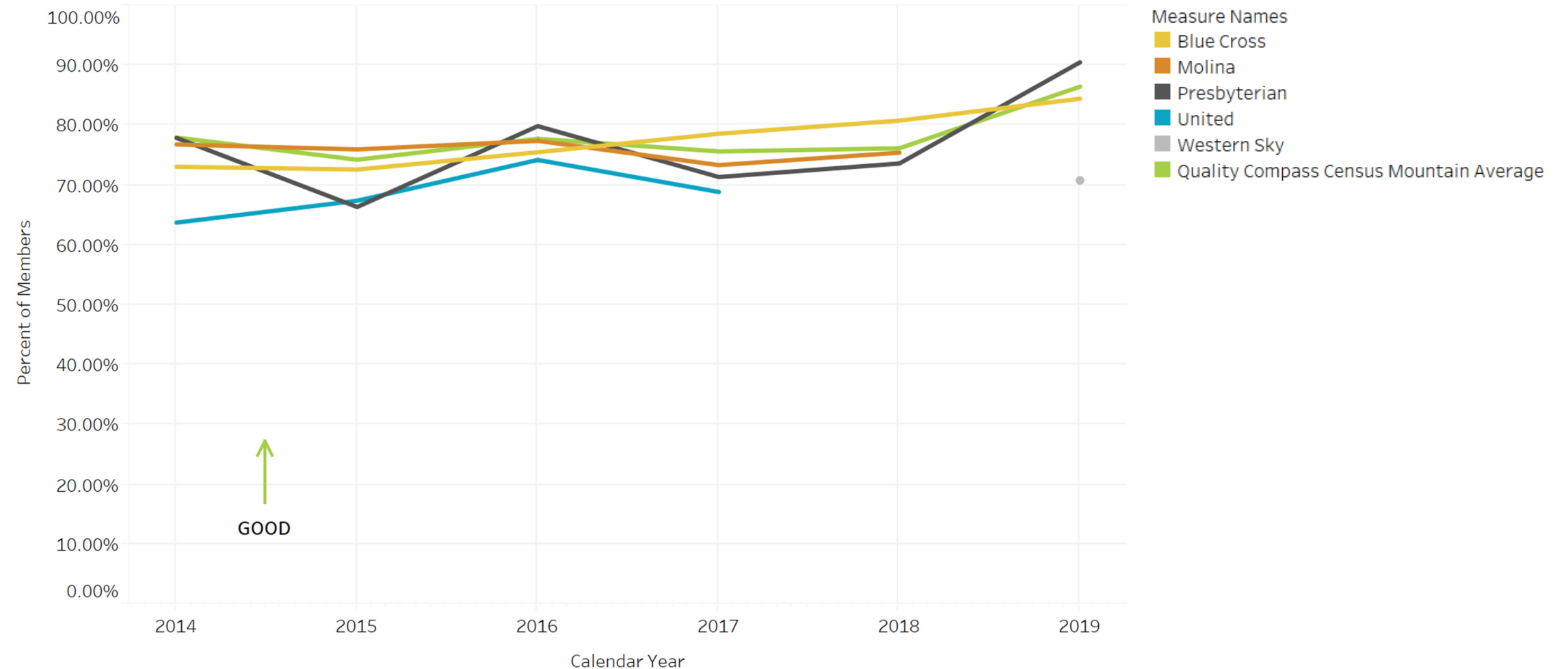| Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	Annual	Members with 6 or more well-child visits with a PCP	Children who turn 15 months old	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and FAMILY & CHILDREN - How good is my Managed Care Organization at working with providers to ensure my child will receive exercise recommendations?

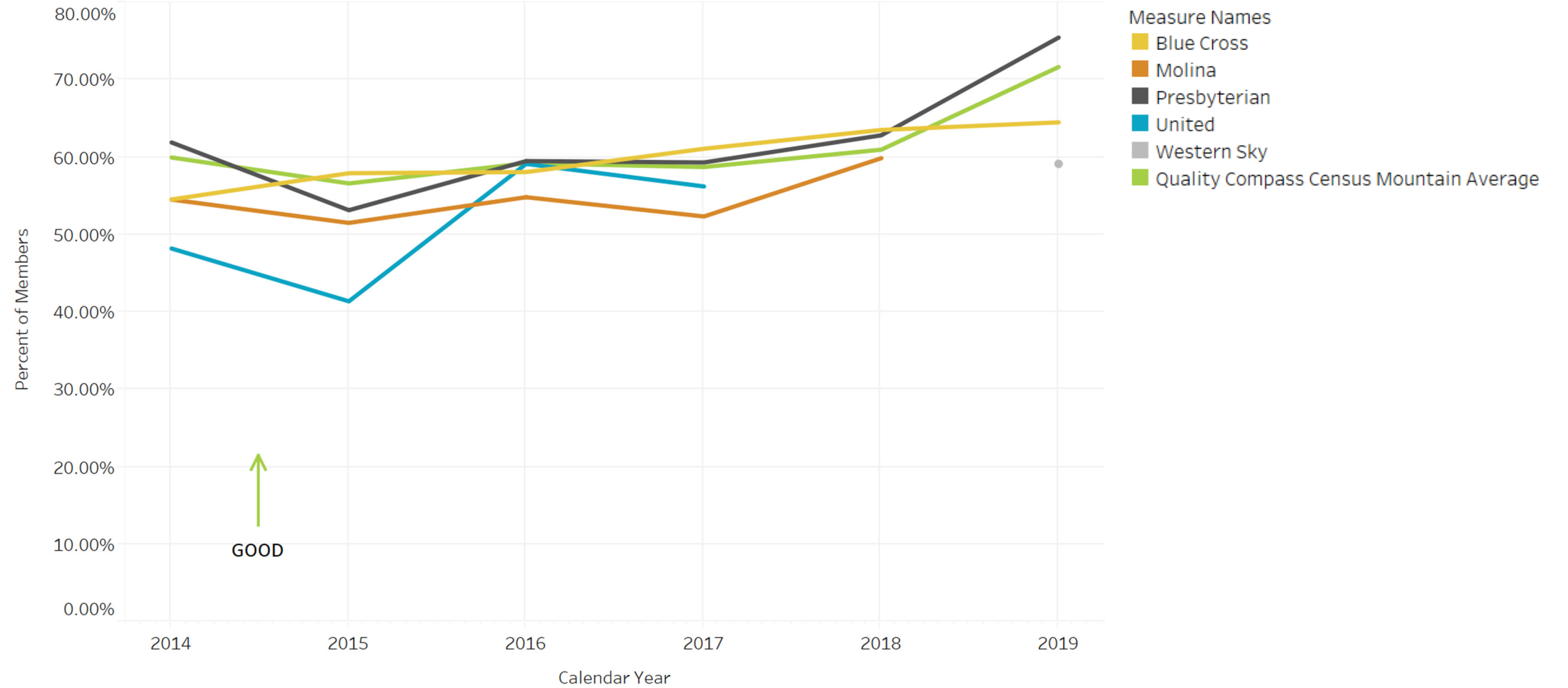| How good is my Managed Care Organization (MCO) at working with providers to ensure my child will receive exercise recommendations?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.	Annual	Members with counseling for physical activity during the measurement year	Members 3–17-year-old with an outpatient visit with a PCP or an OB/GYN	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and FAMILY & CHILDREN - I'm pregnant. How good is my Managed Care Organization at working with providers to ensure I receive the prenatal care that I need?

I'm pregnant. How good is my Managed Care Organization (MCO) at working with providers to ensure I receive the prenatal care that I need?

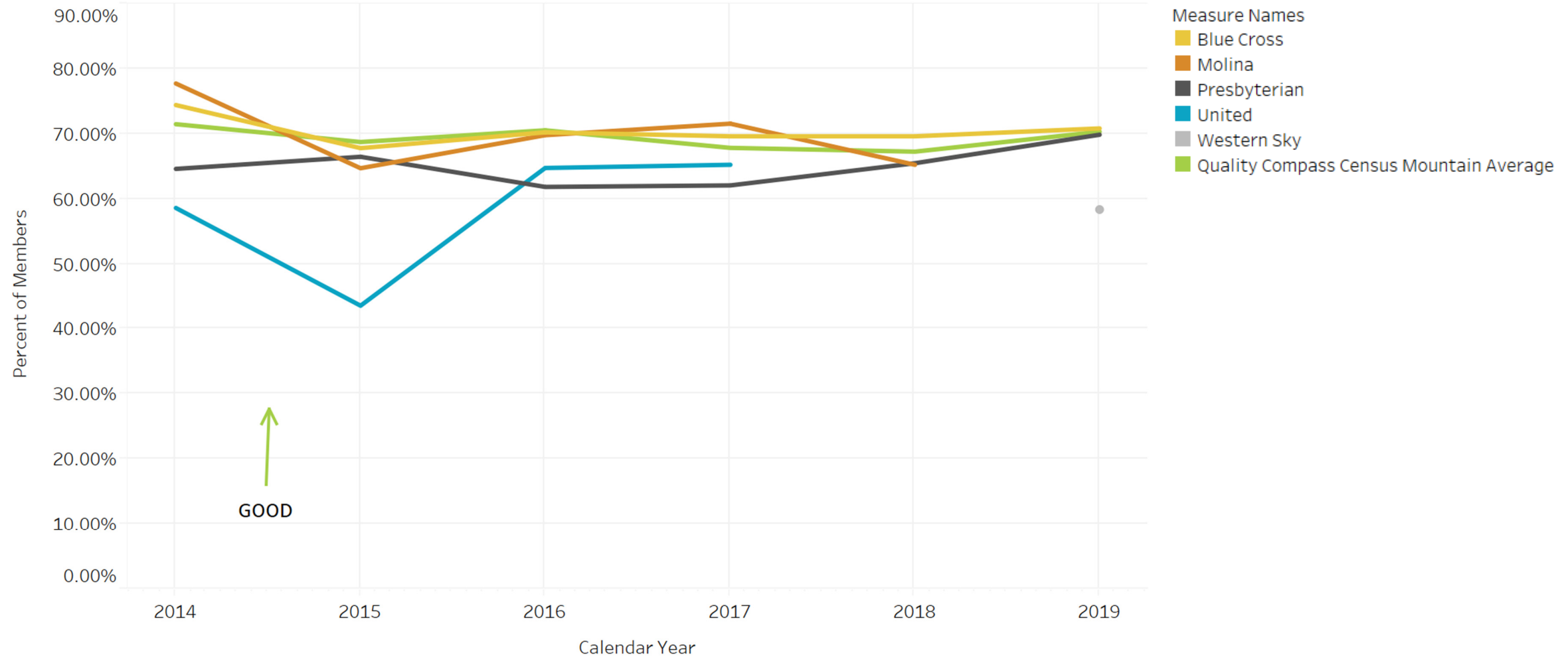| Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of member deliveries of live births that received a prenatal care visit as a member of the Contractor's MCO in the first trimester or within 42 Calendar Days of enrollment.	Annual	A prenatal visit during the first trimester	Members who delivered a live birth	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and FAMILY & CHILDREN - I'm pregnant. How good is my Managed Care Organization at working with providers to ensure I receive the postnatal care that I need?

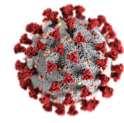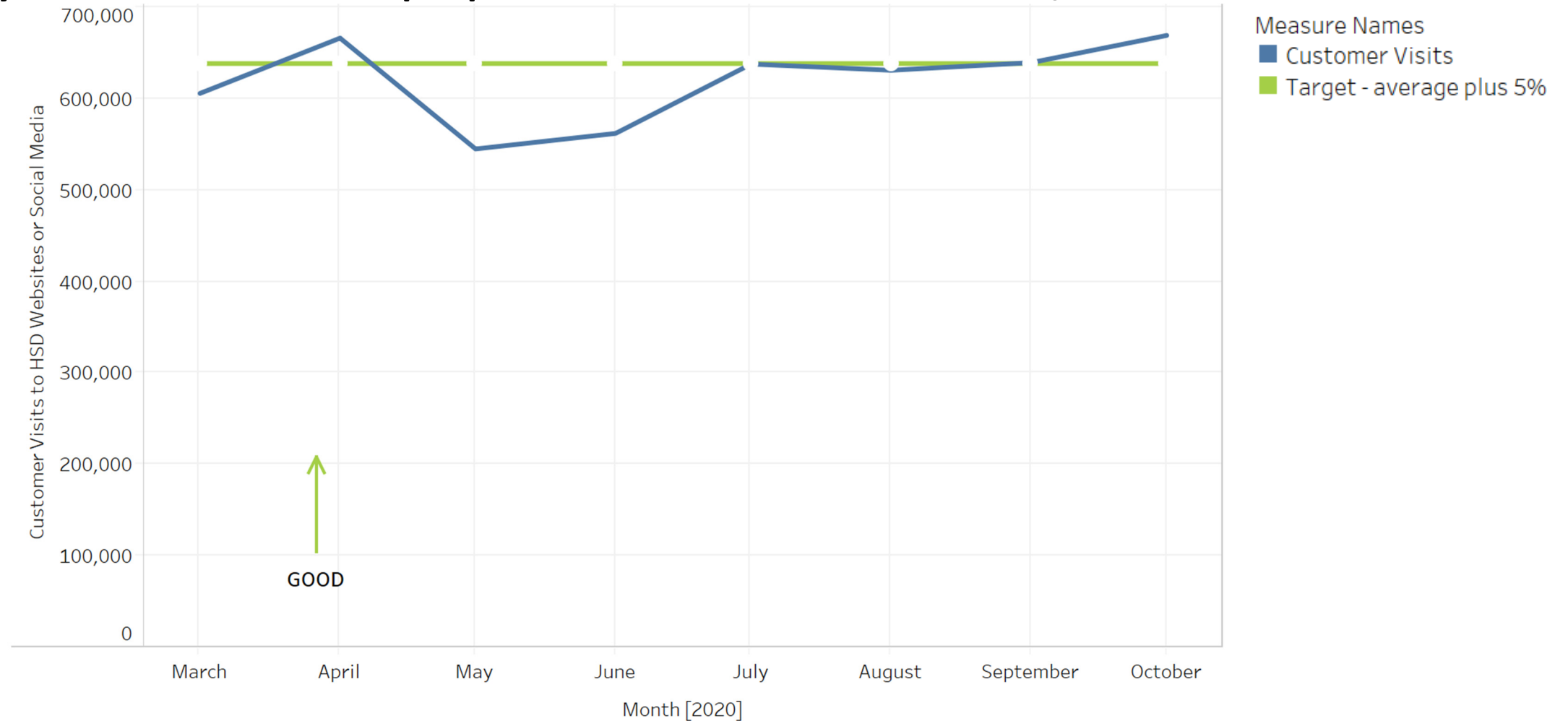|	I'm pregnant. How good is my Managed Care Organization (MCO) at working with providers to ensure I receive the postnatal care that I need?					
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The percentage of member deliveries that had a postpartum visit on or between 7 and 84 Calendar Days after delivery.	Annual	A postpartum visit on or between 7 and 84 days after delivery.	Members who delivered a live birth	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 1: MCOs and FAMILY & CHILDREN - How good is my Managed Care Organization at working with providers to ensure my 2 year-old will have their childhood immunizations completed?

| How good is my Managed Care Organization (MCO) at working with providers to ensure my 2-year-old will have their childhood immunizations completed?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
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.	Annual	Children 2 years of age who had specified vaccines by their second birthday.	Children who turn 2 years of age during the measurement year.	2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023	MCO audited HEDIS report	

Goal 2: How many contacts with HSD do people like me make via websites and/or social media?

Measure Names
- Customer Visits
- Target - average plus 5%

(Line chart: Y-axis "Customer Visits to HSD Websites or Social Media" from 0 to 700,000; X-axis "Month [2020]" March through October. Customer Visits line starts ~605,000 in March, peaks ~670,000 in April, drops to ~545,000 in May, ~560,000 in June, rises to ~635,000 in July, ~632,000 August, ~640,000 September, ~675,000 October. Target line (green dashed) constant at ~638,550. Green upward arrow labeled "GOOD".)

How many contacts with HSD do people like me make via websites and/or social media?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
The total number of visits across the HSD website, the NM Medicaid Portal, the Yes New Mexico Portal, the Child Support web Portal, and Facebook and Twitter messages.	Monthly	Number of customer contacts via online platforms (HSD Website, NM Medicaid Portal, YesNM Portal, Child Support, Facebook, Twitter)	No denominator	638,550 - This is the average of March - August + 5%	Twitter, Facebook, Google analytics via RealTime Solutions, Conduent, Server Logs	This measure counts an individual each time they visit a site, it does not measure unique customers.

Goal 2: As a member of the public, how many times could I read media stories about HSD with positive or neutral sentiments?
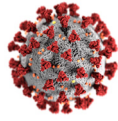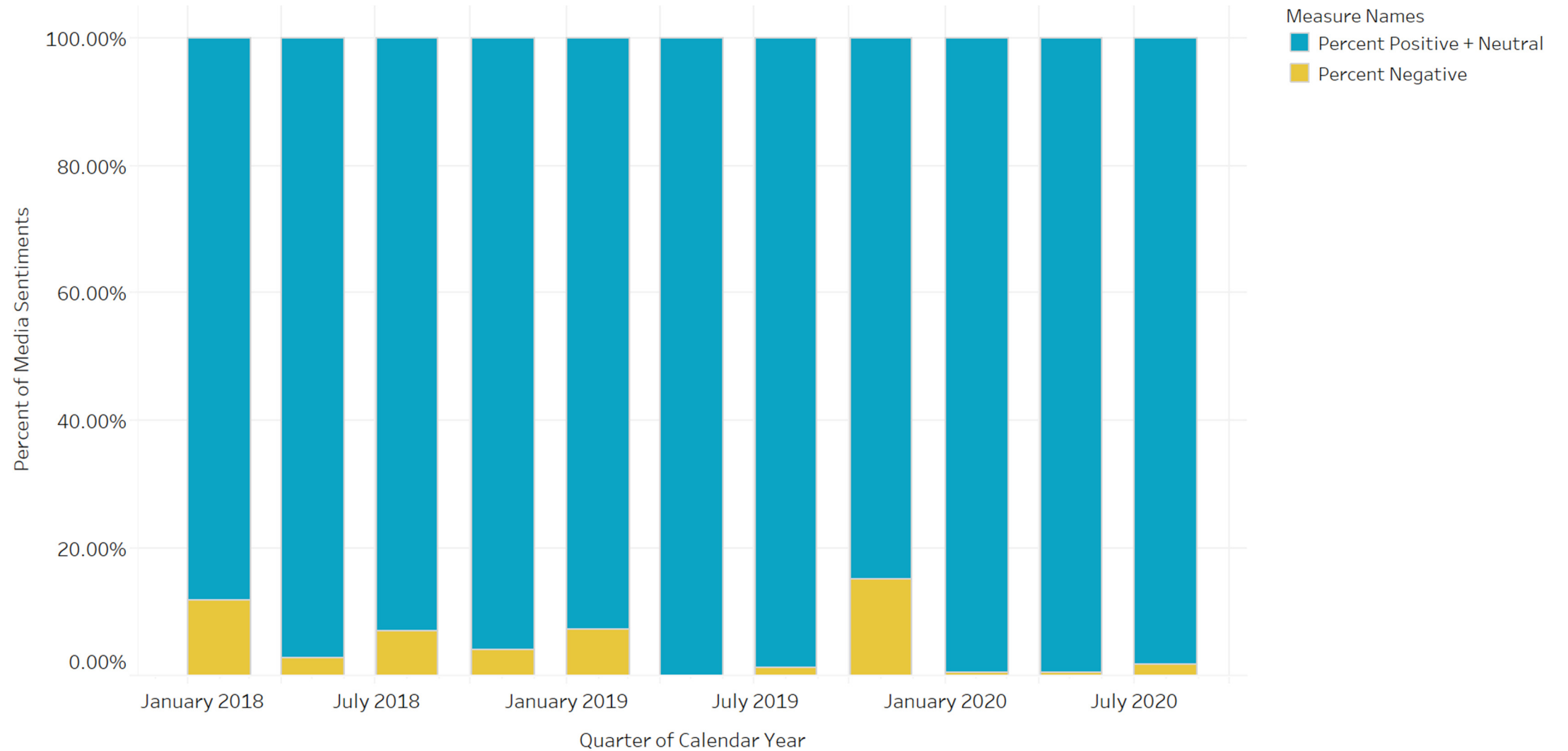

As a member of the public, what are the chances I could read media stories about HSD with positive or neutral sentiments?

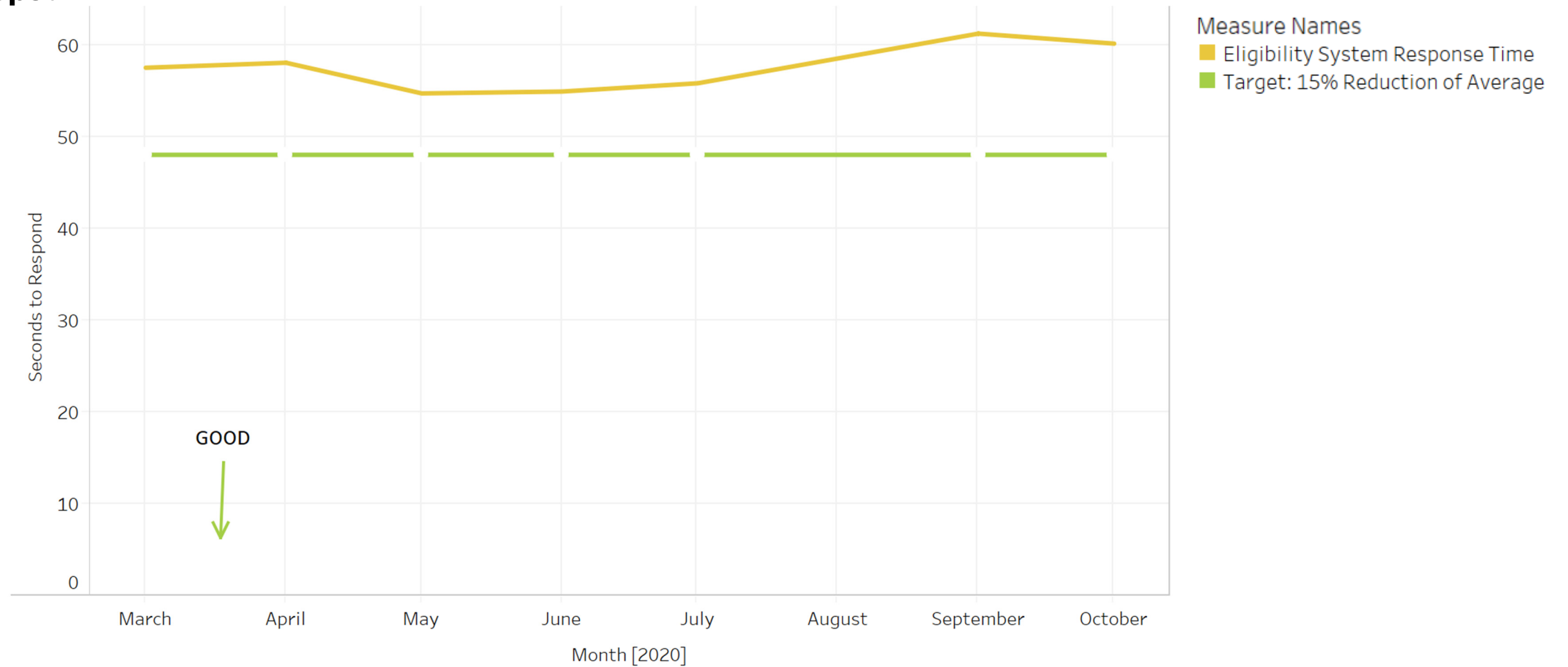| Description	Reports	Numerator	Denominator	Target	Data Source	Comments
Percent of HSD mentions in the media with positive and neutral sentiments compared to negative sentiments.	Quarterly	Total number of positive + neutral sentiments; Total number of negative sentiments	Total number of sentiments	Minimize the number of negative sentiments	Meltwater	This measure fluctuates depending on current events.
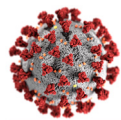
Goal 2: Since the public health emergency was declared, how has my overall experience with HSD and its programs (SNAP, TANF, Child Support, Medicaid, LIHEAP) been?
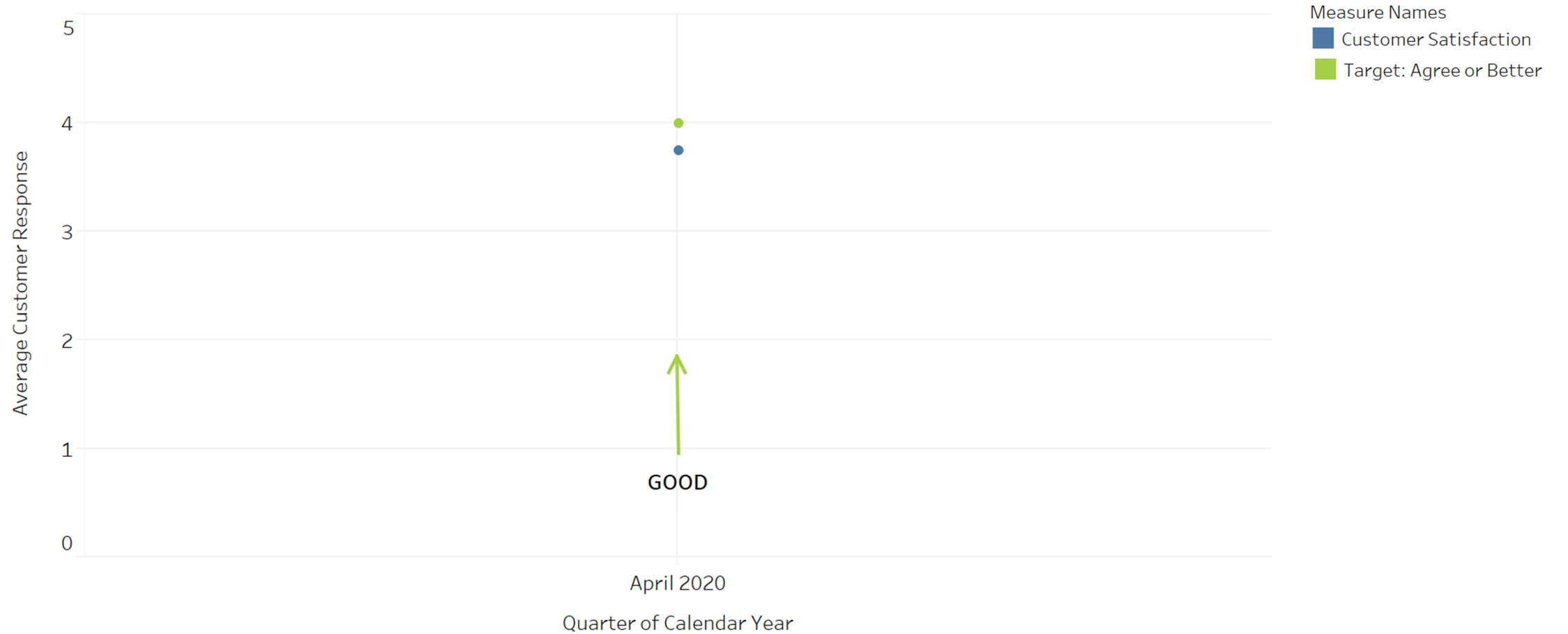
| Since the public health emergency was declared, how has my overall experience with HSD and its programs (Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Child Support, Medicaid, Low Income Home Energy Assistance Program (LIHEAP)) been?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is a self-reported measure from the customer satisfaction survey. The question is the title of this measure.	Bi-annually	Total of responses to a Likert scale question with the following point values attributed: • 1 = strongly disagree • 2 = disagree • 3 = neither agree nor disagree • 4 = agree • 5 = strongly agree	Total number of responses	Average customer response of agree or better (4)	Customer First Survey	This is a new survey as of fall 2020 and focuses on services since the pandemic.

Goal 3: As a staff member, how long am I waiting for the eligibility system to respond to the final determination steps?

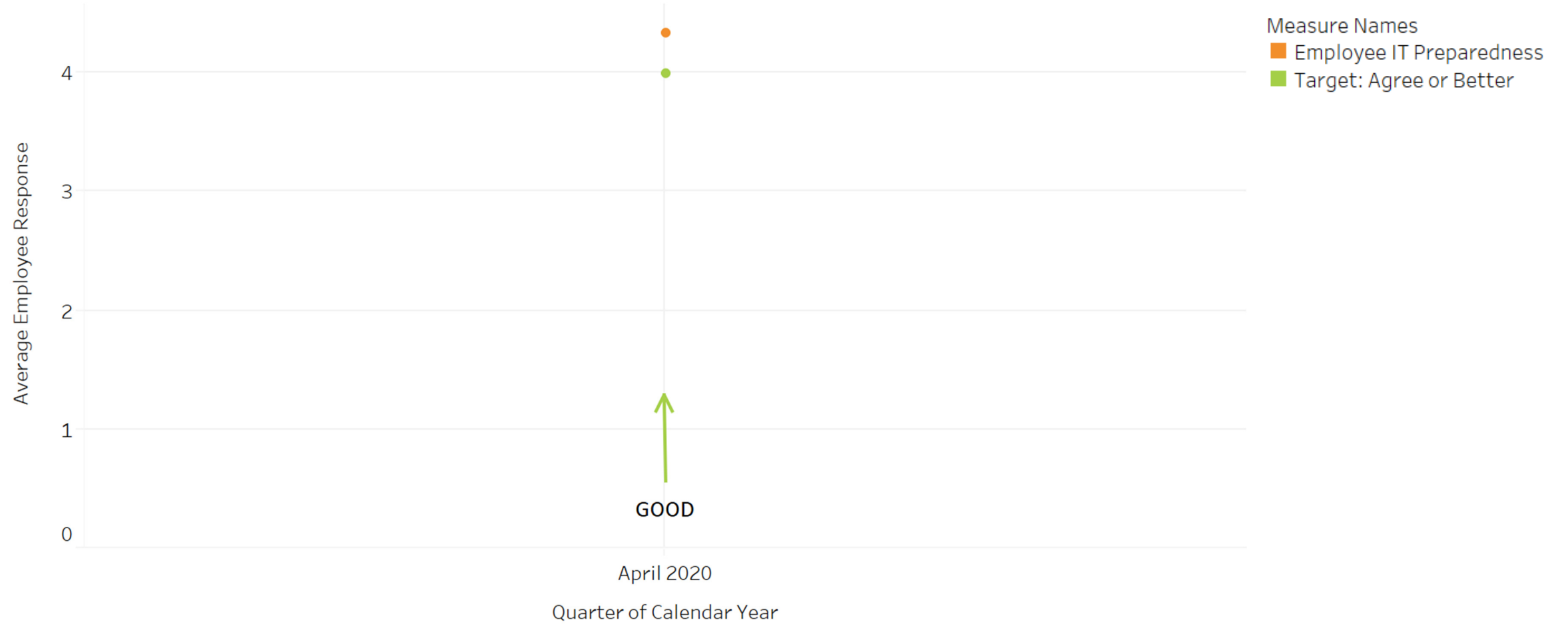|	As a staff member, how long am I waiting for the eligibility system to respond to the final determination steps?					
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
Average time it takes for the ASPEN system to complete the sequence of steps in the Eligibility module. This includes: Wrap Up, Run Eligibility, and Summary.	Monthly	Average number of seconds the system takes to respond to the user's eligibility-related action	No denominator	48 seconds – a 15% reduction of the current (September 2020) average	Deloitte	The response time for Wrap Up, Run Eligibility, and Summary need to be added together because they are completed sequentially by field staff.

Goal 3: As a YesNM customer, what are my chances of being provided an automated decision on eligibility for services?
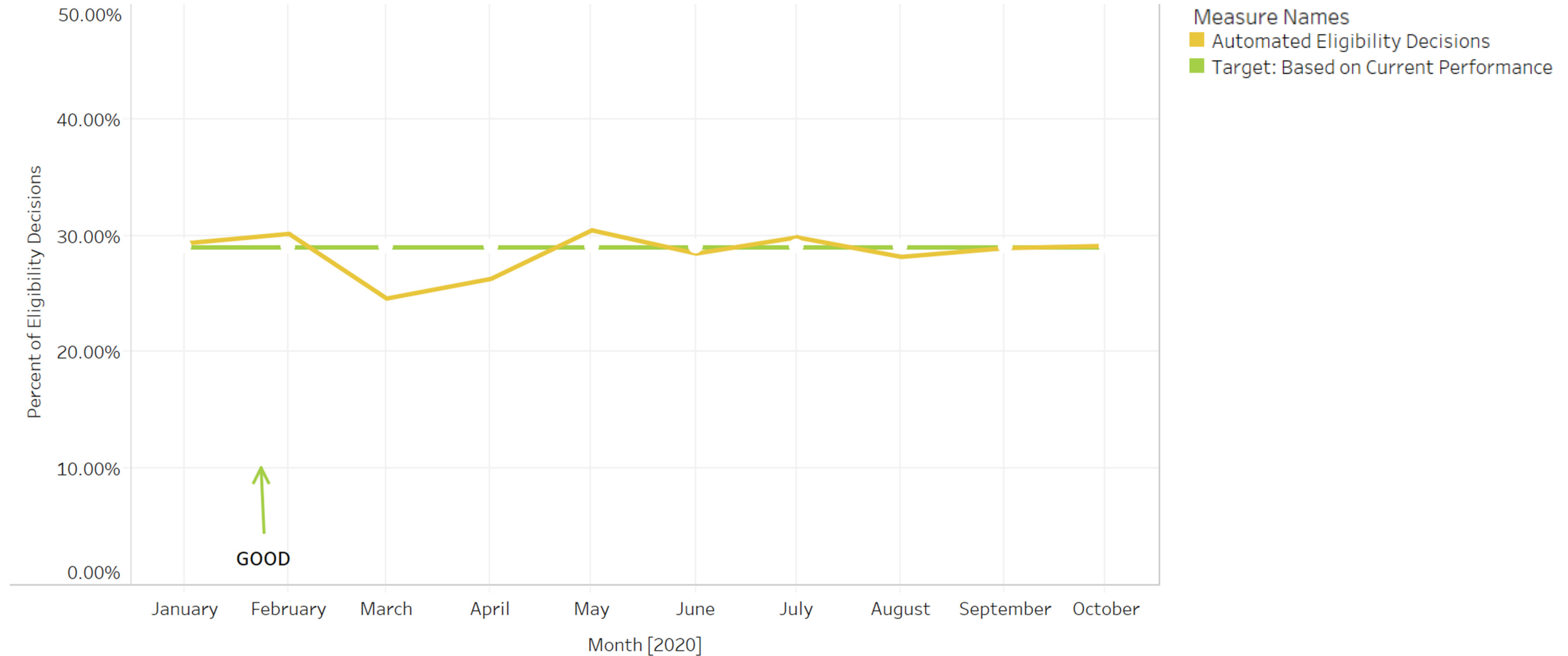
| As a YesNM customer, what are my chances of being provided an automated decision on eligibility for services?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
Percent of decisions that are automated including: Real Time Eligibility (RTE), Admin Renewal, Auto Denial/Closure, and Mass Update.	Monthly	Number of automated eligibility decisions (Real Time Eligibility + others)	Total number of decisions (automated and manual)	29% - the current performance	Deloitte	Automated eligibility decisions improve efficiency and consistency of decisions and free up staff to work on more complex cases that cannot be automated.

# Goal 3: While serving me from home, how well-equipped do HSD staff feel to effectively do their jobs?

Measure Names
■ Employee IT Preparedness
■ Target: Agree or Better

Y-axis: Average Employee Response (0 to 4)
X-axis: April 2020, Quarter of Calendar Year

GOOD

| While serving me from home, how well-equipped do HSD staff feel to effectively do their jobs?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the average score on a self-reported question from the staff satisfaction survey. The question reads: HSD has provided me the technological tools, training, and resources I need to be effective while teleworking.	Bi-annually	Total of responses to a Likert scale question with the following point values attributed: • 1 = strongly disagree • 2 = disagree • 3 = neither agree nor disagree and don't know or N/A • 4 = agree • 5 = strongly agree	Total number of responses	Average staff response of agree or better (4)	Employee Satisfaction Survey	This is a new survey as of fall 2020 and focuses on staff working from home due to the pandemic.
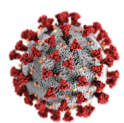
Goal 4: Calculated annually, what percent of HSD employees leave their jobs?
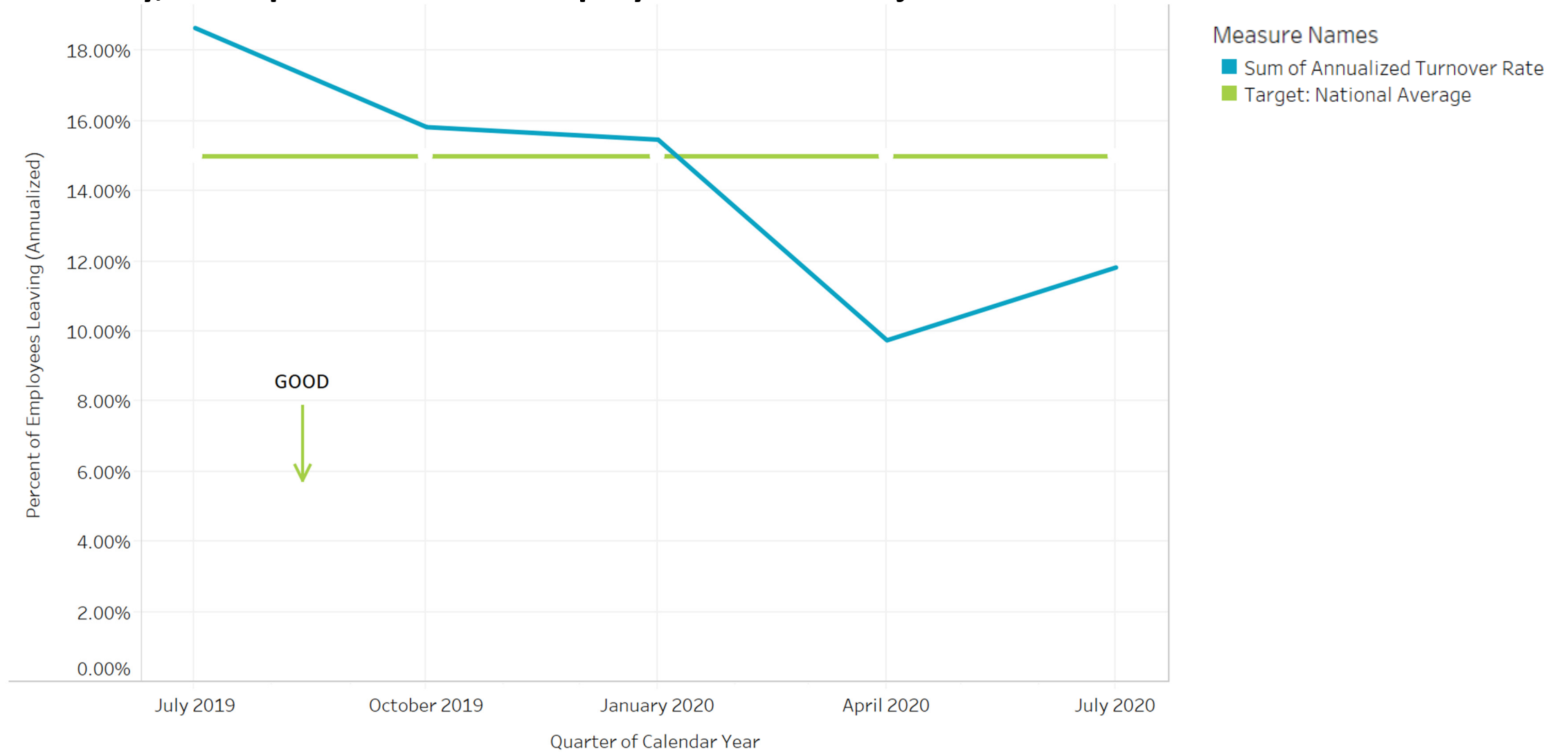
Calculated annually, what percent of HSD employees leave their jobs?						
Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is percent of employees that leave HSD during the quarter as an annualized number.	Quarterly	Number of employees who left Department	Average number of employees during reporting period	15% - National Average	SHARE HCM	There is a lag in the data of about 2 pay periods (1 month). This number includes an estimate of 6 transfers to other Agencies/month.

Goal 4: What is the rate of open positions at HSD?
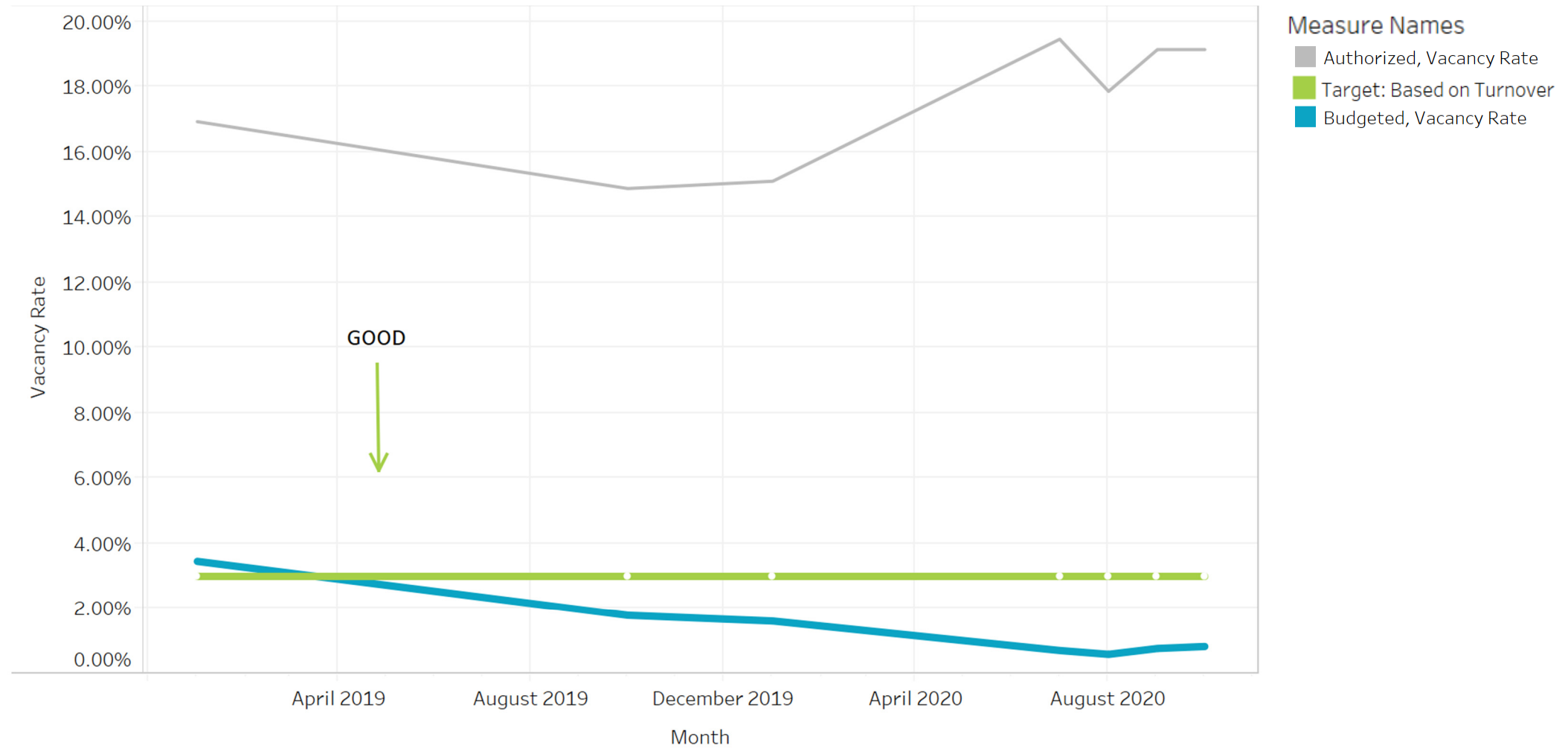
What is the rate of open positions at HSD?

Description	Reports	Numerator	Denominator	Target	Data Source	Comments
This is the percentage of positions that are actively filled as a portion of authorized Full Time Equivalent (FTE) positions and budgeted positions. Authorized vacancies is the maximum number of possible agency positions (funded + unfunded). Budgeted is the number of positions funded by legislature. The difference between the two is the number of positions at HSD the Legislature does not fund.	Monthly	Average number of authorized vacancies within reporting period; average number of budgeted vacancies within reporting period.	Total positions	3% based on turnover rate	SHARE HCM/ASD	Data may be inconsistent, new process in development for future reports.