Centennial Care Reporting Instructions
Network Adequacy – Report #3

Report Objective

Monitor MCO compliance in maintaining an adequate and efficient provider network by tracking new, suspended, terminated providers and single-case agreements, and assess member impact due to suspensions and terminations. Capture information regarding PCP member ratios, and open and closed panels. For Behavioral Health and Long-Term Care, provide a means of tracking unduplicated providers who may add or terminate more than one specialty service, but are not actually new or terminated providers, according to definitions provided below. Tracking specialty services is an important part of determining network adequacy.

General Instructions

The managed care organization (MCO) is required to submit the Network Adequacy report on a quarterly basis. This report is due on April 30, July 30, October 30, and January 30 of each year. If a report due date falls on a weekend or a State of New Mexico holiday, receipt of the report the next business day is acceptable. Please adhere to the following reporting periods and due dates.

Quarter	Reporting Period	Report Due Date
1	January 1 – March 31	April 30
2	April 1 – June 30	July 30
3	July 1 – September 30	October 30
4	October 1 – December 31	January 30

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data **must** be entered in the Excel workbook. The MCO must ensure that data is entered in all fields. **The report will be considered incomplete if any field is left blank unless specific instructions are given.** Use "ND" if there is no data available to report. Use "N/A" if the data field is not applicable. Formulas provided in the workbook shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to the New Mexico Human Services Department (HSD) by the report due date listed above. The report shall be submitted via the State's secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

To assist MCOs with the use of the template, all cells within the template are viewable. This allows the user to move the cursor into any cell of the template and enables the user to see the formulas in the cells that calculate automatically. Although shaded cells are locked and protected, the user's ability to view the formulas should assist in the MCO's understanding of the template and calculations performed. It is important to note that when populating the templates with data, users are not to use the "cut and paste" function in Excel, as this may cause errors to the cell formulas. Additionally, certain cells have been shaded and locked to prevent data entry where data is not required or not applicable to the particular item or category.

Each time the report is submitted, the MCO shall use the same template, entering the appropriate headings for the current and the last three previous quarters. **For sections of this report that capture data for multiple reporting periods (both current and previous quarters), the MCO is required to restate and refresh previously submitted data.** Reporting data in this manner will take advantage of

the most current, complete and accurate information available. There should be no blank fields in completed reports except for rows at the end of the report that are not needed.

The MCO shall submit the electronic version of the report using the following file labeling format: MCO.HSD3.Q#CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for their business name. With each report submission, change the quarter reference (Q# - e.g., Q1), the calendar year (CY## - e.g., CY19), and the version number (v# - e.g., v1), as appropriate. The version number should be "1" unless the MCO is required to resubmit a report for a specified quarter. In those instances, the MCO will use "2" and so on for each resubmission.

The Reporting Period, MCO Name, and Report Run Date must be entered in the fields provided at the very top left corner of the first worksheet in the Report. Using the format illustrated below, enter the start and end dates for the Reporting Period. The MCO Name should be the MCO's full business name. Using the format illustrated below, enter the Report Run Date. The Report Run Date refers to the date that the data was retrieved from the MCO's system. All dates and the MCO name entered on the first worksheet will automatically populate the top of all other worksheets in the report.

Reporting Period	MM/DD/YYYY	through	MM/DD/YYYY
MCO Name	MCO's Full Name		
Report Run Date	MM/DD/YYYY		

Note that the report through date entered in cell D1 of the Summary tab is also used to populate many column/section headings within this workbook. As such, it is important that the correct date format of <u>MM/DD/YYYY</u> be used when entering the applicable report through date.

Attestation and Penalties

The MCO shall ensure that all data is accurate and appropriately formatted in each of the tabs prior to submitting the Report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of $5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each Report submitted. Failure to submit a signed attestation form by the Report due date will result in the entire Report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of $1,000 per report, per calendar day. The $1,000 per calendar day damage amounts will double every ten calendar days.

Related Contract Requirements

1. Section 4.8.4 – The Primary Care Provider (PCP)
2. Section 4.8.7 – Access to Services
3. Section 4.20.1.7 – Provider Network Information Requirements
4. Section 4.21 – Reporting Requirements
5. Section 7.3 – Failure to Meet Agreement Requirements

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Definitions

Physical Health Provider	Institution, facility, agency, physician, healthcare practitioner or other entities licensed or otherwise authorized to provide physical health services. For purposes of this report, services to be reported are limited to those included in the PH Providers tab.
Behavioral Health Provider	Institution, facility, agency, physician, healthcare practitioner or other entities licensed or otherwise authorized to provide behavioral health services. For purposes of this report, services to be reported are limited to those included in the BH Providers tab.
Long-Term Care Provider	Provider that offers services to members through the Community Benefit and nursing facilities. For purposes of this report, services to be reported are limited to those included in the LTC Providers tab.
Community Benefit Providers	Provider or agency that renders community benefit services must be State-approved and or certified.
New Provider	For purposes of this report, a new provider is a physical health, behavioral health or long-term care provider who enters the MCO's network through a contract agreement or is added to an existing contract agreement with the MCO. In Section II of BH and LTC tabs only, new services are reported when existing providers revise their contract to include new services.
Primary Care Provider (PCP)	Individual who is a contract provider and has the responsibility for supervising, coordinating and providing primary health care to members. For purposes of this report, PCPs include the following provider types: • Certified Nurse Practitioners • Certified Nurse Midwives • Clinical Nurse Specialists • Family Practice • General Practice • Gerontology • Internal Medicine • Obstetrics/Gynecology • Pediatrics • Physician Assistant • Other (Specialist not listed above that participates in the network as a PCP)
Urban Counties	Bernalillo, Doña Ana, Los Alamos, Santa Fe
Rural Counties	Chaves, Curry, Eddy, Grant, Lea, Luna, McKinley, Otero, Rio Arriba, Roosevelt, Sandoval, San Juan, Taos, and Valencia

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Frontier Counties	Catron, Cibola, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, San Miguel, Sierra, Socorro, Torrance, and Union
Border Provider	For purposes of this report, providers or facilities located in a city within 100 miles of a New Mexico border (Mexico excluded).
Out-of-State Provider	For purposes of this report, providers or facilities other than border providers located outside of New Mexico (Mexico excluded).
Single-Case Agreement (SCA)	Agreement between the MCO and a non-participating provider to provide a specific Medicaid benefit service to a Medicaid member for specific dates of service.
Suspension	Provider who has been convicted of a program-related offense in a Federal, State or local court for items or services that will not be reimbursed under Medicaid.
Termination	For purposes of this report, report all providers who leave the MCO network through provider/MCO terminated contract agreements or removal from an existing contract, or terminations that are initiated by HSD, OIG and/or CMS from participating under Medicaid. In Section II of BH and LTC tabs only, <u>services</u> are reported as terminated when existing providers revise their contract to exclude previously provided services. Providers who leave one medical group for another, or discontinue services in one or more counties, but continue to serve in other counties, are not considered terminated. The correction of MCO administrative errors should not be included. MCOs are expected to actively determine the actual reasons for provider termination. Use the categories in the dropdown box as closely as possible and limit the use of "Other" as a reason. However, when "Other" is selected – provide description of reason.

Section I: Summary

Before entering data in the workbook, ensure that the "Summary" tab is selected. This section of the report provides a high-level summary of the MCO provider network for each quarter. Provider totals are auto-populated using data from the PH, BH and LTC Providers tabs for all areas except Single-Case Agreements, where data entry is required.

This section summarizes data for the current quarter, and updates data from the last three quarters (e.g., Q1 is current quarter; previous quarters are Q4, Q3 and Q2 of the previous year) to capture changes to the provider network that were not captured in previous report submissions. Label the current and previous quarters being reported. The PCP totals are a subset of Physical Health; and thus, are included in the Physical Health quarterly totals.

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Column Header	Column	Description
Provider Category	B	Physical Health, Behavioral Health, Long-Term Care; PCP is number of practitioners reported under Physical Health that are also serve as PCPs (refer to PH Providers, Rows 34 – 44). Data entry is not required.
Total: Number of Providers	C	Total number of active providers, including border providers, in the MCO's network on the last day of the reporting period for each designated program area. Ensure each provider is unique and not duplicated. Data entry is not required.
Total: Open Panels/Open Practices (PCP providers only)	D	Total number of PCPs (physical health only) with panels and/or practices that are open and still accepting new members as of the last day of the reporting period. Data entry is not required.
Total: Closed Panels/Closed Practices	E	Total number of PCPs (physical health only) with panels and/or practices that are closed and no longer accepting new members as of the last day of the reporting period. Data entry is not required.
Total: New Providers	F	Total number of new providers, including border providers, added to the MCO's provider network during the reporting period. Do not include providers who move from one medical group to another or add another location to their service area. Data entry is not required.
Total: Suspended Providers	G	Total number of providers, including border providers, suspended during the reporting period. Data entry is not required.
Total: Terminated Providers	H	Total number of providers, including border providers, terminated from the provider network during the reporting period. Providers who leave one medical group for another, or discontinue services in one or more counties but continue to serve in other counties are not considered terminated. Data entry is not required.

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Column Header	Column	Description
Total: Single-Case Agreements (SCAs)	I	Enter the total number of SCAs that were in place as of the last day of the reporting period for each program. **The SCA counts reported on this tab <u>should correlate directly</u> with the total number of SCAs identified within the Single-Case Agreements tab. The number of SCAs that were utilized during each quarter are a subset of this total.**

Section II: PCP Analysis

Before entering data in the workbook, ensure that the "PCP Analysis" tab is selected. This section provides qualitative and quantitative analysis of PCP open and closed panels, provider percentages/ratios and suspensions and terminations within the provider network in the current and previous reporting periods.

Analysis questions are included in the PCP Analysis tab.

 "Cutting and pasting" responses from previous quarters is strongly discouraged.

Section III, IV, and V: PH, BH, and LTC Analysis

Before entering data in the workbook, ensure that the appropriate tabs are selected. These sections provide qualitative and quantitative analysis of values entered for PH, BH and LTC services that analyzes the total number of specific providers for each category, identifies provider types with lowest number of contracted providers, the provider types with highest number of suspensions and terminations, analyzes lack of termination notifications and reports any concerns regarding single-case agreements.

Analysis questions are included in the PH Analysis, BH Analysis, and LTC Analysis tabs.

"Cutting and pasting" responses from previous quarters is strongly discouraged.

Section VI: Physical Health Providers

Before entering data in the workbook, ensure that the "PH Providers" tab is selected. This section of the report collects cumulative information related to PCP open and closed panels/practices for each quarter, the total number of specific providers for each category, as well as a summary of all new, suspended and terminated providers of designated specialties. Border providers or facilities that contracted with the MCO are included in this section. All out-of-state providers are excluded. Physical health providers in the subcontractor's network should also be included in this report, as applicable.

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This section requires the MCO to update data from previous quarters to capture changes to the provider network that were not captured in previous report submissions. **Data reported in Columns B and E must correlate directly with data reported in Section XIII, PH Provider Detail tab**.

Note the following when reporting information by provider type:

- Physical health provider types and specialties required for this report are listed in Column A. Do not report counts associated with provider types beyond those included on this list.
- Pediatric and Internal Medicine physicians who also practice under other specialties, such as urology or cardiology, should be reported under urology or cardiology only. Do not count a physician under more than one provider type.
- Certified nurse practitioners, certified nurse midwives, clinical nurse specialists and physician assistants **should only be counted by their provider type, not by area of specialty**.
- If any practitioners reported in rows 9 – 32, except dental and pharmacy providers, also agree to serve as PCPs who are contract providers and have the responsibility for supervising, coordinating and providing primary health care to members, report these practitioners under appropriate provider type in rows 34 - 44. Since Family Practice and General Practice are not considered specialties, the numbers should be the same in both sections.

Rows 9 - 32 represent the individual physical health practitioners that render specific physical health services; rows 34 - 45 are a subset of rows 9 - 32 and are not counted in totals reported in Rows 54 - 56; rows 47 - 53 collect information on specific facilities and agencies; and rows 54 - 56 calculate the total number of providers in Rows 9 - 32 and 47 - 53; data entry is not required in these fields.

Column Header	Columns	Description
Number of Providers (Quarter End)	B, H, N, T	The number of physical health providers in the MCO's network on the last day of the reporting period (for example, number of providers on March 31st for the reporting period January 1st through March 31st). Total numbers of providers should correlate directly with data provided on PH Provider Detail tab.
Open Panels/Open Practices (PCP section only)	C, I, O, U	The number of PCP panels and/or practices that are open and still accepting new members as of the last day of the reporting period. For specialties that do not act as PCPs and facilities: Open panels/open practices are not required.

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Column Header	Columns	Description
Closed Panels/Closed Practices (PCP section only)	D, J, P, V	The number of panels and/or practices that are closed and no longer accepting new members as of the last day of the reporting period. For specialties that do not act as PCPs and facilities: Closed panels/open practices are not required.
New Providers	E, K, Q, W	The number of new providers added to the MCO's provider network, by contract, under specific categories during the reporting period. **The data entered in this column must correlate directly with the data entered in Columns C and E of Section XIII of the PH Provider Detail tab.**
Suspended Providers	F, L, R, X	The number of providers suspended from the MCO's provider network during the reporting period. For purposes of this report, only report providers who have been convicted of a program-related offense in a Federal, State or local court for items or services that will not be reimbursed under Medicaid, or providers suspended by MCO. **The data entered in this column <u>must correlate directly</u> with the data entered in Column K of Section XI of Suspension Termination Detail tab.**

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Column Header	Columns	Description
Terminated Providers	G, M, S, Y	The number of providers terminated from the MCO's provider network during the reporting period. For purposes of this report, only report provider/MCO terminated contract agreements or terminations initiated by HSD, OIG and/or CMS from participating under Medicaid. Limit reasons to those provided in dropdown menu. Providers who leave one medical group for another, or who discontinue services in one or more counties, but continue to serve in other counties, are not considered terminated. The correction of MCO administrative errors should not be included. **The data entered in this column must correlate directly with the data entered in Column L of Section XI of Suspension Termination Detail tab.**

Section VII: Behavioral Health Providers

Before entering data in the workbook, ensure that the "BH Providers" tab is selected. Do not report counts associated with provider types beyond those included on this list.

The first section of the report collects the total number of specific providers and facilities by provider type. Information is cumulative by quarter, related to new, suspended and terminated providers. The second section collects the number of services offered by Behavioral Health Agency, Community Mental Health Center and Core Service Agency providers for each quarter. Behavioral health providers in the subcontractor's network should also be included in this report, as applicable. Behavioral health provider types and specialties required for this report are listed in Column A.

Border providers or facilities contracted by the MCO are included in this section. All out-of-state providers are excluded.

This section requires the MCO to update data from previous quarters to capture changes to the provider network that were not captured in previous report submissions.

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Section I – Include the total number of providers for all provider types listed. Rows 9-18 represent the individual behavioral health practitioners that render specific behavioral health services; rows 20-33 represent specific facilities; and rows 34-36 calculate the total number of providers – data entry is not required in these fields.

Section II – In addition to the number of providers reported on rows 34-36 – **Provider Type and Specialty Services*** – Behavioral Health Agency, Community Mental Health Center and Core Service Agency providers can all offer the same services. Services can be added or terminated, but the status as an active provider is unchanged. Report the total number of unduplicated agencies, total number of new unduplicated agencies and total number of terminated unduplicated agencies that provided each of the services listed on rows 41–70.

The data entered in this section must correlate directly with the data entered in Column E of Section XIV of BH Provider Detail tab.

Column Header	Column	Description
Number of Providers (Quarter End)	B, F, J, N	The number of behavioral health providers in the MCO's network on the last day of the reporting period (for example, number of providers on March 31st for the reporting period January 1st through March 31st). Total numbers of providers should correlate directly with data provided on BH Provider Detail. For purposes of this report, providers reported on rows 9-18 are those who are available in the network for prescribing accessibility and specialized therapy services outside of a facility or agency as an independent practitioner. On rows 41 - 70, report the number of providers for each provider type that offer any of the specialty services listed as of the last day of the reporting period. (For example: 25 Behavioral Health Agencies are reported on row 22. Of these 25, all provide evaluations and therapies, 12 provide adult psychosocial rehabilitation services and 5 provider intensive outpatient services). **The data entered in these columns must correlate directly with the data entered in Columns D and E of Section XIV of BH Provider Detail tab.**

Column Header	Column	Description
New Providers	C, G, K, O	Section I, Rows 9-18 – The number of new providers added to the MCO's provider network under specific categories through the last day of the reporting period (for example, number of providers on March 31st for the reporting period January 1st through March 31st). The provider type is only counted as one provider added to the network, no matter the number of specialties listed in Column E of Section XIV of BH Provider Detail tab or reported in Section II, as described below. Section II, Rows 41-70 – If the provider is new or an existing provider is offering a new service on the provided list, report the number of providers under specific services through the last day of the reporting period. This is a subset of Number of Providers (Column B, F, J, N). The numbers reported on Rows 42-49, 52-59, and 62-69 should never exceed the numbers reported on rows 41, 51, and 61 (Columns B, F, J, N), respectively. **The data entered in these columns <u>must correlate directly</u> with the data entered in Columns C and D of Section XIV of BH Provider Detail tab.**

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Column Header	Column	Description
Suspended Providers	D, H, L, P	The number of providers suspended from the MCO's provider network during the reporting period. For purposes of this report, only report providers who have been convicted of a program-related offense in a Federal, State or local court for items or services that will not be reimbursed under Medicaid, or providers suspended by MCO. Limit reasons to those provided in dropdown menu. **The data entered in these columns must correlate directly with the data entered in Column K of Section XI of Suspension Termination Detail tab.**
Terminated Providers	E, I, M, Q	The number of providers terminated from the provider network during the reporting period. For purposes of this report, only report provider/MCO terminated contract agreements or terminations initiated by HSD, OIG and/or CMS from participating under Medicaid. Limit reasons to those provided in the dropdown menu. Providers who leave one medical group for another, or who discontinue services in one or more counties, but continue to serve in other counties, are not considered terminated. The correction of MCO administrative errors should not be included. **The data entered in this column must correlate directly with the data entered in Column L of Section XI of Suspension Termination Detail tab.**
Total - Provider Services (Row 72)	B,C,E,F,G,I,J,K,M,N,O,Q	Sum of the total services offered by all providers.

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Section VIII: Long Term Care Providers

Before entering data in the workbook, ensure that the "LTC Providers" tab is selected. This section of the report collects the total number of specific providers for each category, as well as cumulative information, by quarters, related to all new, suspended and terminated providers of designated specialties. Border providers or facilities contracted by the MCO are included in this section. All out-of-state providers are excluded. Long-term care providers in the subcontractor's network should also be included in this report, as applicable.

This section requires the MCO to update data from previous quarters to capture changes to the provider network that were not captured in previous report submissions. Long-Term Care provider types and specialties required for this report are listed in Column A. Do not report counts associated with provider types beyond those included on this list. Each provider can only be counted once. To avoid duplication, providers offering multiple services are listed separately from providers who offer only one service.

Providers can be listed in one of two ways, either those offering multiple services or those providing only one service. Providers offering multiple services should always be listed according to the same hierarchy ranking listed below. On the LTC Providers tab: Providers Offering Multiple Services – Rows 10 – 25; Providers Offering One Service – Rows 27 - 42; LTC Facilities – Row 44.

In addition to the number of providers reported on rows 10 – 44, many of these providers can offer any or all the same services. Distribution of services offered by each specialty is collected on rows 52 – 339 by adding or terminating services by specialty, based on each provider's contract with the MCO; the status as an active provider is unchanged until the contract is terminated.

LTC Community Benefit Services – Rows 10 - 47 capture the total number of enrolled providers for each category. Each provider can only be counted once. To avoid duplication, enter providers offering multiple services first.

Rows 10 – 25 should always be listed in the same hierarchy ranking listed below:

1. Personal Care Services
2. Assisted Living
3. Environmental Modifications (Contractors)
4. Emergency Response
5. Adult Day Health
6. Respite
7. Nursing Respite
8. Private Duty Nursing for Adults
9. Skilled Maintenance Therapy – Speech*
10. Skilled Maintenance Therapy – Physical*
11. Skilled Maintenance Therapy – Occupational*
12. Community Transition Services
13. Home Health Aide
14. Behavior Support Consultation
15. Employment Supports
16. Nutritional Counseling

For example, if a Provider offers Personal Care Services, Private Duty Nursing for Adults and Respite, they would always be considered a Personal Care Services Provider. If a Provider offers Assisted Living, Private Duty for Nursing and Respite, they would be considered an Assisted Living Provider. If a provider offers Adult Day Health and Respite, they would be considered an Adult Day Health provider. If a Provider offers Environmental Modifications and Speech Therapy, they would be considered an Environmental Modifications (Contractors) provider.

*Skilled Maintenance Therapy Providers – Speech, Physical, and Occupational: if a Provider offers 2 or 3 services, select the ranking order based on this order:

1. Speech Therapy
2. Physical Therapy
3. Occupational Therapy

For example, if a Provider provides Physical Therapy and Occupational Therapy, they would be counted as a Physical Therapy Provider. If a Provider offered Speech Therapy, Physical Therapy and Occupational Therapy they would be counted as a Speech Therapy Provider.

If a Provider offers only one service entry, it should be entered in Rows 27 – 44.

Column Header	Column	Description
Section I Number of Providers (Quarter End) (Rows 10 – 44)	B, F, J, N	The number of long-term care providers in the MCO's network on the last day of the reporting period (for example, number of providers on March 31st for the reporting period January 1st through March 31st). Total numbers of providers should correlate directly with data provided on LTC Provider Detail. **The data entered in this column must correlate directly with the data entered in Section XV of LTC Provider Detail tab.**
New Providers (Rows 10 – 44)	C, G, K, O	The number of new providers added to the MCO's provider network under specific categories during the reporting period. **The data entered in this column must correlate directly with the data entered in Columns C and D of Section XV of LTC Provider Detail tab.**

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Column Header	Column	Description
Suspended Providers (Rows 10 – 44)	D, H, L, P	The number of providers suspended from the MCO's provider network during the reporting period. For purposes of this report, only report providers who have been convicted of a program-related offense in a Federal, State or local court for items or services that will not be reimbursed under Medicaid, or providers suspended by MCO. Limit reasons to those provided in dropdown menu. **The data entered in this column <u>must correlate directly</u> with the data entered in Column K of Section XI of Suspension Termination Detail tab.**
Terminated Providers (Rows 10 – 44)	E, I, M, Q	The number of providers terminated from the MCO's provider network during the reporting period. For purposes of this report, only report provider/MCO terminated contract agreements or terminations are initiated by HSD, OIG and/or CMS from participating under Medicaid. Limit reasons to those provided in dropdown menu. Providers who discontinue services in one or more counties, but continue to serve in other counties, are not considered terminated. The correction of MCO administrative errors should not be included. **The data entered in this column <u>must correlate directly</u> with the data entered in Column L of Section XI of Suspension Termination Detail tab.**
Section II Provider Headings for Number of Providers (Quarter End) (Rows 52, 70, 88, 106, 124, 142, 160, 178, 196, 214, 232, 250, 268, 286, 304, 322)	B	The sum of the total number of providers offering multiple services and offering one service. For instance, the total of Row 10 plus the total of Row 27 should equal the total in Row 52. Data entry is not required.

Column Header	Column	Description
Number of Providers Services (Quarter End) (Rows 52 - 339)	B, F, J, N	The number of long-term care providers in the MCO's network on the last day of the reporting period who provide services under each provider type that is based on the hierarchy. **Under each provider type, list the number of services each provider type provides.**
New Providers (Rows 52 - 339)	C, G, K, O	The number of new providers added to the MCO's provider network under specific categories during the reporting period who are new providers under existing provider types. This is a subset of Number of Providers (Columns B, F, J, N). The numbers reported on Rows 53-68, 71-86, 89-104, etc., should never exceed the numbers reported on rows 52, 70, and 88, etc., (Columns B, F, J, N), respectively.
Terminated Providers (Rows 52 - 339)	E, I, M, Q	The number of providers terminated from the MCO's provider network during the reporting period who have discontinued any or all services under existing provider types.
Total - Provider Services (Row 341)	B,C,E,F,G,I,J,K,M,N,O,Q	Sum of the total services offered by all providers.

Section IX: PCP Ratios & Panels

PCP to Member Ratios: Before entering data in the workbook, ensure that the "PCP Ratios & Panels" tab is selected. This section of the report captures the PCP Providers to Member ratios and PCP open and closed panels.

PCP to Member Ratio

Row Header	Row	Description
Number of newly enrolled non-dual MCO members	8	The number of new non-dual members enrolled in the MCO during the applicable reporting period.
Total number of non-dual MCO members	9	The total number of non-dual members enrolled in the MCO as of the last day of the applicable reporting period. This number should include the number reported in Row 8.

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Row Header	Row	Description
Number of practitioners serving as PCPs	10	The unique number of PCPs that participate in the network as a PCP as of the last day of the applicable reporting period. A provider that has more than one specialty and is also a PCP, should be counted as one PCP. Amounts are auto-populated with data from the "PH Providers" tab; data entry not required in this field.
PCP to member ratio	11	The ratio of PCPs to members as of the last day of the applicable reporting period calculated by dividing the total number of non-dual MCO members (Row 9) by the total number of PCPs (Row 10). Data entry is not required in this field.

Open/Closed Panels

Row Header	Row	Description
Open Panels/Open Practices	B17:E28	The number of PCP panel slots that are open and accepting new patients as of the last day of the applicable reporting period. Amounts are auto-populated with data from the "PH Providers" tab; data entry not required in this field.
Closed Panels/Closed Practices	F17:I28	The number of PCP panel slots that are closed and not accepting new patients as of the last day of the applicable reporting period. PCP panel slots that are not "open" must be reported in this field. Amounts are auto-populated with data from the "PH Providers" tab; data entry not required in this field.
Percent of Open/Closed Panels	B29:I29	The percent of PCP panel slots open/closed for each quarter out of the total PCP panel slots. Data entry is not required in this field.

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Section X: PCP Closed Panel Detail

This section reports all PCPs who have reported closed panels to the MCOs because they have reached 1:2000 ratio or have reported closed panels for other reasons that are less than 1:2000 ratio or providers who still have open provider ratios, but are at 1:1500 or greater. If additional rows are needed, insert as necessary above the final row in the exhibit.

Column Header	Column	Description
Provider	A	Name of provider.
NPI Number	B	National Provider Identifier (NPI) number of the provider.
Provider Type – Limit to List in Instructions	C	Applicable provider type. Please limit to the provider types listed on PH Providers tab.
Provider Ratio (Quarter End)	D	Enter ratio of each PCP who reported closed panels to the MCOs or who have provider ratios of 1:1500 or greater or PCP ratios for panels that have closed for other reasons.
Totals	E	Total number of closed panels in all Counties or State (other than NM) for all city locations.

Amounts are auto-calculated based on amounts from columns F – AM; data entry is not required. |
| Urban, Rural, Frontier or Border (within 100 miles of NM border) | F – AM | Enter the number of closed panels in all Counties or State (other than NM) for all city locations. |

Section XI: Suspension Termination Detail

Before entering data in the workbook, ensure that the "Suspension Termination Detail" tab is selected. This section of the report captures the number of provider suspensions and terminations by provider type/program area for each month of each reporting period.

This section is to be completed using quarterly data for calendar YTD-end reporting period. The MCO will need to restate rows collecting unduplicated member counts in future report submissions. If additional rows are needed, insert as necessary above the final row in the exhibit.

Column Header	Column	Description
Provider	A	Provider Name.
NPI Number	B	National Provider Identifier (NPI) number of the provider.
Provider Category – BH, PH, or LTC	C	Enter appropriate category for each provider entered.

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Column Header	Column	Description
PCP (Y/N)	D	Indicate whether or not the provider is a PCP by entering either "Y" or "N." The number of providers identified as PCP's in this section must correspond with number of PCPs reported on PH Provider tab, Rows 34 – 44.
Provider Type – Limit to List Provided	E	Limit to the provider types listed on BH Providers, PH Providers and LTC Providers tabs.
Time Period of Suspensions or Termination (CY__Q__M__)	F	Enter the applicable year, quarter and month of the suspension or termination (i.e. CY19Q3M9). Include suspensions or terminations from previous quarters only if not previously reported. Refresh data in PH, BH, LTC and PCP Provider tabs, as appropriate.
Number of Members Impacted	G	For PCPs, enter the number of members assigned to the PCP. For all others, enter the number of all members who had an encounter with the provider within 6 months of the date of the provider's suspension or termination. This field must always be populated; if no unduplicated members were seen by the provider, enter zero, "0". The number of members impacted must be entered for each city location. Do not enter the total number for the provider in one location and enter zero for other location(s).
Terminated Provider Notification Issues to State (Y/N)	H	Indicate whether or not the MCO submitted notification to Contract Managers of anticipated (30 calendar days) or unanticipated (5 calendar days) provider termination prior to change or as soon as the MCO became aware of the anticipated change.
Urban, Rural, Frontier or Border (within 100 miles of NM border)	I	Enter all Counties or State (other than NM) for all city locations.
Location(s)	J	Enter all cities where the provider supplied services. The provider must only be listed once, but all city locations are listed. The number of members impacted must be entered for each city location. Do not enter the total number for the provider in one location and enter zero for other location(s).
Reason Suspended from MCO Network	K	Select appropriate reason for suspension from dropdown menu.

Column Header	Column	Description
Reason Terminated from MCO Network	L	Select appropriate reason for termination from dropdown menu. MCO-cancelled contract – Other (describe reason) and Provider-cancelled contract – Other (describe reason) should only be used if none of the given reasons can be applied. For example, if the provider requested termination, there generally is a reason that can be better described.
Other Reason Terminated from MCO Network	M	Enter reason that cannot be appropriately sorted into the dropdown menu provided in Column L.

Section XII: Single-Case Agreements

Although an agreement may be entered specifically for a member over a span of time, even years, this report captures only the period that this agreement is active (i.e., member receiving special treatment over course of year, but only goes to non-participating provider during Q1 and Q3, the agreement is not counted for each quarter, Q1 through Q4, but is only reported in Q1 and Q3). If additional rows are needed, insert as necessary above the final row in the exhibit.

Column Header	Column	Description
Name	A	Name of facility, independently licensed practitioner, or group practice that has/had a single case agreement with the MCO.
Provider NPI	B	National Provider Identifier (NPI) number of the provider.
Provider Category	C	Indicate applicable provider category: Physical Health, Behavioral Health, or Long-Term Care.
Service Location(s)	D	Enter City and State where service(s) provided.
Authorized Service(s)	E	Enter description of services authorized by the Single-Case Agreement between the MCO and Provider.
Date(s) of Service	F	Enter service dates of care provided by Single-Case Agreement during this quarter.
Date Range of Agreement	G	Enter date range of Single-Case Agreement that may or may not have been used during this quarter.

Section XIII: PH Provider Detail

Before entering data in the workbook, ensure that the appropriate "Provider Detail" tab is selected. This section of the report is the main data source for the total number of active providers, PCPs and New

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Providers totals reported in PH Provider tab. Detailed information is also captured about specific providers (including border providers/facilities within 100 miles of a New Mexico border) for the current reporting period and tracks members served by PCPs.

Ensure that practitioners who provide services under more than one provider type **are counted only once** so that they are reported correctly on the PH Provider and Summary tabs. Certified nurse practitioners, certified nurse midwives, clinical nurse specialists and physician assistants should only be counted by provider type, not by area of specialty. If a provider furnishes the same type of service in multiple counties or in a border location, all counties (Column F) and locations (Column G) must be reported. If additional rows are needed, insert as necessary above the final row in the exhibit.

Enter practitioners in alphabetical order. For providers who serve members in more than one location, the first line for each provider entry will include all information in columns A – H. Subsequent lines will include all information except NPI number. This will allow the filtering of data to obtain different data sets.

For providers who care for members in more than one location:

- New enrollment is reported when the provider is new to the MCO network, not when a new location is added.

- Providers are designated as PCPs, even if they are not PCPs in all locations. No matter the number of locations, PCP status is only counted one time on the PH Provider tab.

Base your reporting decisions using the following examples:

1. For PCPs only, the number of members at quarter's end must be reported for each county location listed, not one number for all county locations by provider.

2. If the PCP cares for members in different cities in the same county, distribute the number of members at quarter's end for each city in the county.

3. If provider is PCP in one location but not another, the provider will be designated as a PCP (to avoid over counting the number of PCPs, count PCPs by NPI number only). If provider is not a PCP in other locations and not assigned members, enter N/A.

4. New Enrollment is only selected if the provider is newly enrolled with the MCO, not if another location is added.

5. Internal Medicine physician who is also a specialist, such as a Cardiologist, the provider will be designated as Cardiology.

6. Certified nurse practitioners, certified nurse midwives, clinical nurse specialists and physician assistants should only be counted by their provider type, not by their area of specialty.

Example	Provider	NPI Number	New Enrollment (x)	PCP (Y/N)	Provider Type - Limit to List Provided	County or Border State	Location(s)	PCP - # of Members (Quarter End)
1	Children, Loves MD	789456123		Y	Pediatrics	Santa Fe	Santa Fe	24
	Children, Loves MD			Y	Pediatrics	Los Alamos	Los Alamos	7
2	Children, Loves MD	789456123		Y	Pediatrics	Santa Fe	Santa Fe	14
	Children, Loves MD			Y	Pediatrics	Santa Fe	Edgewood	10
	Children, Loves MD			Y	Pediatrics	Los Alamos	Los Alamos	7
3	Toserve, Honored MD	123456789		Y	Internal Medicine	Sandoval	Bernalillo	20
	Toserve, Honored MD			N	Internal Medicine	Sandoval	Rio Rancho	N/A
4,5	Ofgold, Heart MD	234567890	X	N	Cardiology	Rio Arriba	Española	N/A
	Ofgold, Heart MD		X	N	Cardiology	Taos	Taos	N/A
6	Toheal, Born CNP	456789234		Y	Certified Nurse Practitioner	Bernalillo	Albuquerque	40
	Toheal, Born CNP			Y	Certified Nurse Practitioner	Chaves	Roswell	36
	Toheal, Born CNP			Y	Certified Nurse Practitioner	Lea	Hobbs	12

Enter facilities in alphabetical order. The following provider types cannot use one NPI number for multiple locations: General Acute and Rehabilitation Hospitals, FQHCs, RHCs, SBHCs, Pharmacies, IHS facilities. Free-standing Laboratories and Free-Standing Radiology facilities are assigned an NPI# but can have more than one facility under one NPI number.

Example	Provider	NPI Number	New Enrollment (x)	PCP (Y/N)	Provider Type - Limit to List Provided	County or Border State	Location(s)	PCP - # of Members (Quarter End)
	Presbyterian Española Hospital	1154307593		N	Hospital, General Acute	Rio Arriba	Española	N/A
	Presbyterian Hospital	1215913470		N	Hospital, General Acute	Bernalillo	Albuquerque	N/A
	Presbyterian Santa Fe Medical Center	1730684853		N	Hospital, General Acute	Santa Fe	Santa Fe	N/A
	Carlsbad Medical Center Rehab	1114949781		N	Hospital, Rehabilitation	Eddy	Carlsbad	N/A
	Encompass Health Corporation	1225001928		N	Hospital, Rehabilitation	Bernalillo	Albuquerque	N/A
	Lovelace UNM Rehabilitation Hospital	1700325677		N	Hospital, Rehabilitation	Bernalillo	Albuquerque	N/A
	Addison Drug	1841219128		N	Pharmacy	De Baca	Fort Sumner	N/A
	Advant Edge Pharmacy	1003994518		N	Pharmacy	Tx	El Paso	N/A
	Albertsons LLC	1588603963		N	Pharmacy	Bernalillo	Albuquerque	N/A
	Ben Archer Health Center	1871528505		N	FQHC/RHC	Sierra	T or C	N/A
	Ben Archer Health Center	1154352532		N	FQHC/RHC	Doña Ana	Hatch	N/A
	Ben Archer Health Center	1780619411		N	FQHC/RHC	Doña Ana	Las Cruces	N/A
	Ben Archer Health Center	1902831977		N	FQHC/RHC	Otero	Alamogorde	N/A
	Ben Archer Health Center	1598790222		N	FQHC/RHC	Luna	Columbus	N/A
	Ben Archer Health Center	1205861283		N	FQHC/RHC	Luna	Deming	N/A
	Ben Archer Health Center	1770734865		N	FQHC/RHC	Doña Ana	Radium Springs	N/A
	Ben Archer Health Center	1487026563		N	FQHC/RHC	Doña Ana	Las Cruces	N/A
	Ben Archer Health Center	1699105320		N	FQHC/RHC	Doña Ana	Las Cruces	N/A
	Ben Archer Health Center	1427330513		N	FQHC/RHC	Doña Ana	Las Cruces	N/A
	Ben Archer Health Center	1710903844		N	FQHC/RHC	Sierra	T or C	N/A
	Socorro Teen Health Center	1215284146		N	School Based Health Center	Socorro	Socorro	N/A
	Teen Health Center Capital High	1114094547		N	School Based Health Center	Santa Fe	Santa Fe	N/A
	Teen Health Center Santa Fe High	1003984089		N	School Based Health Center	Santa Fe	Santa Fe	N/A
	Tricore Reference Laboratories	1033285044		N	Laboratory, Freestanding	Sandoval	Rio Rancho	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Santa Fe	Santa Fe	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Socorro	Socorro	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Valencia	Belen	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Valencia	Los Lunas	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Los Alamos	Los Alamos	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Doña Ana	Las Cruces	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Curry	Clovis	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Rio Arriba	Española	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Lincoln	Ruidoso	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Bernalillo	Albuquerque	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Quay	Tucumcari	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Grant	Silver City	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	San Miguel	Las Vegas	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Santa Fe	Edgewood	N/A
	Tricore Reference Laboratories			N	Laboratory, Freestanding	Eddy	Carlsbad	N/A
	Assured Imaging Womens Wellness	1790933828		N	Radiology, Freestanding	Valencia	Los Lunas	N/A
				N	Radiology, Freestanding	Bernalillo	Albuquerque	N/A
				N	Radiology, Freestanding	Doña Ana	Las Cruces	N/A

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Column Header	Column	Description
Provider	A	Name of the provider – for individual providers, enter in the following format – Last name, First name Title (i.e. Smith, John MD).
NPI Number	B	National Provider Identifier (NPI) number of the provider.
New Enrollment	C	Enter "x" if provider is new enrollment for quarter being reported or was not reported in previous quarters. Leave space blank if entry is not a new enrollment.
PCP (Y/N)	D	Enter "Y" or "N" to accurately identify providers who act as PCPs who are contract providers and have the responsibility for supervising, coordinating and providing primary health care to members • Certified Nurse Practitioners • Certified Nurse Midwives • Clinical Nurse Specialists • Family Practice • General Practice • Gerontology • Internal Medicine • Obstetrics/Gynecology • Pediatrics • Physician Assistant • Other (Specialist of specialty not listed above that participates in the network as a PCP)
Provider Type – Limit to List Provided	E	Please enter only the following provider types in the section of the report. Pediatric and Internal Medicine physicians who also practice under other specialties, such as urology or cardiology, should be reported under urology or cardiology only. <u>Do not count a physician under more than one provider type.</u> Certified nurse practitioners, certified nurse midwives, clinical nurse specialists and physician assistants **should only be counted by their provider type, not by area of specialty**. **Physical Health - Practitioners** • Cardiology • Certified Nurse Practitioners • Certified Nurse Midwives • Clinical Nurse Specialists • Dental • Dermatology • Ear, Nose & Throat (ENT) • Endocrinology • Family Practice

Column Header	Column	Description
		• General Practice • Gerontology • Hematology/Oncology • Internal Medicine • Neurology • Neurosurgeon • Orthopedics • Obstetrics/Gynecology • Pediatrics • Pharmacy, 24/7 (NM & Border Providers only) • Physician Assistant • Podiatry • Rheumatology • Surgery, General • Urology **Physical Health Facilities/Non-PCP Providers** • FQHC/RHC (excluding School-Based Health Centers) • Hospital, General Acute • Hospital, Rehabilitation • IHS or 638 Tribal Facility (ITU) • Laboratory, Freestanding • Radiology, Freestanding (including Radiation Oncology) • School-Based Health Center (including FQHCs Specialized as School-Based Health Centers)
County or Border State	F	Enter all Counties or State (other than NM) for all city locations.
Location(s)	G	Enter all cities where the provider supplied services. The provider must only be counted once, but all city locations are listed.
PCP – Number of Members (Quarter End)	H	**For PCPs only**, enter the number of unduplicated members assigned to the provider in each County location where the provider sees members. If the provider is a PCP and no members have been assigned yet, the appropriate entry is 0 (zero); "ND" is only used when there is no data available to report. If provider is not a PCP, the correct entry is "N/A" (Data field is not applicable).

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Section XIV: BH Provider Detail

Before entering data in the workbook, ensure that the appropriate "Provider Detail" tab is selected. This section of the report is the main data source for the total number of active providers, and New Providers totals reported in BH Provider tab. Detailed information is also captured about specific providers (including border providers/facilities within 100 miles of a New Mexico border) for the current reporting period.

Ensure that practitioners who provide services under more than one provider type **are counted only once** so that they are reported correctly on the BH Provider and Summary tabs. Facilities that provide more than one provider type are only entered once for every provider type. **Enter practitioners and facilities in alphabetical order**. For clarity, MCOs may enter each specialty service and/or city location on separate lines; however, the first line for each provider and facility entry is the only line that includes all pertinent information – provider name, NPI number, new enrollment (as appropriate) and provider type. This will allow the filtering of data to obtain different data sets. The remaining information will be completed for each specialty and location.

Base your reporting decisions using the following examples:

1. If Psychiatrists or CNPs are also Suboxone-Certified, they will be designated as a Suboxone-Certified Psychiatrist/MD/CNP and not counted under the Psychiatrist or CNP categories. If any other provider is enrolled under two provider types, such as Licensed Professional Clinical Counselor and Psychologist, confirm enrollment and determine which provider type will be reported. If practitioner provides services in more than one location, list each county and location.

2. If facility is enrolled under more than one provider type and provides services in more than one location, enter each provider type, county or border state and list each location.

3. If facility is enrolled under more than one provider type and provides more than one specialty, enter each provider type and list each specialty.

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Example	Provider	NPI Number	New Enrollment (x)	Provider Type - Limit to List Provided	Provider Specialty - Limit to List Provided	County or Border State	Location(s)
1	Tohelp, Honored MD	012345678	X	Suboxone-Certified Psychiatrist/MD/CNP		Bernalillo	Albuquerque
						Rio Arriba	Abiquiu
						San Miguel	Las Vegas
2	La Clinica De Familia Inc.	987654321		FQHC/RHC providing BH Services		Dona Ana	Anthony
							Chaparral
							Las Cruces
							Mesilla
							San Miguel
							Santa Teresa
							Sunland Park
	La Clinica De Familia Inc.	987654321		Treatment Foster Care I		Dona Ana	Anthony
							Chaparral
							Las Cruces
							Mesilla
							San Miguel
							Santa Teresa
							Sunland Park
3	Behavioral Health Inc.	123456789		Behavioral Health Agency	Adult Psychosocial Rehabilitation	Bernalillo	Albuquerque
					Assertive Community Treatment		
					Evaluation and Therapies		
					Intensive Outpatient (IOP)		
	Behavioral Health Inc.	123456789		Community Mental Health Center	Adult Psychosocial Rehabilitation	Bernalillo	Albuquerque
					Assertive Community Treatment		
					Comprehensive Community		
					Evaluation and Therapies		
					Intensive Outpatient (IOP)		
2	Presbyterian Medical Services	000000011		Community Mental Health Center	Adult Psychosocial Rehabilitation	Catron	Reserve
						Eddy	Loving
						Luna	Deming
						San Juan	Farmington
						Sandoval	Rio Rancho
	Presbyterian Medical Services	000000011		Core Service Agency (CSA)		Catron	Reserve
						Eddy	Loving
						Luna	Deming
						San Juan	Farmington
						Sandoval	Rio Rancho

Column Header	Column	Description
Provider	A	Name of the provider – for individual providers, enter in the following format – Last name, First name Title (i.e. Smith, John MD).
NPI Number	B	National Provider Identifier (NPI) number of the provider.
New Enrollment	C	Enter "x" if provider is new enrollment for quarter being reported or was not reported in previous quarters. Leave space blank if entry is not a new enrollment.
Provider Type – Limit to List Provided	D	**Behavioral Health – Practitioners** • Certified Nurse Practitioner (CNP providing services in BH agency, facility or independently with Psychiatric Specialty) • Clinical Nurse Specialist (Psychiatric Certification) (CNS) • Licensed and Certified Alcohol & Drug Abuse Counselors (LADAC) & Drug Abuse Counselor (CADAC)

Column Header	Column	Description
		• Licensed Clinical Social Worker (LCSW) (LISW) • Licensed Marriage & Family Therapist (LMFT) • Licensed Professional Art Therapist (LPAT) • Licensed Professional Clinical Counselor (LPCC) • Psychiatrist • Psychologist (include prescribing psychologists) • Suboxone-Certified Psychiatrist/MD/CNP (Suboxone-certified Psychiatrists are only counted under this category; do not count under Psychiatrist provider type) **Behavioral Health Facilities** • Accredited Residential Facility (ARTC) – Juvenile, BH • Accredited Residential Facility (ARTC) – Adult, SUD • Behavioral Health Agency* • Community Mental Health Center* • Core Service Agency (CSA)* • FQHC/RHC providing BH Services • Hospital, Psychiatric • Hospital, Psychiatric Unit in General Hospital • IHS or 638 Tribal Facility providing BH Services • OTC/Methadone Clinic • Residential Treatment Center, JCAHO Certified • Residential Treatment Center, Non-JCAHO Certified • Treatment Foster Care I (TFC I) • Treatment Foster Care II (TFC II)
Provider Specialties – Limit to List Provided	E	Breakdown of Specialty Services – This column is only completed for Behavioral Health Agency, Community Mental Health Center and Core Service Agency providers who can provide any or all offer the same services listed below. Enter all that apply in Column E: • Adult Psychosocial Rehabilitation • Assertive Community Treatment (ACT) • Behavioral Management • Comprehensive Community Support Services (CCSS) • Day Treatment • Evaluation and Therapies • Intensive Outpatient (IOP) • Multi-Systemic Therapy (MST)
County or Border State	F	Enter all Counties or State (other than NM) for all city locations.
Location(s)	G	Enter all cities where the provider supplied services. The provider must only be counted once, but all city locations are listed.

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Section XV: LTC Provider Detail

Before entering data in the workbook, ensure that the appropriate "Provider Detail" tab is selected. This section of the report is the main data source for the total number of active providers, and New Providers totals reported in LTC Provider tab. Detailed information is also captured about specific providers (including border providers/facilities within 100 miles of a New Mexico border) for the current reporting period.

Ensure that practitioners who provide services under more than one provider type **are counted only once** so that they are reported correctly on the LTC Provider and Summary tabs. Facilities that provide more than one provider type are only entered once for every provider type. **Enter practitioners and facilities in alphabetical order**. For clarity, MCOs may enter each LTC Community Benefit service that is provided and/or city location on separate lines; however, the first line for each provider entry is the only line that includes all pertinent information – provider name, NPI number (if assigned), new enrollment (as appropriate) and provider type. This will allow the filtering of data to obtain different data sets. The remaining information will be completed for each service (as appropriate) and location.

Base your reporting decisions using the following examples:

1. If facility is enrolled under more than one provider type and provides services in more than one location, enter each provider type, county or border state and list each location. If locations are in one county, county can be listed once.

2. If facility is enrolled under one of more provider types and provides one or more LTC Community Benefit services, enter each provider type and list each service by location. If all services are provided in one location, the location and county can be listed once.

3. If facility provides one or more services in more than one location, list each location for each service. If more than one location is within one county, both locations can be listed in one field or separately.

Example	Provider	NPI Number	New Enrollment (x)	Provider Type - Limit to List Provided	LTC Community Benefit Service	County or Border State	Location(s)
1	Careful Management Services	000000456		Environmental Modification Contractor		Bernalillo	Albuquerque
						Dona Ana	Las Cruces
						Valencia	Los Lunas
						Socorro	Socorro
	Careful Management Services	000000456		Personal Care Services Agency		Sandoval	Bernalillo
							Rio Rancho
2	Healthcare Specialists	000000123		Personal Care Services Agency	Adult Day Health	Santa Fe	Santa Fe
						Bernalillo	Albuquerque
					Personal Care	Santa Fe	Santa Fe
						Bernalillo	Albuquerque
	Healthcare Specialists	000000123		Home Health Provider	Home Health Aide	Santa Fe	Santa Fe
					Respite Provider		
3	Community Love	000000789	X	Personal Care Services Agency	Adult Day Health	Sandoval	Bernalillo
					Personal Care		Rio Rancho
					Personal Care	Valencia	Belen, Los Lunas

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Column Header	Column	Description
Provider	A	Name of the provider – for individual providers, enter in the following format – Last name, First name Title (i.e. Smith, John MD).
NPI Number	B	National Provider Identifier (NPI) number of the provider.
New Enrollment	C	Enter "x" if provider is new enrollment for quarter being reported or was not reported in previous quarters. Leave space blank if entry is not a new enrollment.
Provider Type – Limit to List Provided	D	**Long-Term Care – Community Benefit** • Adult Day Health Center • Assisted Living Facility • Behavior Support Consultation • Community Transition Services • Emergency Response • Employment Support • Environmental Modification Contractor • Home Health Aide Agency • Nutritional Counseling • Personal Care Services Agency • Private Duty Nursing • Respite Provider • RN Respite Provider **State Certified Skilled Maintenance Therapy Services** • Occupational Therapy • Physical Therapy • Speech Therapy **Long-Term Care – Facilities** • Nursing Facility • Skilled Nursing Facility
LTC Community Benefit Services	E	Breakdown of LTC Community Benefit Services – This column is only completed for LTC Community Benefit providers that can provide any or all offer the services listed below. Enter all that apply in Column E: • Adult Day Health • Assisted Living Facility • Behavior Support Consultation

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Column Header	Column	Description
		• Community Transition Services • Emergency Response • Employment Support • Environmental Modification Contractor • Home Health Aide • Nursing Respite • Nutritional Counseling • Occupational Therapy (State Certified Skilled Maintenance) • Personal Care • Physical Therapy (State Certified Skilled Maintenance) • Private Duty Nursing • Respite Provider • Speech Therapy (State Certified Skilled Maintenance)
County or Border State	F	Enter all Counties or State (other than NM) for all city locations.
Location(s)	G	Enter all cities where the provider supplied services. The provider must only be counted once, but all city locations are listed.