Centennial Care Reporting Instructions
Geographic Access – Report #55

Report Objective

To monitor members' access to services by county and across urban, rural, and frontier county types.

General Instructions

The managed care organization (MCO) is required to submit the Geo Access report on a quarterly basis. This report is due on April 30, July 30, October 30, and January 30 of each year. 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 and will result in a rejection. Use "ND" if there is no data available to report or enter "0" in numerical fields used in calculations within the template. 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 certain 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.

The MCO must review and evaluate the consistency of the data reported throughout the template to ensure alignment of related data across all applicable sections/tabs and geographical access maps.

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The MCO shall submit the electronic version of the report using the following file labeling format: MCO.HSD55.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		

Related Contract Requirements

1. Section 4.8.7 – Access to Services
2. Section 4.21 – Reporting Requirements
3. Section 7.3 – Failure to Meet Agreement Requirements

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.

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Definitions

Urban Counties	Bernalillo, Dona Ana, Los Alamos and Santa Fe.
Rural Counties	Chaves, Curry, Eddy, Grant, Lea, Luna, McKinley, Otero, Rio Arriba, Roosevelt, Sandoval, San Juan, Taos and Valencia.
Frontier Counties	Catron, Cibola, Colfax, DeBaca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, San Miguel, Sierra, Socorro, Torrance and Union.
Total Number of Members	Total number of Centennial Care members enrolled with MCO in identified county according to home address reported by member.
Total Number of Providers/Pharmacies	The unduplicated count of service providers/pharmacies for members in the county.
Border Provider	For purposes of this report, providers or facilities located in a city within 100 miles of a New Mexico border (Mexico excluded).
Place of Service Location	The specific physical location for which services are rendered. Note that place of service location for this report is not the 2-digit Place of Service Codes for categorical locations of services rendered that are used for professional services claims (CMS-1500) processing purposes (i.e., 01 Pharmacy, 03 School, etc.).
Members with access to at least one provider within the access standard	**Number:** The number of members who have access to at least one provider within the appropriate access standard (30, 60 or 90 miles for providers and 30, 45 or 60 miles for pharmacies and PCPs). **Percent with:** The percent of members who have access to a provider/pharmacy within the applicable access standard. This percentage is rounded to the nearest tenth of a percentage. **Percent without:** The percent of members who do not have access to a provider/pharmacy within the applicable access standard. This percentage is rounded to the nearest tenth of a percentage. **Average distance to 1 provider/pharmacy:** The average distance from the member's home address to the nearest provider/pharmacy of that type regardless of county where the provider/pharmacy is located.
Out-of-State Members	A member is considered out-of-state according to criteria listed in NMAC 8.200.410.14.D Abandonment and NMAC 8.102.410.11.G Residency abandonment.

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Geographic Access Standards

Geographic Access Standard 1	Provider distance requirements for **Standard 1**: **Urban** Counties: 90% within 30 miles **Rural** Counties: 90% within 45 miles **Frontier** Counties: 90% within 60 miles
Geographic Access Standard 2	Provider distance requirements for **Standard 2**: **Urban** Counties: 90% within 30 miles **Rural** Counties: 90% within 60 miles **Frontier** Counties: 90% within 90 miles

Section I: Behavioral Health Geographical Access Summary & Analysis

This section of the report consolidates Behavioral Health statistics and qualitative analysis regarding member geographical access to Behavioral Health services.

Summary Table Section - Percent of Members WITH Access
Data in this section is captured by county type on a rolling four-quarter basis that includes the current quarter as well as the three previous quarters. Data for the current quarter is populated using information from other sections of the report; data entry is not required. **Percentage of Members with access to behavioral health services for the three previous quarters must be entered by the MCO.**

Rolling quarter data is only required for quarters ending in calendar year 2019 or later. Note that the column headers are auto-populated with quarter number and corresponding calendar year information based on the dates entered for the reporting period. Although column headers for previous quarters will display quarters for calendar year 2018 for the first 3 quarterly submissions of 2019, data is not required for quarters prior to 2019. Columns for previous quarters in 2018 should be left blank.

BH Analysis Section
Analysis questions are included in the BH Geo Access Summary & Analysis tab. Note that some fields within the analysis section include dropdown selections while others require input by the MCO.

Section II: Physical Health & Other Geographical Access Summary & Analysis

This section of the report consolidates Physical Health, LTC, hospital, and transportation statistics and qualitative analysis regarding member geographical access to PH, LTC, hospital and transportation services.

Summary Table Section - Percent of Members WITH Access

Data in this section is captured by county type on a rolling four-quarter basis that includes the current quarter as well as the three previous quarters. Data for the current quarter is populated using information from other sections of the report; data entry is not required. **Percentage of Members with access to physical health, LTC, hospital, and transportation services for the three previous quarters must be entered by the MCO.**

Rolling quarter data is only required for quarters ending in calendar year 2019 or later. Note that the column headers are auto-populated with quarter number and corresponding calendar year information based on the dates entered for the reporting period. Although column headers for previous quarters will display quarters for calendar year 2018 for the first 3 quarterly submissions of 2019, data is not required for quarters prior to 2019. Columns for previous quarters in 2018 should be left blank.

PH and Others Analysis Section

Analysis questions are included in the PH & Other Geo Access Summary tab. Note that some fields within the analysis section include dropdown selections while others require input by the MCO.

Section III: Behavioral Health Geographical Access by County Type

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to behavioral health providers/services by county.

Column Header	Column	Description
Provider / Service Category	B	BH provider types and BH service categories. Data entry is not required in these fields.
County Type	C	Urban, Rural, and Frontier. Data entry is not required in these fields. See Definition Section for the mapping of each county to county type.
Providers		
Place of Service Locations	D	For each BH provider type/service category in Column B, the corresponding unduplicated count of provider service locations. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.

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Column Header	Column	Description
In County Type	E	For each BH provider type/service category in Column B, the unduplicated count of service providers in the county licensed or otherwise authorized to provide BH services to Centennial Care Members. Does not include Border providers. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
Border Providers	F	For each BH provider type/service category in Column B, enter the unduplicated count of service providers that meet the definition of a Border provider (see Definitions Section) licensed or otherwise authorized to provide BH services to Centennial Care Members. Include Border providers within 100 miles of any county included in the same county type. A Border provider within 100 miles of multiple counties in the same county type should be counted only once for that county type. A Border provider within 100 miles of multiple counties in different county types should be counted once in each applicable county type.
Total Provider Access	G	For each BH provider type/service category in Column B, the unduplicated count of service providers in the county and Border providers licensed or otherwise authorized to provide BH services to Centennial Care Members. Cells in this column are auto-calculated by summing Columns E and F; data entry is not required.
Members		
Total Number	H	For each BH provider type/service category in Column B, the total number of Members in the county with or without access. Cells in this column are auto-calculated by summing Columns I and K; data entry is not required.
Number WITH Access	I	For each BH provider type/service category in Column B, the number of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.

Column Header	Column	Description
Percent WITH Access	J	For each BH provider type/service category in Column B, the percentage of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Number WITHOUT Access	K	For each BH provider type/service category in Column B, the number of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
Percent WITHOUT Access	L	For each BH provider type/service category in Column B, the percentage of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Native American Members (Note that Native American Member counts should also be included in total Member counts in Columns I and K.)		
Total Number	M	For each BH provider type/service category in Column B, the total number of Native American Members in the county with or without access. Cells in this column are auto-calculated by summing Columns N and P; data entry is not required in these fields.
Number WITH Access	N	For each BH provider type/service category in Column B, enter the number of Native American Members in the county with access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITH Access	O	For each BH provider type/service category in Column B, the percentage of Native American Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

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Column Header	Column	Description
Number WITHOUT Access	P	For each BH provider type/service category in Column B, enter the number of Native American Members in the county without access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITHOUT Access	Q	For each BH provider type/service category in Column B, the percentage of Native American Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

Section IV: Behavioral Health Geographical Access by Each County

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to behavioral health providers/services by county and county type.

Column Header	Column	Description
Provider / Service Category	B	BH provider types/service categories. Data entry is not required in these fields.
County Type	C	Urban, Rural, and Frontier. Data entry is not required in these fields.
County	D	County name. Data entry is not required in these fields.
Providers		
Place of Service Locations	E	For each BH provider type/service category in Column B, enter the corresponding unduplicated count of provider service locations. Counts for each provider type/service category are to reflect the number of unique provider service locations, regardless of the number of rendering providers at a location AND regardless of open or closed panels. Example: If a location has 5 providers of the same type that practice at the location, the count would be 1.

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Column Header	Column	Description
In County	F	For each BH provider type/service category in Column B, enter the unduplicated count of service providers in the county licensed or otherwise authorized to provide BH services to Centennial Care Members. Do not include Border providers.
Border	G	For each BH provider type/service category in Column B, enter the unduplicated count of service providers that meet the definition of a Border provider (see Definitions Section) licensed or otherwise authorized to provide BH services to Centennial Care Members. A Border provider within 100 miles of multiple counties should be included in the counts for each applicable county.
Total Provider Access	H	For each BH provider type/service category in Column B, the unduplicated count of service providers in the county and Border providers licensed or otherwise authorized to provide BH services to Centennial Care Members. Cells in this column are auto-calculated by summing Columns F and G; data entry is not required.
Members		
Total Number	I	For each BH provider type/service category in Column B, the total number of Members in the county with or without access. Cells in this column are auto-calculated by summing Columns J and L; data entry is not required.
Number WITH Access	J	For each BH provider type/service category in Column B, enter the number of Members in the county with access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITH Access	K	For each BH provider type/service category in Column B, the percentage of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

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Column Header	Column	Description
Number WITHOUT Access	L	For each BH provider type/service category in Column B, enter the number of Members in the county without access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITHOUT Access	M	For each BH provider type/service category in Column B, the percentage of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

Section V: Behavioral Health Average Distance by County Type

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to behavioral health providers/services according to the average distance the Member will have to travel by means of transportation ordinarily used by Medicaid enrollees to the Member's first, second and third nearest provider.

If a circumstance exists where the MCO is contracted with less than three providers throughout the state for a particular provider/service category, report the average distance to the first (and second – if applicable) nearest provider and report "ND" for the third (and second – if applicable) nearest provider.

Column Header	Column	Description
Provider / Service Category	B	BH provider types/service categories. Data entry is not required in these fields.
Access Standards	C	Access standard applicable to the provider type and county type.
County Type	D	Urban, Rural, and Frontier. Data entry is not required in these fields. See Definition Section for the mapping of each county to county type.
Average Mileage to 1st Provider	E	For each BH provider type/service category in Column B, enter the average distance in miles from the member's home address to the nearest provider, regardless of county where the provider is located.

Column Header	Column	Description
Average Mileage to 2nd Provider	F	For each BH provider type/service category in Column B, enter the average distance in miles from the member's home address to the second nearest provider, regardless of county where the provider is located.
Average Mileage to 3rd Provider	G	For each BH provider type/service category in Column B, enter the average distance in miles from the member's home address to the third nearest provider, regardless of county where the provider is located.

Section VI: Physical Health Geographical Access by County Type

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to physical health providers/services by county type.

Column Header	Column	Description
Provider / Service Category	B	PH provider types and PH service categories. Data entry is not required in these fields.
County Type	C	Urban, Rural, and Frontier. Data entry is not required in these fields. See Definition Section for the mapping of each county to county type.
Providers		
Place of Service Locations	D	For each PH provider type/service category in Column B, the corresponding unduplicated count of provider service locations. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
In County Type	E	For each PH provider type/service category in Column B, the unduplicated count of service providers/pharmacies in the county licensed or otherwise authorized to provide PH services to Centennial Care Members. Does not include Border providers. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.

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Column Header	Column	Description
Border Providers	F	For each PH provider type/service category in Column B, enter the unduplicated count of service providers/pharmacies that meet the definition of a Border provider (see Definitions Section) licensed or otherwise authorized to provide PH services to Centennial Care Members. Include Border providers within 100 miles of any county included in the same county type. A Border provider within 100 miles of multiple counties in the same county type should be counted only once for that county type. A Border provider within 100 miles of multiple counties in different county types should be counted once in each applicable county type.
Total Provider Access	G	For each PH provider type/service category in Column B, the unduplicated count of service providers/pharmacies in the county and Border providers licensed or otherwise authorized to provide PH services to Centennial Care Members. Cells in this column are auto-calculated by summing Columns E and F; data entry is not required.
Members		
Total Number	H	For each PH provider type/service category in Column B, the total number of Members in the county with or without access. Cells in this column are auto-calculated by summing Columns I and K; data entry is not required.
Number WITH Access	I	For each PH provider type/service category in Column B, the number of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
Percent WITH Access	J	For each PH provider type/service category in Column B, the percentage of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

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Column Header	Column	Description
Number WITHOUT Access	K	For each PH provider type/service category in Column B, the number of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
Percent WITHOUT Access	L	For each PH provider type/service category in Column B, the percentage of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Native American Members (Note that Native American Member counts should also be included in total Member counts in Columns I and K.)		
Total Number	M	For each PH provider type/service category in Column B, the total number of Native American Members in the county with or without access. Cells in this column are auto-calculated by summing Columns N and P; data entry is not required in these fields.
Number WITH Access	N	For each PH provider type/service category in Column B, enter the number of Native American Members in the county with access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITH Access	O	For each PH provider type/service category in Column B, the percentage of Native American Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Number WITHOUT Access	P	For each PH provider type/service category in Column B, enter the number of Native American Members in the county without access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.

Column Header	Column	Description
Percent WITHOUT Access	Q	For each PH provider type/service category in Column B, the percentage of Native American Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

Section VII: Physical Health Geographical Access by Each County

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to physical health providers/services by county and county type.

Column Header	Column	Description
Provider / Service Category	B	PH provider types/service categories. Data entry is not required in these fields.
County Type	C	Urban, Rural, and Frontier. Data entry is not required in these fields.
County	D	County name. Data entry is not required in these fields.
Providers		
Place of Service Locations	E	For each PH provider type/service category in Column B, enter the corresponding unduplicated count of provider service locations. Counts for each provider type/service category are to reflect the number of unique provider service locations, regardless of the number of rendering providers at a location AND regardless of open or closed panels. Example: If a location has 5 providers of the same type that practice at the location, the count would be 1.
In County	F	For each PH provider type/service category in Column B, enter the unduplicated count of service providers/pharmacies in the county licensed or otherwise authorized to provide PH services to Centennial Care Members. Do not include Border providers.

Column Header	Column	Description
Border	G	For each PH provider type/service category in Column B, enter the unduplicated count of service providers/pharmacies that meet the definition of a Border provider (see Definitions section) licensed or otherwise authorized to provide PH services to Centennial Care Members. A Border provider within 100 miles of multiple counties should be included in the counts for each applicable county.
Total Provider Access	H	For each PH provider type/service category in Column B, the unduplicated count of service providers/pharmacies in the county and Border providers licensed or otherwise authorized to provide PH services to Centennial Care Members. Cells in this column are auto-calculated by summing Columns F and G; data entry is not required.
Members		
Total Number	I	For each PH provider type/service category in Column B, the total number of Members in the county with or without access. Cells in this column are auto-calculated by summing Columns J and L; data entry is not required.
Number WITH Access	J	For each PH provider type/service category in Column B, enter the number of Members in the county with access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITH Access	K	For each PH provider type/service category in Column B, the percentage of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

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Column Header	Column	Description
Number WITHOUT Access	L	For each PH provider type/service category in Column B, enter the number of Members in the county without access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITHOUT Access	M	For each PH provider type/service category in Column B, the percentage of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

Section VIII: Physical Health Average Distance by County Type

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to physical health providers/services according to the average distance the Member will have to travel by means of transportation ordinarily used by Medicaid enrollees to the Member's first, second and third nearest provider.

If a circumstance exists where the MCO is contracted with less than three providers throughout the state for a particular provider/service category, report the average distance to the first (and second – if applicable) nearest provider and report "ND" for the third (and second – if applicable) nearest provider.

Column Header	Column	Description
Provider / Service Category	B	PH provider types/service categories. Data entry is not required in these fields.
Access Standards	C	Access standard applicable to the provider type and county type.
County Type	D	Urban, Rural, and Frontier. Data entry is not required in these fields. See Definition Section for the mapping of each county to county type.
Average Mileage to 1st Provider	E	For each PH provider type/service category in Column B, enter the average distance in miles from the member's home address to the nearest provider, regardless of county where the provider is located.

Column Header	Column	Description
Average Mileage to 2nd Provider	F	For each PH provider type/service category in Column B, enter the average distance in miles from the member's home address to the second nearest provider, regardless of county where the provider is located.
Average Mileage to 3rd Provider	G	For each PH provider type/service category in Column B, enter the average distance in miles from the member's home address to the third nearest provider, regardless of county where the provider is located.

Section IX: LTC, Hospital, Transportation Geographical Access by County Type

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to LTC, hospital, and transportation providers/services by county type.

Column Header	Column	Description
Provider / Service Category	B	LTC, Hospital, and Transportation provider types/service categories. Data entry is not required in these fields.
County Type	C	Urban, Rural, and Frontier. Data entry is not required in these fields. See Definition Section for the mapping of each county to county type.
Providers		
Place of Service Locations	D	For each LTC, Hospital, or Transportation provider type/service category in Column B, the corresponding unduplicated count of provider service locations. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
In County Type	E	For each LTC, Hospital, or Transportation provider type/service category in Column B, the unduplicated count of service providers in the county licensed or otherwise authorized to provide LTC, Hospital, or Transportation services to Centennial Care Members. Does not include Border providers. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.

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Column Header	Column	Description
Border Providers	F	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the unduplicated count of service providers that meet the definition of a Border provider (see Definitions Section) licensed or otherwise authorized to provide LTC, Hospital, or Transportation services to Centennial Care Members. Include Border providers within 100 miles of any county included in the same county type. A Border provider within 100 miles of multiple counties in the same county type should be counted only once for that county type. A Border provider within 100 miles of multiple counties in different county types should be counted once in each applicable county type.
Total Provider Access	G	For each LTC, Hospital, or Transportation provider type/service category in Column B, the unduplicated count of service providers in the county and Border providers licensed or otherwise authorized to provide LTC, Hospital, or Transportation services to Centennial Care Members. Cells in this column are auto-calculated by summing Columns E and F; data entry is not required.
Members		
Total Number	H	For each LTC, Hospital, or Transportation provider type/service category in Column B, the total number of Members in the county with or without access. Cells in this column are auto-calculated by summing Columns I and K; data entry is not required.
Number WITH Access	I	For each LTC, Hospital, or Transportation provider type/service category in Column B, the number of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.

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Column Header	Column	Description
Percent WITH Access	J	For each LTC, Hospital, or Transportation provider type/service category in Column B, the percentage of Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Number WITHOUT Access	K	For each LTC, Hospital, or Transportation provider type/service category in Column B, the number of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-populated using data from other sections of the report; data entry is not required.
Percent WITHOUT Access	L	For each LTC, Hospital, or Transportation provider type/service category in Column B, the percentage of Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Native American Members (Note that Native American Member counts should also be included in total Member counts in Columns I and K.)		
Total Number	M	For each LTC, Hospital, or Transportation provider type/service category in Column B, the total number of Native American Members in the county with or without access. Cells in this column are auto-calculated by summing Columns N and P; data entry is not required in these fields.
Number WITH Access	N	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the number of Native American Members in the county with access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.

Column Header	Column	Description
Percent WITH Access	O	For each LTC, Hospital, or Transportation provider type/service category in Column B, the percentage of Native American Members in the county with access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.
Number WITHOUT Access	P	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the number of Native American Members in the county without access to at least one provider within the applicable access standard The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITHOUT Access	Q	For each LTC, Hospital, or Transportation provider type/service category in Column B, the percentage of Native American Members in the county without access to at least one provider within the applicable access standard. Cells in this column are auto-calculated; data entry is not required.

Section X: LTC, Hospital, Transportation Geographical Access by Each County

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to LTC, hospital, and transportation providers/services by county and county type.

Column Header	Column	Description
Provider / Service Category	B	LTC, Hospital, and Transportation provider types/service categories. Data entry is not required in these fields.
County Type	C	Urban, Rural, and Frontier. Data entry is not required in these fields.
County	D	County name. Data entry is not required in these fields.
Providers		

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Column Header	Column	Description
Place of Service Location	E	For each LTC, Hospital, or provider type/service category in Column B, enter the corresponding unduplicated count of provider service locations. Counts for each provider type/service category are to reflect the number of unique provider service locations, regardless of the number of rendering providers at a location AND regardless of open or closed panels. Example: If a location has 5 providers of the same type that practice at the location, the count would be 1.
In County	F	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the unduplicated count of service providers in the county licensed or otherwise authorized to provide LTC, Hospital, or Transportation services to Centennial Care Members. Do not include Border providers.
Border	G	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the unduplicated count of service providers that meet the definition of a Border provider (see Definitions Section) licensed or otherwise authorized to provide LTC, Hospital, or Transportation services to Centennial Care Members. A Border provider within 100 miles of multiple counties should be included in the counts for each applicable county.
Total Provider Access	H	For each LTC, Hospital, or Transportation provider type/service category in Column B, the unduplicated count of service providers in the county and Border providers licensed or otherwise authorized to provide LTC, Hospital, or Transportation services to Centennial Care Members. Cells in this column are auto-calculated by summing Columns F and G; data entry is not required.
Members		
Total Number	I	For each LTC, Hospital, or Transportation provider type/service category in Column B, the total number of Members in the county with or without access. Cells in this column are auto-calculated by summing Columns J and L; data entry is not required.

Column Header	Column	Description
Number WITH Access	J	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the number of Members in the county with access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported.
Percent WITH Access	K	For each LTC, Hospital, or Transportation provider type/service category in Column B, the percentage of Members in the county with access to at least one provider within the applicable access standard.

Cells in this column are auto-calculated; data entry is not required. |
| Number WITHOUT Access | L | For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the number of Members in the county without access to at least one provider within the applicable access standard. The Member's home address, as reported by the Member, shall be used to determine the county/county type in which counts are reported. |
| Percent WITHOUT Access | M | For each LTC, Hospital, or Transportation provider type/service category in Column B, the percentage of Members in the county without access to at least one provider within the applicable access standard.

Cells in this column are auto-calculated; data entry is not required. |

Section XI: LTC, Hospital, Transportation Average Distance by County Type

This section of the report provides current quarter statistics related to the MCO's Centennial Care Member's geographical access to LTC, hospital, and transportation providers/services according to the average distance the Member will have to travel by means of transportation ordinarily used by Medicaid enrollees to the Member's first, second and third nearest provider.

If a circumstance exists where the MCO is contracted with less than three providers throughout the state for a particular provider/service category, report the average distance to the first (and second – if applicable) nearest provider and report "ND" for the third (and second – if applicable) nearest provider.

Column Header	Column	Description
Provider / Service Category	B	LTC, Hospital, and Transportation provider types/service categories. Data entry is not required in these fields.
Access Standards	C	Access standard applicable to the provider type and county type.
County Type	D	Urban, Rural, and Frontier. Data entry is not required in these fields. See Definition Section for the mapping of each county to county type.
Average Mileage to 1st Provider	E	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the average distance in miles from the member's home address to the nearest provider, regardless of county where the provider is located.
Average Mileage to 2nd Provider	F	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the average distance in miles from the member's home address to the second nearest provider, regardless of county where the provider is located.
Average Mileage to 3rd Provider	G	For each LTC, Hospital, or Transportation provider type/service category in Column B, enter the average distance in miles from the member's home address to the third nearest provider, regardless of county where the provider is located.

Section XII: Out-of-State Members

This section of the report provides statistics related to the MCO's Centennial Care Members who moved out of the State of New Mexico and the corresponding notices to HSD. Data in this section is captured on a rolling four-quarter basis that includes the current quarter as well as the three previous quarters.

For this sections of the report that captures data for multiple reporting periods (both current and prior quarters), the MCO is required to restate previously submitted data. Reporting data in this manner will take advantage of the most current, complete, and accurate information available.

Rolling quarter data is only required for quarters ending in calendar year 2019 or later. Note that the column headers are auto-populated with quarter number and corresponding calendar year information based on the dates entered for the reporting period. Although column headers for previous quarters will display quarters for calendar year 2018 for the first 3 quarterly submissions of 2019, data is not required for quarters prior to 2019. Columns for previous quarters in 2018 should be left blank.

Column Header	Column	Description
State	A	Data entry is not required in these fields.
Current Period		
Count of members in other state	B	Enter the count of Members who moved out of the state of New Mexico in the current quarter and will not be returning. Counts are to correspond to the state in which the Member has moved.
Count of Notifications provided to HSD	C	For the Members in Column B, enter the corresponding count of notifications provided to HSD.
Difference	D	Cells in this column are auto-calculated by subtracting amounts in Column C from amounts in Column B; data entry is not required.
Previous Quarters		
Count of members in other state	E, H, K	Enter the count of Members who moved out of the state of New Mexico in a previous quarter and will not be returning. Counts are to correspond to the quarter and state in which the Member has moved.
Count of Notifications provided to HSD	F, I, L	For the Members in Columns E, H, and K, enter the corresponding count of notifications provided to HSD.
Difference	G, J, M	Cells in this column are auto-calculated by subtracting the counts of notifications provided to HSD from the counts of members in other state; data entry is not required.

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Section XIII: Geographical Access Maps

In addition to completing the report template, the MCO must submit maps containing specific geographical access information. These maps will be submitted to HSD as a single document separate from report template.

The MCO shall submit the electronic version of the maps document using the following file labeling format: MCO.HSD55.Q#CY##.MAP.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 geographical access maps document will include one statewide map for each provider/service category in the Geo Access report template for a total of 52 maps.

- Behavioral Health Provider/Service Categories = 23
- Physical Health Provider/Service Categories = 24
- LTC, Hospitals, and Transportation Provider Service Categories = 5

Each map must do/address the following:

- Include an accompanying table listing the count of all place of service locations for each county and border providers. County names must be listed alphabetically and designated as urban, rural, frontier, or border.

- The number of place of service locations on each of the provider/service category maps must match the number of locations in the urban, rural, frontier and border section totals as reported on Geo Access Report template.

- All place of service locations for practitioners and pharmacies must be unduplicated. Unduplicated means a provider, facility, group or pharmacy appear only once on the map according to place of service. Do not list multiple providers that provide the same category of service in a single location.

- The provider/service category names must match those on the report.