HUMAN SERVICES
DEPARTMENT

Date: June 20, 2019

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Nicole Comeaux, J.D., M.P.H, Medical Assistance Division Director**

Subject: **CY19 Telemedicine Delivery System Improvement Performance Target**
Repeal & Replace LOD #10

Title: **Telemedicine DSIPT Repeal and Replace**

The purpose of this Letter of Direction (LOD) is to inform the Centennial Care 2.0 Managed Care Organizations that the Telemedicine Delivery System Improvement Performance Target (DSIPT) has been revised, as follows:

CY2019 will serve as a baseline year for unduplicated members served with Telemedicine visits in Urban, Rural and Frontier areas by Physical Health and Behavioral Health providers. This will serve as the basis for the CONTRACTOR'S CY2020 target to be determined by HSD.

- Telemedicine visits conducted at I/T/Us are included in count.
- Virtual visits or e-visits and asynchronous/store-and-forward are included in count.
- Project ECHO (e.g., interpretation of radiologic exam by a radiologist at a remote site) is *not included in count.*
- Services not covered by Medicaid (e.g., lactation services). are *not included in count.*

HSD will evaluate the CONTRACTOR'S performance and modify the target for future contract periods. Quarterly reports are due to HSD 30 calendar days after the end of the quarter, with unduplicated Members served with Telemedicine visits and an analysis of trends observed.

This LOD preempts the use of baseline determined by HSD using Telemedicine visits from January 1, 2018-October 31, 2018 and Members enrolled with MCOs as of January 2019, for 20% target unique Members served in Rural, Frontier, and underserved Urban areas for Physical Health Specialists and Behavioral Health Specialists in the Centennial Care 2.0 Contract, Amendment 1.

HSD has revised the Telemedicine DSIPT reporting package. Report instructions are Attachment 1 and the reporting template is Attachment 2.

Telemedicine DSIPT Q1 report will be due on the revised Telemedicine DSIPT report template on Friday, July 12, 2019. Reporting will resume according to the schedule, as follows:

- Q1-July 12, 2019
- Q2-July 30, 2019
- Q3-October 30, 2019
- Q4-January 30, 2020

This LOD will automatically sunset upon completion of the CY19 Telemedicine DSIPT evaluation period.

Telemedicine
Delivery System Improvement Performance Target
Quarterly Report

Report Objective

To capture information on unduplicated members served with Telemedicine services that include physical health visits and behavioral health visits.

General Instructions

The managed care organization (MCO) is required to submit the Prior Authorization 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 30th
2	April 1 – June 30	July 30th
3	July 1 – September 30	October 30th
4	October 1 – December 31	January 30th

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data must be entered in the Excel workbook. With the exception of the gray or calculated fields, the MCO must ensure that data is entered in all fields. The report will be considered incomplete if any required field is left blank. Enter "0" if there is no data available to report. An electronic version of the report in Excel must be submitted to the New Mexico (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.

If any new data/information becomes available in subsequent quarters for previously reported data for the current year, the MCO must update data for prior quarters within the current quarter report submission.

The MCO shall submit the electronic version of the report using the following file labeling format: MCO.HSD42.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		

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, a 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, a 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.

Contract Requirements

1. Section 4.21 – Reporting Requirements
2. Section 7.3 – Failure to Meet Agreement Requirements

Definitions

Telemedicine DSIPT	• **Telemedicine** means the use of electronic information, imaging and communication technologies (including interactive audio, video and data communications as well as store-and- forward technologies) to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data and education. Note: • Telemedicine visits conducted at I/T/Us are included in count. • Virtual visits or e-visits and asynchronous/store-and-forward are included in count. • Project ECHO (e.g., interpretation of radiologic exam by a radiologist at a remote site) is *not included in count*. • Services not covered by Medicaid (e.g., lactation services). are *not included in count*. *Source: Centennial Care 2.0 MCO Contract & LOD #11*
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, De Baca, Guadalupe, Harding Hidalgo, Lincoln, Mora, Quay, San Miguel, Sierra, Socorro, Torrance, Union
Physical Health Providers	Institutions, facilities, agencies, physicians, health care practitioners, or other entities that are licensed or otherwise authorized.
Behavioral Health Providers	Institutions, facilities, agencies, physicians, health care practitioners, or other entities that are licensed or otherwise authorized to provide behavioral health services, such as: Freestanding Psychiatric Hospitals, General Hospitals with psychiatric units, Partial Hospital Programs, Accredited Residential Treatment Centers (ARTC), Non-Accredited Residential Treatment Centers (RTC) & Group Homes (GH), Treatment Foster Care I & II (TFC I & II), Core Services Agencies (CSA), Community Mental Health Centers (CMHC), Indian Health Service & Tribal 638s providing BH services, Outpatient Provider Agencies, Agencies providing Behavioral Management Services (BMS), Agencies providing Day Treatment Services, Agencies providing Assertive Community Treatment (ACT), Agencies providing Intensive Outpatient Services, Methadone Clinics, FQHCs providing BH services, Psychiatrists, Psychologists (including prescribing psychologists), Suboxone certified MDs and all other licensed Independent BH practitioners (LISW, LPCC, LMFT, CNS & CNP) with psychiatric certification, independent practices or groups.

Section I: Summary

Summary tab includes data reported quarterly for Total Telemedicine Visits, Physical Health Visits and Behavioral Health Visits, with year-end totals and DSIPT met or not met status. A member is counted only once for the year.

Section II: Analysis

Report is considered incomplete if all Analysis tab questions are not answered completely with the requested information and/or analysis. *Note: Where HSD requests an analysis, a detailed examination and interpretation of the data is to be provided by the MCO and not simply a restating of the data from other tabs.*

Section III: Detail Summary

Physical Health Tab -GeoAccess Map of Geographic Utilization of Telemedicine Physical Health Services (Total Member Count)

This section shall contain member count who received physical health Telemedicine visits in Urban, Rural and Frontier counties.

Behavioral Health Tab -GeoAccess Map of Geographic Utilization of Telemedicine Behavioral Health Service (Total Member Count)

This section shall contain member count who received behavioral health Telemedicine visits in Urban, Rural and Frontier counties.

Section IV: Report Details

HSD requests that the MCO provide on the PH and BH tabs, the **County of Member Residence** for the quarter and *not* the county where Telemedicine *originates* or where the rendering provider is *located*.

Reporting Period		through	
MCO Name			
Report Run Date			

DSIPT Initiative					
Telemedicine	Q1	Q2	Q3	Q4	YTD Total
Total Unduplicated Members	0	0	0	0	0
Physical Health Visits	0	0	0	0	0
Behavioral Health Visits	0	0	0	0	0

Reporting Period	1/0/1900	through	1/0/1900
MCO Name	0		
Report Run Date	1/0/1900		

1. List the **types of physical health** and **behavioral health providers**, that provided Telemedicine visits for this quarter.	

2. Describe with detail, the methods used to increase Telemedicine visits this quarter.	

3. Provide an analysis of trends observed this quarter for Telemedicine physical health and behavioral health visits. Explain any significant differences that happened in the current quarter from the previous quarter(s) and include what contributed to the changes and what actions were taken to address identified trends, as applicable.	

4. Provide an analysis of the geographic distribution of Telemedicine visits in urban, rural and frontier areas. Explain any significant differences from the previous quarter(s). Include what contributed to the changes and what actions were taken to address identified trends, as applicable.	

Reporting Period	1/0/1900	through	1/0/1900
MCO Name	0		
Report Run Date	1/0/1900		

Geographic Utilization of Telemedicine Physical Health Services Unduplicated Members						
Region	County of Member Residence	CY2019 Quarter 1	CY2019 Quarter 2	CY2019 Quarter 3	CY2019 Quarter 4	YTD Total
Urban Total		**0**	**0**	**0**	**0**	**0**
	BERNALILLO					0
	DONA ANA					0
	LOS ALAMOS					0
	SANTA FE					0
Rural Total		**0**	**0**	**0**	**0**	**0**
	CHAVES					0
	CURRY					0
	EDDY					0
	GRANT					0
	LEA					0
	LUNA					0
	MCKINLEY					0
	OTERO					0
	RIO ARRIBA					0
	ROOSEVELT					0
	SAN JUAN					0
	SANDOVAL					0
	TAOS					0
	VALENCIA					0
Frontier Total		**0**	**0**	**0**	**0**	**0**
	CATRON					0
	CIBOLA					0
	COLFAX					0
	DE BACA					0
	GUADALUPE					0
	HARDING					0
	HIDALGO					0
	LINCOLN					0
	MORA					0
	QUAY					0
	SAN MIGUEL					0
	SIERRA					0
	SOCORRO					0
	TORRANCE					0
	UNION					0
Total		**0**	**0**	**0**	**0**	**0**

Reporting Period	1/0/1900	through	1/0/1900
MCO Name	0		
Report Run Date	1/0/1900		

Geographic Utilization of Telemedicine Behavioral Health Services Unduplicated Members						
Region	**County of Member Residence**	**CY2019 Quarter 1**	**CY2019 Quarter 2**	**CY2019 Quarter 3**	**CY2019 Quarter 4**	**YTD Total**
Urban Total		**0**	**0**	**0**	**0**	**0**
	BERNALILLO					0
	DONA ANA					0
	LOS ALAMOS					0
	SANTA FE					0
Rural Total		**0**	**0**	**0**	**0**	**0**
	CHAVES					0
	CURRY					0
	EDDY					0
	GRANT					0
	LEA					0
	LUNA					0
	MCKINLEY					0
	OTERO					0
	RIO ARRIBA					0
	ROOSEVELT					0
	SAN JUAN					0
	SANDOVAL					0
	TAOS					0
	VALENCIA					0
Frontier Total		**0**	**0**	**0**	**0**	**0**
	CATRON					0
	CIBOLA					0
	COLFAX					0
	DE BACA					0
	GUADALUPE					0
	HARDING					0
	HIDALGO					0
	LINCOLN					0
	MORA					0
	QUAY					0
	SAN MIGUEL					0
	SIERRA					0
	SOCORRO					0
	TORRANCE					0
	UNION					0
Total		**0**	**0**	**0**	**0**	**0**