



HEALTH CARE  
AUTHORITY


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### Letter of Direction #43

**Date:** December 18, 2024

**To:** Turquoise Care Managed Care Organizations

**From:** Dana Flannery, Director, Medical Assistance Division 

**Subject:** University of New Mexico (UNM) Hospital Directed Payment

**Title:** UNM Hospital Directed Payment

The Health Care Authority Medical Assistance Division (HCA/MAD) has received approval from Centers for Medicare and Medicaid Services (CMS) for the annual renewal of the directed payment in accordance with Section 438.6(c) for July 1, 2024 – December 31, 2024. In this LOD, HCA has updated the payment distribution dates for July 1, 2024 – December 31, 2024. The University of New Mexico Hospital (UNMH) quality measure evaluation will be for the entire Calendar Year (CY)2024.

#### Background

Since CY2020, MAD has received approval from CMS for this directed payment in accordance with 42 CFR 438.6(c) for UNMH. For July 1, 2024 – December 31, 2024, CMS has approved the continuation of this program and HCA intends to distribute the approved funding to the Turquoise Care (TC) managed care organizations (MCOs) as described in this LOD. The distribution of the payment by HCA will be separate from the regular capitated payment and the MCOs will distribute the funds to UNMH.

#### Distribution of Directed Payment

MAD will make a payment to each MCO on a quarterly basis. The amount of the quarterly payment for each MCO will be based on the distribution of claims. For example, in October 2024 MAD will evaluate utilization by MCO for the period between July 1, 2024, to September 30, 2024, and use that as a basis to distribute the estimated quarterly payment funds to the MCO. The payment schedule is provided in the table below. MAD recognizes that the data will not be 100% for any period. For each quarter MAD will evaluate the claims data to determine the quarterly distribution and update the directed payment for each MCO. This approach will:

- Provide MAD the opportunity to evaluate emerging data and more closely align the directed payment amounts to the MCO over a six (6) month period.
- Provide MAD with information for federal claiming, reporting Waiver expenditures and for inter-governmental transfer tracking purposes.

**Payment Distribution Schedule CY24 July-December**

Directed Payment Date	Incurred and Paid Data Analysis Period
December 2024	7/1/2024 – 9/30/2024
March 2025	10/1/2024 – 12/31/2024
June 2025 Quality Payment	1/1/2024 – 12/31/2024

\* The quality measure evaluation and quality payments will be for the entire CY24.

**Quality Metrics and Payment Distribution Schedule**

The performance targets were determined in conjunction with the provider based on a review of current performance by the provider, setting reasonably achievable goals for performance improvement.

A portion of the directed payment amount will be contingent on the provider meeting HCA assigned quality improvement targets. The state will release 10 percent of the total amount withheld for each measure for which the target has been met. Based on the number of targets met, the state will approve payment of the relevant portion of the withheld amount to be paid out as a bonus payment. The bonus payment will be allocated among the MCOs based on their proportional share of utilization by the eligible provider, and they will be directed to make payments to the provider accordingly.

The MCO will work with UNMH to identify barriers members encountered with timeliness, access and quality of care during their inpatient stay at UNMH and upon discharge. The MCO will assist in facilitating follow up care after discharge to ensure improved member outcomes post discharge.

The quality bonus payments for the UNMH directed payment will be based on the quality metrics below. HCA will be collecting the data.

1. Death among patients with serious treatable complications after surgery;
2. Percentage of outpatient CT scans of the abdomen that were “combination” (double scans);
3. Serious complications that patients experienced during a hospital stay or after having certain inpatient procedures;
4. Patients with alcohol abuse who received a brief intervention during their hospital stay;
5. HCAHPs Communication with doctors;
6. HCAHPs Communication with nurses;
7. Follow up after Emergency Department visit for mental illness (7-day);
8. Follow up after Emergency Department visit for mental illness (30-day);
9. Follow up after hospitalization for mental illness (7-day);
10. Follow up after hospitalization for mental illness (30-day).

The quality measure evaluation and quality payments will be for the entire CY2024.

All quality payments for CY 2024 will be made based on the distribution schedule below:

Quality Period	Deadline to Pay UNMH
January 1, 2024 – December 31, 2024	June 30, 2025

### Other Directed Payment Details

This section provides information about operational, and reporting requirements associated with the directed payment.

- The directed payments are classified as revenue attributed to medical expenses and therefore classified as “premium”. The quarterly payments will include gross-up amounts to reflect applicable risk/margin and premium taxes.
  - MAD will provide each MCO the amount of the directed payment and break out the gross-up amounts for each rate cohort.
- The directed payment will be included in the MCO’s Medical Loss Ratio and Underwriting Gain calculations outlined in the MEDICAID MANAGED CARE SERVICES AGREEMENT.
  - MAD directs each TC MCO to report the revenue received for the directed payment in the quarterly and annual Financial Reporting package as “other revenue”. The amounts recorded in the financial reporting package **must** match the total payment made by MAD to the MCO by rate cohort.
  - MAD directs each TC MCO to report the amount paid by the MCO to UNMH for the directed payment in the quarterly and annual Financial Reporting package as “other services”. The amounts recorded in the financial reporting package **must** match the total payment made by MAD to the MCO by rate cohort.
  - MAD directs the TC MCOs to support UNMH by providing support to Medicaid beneficiaries to improve quality of care outcomes.
- Amounts paid by the MCO to UNMH for the directed payment should also be reported in FIN-Report #5 for “Other Services” in the Shared Risk/Incentive Arrangements (All programs – Line 42). This will ensure that the FIN-Report Check Totals tab do not identify submission errors.
- Reconciliations performed as part of the TC MCO contract (Retroactive Period and Patient Liability) will not include the directed payment revenue or expense.
- The directed payment amount paid by the MCO to UNMH should not be included in encounter data submissions.

### Reporting of UNMH Paid Claims

The TC MCO’s are required to submit utilization and paid amounts by claim, rate cohort and month in which the service occurred for each month and as prescribed below. Data is due each quarter. **MCOs must submit the data no later than ten (10) business days after the last business day of**

**the prior quarter. MCOs must continue reporting data beyond the respective calendar year unless otherwise directed by HCA.** MCOs must submit the electronic version of paid claim files to HCA’s secure DMZ FTP site using the following filename structure:

[MCO acronym].[LOD reference].[submission reference].[calendar year reporting cycle].[version number]

**Acceptable File Formats:**

- Delimited text file (\*.txt or \*.csv)
- Microsoft Access (\*.accdb)

**Requirements:**

- Table 1 illustrates the data required and information about how the field should be formatted and Table 3 provides an example of the data output.
- Data should be limited to UNMH. The National Provider Identification (NPI) numbers for Billing Provider NPI that identify UNMH are provided in Table 2.
- The report should be based on incurred **and** adjudicated paid claims.
- Denied or voided claims should be excluded.
- The claim type should represent hospital claims.
- Rate cohort assignment **must** be based on the cohort assignment for the member as of the incurred date of the claim.
- Each run of the report should include a refresh of the prior reported data periods and include:
  - Changes that may occur in the member’s cohort assignment.
  - Removal of data when a member loses eligibility.
  - The amount paid by the MCO to the UNMH.

**Table 1 - Data File Fields**

<b>Field Name</b>	<b>Field Information</b>	<b>Format</b>
Billing Provider NPI	1689747552	Text
Hospital Stay Type	Either “Inpatient” or “Outpatient” depending on hospital stay	Text
Month of Service	The date of service must be formatted as 4-character year and 2-character month. “YYYYMM”	Text
Rate Cohort	This should be the rate cohort assigned by MAD to the member for the month the service was incurred. If a member cohort is changed retroactively by MAD the report should reflect the cohort assigned as of the date of the report.	Text

Field Name	Field Information	Format
	<b>Acceptable values align with Financial Reporting Package Rate Cohorts:</b> 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 300A, 300B, 300C, 301, 302A, 302B, 302C, 303, 304, 310, 312, 320, 322, 110, 111, 112, 114, 115, 116, 117, 118, 119, 120, 121, 122 ( <i>113 does not exist</i> )	
Paid Claims	Number of paid claims	Number
Paid Amount	Amount paid by the MCO	Number

**Table 2 - UNMH Billing Provider NPIs**

UNMH	1689747552
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**Table 3 - Data File Example**

Billing Provider NPI	Hospital Type	Stay	Month of Service	Rate Cohort	Paid Claims	Paid Amount
1689747552	Inpatient		202408	002	46	\$4,462.92
1689747552	Inpatient		202409	003	92	\$4,781.24
1689747552	Outpatient		202409	009	81	\$7,128.00

This LOD will sunset when direction is provided in one or more of the following: Turquoise Care Managed Care Services Agreement, Managed Care Policy Manual, NMAC, Systems Manual, or BHSD Billing and Systems Manual. The LOD may also sunset upon HCA notification or completion of the Turquoise Care Program.