CENTENNIAL CARE 2.0 DEMONSTRATION

1115 Demonstration Quarterly Report
Demonstration Year: 10 (1/1/2023 – 12/31/2023)
Quarter 1 of 2023

July 31, 2023

CONTENTS

1
INTRODUCTION

The State of New Mexico primarily operates its Medicaid and Children's Health Insurance Program (CHIP) under a federal 1115 demonstration waiver authorized by the US Centers for Medicare & Medicaid Services (CMS). Referred to as Centennial Care since 2014, the demonstration authorizes the comprehensive managed care delivery system, the Home and Community-Based Services (HCBS) Community Benefit (CB) program and several transformative pilot initiatives that serve most of the State's Medicaid beneficiaries.

On December 14, 2018, CMS approved Centennial Care 2.0, New Mexico's 1115 demonstration waiver, the next iteration of Centennial Care. Centennial Care 2.0, effective January 1, 2019 through December 31, 2023, features an integrated, comprehensive Medicaid delivery system in which a member's Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care, pharmacy, behavioral health services, institutional services, and HCBS.

In Centennial Care 2.0, the state continues to advance successful initiatives pursued under Centennial Care while implementing new, targeted initiatives to address specific gaps in care, and improve healthcare outcomes for its most vulnerable members. Key initiatives include:
- Improving continuity of coverage, encouraging individuals to obtain health coverage as soon as possible after becoming eligible, increasing utilization of preventive services, and promoting administrative simplification and fiscal sustainability of the Medicaid program;
- Refining care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
- Continuing to expand access to long-term services and supports (LTSS) and maintain the progress achieved through rebalancing efforts to serve more members in their homes and communities;
- Improving the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
- Expanding payment reform through value-based purchasing (VBP) arrangements to achieve improved quality and better health outcomes;
- Continuing the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative;

- Building upon policies that seek to enhance members' ability to become more active and involved participants in their own health care; and
- Further simplifying administrative complexities and implementing refinements in program and benefit design.

The Centennial Care 2.0 Managed Care Organizations (MCOs) are:
- BlueCross BlueShield of New Mexico (BCBS);
- Presbyterian Health Plan (PHP); and
- Western Sky Community Care (WSCC).

Status of Key Dates:

TOPIC	KEY DATE	STATUS
Quality Strategy	Final Quality Strategy posted to HSD website on September 1, 2022.	Final copy submitted to CMS on October 26, 2022.
Substance Use Disorder (SUD) Implementation Plan	Approved by CMS on May 21, 2019.	Approved by CMS on May 21, 2019.
Evaluation Design Plan	Submitted to CMS on June 27, 2019.	Approved by CMS on April 3, 2020.
SUD Monitoring Protocol	Submitted to CMS on July 31, 2019.	Approved by CMS on July 21, 2020.
1115 Demonstration Amendment #2	Submitted to CMS on March 1, 2021.	Approved by CMS on March 28, 2023.
1115 Demonstration Amendment #2 Letter Amendment	Submitted to CMS on December 30, 2021.	Approved by CMS on March 28, 2023.
New Mexico Turquoise Care 1115 Waiver Renewal Application	Submitted to CMS on December 15, 2022.	CMS Completeness Letter received on December 29, 2022. Federal Comment Period occurred December 29, 2022 through January 28, 2023. Under CMS review.

SMI/SED Implementation Plan	Due to CMS June 26, 2023.	In progress.
SMI/SED Monitoring Protocol	Due to CMS August 25, 2023.	In progress.
COVID-19 Draft Summative Evaluation Report	Due to CMS September 4, 2023.	In progress.
Centennial Care 2.0 Amended Evaluation Design	Due to CMS September 25, 2023.	In progress.

ITEMS RECENTLY APPROVED BY CMS

New Mexico Centennial Care 2.0 Waiver Amendment #2

CMS approved New Mexico's request to amend its 1115 demonstration entitled, New Mexico Centennial Care 2.0 (Project Number 11-W00285/6) effective March 28, 2023 through December 31, 2023 providing the following authorities:

- Federal Financial Participation (FFP) for inpatient, residential and other services provided to otherwise-eligible Medicaid beneficiaries while they are short-term residents in Institutions for Mental Diseases (IMD) for diagnoses of Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED). FFP will become available once CMS approves New Mexico's SMI/SED Implementation plan, which is currently due June 26, 2023.
- FFP for improvements to New Mexico's Home and Community Based Services (HCBS), including the increase of enrollment limits for the Community Benefit program and increase in service limits for Community Transition and Environmental Modification services.
- FFP and expenditure authority for the implementation of a High-Fidelity Wrap Around (HFW) Intensive Care Coordination Benefit.

New Mexico's request for federal match to establish Graduate Medical Education (GME) grant programs was not approved and CMS will continue to work with the state on the policy parameters for workforce initiatives.

New Mexico provided formal written acknowledgement of the award and acceptance of CMS' Standard Terms and Conditions (STCs) on April 27, 2023. In accordance with the

STCs, New Mexico is developing performance metrics for SMI, HFW, and expansion of HCBS enrollment to propose to CMS for its monitoring reports. Additionally, New Mexico is preparing deliverables required for SMI/SED, which will impact future monitoring reporting.

ITEMS UNDER CMS REVIEW

New Mexico Turquoise Care 1115 Waiver Renewal
New Mexico's current 1115 demonstration waiver, Centennial Care 2.0 will expire on December 31, 2023. Building upon the strong foundation created by Centennial Care, the Human Services Department (HSD) submitted a 5-Year 1115 demonstration waiver renewal application to CMS on December 15, 2022 for an anticipated effective date of January 1, 2024. Through the demonstration renewal, New Mexico introduced its new demonstration name, **Turquoise Care**, which will be effective through December 31, 2028. New Mexico received CMS' Completeness Letter on December 29, 2022 with notice that the application was posted on Medicaid.gov for a 30-day federal comment period as required by 42 CFR 431.416(b). The renewal application remains under CMS review.

As New Mexico prepared its waiver renewal application, it held several stakeholder engagements to obtain valuable input on the current Centennial Care 2.0 Medicaid program and innovations that could be explored as part of the 1115 demonstration renewal. A formal public comment period was held from September 6, 2022 through October 31, 2022 providing opportunities to health care and social service providers, Tribal leadership, Indian Health Services, Tribal Nations, Tribal health providers, Urban Indian healthcare providers, Managed Care Organizations, hospitals and health systems, medical associations, community-based organizations, members of the public, and others to provide feedback on HSD's draft Medicaid 1115 Waiver Renewal Application. Public comments were welcomed by mail, email, public hearing, and Tribal Consultation. Two public hearings and one Tribal Consultation was held to obtain verbal feedback. The following table lists stakeholder engagements that occurred throughout the process:

Date	Meeting
April 26, 2022	Tribal Listening Session
May 4, 2022	Sister Agency and Partner Session
May 5, 2022	Large Stakeholder Session
May 11, 2022	Legislator Session
May 11, 2022	Legislative Finance Committee (LFC), Department of Finance Administration (DFA), and Governor's Office Listening Session
May 12, 2022	Tribal Meeting with Navajo Nation
May 13, 2022	Tribal Meeting with Zuni and Laguna Pueblo

July 18, 2022	Virtual Tribal Listening Session
July 19, 2022	Virtual Tribal Listening Session
July 21, 2022	Virtual Tribal Listening Session
September 30, 2022	Public Hearing
October 7, 2022	Public Hearing
October 14, 2022	Tribal Consultation

New Mexico received a total of 82 individual comments through the various channels provided for public comment. These included 66 submissions by email, 6 submissions captured in public hearings, and 10 submissions received at both the public hearings and by email. Comments were submitted by self-advocates and family members, advocacy organizations, and professional and provider organizations focused on health and social services. Comments spanned suggestions, questions, concerns, and support. All feedback was taken into consideration as the State prepared its final renewal application for CMS submission. Responses to public comments were also posted to the State's dedicated webpage.

The demonstration renewal's vision and goals are predicated on HSD's overall mission and goals for providing health and human services to New Mexicans:

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

HUMAN SERVICES DEPARTMENT

GOALS

We help NEW MEXICANS
1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY
2. Create effective, transparent communication to enhance the public trust.

We make access EASIER
3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We support EACH OTHER
4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

In alignment with HSD's mission, Turquoise Care's goals and initiatives center on improving core health outcomes and attending to the social and economic determinants of health, particularly centered on addressing the needs of the State's historically underserved populations. HSD's vision is that every New Mexico Medicaid member has high-quality, well-coordinated, person-centered care to achieve their personally defined health and wellness goals. To advance on these opportunities and move closer to our vision, HSD will operate a data-driven Medicaid program that measures quality based on population health outcomes. To support this vision, the Turquoise Care waiver is constructed around three goals:

1. Build a New Mexico health care delivery system where every Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person – their physical, behavioral, and social drivers of health.
2. Strengthen the New Mexico health care delivery system through the expansion and implementation of innovative payment reforms and value-based initiatives.
3. Identify groups that have been historically and intentionally disenfranchised and address health disparities through strategic program changes to enable an equitable chance at living healthy lives.

Turquoise Care has targeted initiatives focused on the following populations:
- Prenatal, postpartum, and members parenting children, including children in state custody;
- Seniors and members with long-term services and supports (LTSS) needs;
- Members with behavior health conditions;
- Native American members; and
- Justice-involved individuals.

These five populations were selected as target populations given their experiences with societal inequities, disproportionately high demand for health supports and services, and disparities they have experienced within the State of New Mexico. As such, many of the key waiver and expenditure authorities, and pilot programs have been created to support these populations to ensure they receive equitable care.

The current programs within the Centennial Care 2.0 waiver will continue and/or expand under the renewal. These include:
- Continued authorization of New Mexico's Managed Care delivery system;
- Continued Medicaid coverage and benefits for all current eligibility groups, including expansion of enrollment for children up to age six;

- Expansion of Community Benefit slots for Home and Community-Based Services (HCBS);
- Expanded Centennial Home Visiting Pilot Programs; and
- Expanded access to Supportive Housing.

In addition, several new programs will be launched under the renewal:
- Medicaid Services for High-Need Justice-Involved populations 30 days before release;
- Chiropractic Services Pilot;
- Member-Directed Traditional Healing Benefits for Native Americans;
- Enhanced Services and Supports for Members in need of Long-Term Care;
- Environmental Modifications Benefit Limit Increase;
- Transition Services Benefit Limit Increase;
- Home-Delivered Meals Pilot Programs;
- Addition of a Closed-Loop Referral System;
- Medical Respite for Members Experiencing Homelessness;
- Graduate Medical Education (GME) funding and technical assistance for new and/or expanded primary care residency programs; and
- Additional support for rural hospitals.

The Medicaid 1115 demonstration waiver in New Mexico is one key component of the overall vision for a person-centered Medicaid delivery system that strives to improve population health. New Mexico will utilize multiple authorities and modify Managed Care Organization (MCO) responsibilities through the MCO contracts to strengthen existing successful programs while adding new initiatives that align with the State's goals for Turquoise Care. Additionally, as the state finalized its renewal application, several groundbreaking approvals in other states, notably Massachusetts, Oregon, Arkansas, and Arizona, were released. These approvals detail significant investments in health-related social needs and workforce solutions through financing mechanisms that would support the vision and goals of Turquoise Care. As CMS reviews New Mexico's Waiver Renewal Application, the State is working to develop additional proposals to leverage the new policies announced through these approvals. New Mexico and CMS will determine the appropriate mechanism to submit additional proposals.

CMS and New Mexico have established biweekly meetings to review the Turquoise Care Waiver Renewal proposals and address questions.

CENTENNIAL CARE 2.0 POST AWARD FORUMS

On April 15, 2019, HSD provided an update of the implementation of Centennial Care 2.0 to the Medicaid Advisory Committee (MAC), which serves as the post award forum meeting. HSD has presented progress reports on the Centennial Care 2.0 waiver at all subsequent MAC meetings. All MAC meetings have a public comment opportunity. On August 8, 2022, HSD provided an update on the 1115 demonstration renewal, as part of a months-long stakeholder engagement process on the renewal.

During the February 13, 2023 MAC meeting the following topics were addressed in support of the Centennial Care 2.0 waiver and Medicaid 1115 demonstration waiver renewal:
- Leadership Updates - Addressed Executive leadership changes.
- Public Health Emergency (PHE) – Included updates on the following: end of PHE; Maintenance of Effort (MOE); Consolidated Appropriations Act; Medicaid Unwinding Plan; Reporting on Unwinding; Transitioning from Medicaid Federal Medical Assistance Percentages (FMAP) Increase Requirements; Unwinding Campaign; Communication Tools; Postcards; Social Media; and Renewal Forms.
- BeWellnm Updates – Included a presentation on Medicaid unwinding and coverage through beWellnm. Topics included: beWellnm Unwinding Plan; Unwinding Outreach and Marketing Campaign; HSD Handoff to beWellnm; Coverage Outreach – Touch Points; beWellnm Outreach Plan; Outbound Direct Calls; Emails, Letters, Postcards, Flyers; Text Message Campaign; Website Updates; Social Media Campaign; Radio Campaign; Digital Campaign; Additional Information, including Stakeholder Tool Kits; Technical Solutions; and Medicaid Premium Transition Relief.
- FY22, FY23, and FY24 Budget Overview with 4-month MOE Unwinding – Included updates on expenditures, revenue, and federal revenue support.
- Enrollment Projection Update with 4-month MOE Redeterminations (May 2023) – Included updates on the following: Medicaid-CHIP Enrollment Drivers; Enrollment Change Relative to February 2020; and Enrollment Changes and MOE Income-Ineligibles.
- Managed Care Enrollment Projection – Included an overview of Managed Care enrollment for FY22, FY23, and FY24.
- Total Enrollment Projection - Included an overview of Medicaid enrollment projections for FY22, FY23, and FY24.
- FY24 Budget Recommendations from the Legislative Finance Committee (LFC) and Department of Finance and Administration (DFA) – Highlighted differences between the Executive and LFC Medicaid program budget recommendations, which included Medicaid's phased approach for provider rate increases.

- Medicaid Dashboard Overview - Included updates on growth in the Medicaid program, increases and decreases of expenditures, community benefits, and changes in behavioral health services.
- Managed Care Organization (MCO) Procurement and 1115 Demonstration Waiver Renewal - Included updates on the MCO procurement cancellation; 1115 timeline; and 1115 waiver renewal application submission to CMS and determination of completeness.
- UNM Health Policy Center - Included updates on the project, goals, and home visiting programs.
- Primary Care Council – Included an overview of the mission, vision, and goals, and updates on initiatives.
- Legislative Update – Provided an overview of the timeline and highlighted bills impacting Medicaid.
- Medicaid Management Information System Replacement (MMISR) - Included updates on modules and timeline.
- Recovery Audit Contractor (RAC) Update – Included an overview of the program and activities that have occurred.

An opportunity to provide public comment on the progress of the demonstration was provided and no comments were received. To date, HSD has not received public comments related to the progress of the Centennial Care 2.0 Demonstration. All stakeholder feedback gathered at the MAC as well as other public forums have been used to monitor the Centennial Care 2.0 waiver and inform the development of the Turquoise Care renewal request. Following is a listing of MAC meeting dates that have occurred since the approval of the Centennial Care 2.0 waiver:
- April 15, 2019
- December 16, 2019
- January 27, 2020
- April 27, 2020
- August 3, 2020
- November 2, 2020
- January 19, 2021
- May 10, 2021
- August 9, 2021
- November 8, 2021
- January 24, 2022
- May 16, 2022
- August 8, 2022

- November 21, 2022
- February 13, 2023

MAC committee members, interested parties, and members of the public receive advance meeting notice through New Mexico's dedicated webpage. Additionally, New Mexico issues meeting placeholders and invites to MAC committee members and interested parties. Following each meeting, New Mexico posts to its dedicated webpage all meeting materials including the agenda, presentation, Medicaid dashboards, budget projections, and meeting minutes.

2
ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 1 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	12/31/2022 ENROLLMENT	3/31/2023 ENROLLMENT	PERCENT INCREASE / DECREASE Q1
BlueCross BlueShield of New Mexico (BCBS)	297,426	300,126	0.9%
Presbyterian Health Plan (PHP)	426,906	429,360	0.6%
Western Sky Community Care (WSCC)	91,466	93,940	2.7%

Source: Medicaid Eligibility Reports, December 2022 & March 2023

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment and expenditure data by programs for January 2021 – December 2022 is available in Attachment A to this report.

MCO Enrollment
In aggregate, MCO enrollment increased by 4% from the previous to current period. This increase is comprised of the following:
- 6% increase in Physical Health enrollment.
- 2% increase in Long-Term Services and Supports enrollment.
- 1% increase in Other Adult Group enrollment.

Physical Health and Other Adult Group enrollment experienced continued growth due to the Maintenance of Effort (MOE) requirements during the Public Health Emergency (PHE). Enrollment numbers are expected to decline once the PHE ends. Enrollment graphs in Attachment A illustrate a decrease for the most recent month, which is mostly due to retroactivity not yet accounted for at the cutoff date of the enrollment data (i.e., December 31, 2022). Historically, this decrease in the last month changes to an increase in subsequent quarter due to additional runout.

MCO Per Capita Medical Costs:

In aggregate, total MCO per capita medical costs increased by 6% from the previous to current period. This consists of a 7% increase to non-pharmacy services and a minimal increase to pharmacy services. 68% of the increase in PMPM medical expense is in the Other Services category, driven by directed payments.

On a dollar basis, higher enrollment levels and the increase in per capita medical costs are driving the 11% year over year increase in total medical expenses.

CENTENNIAL CARE TO CENTENNIAL CARE 2.0

CENTENNIAL REWARDS

The Centennial Rewards program provides incentives to members for engaging in and completing healthy activities and behaviors. Beginning in DY10, New Mexico modified its 2023 Rewards Program as illustrated below.

Reward Activity	Age Requirement	2023 Modification
Address Update (supports PHE unwinding efforts)	Any	Added new reward activity
Adult Primary Care Provider (PCB) Checkup – Complete annual PCP wellness checkup	Ages 20+	Age requirement changed from Ages 22+ to 20+
Antidepressant Medication Management - Reward on 30-, 60-, or 90-day prescribed refills	Ages 18+	Added new reward activity
Breast Cancer Screening (BCS) – Complete mammogram	Ages 50-74	Added new reward activity
Cervical Cancer Screening (CCS) – • Ages 21-64: Cervical cytology (pap test) • Ages 30-64 high-risk women: HPV test and/or pap test	Ages 21-64	Added new reward activity
Childhood immunizations (CIS) – Complete immunization series	Age 2	Added new reward activity
Child & Adolescent Well-Care Visit - Complete annual wellness checkup with a PCP or an OB/GYN Bonus: Adolescent Immunization Series – Complete adolescent immunization series by 13th birthday	Ages 3-21	Added new reward activity
COVID-19 Vaccine or Booster – Complete COVID-19 vaccine or booster	All ages, as advised by CDC	No change

Dental Checkup (Child) – Complete annual dental checkup	Ages 2-20	No change
Diabetes HbA1C Test – Completion of HbA1C Test • Bonus: Diabetes HbA1C Control – Attain HbA1c control (<8%)	Ages 10-75	Reward activity eliminated
Diabetes Retinal Eye Exam – Completion of diabetic retinal exam	Ages 10-75	No change
Flu Shot - Receive flu vaccine	Ages 6 months+	No change
Follow-up After Emergency Dept. Visit for Mental Illness – Complete follow-up visit within 30 days of emergency department visit for mental illness or intentional self-harm diagnoses	Ages 6+	Reward activity eliminated
Follow-up After Hospitalization for Mental Illness - Complete follow-up visit within 30 days of hospitalization for mental illness or intentional self-harm diagnoses	Ages 6+	Reward activity eliminated
1st Prenatal Care Visit – Complete prenatal care visit in the first trimester or within 42 days of enrollment	All ages	No change
Postpartum Visit – Complete postpartum care visit between 7 and 84 days after delivery	All ages	No change
Schizophrenia Medication Management – Reward on 30-, 60-, or 90-day prescribed refills	Ages 18+	Reward activity eliminated
Smoking/Vaping Prevention – Complete vaping/smoking prevention learning module	Age under 18	Added new reward activity
Step-Up Challenge (FCHAL-SU-3)– Successfully complete 3-week Step-Up Challenge	Ages 10+	Added new reward activity
Well-Baby Checkups – Complete up to six well-child visits with a PCP during the first 15 months of life and up to two well-child visits with a PCP between 16-30 months of life • Bonus: Complete all eight well-child visits with a PCP between 0-30 months of life	0-30 months	No change

Centennial Rewards Participation

As of DY10 Q1 there are 825,601 Centennial Care members eligible and participating in the Centennial Rewards Program. Registering for the Centennial Rewards program is not required to participate in the program but is required for reward redemption. Quality improvement and participation trends are demonstrated in the table below.

Table 2: Centennial Rewards

CENTENNIAL REWARDS				
	April - June 2022	July - September 2022	October - December 2022	January - March 2023
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	186,917	159,246	120,552	192,588
Number of Members Newly Registered in the Rewards Program this Quarter	3,954	5,416	6,609	4,345
Number of Members Who Redeemed Rewards this Quarter**	27,751	30,754	49,202	21,939

*Only includes rewards earned THIS quarter.
**Redeemed rewards could have been earned in any of the previous 24 reporting months.
Source: Finity Quarter 1 Report

Following is a summary of DY10 Q1 observations:
- Percentage of Medicaid Enrollees Participating in the Rewards Program this Quarter
  - Member participation has increased quarter over quarter throughout the life of the rewards program, reaching an all-time high in Q1 2023 of 75.6%.
- Number of Medicaid Enrollees Receiving a Centennial Care Reward Service this Quarter
  - This measure is typically highest at the beginning of the year as the majority of members have gaps-in-care at that time. This trend is in line with previous years.
- Number of Members Newly Registered in the Rewards Program this Quarter
  - Members only need to register to redeem rewards. Registration is typically lowest in the first half of the year as members save their reward points to spend when they have more buying power or during the holidays. This trend is consistent with previous years.
- Number of Members Who Redeemed Rewards this Quarter
  - In line with registration trends, reward redemptions are typically lowest in the first half of the year as members save their reward points to spend when they have more buying power or during the holidays. Earned rewards expire December 31st of the following year (e.g., rewards earned in 2023 expire on December 31, 2024). Rewards can be redeemed anytime during that period.

Centennial Care Rewards Multimedia Campaigns
In DY10 Q1, Finity conducted the below multimedia campaigns to support members.

Monthly Redemptions Campaign: Designed to notify members who have earned rewards that they have points to spend in the Centennial Rewards Catalog on essential items like oximeters, thermometers, cleaning supplies, diapers, nursing supplies, kitchen items, and more. Texts and emails were sent January through March 2023. This is an ongoing campaign and Q1 2023 results are provided below:

- 421K texts sent in Q1 2023
- 301K emails sent in Q1 2023

Well-Baby Immunization Campaign: Designed to encourage parents/guardians to complete immunizations for their babies ages 0-30 months. Campaign texts and emails were sent in February 2023. This is an ongoing campaign and DY10 Q1 results are provided below:

- 23K texts sent in Q1 2023
- 5K emails sent in Q1 2023

Flu Shot Alert Campaign: Designed to encourage eligible members to complete their annual flu shot. Members are eligible to earn 50 points ($5) per year for this activity. Campaign texts and emails were sent January through March. This is an annual campaign during flu season and DY10 Q1 results are provided below:

- 588K texts sent in Q1 2023
- 342K emails sent in Q1 2023

Additional Key Statistics through DY10 Q1 2023:

- Member participation in DY10 Q1 2023 reached an all-time high of over 75.%.
- In DY10 Q1 2023, members earned $5M in rewards.
- Activity completion was at its second highest point in program history. This is one of only two quarters that we've reached $5M in rewards earned.
- In Q1 2023, nearly 60% of reward activities had higher completion rates than the previous quarter.

Enhanced Customer Satisfaction Survey: Finity enhanced the Centennial Rewards member satisfaction survey in 2021 by adding new questions that were approved by HSD. The results of the DY10 Q1 2023 survey are listed below:

Table 3: Centennial Rewards Customer Satisfaction Survey

Centennial Rewards Customer Satisfaction Survey											
	DY9 Q2			**DY9 Q3**			**DY9 Q4**			**DY10 Q1**		
	# OF RESPONDENTS 2,577			**# OF RESPONDENTS 3,340**			**# OF RESPONDENTS 3,961**			**# OF RESPONDENTS 3,961**		
	YES	NO	OTHER	YES	NO	OTHER	YES	NO	OTHER	YES	NO	OTHER
Are you satisfied with Centennial Care?	97%	3%	n/a	98%	2%	n/a	97%	3%	n/a	97%	3%	n/a
Are you satisfied with your doctor?	88%	5%	7% I don't have a doctor	89%	4%	7% I don't have a doctor	88%	4%	8% I don't have a doctor	87%	4%	9% I don't have a doctor
Are you satisfied with your health plan?	96%	4%	n/a	96%	4%	n/a	96%	4%	n/a	97%	3%	n/a
Are you satisfied with the help provided by your care coordinator?	97%	3%	n/a	85%	7%	9% I don't have a care coordinator	90%	8%	2% I don't have a care coordinator	92%	7%	1%

Source: Finity Quarter 1 Report

3
ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following tables outline quarterly enrollment and disenrollment activity under the demonstration.

The enrollment counts are unique enrollee counts, not member months. Please note that these numbers reflect current enrollment and disenrollment in each Medicaid Eligibility Group (MEG). If members switched MEGs during the quarter, they were counted in the MEG that they were enrolled in at the end of the reporting quarter.

Most disenrollments for this quarter are attributed to incarceration, death, and members moving out of state. In New Mexico's ongoing assessment and refinement of data, the state identified that it has been underreporting disenrollment data in its monitoring reports by only including one month of disenrollment data each quarter. New Mexico has refined its reporting to include the disenrollment data available for the quarter, which includes two months of data. Due to the lag in data available each quarter, New Mexico will refresh its previous reporting each quarter to include the complete three months of data and analyses. This quarter, New Mexico is providing the two months of available disenrollment data for DY10 Q1. In DY10 Q2, New Mexico will refresh its disenrollment data for DY10 Q1 to include three months of data and will provide its preliminary disenrollment data for DY10 Q2 including the available two months of data.

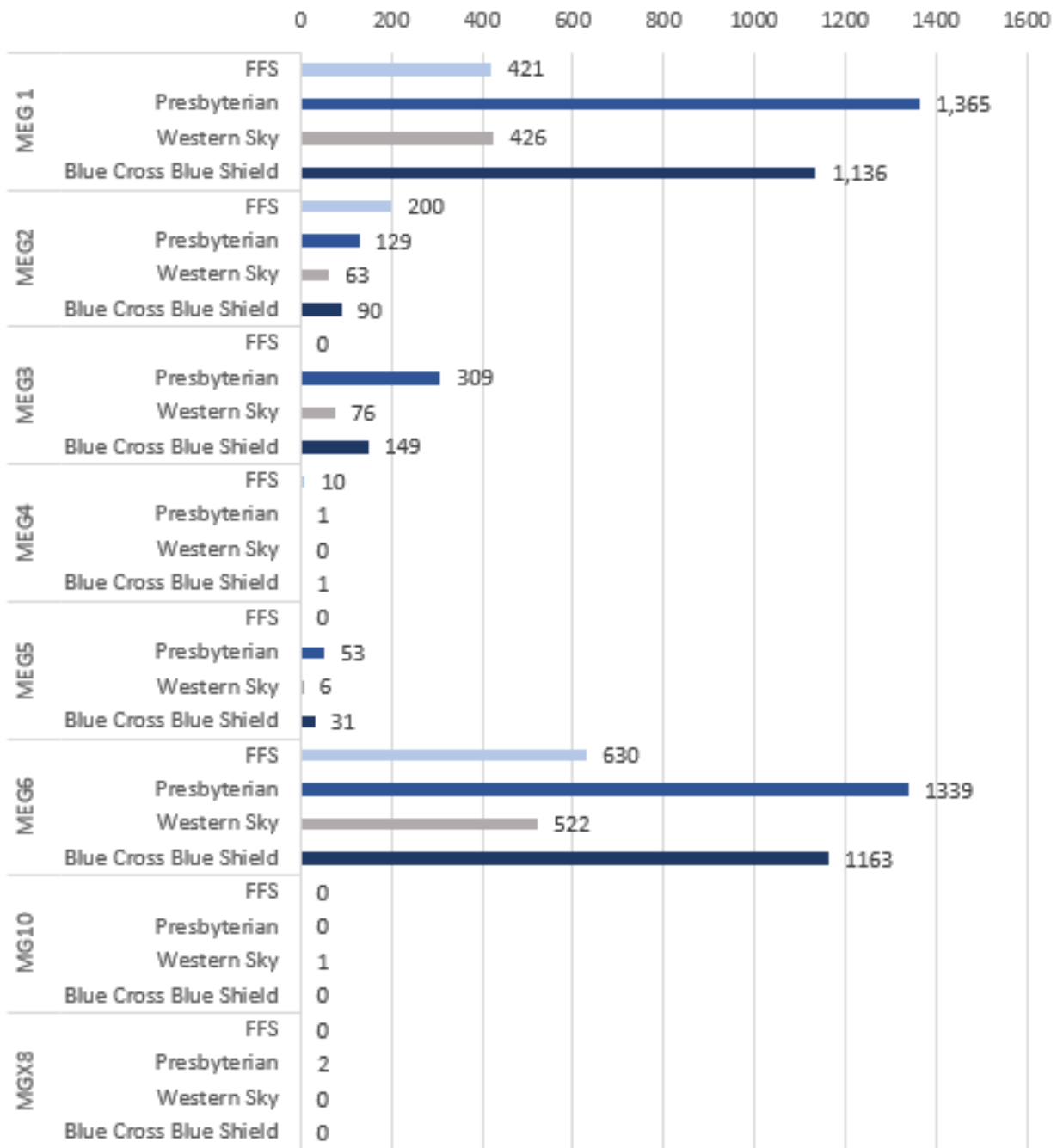Due to Public Health Emergency (PHE) regarding Coronavirus (COVID-19), HSD meets the Maintenance of Effort (MOE) statutory requirements to receive the 6.2% increased Federal Medical Assistance Percentage (FMAP) by ensuring individuals are not terminated from Medicaid if they were enrolled in the program as of March 18, 2020, or become enrolled during the emergency period, unless the individual voluntarily terminates eligibility.

Demonstration Population		Total Number Demonstration Participants DY10 Q1 Ending March 2023	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY10 Q1 (Jan-Feb 2023)
Population MEG1 - TANF and Related	0-FFS	35,798	37,585	421
	Presbyterian	227,905	227,486	1,365
	Western Sky	44,520	45,181	426
	Blue Cross Blue Shield	150,338	150,725	1,136
	Summary	458,561	460,977	3,348
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,529	2,520	200
	Presbyterian	20,899	20,882	129
	Western Sky	4,030	4,018	63
	Blue Cross Blue Shield	12,772	12,671	90
	Summary	40,230	40,091	482
Population MEG3 - SSI and Related - Dual	0-FFS	0	0	0
	Presbyterian	22,636	23,840	309
	Western Sky	3,786	4,028	76
	Blue Cross Blue Shield	11,519	12,251	149
	Summary	37,941	40,119	534
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	217	189	10
	Presbyterian	104	104	1
	Western Sky	14	15	0
	Blue Cross Blue Shield	73	78	1
	Summary	408	386	12
Population MEG5 - 217-like Group - Dual	0-FFS	0	0	0
	Presbyterian	3,092	3,394	53
	Western Sky	531	577	6
	Blue Cross Blue Shield	2,378	2,589	31
	Summary	6,001	6,560	90
Population MEG6 - VIII Group (expansion)	0-FFS	27,533	32,292	630
	Presbyterian	129,571	138,123	1,339
	Western Sky	35,904	38,517	522
	Blue Cross Blue Shield	105,017	112,173	1163
	Summary	298,025	321,105	3,654
Population MG10 - IMDSUD Group	0-FFS	9	44	0
	Presbyterian	93	571	0
	Western Sky	20	90	1
	Blue Cross Blue Shield	69	333	0
	Summary	191	1,038	1
Population MGX8 - IMDSUD VIII Group	0-FFS	0	0	0
	Presbyterian	178	1,098	2
	Western Sky	48	259	0
	Blue Cross Blue Shield	185	906	0
	Summary	411	2,263	2
Summary		841,768	872,539	8,123

Source: Enrollee Counts Report

January 1, 2019 – December 31, 2023

Total Disenrollments During DY10 Q1

MEG	Plan	Value
MEG 1	FFS	421
MEG 1	Presbyterian	1,365
MEG 1	Western Sky	426
MEG 1	Blue Cross Blue Shield	1,136
MEG2	FFS	200
MEG2	Presbyterian	129
MEG2	Western Sky	63
MEG2	Blue Cross Blue Shield	90
MEG3	FFS	0
MEG3	Presbyterian	309
MEG3	Western Sky	76
MEG3	Blue Cross Blue Shield	149
MEG4	FFS	10
MEG4	Presbyterian	1
MEG4	Western Sky	0
MEG4	Blue Cross Blue Shield	1
MEG5	FFS	0
MEG5	Presbyterian	53
MEG5	Western Sky	6
MEG5	Blue Cross Blue Shield	31
MEG6	FFS	630
MEG6	Presbyterian	1339
MEG6	Western Sky	522
MEG6	Blue Cross Blue Shield	1163
MG10	FFS	0
MG10	Presbyterian	0
MG10	Western Sky	1
MG10	Blue Cross Blue Shield	0
MGX8	FFS	0
MGX8	Presbyterian	2
MGX8	Western Sky	0
MGX8	Blue Cross Blue Shield	0

Source: Enrollee Counts Report

4
OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

Outreach and Training	
DY10 Q1	In DY10 Q1, the Human Service Department (HSD), Medical Assistance Division (MAD), provided coaching, outreach, and educational activities through webinars to Presumptive Eligibility Determiners (PEDs) in the Presumptive Eligibility and JUST Health Programs. Through these activities, PEDs were able to better assist their clients in the completion of Medicaid eligibility applications, both online and telephonically. HSD also provided online certification and refresher training sessions for prospective PEDs and active PEDs. HSD staff participated in BeWellNM enrollment events assisting New Mexicans apply for healthcare coverage and answering general Medicaid questions related to individual and family concerns. HSD participated in the Behavioral Health and Physical Health community events during the 2023 New Mexico State Legislative Session. HSD outreach staff provided information regarding Centennial Care 2.0 Medicaid Benefits, Eligibility, and MCO enrollment. Additionally, HSD staff are participating in an HSD COVID-19 Vaccination Workgroup and a DOH COVID Provider Update Workgroup. The purpose of these meetings is to communicate and discuss COVID-19 vaccine efforts, upcoming statewide events, review federal guidelines, and outline operational procedures during the PHE.

5
COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA

The MCOs submit encounters daily and/or weekly to stay current with encounter submissions, including encounters that are or not accepted by HSD. HSD meets regularly with the MCOs to address specific issues and to provide guidance. HSD regularly monitors encounters by comparing encounter submissions to financial reports to ensure completeness. HSD monitors encounters by extracting data monthly to identify the accuracy of encounter submissions and shares this information with MCOs. HSD extracts encounter data on a quarterly basis to validate and enforce compliance with accuracy. Based on the most recent quarterly data extracted, the MCOs are compliant with encounter submissions and there are no issues or findings to report for the encounter and enrollment data.

Data is extracted monthly to identify Centennial Care enrollment by MCO and for various populations. Any discrepancies that are identified, whether due to systematic or manual error, are immediately addressed. Eligibility and enrollment reports are run monthly to ensure consistency of numbers. In addition, HSD continues to monitor enrollment and any anomalies that may arise, so they are identified and addressed timely. HSD posts the monthly Medicaid Eligibility Reports (MERs) to the HSD website at: https://www.hsd.state.nm.us/medicaid-eligibility-reports/. This report includes enrollment by MCOs and by population.

6
OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

FISCAL ISSUES

The capitation payments through DY10 Q1 reflect the Centennial Care 2.0 rates effective for the period from January 1, 2023 through December 31, 2023. The rates are developed with efficiency, utilization, trends, prospective program changes, and other factors as described in the rate certification reports; the rate certification reports for January 1 through December 31, 2023 were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 21, 2022.

During DY10 Q1, financial payments were made for the University of New Mexico Medical Group (UNMMG) directed payment, University of New Mexico Hospital (UNMH) directed payment and payment for hospital access payment (HAP), COVID-19 vaccine non-risk payment, Indian Health Service (IHS) reconciliation, health care quality surcharge (HCQS) and a recoupment for penalty for failure to report for CY 2021. The financial payments for UNMMG, UNMH, HAP, COVID-19 non-risk, HCQS, IHS reconciliation, and the penalty recoupment partially contributed to the Per Member Per Month (PMPM) increase for MEGs 1 of DY9. Similarly, the financial payments for UNMMG, UNMH, HAP, COVID-19 non-risk, and HCQS partially contributed to the PMPM increase for MEGs 2 and 6 of DY9. For MEG 4, member month adjustments contributed to the increase in PMPM for DY8 and DY9.

The payments related to the public health emergency due to the Coronavirus pandemic was $27.1 million during CY2022. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for DY6 to DY10 for both fee-for-service and managed care.

SYSTEM ISSUES

There are no system issues to report for this quarter.

COVID-19 PUBLIC HEALTH EMERGENCY (PHE), UNWINDING, and NEW MEXICO WILDFIRE EMERGENCY (NMWE)

On January 31, 2020 the Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States to aid the nation's healthcare community in responding to the 2019 novel coronavirus also known as COVID-19. This declaration is retroactive to January 27, 2020. To help meet the needs of the nation during the ongoing COVID-19 pandemic, U.S. Health and Human Services (HHS) Secretary Xavier Becerra

renewed the COVID-19 PHE declaration for COVID-19 on February 9, 2023 and the Biden administration announced their intent to end the COVID-19 PHE effective May 11, 2023, providing states and territories with 60 days' advance notice of the PHE termination. Historically the Maintenance of Effort (MOE) for Medicaid enrollment has been tied to the PHE declaration; however, with the passing of the Consolidation Appropriations Act of 2023 in December 2022, the MOE and the PHE have been decoupled, and both have different end dates. The PHE will end on May 11, 2023 and the MOE continuous eligibility will end March 31, 2023. New Mexico will begin its unwinding activities in March 2023 and are projecting terminations to begin May 1, 2023. CMS has provided states with three different options to begin unwinding activities, and New Mexico has elected to begin activities in March 2023. New Mexico will use all 12 months of the unwinding period and will prioritize members that are expected to be financially ineligible based on existing system data and analyses. We are expecting 87,836 members to be ineligible for Medicaid. On February 15, 2023, New Mexico submitted its State Renewal Distribution Report (baseline report) and PHE Unwinding Configuration and Testing Plan to CMS. During New Mexico's 12-month unwinding period, it will submit a monthly report to CMS by the 8th of each month.

Following is a chronology of the renewals to date:

01/27/2020	04/26/2020	07/25/2020	10/23/2020	01/21/2021	04/21/2021	07/20/2021
• First Declaration	• 1st Renewal	• 2nd Renewal	• 3rd Renewal	• 4th Renewal	• 5th Renewal	• 6th Renewal

10/18/2021	01/16/2022	04/16/2022	07/15/2022	10/13/2022	01/11/2023	5/11/2023
• 7th Renewal	• 8th Renewal	• 9th Renewal	• 10th Renewal	• 11th Renewal	• 12th Renewal	• Final Extension as announced by Biden administration

Separately, on May 9, 2022, HHS Secretary, Xavier Becerra, declared a public health emergency for the State of New Mexico to aid the State in regions impacted by wildfires and straight-line winds. Effective July 4, 2022, the declaration was renewed as a result of the continued consequences of wildfires and straight-line winds on the State of New Mexico, which had existed since April 5, 2022. Thereafter, no further renewals were required. New Mexico Medicaid did not request any CMS flexibilities, including waiver authorities as a result of this PHE declaration as business operations and service delivery were not impacted.

Renewing PHE declarations ensure health care providers and state and territorial health departments have continued flexibility to respond to the pandemic, helping save lives. These flexibilities support efforts such as rapid patient care during emergencies, including waivers from CMS for certain requirements under section 1135 of the Social Security Act. Examples of such requirements include pre-approval requirements and temporarily reassignment of

state, territorial, tribal or local staff who are typically funded by federal grants in order to respond to the emergency. In response to the COVID-19 PHE, HSD requested and received approval for several federal waiver authorities as indicated below.

New Mexico Disaster Relief State Plan Amendments (SPAs)
HSD submitted Disaster Relief (DR) SPAs and received CMS approval. Following is a comprehensive listing of approved DR SPAs:
- Expanding the list of qualified entities allowed to do Presumptive Eligibility.
- Increasing Diagnosis-related Group (DRG) rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4% from April 1, 2020 – September 30, 2020.
- Establishing Category of Eligibility (COE) for the COVID-19 Testing Group for the uninsured population.
- Providing Targeted Access UPL Supplemental Payments.
- Applying a Nursing Facility Rate Increase when treating fee for service COVID-19 members from April 1, 2020 – June 30, 2020.
- Increasing reimbursement for hospital stay services from April 1, 2020 – June 30, 2020.
- Increasing reimbursement to non-hospital providers for E&M codes and non-E&M codes, as well as an increase to Medicaid only procedure codes from April 1, 2020 – June 30, 2020.
- Increasing rates for services provided under the Family Infant Toddler (FIT) Program for July 1, 2020 through July 31, 2020.
- Providing Targeted Access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from April 1, 2020 through December 31, 2020.
- Implementing coverage and reimbursement for COVID-19 vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.
- Providing reimbursement for administration of COVID-19 vaccines to homebound eligible Medicaid beneficiaries from March 15, 2021 through the end of the PHE.
- Applying a rate increase to non-emergency transportation providers from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Applying a nursing facility rate increase for COVID-19 members from January 1, 2022 through June 30,2022 or the end of the PHE, whichever comes first.
- Applying rate increases for ICU inpatient hospital services and for all other inpatient hospital services from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Implementing targeted access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from January 1, 2021 through the end of the PHE.
- Implementing a temporary 15% reimbursement increase in accordance with Section

9817 of the American Rescue Plan (ARP) Act of 2021 and New Mexico's approved Spend Plan for providers of Personal Care Services (PCS) and Private Duty Nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit from May 1, 2021 to June 30, 2022, or the end of the PHE, whichever comes first.

- Allowing hospital providers to bill and be paid for pasteurized donor human milk (PDHM) services separate from the Diagnosis-related group (DRG) and in addition to the inpatient hospital stay for infants through New Mexico Medicaid enrolled medical supply companies effective July 1, 2022.
- Implementing a rate increase for providers of Personal Care Services (PCS) and Private Duty Nursing (PDN) services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Effective July 1, 2022 through the end of the PHE, reimbursement for providers of PCS and PDN services under EPSDT will be set at the same rates as 1915(c) provider rates.

1135 Waiver
HSD submitted an 1135 waiver and received CMS approval for the following:
- Suspending prior authorizations and extending existing authorizations.
- Suspending PASRR Level I and II screening assessments for 30 days.
- Extending of time to request fair hearing of up to 120 days.
- Enrolling providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare.
- Waiving screening requirements (i.e., Fingerprints, site visits, etc.) to quickly enroll providers.
- Ceasing revalidation of currently enrolled providers.
- Payments to facilities for services provided in alternative settings.
- Temporarily allowing legally responsible individuals to provide PCS services to children under the EPSDT benefit.

Appendix Ks
Following is a comprehensive listing of approved Appendix Ks by waiver request:

1915c Waivers (Medically Fragile, Mi Via, and Developmental Disabilities)
- Exceeding service limitations (i.e., allowing additional funds to purchase electronic devices for members, exceeding provider limits in a controlled community residence and suspending prior authorization requirements for waiver services, which are related to or resulting from this emergency).
- Expanding service settings (i.e., telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms).

- Permitting payment to family caregivers.
- Modifying provider enrollment requirements (i.e., suspending fingerprinting and modifying training requirements).
- Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely.
- Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically.
- Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval.

1115 Demonstration Waiver for Home Community Benefit Services (HCBS)
- Expanding service settings (i.e., telephonic visits in lieu of face-face and provider trainings through telehealth mechanisms.).
- Permitting payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.
- Modifying provider qualifications to allow provider enrollment or re- enrollment with modified risk screening elements.
- Modifying the process for level of care evaluations or re-evaluations.
- Modifying person-centered service plan development process to allow for telephonic participation and electronic approval.
- Modifying incident reporting requirements.
- Allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.
- Implementing retainer payments for personal care services.
- Expanding Community Benefit slots by 200, bringing the total number of slots to 5,989.

1915c (Supports Waiver and Developmental Disabilities Waiver)
- Modifying provider qualifications to suspend fingerprint checks or modify training requirements.
- Modifying processes for level of care evaluations or re-evaluations.
- Temporarily modifying incident report requirements for deviations in staffing.
- Temporarily allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting, or when the individual requires those

services for communication and behavioral stabilization, and such services are not covered in such settings.

- Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection.
- Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting.
- Allowing an option to conduct evaluations, assessments, and person- centered service planning meetings virtually in lieu of face-to-face meetings and adjusting assessment requirements.
- Modifying incident reporting requirements.
- Clarifying the effective dates in section (f.) to temporarily increase payment rates with effective dates 3/16/20 – 9/30/20 for supportive living, intensive medical living, and family living as approved in NM.0173.R06.03.

1915c (Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver, and Supports Waiver)
- Additive to previously approved Appendix Ks, extending the anticipated end date to six months after the end of the PHE.
- In accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021 and New Mexico's approved Spend Plan, New Mexico received Appendix K approval to temporarily increase payment rates by 15% from May 1, 2021 to June 30, 2022.
- Beginning July 1, 2022, temporarily increasing Assistive Technology benefit limits from $500 to $750; increasing HCBS Environmental Modifications benefit limits from $5,000 to $6,000 every five years; and implementing various rate increases for the identified waiver services within the Appendix K.

New Mexico is collaborating with CMS to end and continue specific operational flexibilities under its 1915c waivers, 1115 waiver, and EPSDT program.

PATIENT CENTERED MEDICAL HOMES (PCMH)
HSD's PCMH initiative continues to expand under Centennial Care 2.0 and supports HSD's commitment to improving health outcomes, improving service delivery, and reducing administrative burdens. The MCOs work with contract providers to implement PCMH programs to build better relationships between members and their care teams.

HSD receives quarterly reports from the MCOs that detail the number of members within the MCO that are paneled to a PCMH as well as the initiatives to promote participation in the PCMH service delivery model.

Table 4 below reports the total number of members paneled to a PCMH per MCO. DY9 Q4 reflects an overall aggregate decrease in members receiving care through a PCMH compared to DY9 Q3; however, the total number of members receiving care through a PCMH increased by 12,687 from DY9 Q1 to DY9 Q4 and by 16,440 from DY8 Q4 to DY9 Q4. The DY10 Q1 data will be reported in the DY10 Q2 CMS Quarterly Monitoring Report.

Table 4: PCMH Assignment

PCMH ASSIGNMENT				
Total Members Paneled to a PCMH				
	DY9 Q1	**DY9 Q2**	**DY9 Q3**	**DY9 Q4**
BCBS	137,858	135,065	156,969	154,635
PHP	273,786	277,943	272,903	271,339
WSCC	38,772	37,344	36,433	37,129
Percent of Members Paneled to a PCMH				
	DY9 Q1	**DY9 Q2**	**DY9 Q3**	**DY9 Q4**
BCBS	46.30%	45.30%	51.90%	51.20%
PHP	64.70%	65.30%	63.90%	63.60%
WSCC	44.40%	42.30%	40.20%	39.80%

Source: MCO Report #48 DY9 Q4

MCO PCMH initiatives:

BCBS: Utilizes their predictive modeling program to identify members with diabetes who are likely to progress and suffer complications from their disease. When identified, care coordinators outreach to the members in order to involve them in disease management. BCBS is working on tracking and reporting outcomes for members in PCMH diabetes disease management programs. BCBS also has a robust transitions of care team care coordinators who outreach to members who have high Emergency Department (ED) utilization. Similar to previous quarters, BCBS is referring those members to their community paramedicine program who then contacts the member and conducts a home visit. The outcomes of this program show that member engagement with a PCMH is higher than that seen in traditional care coordination. BCBS members engaged in this program had an overall decrease of inpatient admissions and an increase in Primary Care Provider (PCP) visits. These results have consistently improved over the year.

PHP: Value Based Purchasing (VBP) Program Managers continue to provide education and member reward programs for disease management, as well as member incentives for

completing health screenings with contracted providers. PHP members with diabetes, and other diseases are flagged within a database that allows for quick identification and the ability to monitor that population as needed. PHP continues to review resources with providers such as the PHP Provider Toolkit which offers resources for members such as care coordination, transportation, member incentives, and provides education on improving quality measures. PHP also continues to monitor disease management and potential risk outcomes based on chronic conditions and evaluates the impact of disease management on utilization and medication adherence. PHP continues to enhance data reporting for population health initiatives to provide meaningful data.

WSCC: Throughout DY9 Q4, WSCC continued to utilize the Collective Medical reporting to track member Emergency Department (ED) utilization and/or readmissions. WSCC's Population Health & Clinical Operations (PHCO) disease management team, along with the Member Connections team contribute to identifying and addressing gaps in care for WSCC PCMHs and monitor interventions for disease management including population risk scores, top diagnosis, and claims utilization categories. WSCC also continues to use key performance indicators (KPI's) to evaluate members in disease management programs, by tracking referrals and engaging members in the availability of community resources. WSCC's VBP and Quality Improvement (QI) teams continue to meet with PCMHs to review performance measures, set goals and targets, discuss opportunities and barriers to meeting targets, and engage in discussions around best practices for member engagement.

CARE COORDINATION MONITORING ACTIVITIES

Care Coordination Monitoring Activities	
DY10 Q1	HSD continues to monitor MCO enrollment and member engagement through the quarterly Care Coordination Report. This report includes data related to completion of required assessments and touchpoints within contract timeframes. The DY10 Q1 report contains data from DY9 Q4. DY10 Q1 data will be reported in DY10 Q2. The MCO aggregate results show performance benchmarks of 85% were met, or exceeded, for timely completion of Health Risk Assessments (HRAs) for 'new to Medicaid' members, members with a change in health condition, Comprehensive Needs Assessments (CNAs), and Comprehensive Care Plans (CCPs). The aggregate completion rate for HRAs for 'new to Medicaid' members was 97% in DY9 Q2-Q4, which was an increase from 72% in DY9 Q1. The aggregate completion rate for HRAs for members with a 'change in health condition' increased from 98% in DY9 Q3 to 99% in DY9 Q4, which was consistent with DY9 Q1-Q2. Aggregate completion percentages for CNAs for CCL2 members decreased from 95% in DY9 Q3 to 94% in DY9 Q4. Aggregate completion percentages for CNAs for CCL3 members also decreased from 93% in DY9 Q3 to 91% in DY9 Q4. The aggregate completion rate for CNAs for CCL2 members was at 95% in DY9 while the rate for CNAs for CCL3 members was at 93%. Aggregate completion percentages for CCPs for CCL2 members was 96% in DY9 Q3 and DY9 Q4. Aggregate completion rates for CCPs for CCL3 members increased from 96% in DY9 Q3 to 97% in DY9 Q4. The CCL2 aggregate completion rate was 96% in DY9 and CCL3 aggregate completion rate was 96%. The Care Coordination Report includes MCO strategies for engaging and retaining members. Consistent and timely assessment and touchpoint completion is vital to producing member trust. HSD directed MCOs to return to in-home, face-to-face assessments and touchpoints in DY9 Q4, with the exception of members with a current Nursing Facility Level of Care (NF LOC) span. Direction to MCOs included instructing members that all assessments and touchpoints would return to face-to-face upon the conclusion of the Public Health Emergency (PHE), educating members on the benefits of face-to-face engagement, and increasing targeted re-training for care coordinators on strategies to engage with members who continue to have concerns related to infectious diseases. In DY9 Q4, MCOs reported on multiple strategies to retain engagement with members, many who have never had face-to-face interactions with their care coordinators due to the PHE. All MCOs reported conducting additional motivational interviewing training in DY9 Q4. In addition to coaching staff who had high numbers of members that are difficult to engage, BCBS focused on collaboration with support brokers and community benefit providers to assist in connecting with high needs members. PHP increased the utilization of Community Health Workers (CHWs) and Peer Support Specialists (PSS) who are completing in-person community outreach and connecting those successfully engaged with a care coordinator.

	WSCC continued to grow its paramedicine partnership to complete both telephonic and in-person initial HRAs with previously difficult to engage members. Additionally, WSCC promoted its Pyx Health program, a free program that addresses loneliness, social isolation, and Social Determinants of Health (SDoH) among its members and noted an increase of their members who enrolled in the program as of DY9 Q4. All MCOs organized and led, or participated in, community outreach events distributing Personal Protective Equipment (PPE), food boxes, baby car seats and other supplies for newborns, Transition Care Packs for children and adolescents transitioning from an out of home placement, as well as school backpacks and supplies in DY9 Q4. HSD continues to monitor strategies and interventions for all MCOs to retain and increase compliance with performance benchmarks. The table below details aggregate and individual MCO performance for DY9 Q1 through DY9 Q4. DY10 Q1 data will be reported in DY10 Q2.

Table 5 – Care Coordination Monitoring

MCO Performance Standards	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
HRAs for new Members	**72%**	**97%**	**97%**	**97%**
BCBSNM	99.9%	98%	98%	97%
PHP	45%	96%	97%	96%
WSCC	100%	100%	100%	100%
HRAs for Members with a change in health condition	**98%**	**99%**	**98%**	**99%**
BCBSNM	100%	100%	100%	100%
PHP	98%	99%	96%	98%
WSCC	100%	100%	100%	100%
CNAs for CCL2 Members	**96%**	**95%**	**95%**	**94%**
BCBSNM	92%	90%	92%	89%
PHP	98%	98%	97%	96%
WSCC	100%	99%	99%	100%
CNAs for CCL3 Members	**95%**	**93%**	**93%**	**91%**
BCBSNM	88%	87%	88%	86%
PHP	98%	96%	95%	93%
WSCC	100%	100%	100%	100%
CCPs for CCL2 Members	**95%**	**95%**	**96%**	**96%**
BCBSNM	87%	87%	89%	88%
PHP	99%	99%	99%	99%
WSCC	99%	98%	99%	98%
CCPs for CCL3 Members	**96%**	**96%**	**96%**	**97%**
BCBSNM	90%	91%	88%	89%
PHP	99%	99%	99%	100%
WSCC	100%	97%	98%	98%

Source: HSD DY9 Q4 Report #6 –Care Coordination Report
Percentages in bold are MCO aggregate of the total assessments due and completed.

In DY9 Q4, HSD continued to monitor the ongoing impact of the PHE and engagement of members in care coordination through a bi-weekly 'Telephonic In-Lieu of Face-to-Face Visits' report. This report monitors compliance of the MCOs' use of telephonic and video visits for CNAs and required touchpoints. The report identifies whether MCOs are able to continue to provide care coordination by completing assessments and touchpoints for

members telephonically. MCOs continued to submit these bi-weekly reports as they transitioned back to in-person, face-to-face assessments and touchpoints.

The MCOs report CNAs and touchpoints that have been completed/not completed due to member-driven COVID-19 concerns. These member-driven concerns include the absence of privacy in the member's home to discuss Protected Health Information (PHI) and a lack of sufficient minutes on a member's cell phone. Aggregate MCO completion rates in DY9 Q4 were above 90% for all assessments and touchpoints conducted telephonically. In subsequent months, the MCOs attempt to conduct assessments and touchpoints that were not completed in prior months. The table below details the MCOs' DY9 Q4 completion of bi-weekly 'Telephonic In Lieu of Face-To-Face Visits'. This report was suspended in DY10 Q1 as Letter of Direction (LOD) 6-1 was 'sunset' and MCOs returned to in-home, face-to-face assessments.

Table 6 - Telephonic In Lieu of Face-To-Face Visits

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
Initial CNAs completed	**1,999**	**2,485**	**1,902**	**2,186**
BCBSNM	887	959	743	820
PHP	946	1,339	1,019	1,183
WSCC	166	187	140	183
Initial CNAs not completed due to COVID-19	**107**	**131**	**23**	**47**
BCBSNM	50	38	0	1
PHP	57	93	23	46
WSCC	0	0	0	0
Annual CNAs completed	**6,105**	**7,538**	**6,074**	**6,616**
BCBSNM	2,317	2,750	2,349	2,410
PHP	3,329	4,239	3,281	3,739
WSCC	459	549	444	467
Annual CNAs not completed due to COVID-19	**635**	**708**	**446**	**520**
BCBSNM	212	163	0	2
PHP	423	545	446	518
WSCC	0	0	0	0
Semi-annual CNAs completed	**436**	**595**	**585**	**646**
BCBSNM	153	233	222	202
PHP	216	286	288	343
WSCC	67	76	75	101
Semi-annual CNAs not completed due to COVID-19	**22**	**32**	**7**	**17**
BCBSNM	19	22	0	0
PHP	3	10	7	17
WSCC	0	0	0	0
Quarterly in-person visits completed	**1,314**	**1,974**	**1,450**	**1,782**
BCBSNM	508	803	525	608
PHP	758	1,073	859	1,066
WSCC	48	98	67	108
Quarterly in-person visits not completed due to COVID-19	**93**	**137**	**85**	**126**
BCBSNM	1	4	0	1
PHP	92	133	85	125
WSCC	0	0	0	0
Semi-annual in-person visits completed	**4,924**	**6,590**	**6,318**	**7,016**
BCBSNM	847	1,201	1,044	1,052
PHP	3,670	4,961	4,835	5,520
WSCC	407	428	439	444
Semi-annual in-person visits not completed due to COVID-19	**427**	**556**	**560**	**767**
BCBSNM	3	3	0	1
PHP	424	553	560	766
WSCC	0	0	0	0

Source: HSD DY9 Q4 MCO Ad Hoc Report: Bi-Weekly Telephonic in Lieu of Face-To-Face Report
Percentages in bold are MCO aggregate of the total assessments completed or not completed.

January 1, 2019 – December 31, 2023

Care Coordination Audits

In DY9 Q4, HSD monitored MCO compliance with contract and policy by continuing to conduct quarterly care coordination audits. These audits monitor:

- Whether members listed as Difficult to Engage (DTE), Unable to Reach (UTR) or Refused Care Coordination (RCC) have been correctly categorized: Care Coordination Categorization Audit.
- Verification that Transition of Care (TOC) plans for members transitioning from an In-Patient (IP) hospital stay or Nursing Facility (NF) to the community adequately address the members' needs, including the need for Community Benefits: Transition of Care Audit.
- Confirmation that members are being correctly referred for a CNA if triggered by a completed HRA: Health Risk Assessment and Care Coordination Level Audit.
- Placement of members in the correct Care Coordination Level (CCL), based on information in the CNA and criteria outlined in contract: Health Risk Assessment and Care Coordination Level Audit.

HSD audits the files, reviews, and analyzes the findings, and submits reports of the findings to each MCO. Based on the audit findings and recommendations provided by HSD, the MCOs conduct additional outreach, re-assess members, and provide targeted training to Care Coordination staff.

HSD audits 15 member files per category, per MCO, quarterly for a total of 45 DTE, 45 UTR, 45 RCC, 30 HRA, 30 CCL, 30 TOC from IP to community, and 30 NF to community.

The table below details the Care Coordination Categorization Audit results for DY9 Q4. DY10 Q1 data will be reported in DY10 Q2.

Table 7 - Care Coordination Categorization Audit

Care Coordination Categorization	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
Difficult to Engage (DTE)	**100%**	**84%**	**90%**	**100%**
BCBS	100%	93%	89%	100%
PHP	100%	72%	93%	100%
WSCC	100%	87%	87%	100%
Unable to Reach (UTR)	**92%**	**98%**	**95%**	**98%**
BCBS	X*	X*	X*	X*
PHP	X*	X*	X*	X*
WSCC	92%	98%	95%	98%
Refused Care Coordination (RCC)	**92%**	**89%**	**97%**	**93%**
BCBS	93%	83%	92%	93%
PHP	87%	85%	100%	93%
WSCC	95%	100%	100%	93%

Source: HSD DY9 Q4 Care Coordination Categorization Audits
Percentages in bold are MCO averages
*See below for details regarding BCBS/PHP UTR IAPs

Individual Action Plans (IAPs) were implemented in DY9 Q1 for both BCBS and PHP due to the consistent decrease in audited Unable to Reach (UTR) member files meeting requirements. HSD has directed BCBS and PHP to update HSD quarterly on the training, oversight, and follow-up that is occurring to ensure contract requirements are being met. HSD has directed BCBS and PHP to complete quarterly internal audits of their UTR membership and report the audit results and the steps they are taking to ensure consistency and increase compliance. During the IAPs, BCBS and PHP UTR audits have been suspended. Both BCBS and PHP achieved over 85% compliance in their DY9 Q3 IAP reports.

In DY9 Q4, HSD conducted a confirmation audit of BCBS and PHP internal audit findings for their IAPs. HSD's audit results agreed with BCBS' and their IAP was closed. They will resume regular UTR audit procedures in DY10 Q1. While HSD agreed with the vast majority of PHP's findings, there was one disagreement. Therefore, PHP will remain on their IAP for at least one more quarter.

HSD noted that DY9 Q4 Care Coordination Categorization audit results showed an increase in compliance from DY9 Q3 for Difficult to Engage (DTE) members, from an aggregate of 90% to 100%. WSCC continued to show a high compliance rate for Unable to Reach (UTR) members increasing from 95% in DY9 Q3 to 98% in DY9 Q4, while BCBS and PHP continued their IAP. HSD observed a decrease in compliance for members Refusing Care

Coordination (RCC), from 97% in DY9 Q3 to 93% in DY9 Q4. HSD noted that conflicting or insufficient documentation was the primary factor in audited files receiving deductions.

In addition to HSD submitted audit findings, a discussion of DY9 Q4 audit results occurred with all MCOs at the Quarterly Care Coordination Meeting to clarify HSD expectations and requirements. Specific areas addressed were:
- Member files being incorrectly included in audit universes;
- Inconsistent documentation on timeliness of outreach; and
- Conflicting documentation on member Care Coordination Levels.

Based on HSD audit findings and recommendations, the MCOs conducted additional outreach to members, updated member file documentation, and increased training of Care Coordination staff. HSD requested and received follow-up on audit files that did not meet compliance.

HSD notes that all MCOs are conducting additional, targeted outreach to members who have been UTR or DTE for a significant amount of time. These projects have been successful in engaging additional members and categorizing them appropriately. HSD directed MCOs to increase the clarity of documentation to ensure member files include notation of the special outreach project.

HSD has tracked Care Coordination categorization compliance through quarterly audits since DY6 Q1 and has seen significant improvement in MCO categorization, member outreach, and member file documentation. The DY6 DTE compliance percentage was 76%, which increased to 93% in DY9. The UTR percentage was 74% in DY6 increasing to 96% in DY9. The RCC percentage was 85% in DY6 and increased to 93% in DY9.

The table below details the TOC Audit results for DY9 Q4. DY10 Q1 data will be reported in DY10 Q2.

Table 8 - Transition of Care Audit

Transition of Care	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
In-Patient	**99%**	**99%**	**91%**	**91%**
BCBS	98%	100%	98%	90%
PHP	98%	98%	91%	89%
WSCC	100%	100%	83%	95%
Nursing Facility	**99.9%**	**99.0%**	**88.0%**	**93.0%**
BCBS	99.7%	99.7%	100.0%	95.0%
PHP	100%	99%	90%	100%
WSCC	X*	97%	75%	85%

Source: HSD DY9 Q4 Quarterly TOC Audits
Percentages in bold are MCO averages.
*WSCC had no NF transitions in DY9 Q1.

The aggregate compliance for IP to Community TOC files was at 91% in DY9 Q3 and DY9 Q4. The aggregate compliance for NF to Community TOC audited files increased from 88% in DY9 Q3 to 93% in DY9 Q4.

HSD noted that areas that were in need of improvement from DY9 Q3 had improved, such as members who were included in the MCO universe but were outside of the audit scope and completion of post-discharge assessments prior to discharge.

Areas that needed improvement were related to:
- Insufficient or conflicting documentation;
- Coordination with discharge planning teams not including all required elements; and
- Assigned Care Coordination Levels not aligning with MCO to HSD Interface File data.

HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. Additionally, HSD met with each MCO at monthly meetings and discussed the decreases in compliance. BCBS's IP audit scores decreased from 98% in DY9 Q3 to 90% in DY9 Q4 primarily due to documentation issues. BCBS's NF audit scores decreased from 100% in DY9 Q3 to 95% in DY9 Q4, also due to insufficient or conflicting documentation. After receiving the audit findings, BCBS provided HSD with additional documentation. Nevertheless, despite HSD's acknowledgement that members received all needed services, audit scores were not revised. PHP's IP audit scores decreased from 91% in DY9 Q3 to 89% in DY9 Q4 due to untimely post-discharge

assessments and discharge planning documentation lacking all required elements. PHP's NF scores increased from 90% in DY9 Q3 to 100% in DY9 Q4 due to improved documentation and post-discharge assessments being conducted timely. HSD requested that PHP conduct additional oversight prior to submitting the quarterly audit universes, conduct targeted re-training on requirements for coordination with discharge planning teams, and ensure that the 3-day post discharge assessment is completed with all members transitioning from an IP or NF back to the community who may be in need of Community Benefits. WSCC saw an increase in IP scores from 83% in DY9 Q3 to 95% in DY9 Q4 and an increase in NF files from 75% in DY9 Q3 to 85% in DY9 Q4. WSCC audit scores reflected post-discharge assessments and coordination with discharge planning documentation missing some required elements but noted an overall improvement in clear documentation. WSCC acknowledged the validity of audit findings and agreed to targeted retraining on both coordination with discharge planning teams and post discharge assessment requirements.

HSD has tracked TOC compliance through quarterly audits since DY6 Q1. HSD has seen significant improvement in all aspects of compliance with TOC requirements from 62% in DY6 for those members moving from IP to community to 95% in DY9. Similarly, compliance has increased for members moving from a NF back into the community from 80% in DY6 to 95% in DY9.

The table below details the HRA and CCL Audit results for DY9 Q4. DY10 Q1 data will be reported in DY10 Q2.

Table 9 - Health Risk Assessment and Care Coordination Level Audit

HRA/CCL Audit	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
Health Risk Assessment (HRA)	95%	99%	99%	99%
BCBS	98%	100%	99%	99%
PHP	88%	99%	100%	99%
WSCC	100%	99%	98%	99%
Care Coordination Level (CCL)	94%	100%	96%	95%
BCBS	99%	100%	100%	93%
PHP	99%	100%	100%	94%
WSCC	83%	100%	88%	99%

Source: HSD DY9 Q4 HRA and CCL Audits
Percentages in bold are MCO averages

Results of the HRA Audit demonstrated that the MCOs consistently met all contract requirements when completing HRAs. HSD noted that aggregate rates of compliance were at 99% in DY9 Q3 and DY9 Q4. Points were deducted for incomplete documentation. HSD requested, and received, updates on specific audited members and ongoing training provided to care coordination staff.

Aggregate rates of compliance for the CCL Audit decreased from 96% in DY9 Q3 to 95% in DY9 Q4. Discrepancies identified in the CCL Audit were related to inconsistent documentation. HSD reiterated the need for robust documentation and MCOs conducted additional, targeted training with care coordinators to ensure the accuracy of documentation.

MCOs have had consistently high rates of compliance from HRA Audits from DY6 through DY9 with all yearly percentages above 95%. Compliance for CCL Audits decreased to 83% in DY7 due to the PHE, but have since increased with DY8 and DY9 at 92% and 96% respectively.

Care Coordination CNA Ride-Alongs
HSD conducted 5 virtual CNA ride-alongs with MCO care coordinators in DY9 Q4, for a total of 19 in DY9, to observe completion of member assessments. The MCOs began utilizing telephonic or virtual visits in lieu of in-home, in-person touchpoints in DY7 Q1 to reduce the risk of spreading COVID-19 through face-to-face contact. HSD resumed attending member assessments in-home in DY10 Q1.

HSD attended annual virtual CNAs conducted by BCBS and WSCC. Member scheduling conflicts led to cancellations for expected PHP ride-alongs in DY9 Q4.

HSD determined whether care coordinators properly administered the Community Benefits Services Questionnaire (CBSQ) and the Community Benefits Member Agreement (CBMA) to ensure that members had appropriate access to Community Benefits.

HSD provided written feedback to the MCOs on the following findings:
- Care coordinators adhered to all contractual responsibilities in their assessments;
- Care coordinators were kind, thorough, and professional with the members;
- HSD noted care coordinators employing motivational interviewing with members;
- Care coordinators often went beyond contract requirements to assist members with locating and applying for additional resources and services; and
- Care coordinators educated members on the return to face-to-face CNAs and the benefits derived from in-person assessments and touchpoints.

Care Coordination HRA Ride-Alongs

HSD conducted 10 virtual HRA ride-alongs with MCO care coordinators in DY9 Q4, for a total of 39 in DY9, to observe completion of member assessments. All HRAs observed were conducted telephonically.

HSD provided written feedback to the MCOs on the following findings:
- The majority of assessors were friendly, thorough, and professional with the members;
- Assessors often explained to members that they could request care coordination in the future, if they would like assistance;
- Assessors referred members to resources to address specific concerns; and
- HSD noted opportunities for improvement that included:
    - Ensuring that assessors explain the purpose of the HRA;
    - Ensuring that assessors thoroughly explain the services available through care coordination; and
    - Ensuring all contract required topics are addressed in HRA.

Care Coordination All MCO Meetings

HSD conducts regular quarterly meetings with all MCOs to review data on member engagement, care coordination timeliness, performance analysis, and member outcomes. HSD held the DY9 Q4 Quarterly Meeting on December 21, 2022 and reviewed:
- Aggregate data from the following reports related to enrollment and compliance with assessment and touchpoint timeliness:
    - Quarterly Care Coordination Report;
    - Children in State Custody (CISC) Report;
    - Comprehensive Addiction and Recovery Act (CARA) Report; and
    - Utilization Report.
- Aggregate data from the Care Coordination and Children in State Custody Performance Measures (CC and CISC PMs);
- Results of the DY9 Q3 audits of member categorization, HRAs, CCLs, and compliance with TOC requirements;
- Results of the DY9 Q3 audits of CISC HRAs and CCLs;
- Strategies for increasing Native American member utilization of Centennial Care Rewards; and
- CNA exception request process, targeted training to new MCO staff, and continued education for members on the return to face-to-face assessments and touchpoints.

HSD also meets individually with each MCO twice per quarter to address care coordination

issues related specifically to their MCO. In DY9 Q4, meeting topics included:

- Clarification on claims/data mining processes;
- Utilization Report data, focusing on specific Categories of Eligibility and members continued low rates of accessing PCP services;
- BCBS' challenges in contracting with providers for Full Delegation Care Coordination;
- BCBS Social Determinants of Health initiatives specifically for Children in State Custody (CISC);
- PHP's barriers to connecting with CISC member Permanency Planning Workers and Resource Families for timely engagement;
- Explanation of PHP's many assessments and the circumstances for which each is intended;
- Discrepancies between CCL data submitted by WSCC in their numbered reports and the MCO to HSD Interface File; and
- Insight on WSCC's Shared Delegation provider functions and membership.

BEHAVIORIAL HEALTH

The Behavioral Health Services Division (BHSD) continues to maintain and expand critical behavioral health services established during the COVID-19 public health emergency. As providers welcome their patients back to in-office visits, telehealth continues to expand and be one of the greatest resource improvements, expanding capacity by reaching those in the most rural and frontier areas of the state.

In DY9 Q4, a total of 38,949 Medicaid Members received behavioral health services through telehealth, with a total cumulative total of 51,487 persons served throughout the report period. This quarter's total did see a slight decrease of 4.7% compared to the DY9 Q3 total of 40,850 persons served through this medium. Of those served in DY9 Q4 through telehealth, 16,027 persons reside in rural or frontier counties. This accounts for 41% of those served and is reflective of client and provider preferences and the high value of telehealth in New Mexico's rural and frontier landscapes.

Service delivery over telephonic means continues to see growth. In DY9 Q4, 31,414 members received services through this modality compared to 23,534 in DY9 Q3 which is an increase of 7,880 people or an increase of 33%. As the timing of this report occurs soon after the end of the quarter, the results reported at this time are not final for telehealth nor telephonic services and will be refreshed next quarter when claim lag is no longer present, so the result of those served during DY9 Q4 will likely increase. BHSD continues to evaluate which behavioral health services are appropriate to continue delivery through telephone

when the public health emergency is over. This option has undoubtably been a critical link to services during the COVID-19 crisis.

All MCOs reported significant increases in telehealth services to all age groups, in urban, rural, and frontier counties, and to all populations of Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), and Substance Use Disorder (SUD) clients. In addition to increased utilization, behavioral health providers around the state are reporting qualitative improvements – a decline in no-shows and cancellations, clients less stressed because they have not had to leave their homes or children, and therapists more informed about their clients because they can see more of their lives.

TREAT FIRST

As depression, anxiety and other behavioral health needs surge from the stresses related to COVID-19, Treat First engages clients quickly in services that address their immediate needs. Treat First agencies have seen 1,790 new clients during the three months of 2023. With support from the Treat First agencies, 38.5% of these individuals were able to resolve their issues with solution focused interventions within 4 visits. The balance of those clients continued in services. The "No Show" for clients in this period was very low, only 9.1%. This is impressive particularly during the pandemic and significantly lower than before agencies started the Treat First Approach.

When youth or adults were asked how they felt their Treat First visits were going, on average, both groups felt that the sessions were working very well to address their immediate needs. Youth rated sessions at 94.0% and Adults at 88.9%.

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an important evidence-based tool that can be used by virtually all primary care providers to identify problematic alcohol or drug use, depression, or trauma, and then refer a patient for additional treatment if appropriate. SBIRT was added to the state's Medicaid program for the first time in 2019, and since then, BHSD has conducted expanded outreach to providers as well as state-sponsored provider trainings around the state.

In DY9 Q4, SBIRT utilization decreased 12% to 1,501 persons served compared to 1,706 in the prior quarter. During the reporting period of DY9 Q1 through Q4, a total of 5,380 persons have been served with SBIRT.

On a monthly average, 549 persons received SBIRT in DY9 with the greatest utilization occurring in August of DY9 with 683 persons screened. The rate of utilization decreased in

October and November of DY9 to under 500 persons served impacting the DY9 Q4 results; however, the monthly total increased in December with a total 595 persons served which was one of the greatest utilization months during the report period. The overall total for SBIRT in DY9 decreased by 9% from DY8. As the COVID-19 pandemic winds down, the utilization surge seen during DY7 and DY8 has normalized to pre-COVID levels. As DY10 begins, we will continue to track and trend these results to see if the total served stabilizes quarter-to-quarter.

EXPANDED SERVICES FOR SUBSTANCE USE DISORDER

The Centennial Care 2.0 program includes new and expanded services for Medicaid recipients with Substance Use Disorder (SUD). In DY9, the State continued efforts to implement Crisis Treatment Centers (CTC). Provider-specific cost-based rates are established for 3 CTC providers in the state and are now delivering in-patient and outpatient CTC services. Expansion of CTCs continues as the state expands the 988 Crisis Now initiatives.

In DY9, HSD continues to focus on expanding other services that are key to addressing SUD, such as Intensive Outpatient Services (IOP) and Comprehensive Community Support Services (CCSS).

As part of the SUD 1115 Waiver, services have been approved for specific substance abuse populations in an Institution for Mental Disease (IMD). An IMD is defined as any facility with more than 16 beds that is primarily engaged in the delivery of psychiatric care or treating SUD that is not part of a certified general acute care hospital. HSD has expanded coverage of recipients ages 22 through 64 to inpatient hospitalization in an IMD, for SUD diagnoses only, with criteria for medical necessity, and based on American Society of Addiction Medicine (ASAM) admission criteria. Covered services include withdrawal management (detoxification) and rehabilitation.

In DY9 Q4, the total number of persons served with a SUD in an IMD was 3,515, which is a decrease of 364 persons compared to DY9 Q3. On a month-to-month average during all 4 quarters of DY9, 1,597 persons were served in an IMD with a substance use disorder, with the greatest utilization occurring in September 2022 where 1,713 persons were served. The unduplicated total of persons served during all 4 quarters of DY9 is 11,087.

SUD Health IT

In DY10, HSD continued to actively develop and maintain the necessary SUD Health IT capabilities and infrastructure to support member health outcomes and address the SUD

goals of the demonstration. New Mexico has developed a workgroup to review our Health IT plan to ensure the progress and support of each milestone.

Utilization of the New Mexico Prescription Monitoring Program (NM PMP) continues to increase the number of providers that are utilizing it with 89.52% of providers checking prescriptions, which is a 2.82% increase over the previous year at 87%. HSD continues to monitor with data as updated from the New Mexico Board of Pharmacy.

The New Mexico Fee for Service (FFS) Drug Utilization Review (DUR) meets quarterly with Q1 meeting on January 11, 2023. Attendees include Board members and invited guests, including MCO representatives. Each meeting includes reporting of member enrollment data for MCO and FFS, board member updates, and COVID-19 updates. Clinical data and review topics include final follow up of tumor necrosis factors and monitoring of claims data for Epidiolex and Aduhelm, update on Ivermectin Newsletter Summary and Diabetes Management update. The Gabapentinoids Drug Utilization Evaluation intervention was presented for mailing for Q1 intervention. Clinical review topics discussed for monitoring and possible intervention included opioid usage with stimulants and non-benzodiazepine sedative hypnotics for compliance with the SUPPORT Act. Medication Assisted Treatment (MAT) was discussed with input from the MCOs addressing dosing outside FDA approved limits with a determination that intervention was not currently needed. Monitoring of high dosage usage will occur to assess future intervention needs. Asthma treatment transitions with SMART therapy was discussed and will be considered for future intervention opportunities.

Project ECHO continues to train providers, DY 10 Q1 shows 163 case reviews. The number of sessions remain consistent. HSD released a Supplement to Providers outlining the reimbursement opportunities to attend and continue case reviews. Additionally, advertising for these sessions continues to expand to multiple websites and list-serves (recruitment listings).

The New Mexico Bridge Project continues to expand its training on prescribing for Opioid Use Disorder (OUD) for hospital emergency departments, inpatient, and related clinics throughout the state. The New Mexico Bridge team conducts live trainings at hospitals and provides a virtual training series for hospitals and community members. The Project completed training for 8 hospitals total. All of the hospitals are rural or include a large catchment rural area, including 2 that are Indian Health Services. The Project continues to work with 4 additional hospitals to provide trainings. The trainings include buprenorphine initiation, responsible opioid prescribing, treatment in clinic settings, SUD in pregnancy, neurobiological basis of SUD, case reviews, toxicology updates, fentanyl updates, and more. More information on the Project can be found here: www.nmbridge.com.

To further support all prescribing practitioners working with individuals with opioid use disorders and other substance use disorders, the University of New Mexico's poison center continues to provide a 24/7/365 call-in center for prescribing practitioners to assist with complex cases.

The Emergency Department Information Exchange (EDIE) is utilized by all hospitals, behavioral health homes, and managed care organizations. It contains a medication history for each registered patient and sends a real time message to all enrolled organizations as to a patient's emergency department visit. This triggers care coordinators to act on transitional services or other needed assistance.

HSD and vendors for the new MMIS continue to design and implement enhanced data analytics in 2023. Smart phone apps are part of the MMIS unified public interface (UPI). HSD and vendors for the new MMIS continue to design and implement smart phone capabilities (UPI) in 2023. This initiative will assist in retention or treatment for OUD and other SUDS. HSD and vendors for the new MMIS are also designing and implementing data services to provide analytics for public health and clinical support for providers, which is in progress.

ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES
During DY10 Q1 two AARTC provider applications were still in review awaiting pending documents to be submitted before granting approval. Two approved provider applications from DY9Q4 continued with the rate development process. A total of 19 AARTCs provider applications have been approved since the onset of the AARTC provider application process (multiple providers have multiple locations).

Table 10 – AARTC Client Counts

MEDICAID CLIENT COUNTS				
PROVIDER #	**DY9 Q2**	**DY9 Q3**	**DY9 Q4**	**DY10 Q1**
716	0	0	0	NA
090	60	69	61	65
037	339	351	309	322
081	7	12	11	14
589	10	13	9	8
332	27	48	31	26
049	29	19	28	54
825	4	5	1	30
896	4	13	3	NA
302	45	105	90	105
60	NA	NA	15	27
760	NA	NA	11	17
Unduplicated Total	**525**	**635**	**569**	**668**

Source: Medicaid: Medicaid Data Warehouse & Non-Medicaid: BHSD Star/Falling Colors

There are 14 AARTC's in operation, approved to bill Medicaid. The data above identifies the total number of clients who received AARTC services during DY10 Q1. Client counts are impacted by a claim lag of up to 120 days following the end of the recent quarter. The provider number is a unique identifier and is used to correlate the number of members seen by each provider for each quarter. Providers who were not approved to bill Medicaid for previous quarters have NA in the data field to represent this. Although 12 provider sites are represented in the chart above, provider 037 has three sites that are being represented through their 037 data. All AARTC provider sites are actively in process to receive distinct identification numbers to ensure accuracy in client counts for each site.

The utilization of the Medicaid services illustrates an increase from 569 in DY9 Q4 to 668 in DY10 Q1 of clients served, which may be attributed to the 90-day claim lag submitted for DY9 Q4 and DY10 Q1. It is expected that numbers will fluctuate as actual counts are adjusted to account for claims lag. Further analysis is warranted to ensure counts are accurately reported and represented for those providers. The table reflects refreshed numbers in all quarters.

HSD continues discussing next steps to developing AARTC rates. Rates are being assessed by acquiring one full year of utilization by each provider with a review of expenditure data collected to determine the actual costs of operation. Two providers have completed the re-base process. Interim rates will then be adjusted to ensure AARTCs services are

appropriately supported and funded.

HEALTH HOMES (HHs)

The CareLink New Mexico Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with the chronic conditions of substance use disorder (SUD) and serious mental illness (SMI), and to children and adolescents with diagnoses in the spectrum of severe emotional disturbance (SED). In addition to SMI, SUD, and SED, many members have diagnoses of co-occurring physical health conditions which drives the integrated care and "whole person" philosophy and practice. What is also indicative of whole person care is the concept of the individual as a collaborative participant in planning for care that is based on their preferences, needs, and values.

The CLNM HHs have 5 goals: 1) Promote acute and long-term health; 2) Prevent risk behavior; 3) Enhance member engagement and self-efficacy; 4) Improve quality of life for individuals with SMI/SED/SUD; and 5) Reduce avoidable utilization of emergency department, inpatient, and residential services. These goals have guided the services within the CLNM HHs. The services are recorded in an automated system, BHSD Star, and success is measured through pre-determined parameters, HEDIS quality indicators, and member surveys.

CLNM Health Home Activities	
DY10 Q1 Activities	New Mexico Health Homes (HH) continues to be affected by lack of adequate staffing, especially the independent clinicians such as LISWs, LPCCs, and LADACs. This is more acute in the more rural health homes. One of the criteria for HH supervisors is that they be independent clinicians. To assist in this staffing crisis, New Mexico, through both our behavioral health clinical policy group and our health home steering committee, changed the regulation to allow non-independent clinicians as supervisors as long as either the director of the health home, who may be independently licensed, or independent clinicians within the agency were available to health home staff for clinical issues. Health homes also have both a part-time medical physician and a psychiatrist for chart reviews and consultations. This change in regulation is awaiting New Mexico Administrative Code (NMAC) supplemental changes.

Quality metrics continue to demonstrate the high level of care coordination both through process and outcome measures. Where there is a decrease in statistics, CareLink NM health homes are made aware and are instituting corrective actions. Management is also organizing to become participants in the national annual HH core set reporting. |

	Evaluation is underway to replace the child/adolescent comprehensive needs assessment with the nationally recognized Child and Adolescent Needs and Strengths assessment (CANS). This will require both education for our care coordinators and a replacement for our information technology solution, BHSD Star, which was developed for health homes. Another change affecting two of our health homes is the departure of the High-Fidelity Wraparound component of their agency. These sub-sections of the HH business will become part of a larger expansion of wraparound care through the recently approved Centennial Care 2.0 Waiver Amendment #2.

Table 11: Number of Members Enrolled in Health Homes

Number of Members Enrolled in Health Homes			
DY9 Q2 APR - JUNE	DY9 Q3 JUL - SEPT	DY9 Q4 OCT - DEC	DY10 Q1 JAN - MAR
4,338	4,222	4,125	4,080
% CHANGE	% CHANGE	% CHANGE	% CHANGE
0.48%	2.67%	2.30%	1.09%

Source: NMStar, CLNM Opt-in Report.

SUPPORTIVE HOUSING

The supportive housing benefit in Centennial Care 2.0 provides Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program pre-tenancy and tenancy services. The Linkages program serves individuals diagnosed with serious mental illness with functional impairment who are homeless or precariously housed and are extremely low-income, per the Department of Housing and Urban Development (HUD) guidelines. Extremely low income is defined as a household income that falls at or below 30% Area Median Income (AMI); AMI varies by county. HUD posts AMI Income Limits for each county of every state annually.

Linkages agencies have been able to bill Medicaid for comprehensive community support services (CCSS); but since the H0044 supportive housing services inclusion in the Centennial Care 2.0 waiver, BHSD continues to strongly encourage Linkages providers to shift to billing the supportive housing benefit directly. The H0044 benefit reimburses at a higher rate than CCSS. The Centennial Care 2.0 waiver requires that the services be provided by a certified peer support worker (CPSW) to align with the state's goals for building the peer support workforce. One Linkages provider has 8 CPSWs assigned to deliver Linkages supportive housing services. Last quarter, this provider had 9 CPSWs assigned to render Linkages services; however, 1 CPSW left the agency and the provider is

hiring to fill the 9th CPSW role. This provider has actively and consistently been utilizing the H0044 code for reimbursement since October 2019. A second Linkages provider has 3 CPSWs who render Linkages supportive housing services. This second provider utilizes 1 CPSW fully dedicated to rendering Linkages supportive housing services, another existing staff member who received their CPSW status in February 2023 and assists with Linkages services, and a third CPSW who also has the CPSW supportive housing specialty endorsement status and assists with Linkages services with a focus on Linkages clients/members who need support with Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI). This second provider has been utilizing the H0044 code for reimbursement since January 2022. A third Linkages provider had 1 CPSW assigned to render Linkages supportive housing services but left the provider agency in December 2022; this provider has 2 existing staff members who will participate in the CPSW training in May 2023 and is actively recruiting to fill the available CPSW role. The third provider had been utilizing the H0044 code for reimbursement since December 2021 and will resume upon filling the available CPSW position and completion of peer certification by the two-existing staff. A fourth Linkages provider hired 1 CPSW in December 2021 and has been utilizing the H0044 code for reimbursement since July 2022. The delay with billing by the fourth provider was due to an MCO system issue with the modifier codes and required provider type; issues have since been resolved. A fifth Linkages provider recruited for a CPSW to fill their second Supportive Housing position, but the individual selected to fill the position did not have CPSW status. This provider has two positions to support Linkages and housing related programming. This fifth provider is not currently able to bill H0044 due to the current provider eligibility guidelines; however, the provider has built a housing bill code in their current electronic health care records system in preparation to bill upon hire of a CPSW and/or updates to the H0044 eligibility criteria to allow for Community Support Workers or Supportive Housing Coordinator roles. The Linkages providers that have secured a CPSW to render supportive housing services relative to H0044 have also updated their agency's electronic health record (EHR) systems to allow for appropriate documentation and revised workflows to clarify the process for H0044 delivery and billing.

The remaining Linkages providers (6) continue to consider hiring CPSW staff for Linkages programming and/or are actively seeking CPSWs to hire, while utilizing case managers, community support workers, and supportive housing coordinators to render these services. There are 11 Linkages support service providers, and the interest of all providers not yet utilizing H0044 remains high and increased with the progress made by the providers who have established H0044 reimbursement. The BHSD Supportive Housing Coordinator-Supervisor continues to support providers and work with the BHSD MCO Contract Managers and MCOs to ensure successful processing establishment and billing of H0044 for the providers. MCOs submit quarterly Ad Hoc reports with H0044 encounters data.

The Office of Peer Recovery and Engagement (OPRE) accepts CPSW training applications, and all Linkages providers have been kept informed about CPSW training opportunities and receive the OPRE monthly newsletter. Providers have been encouraged to utilize the OPRE newsletter to post their open positions to recruit CPSW staff. OPRE has a list-serv of CPSWs available to providers to verify if a potential peer hire is certified. Also, OPRE has a Supportive Housing specialty endorsement, which is an additional training for CPSWs. The available list-serv indicates if CPSWs carry this specialty endorsement, which is not required for Medicaid billing, but helpful for those CPSWs involved with supportive housing services.

HSD continues to promote the use of CPSWs to render Linkages support services; however, Linkages providers and providers of other behavioral health services have experienced continued challenges with hiring and vacancies within their agencies during the COVID-19 pandemic and thereafter. Providers continue to receive information, education, and training about the value of Medicaid reimbursement through H0044, Supportive Housing trainings, the Linkages policy manual, ongoing technical assistance (TA) from the BHSD Supportive Housing Coordinator to include monthly check-ins with each provider, and quarterly Statewide Linkages meetings. The Linkages TA developed a "Getting Started with H0044" guide, which was distributed to all Linkages providers along with data to show the potential monetary gain that could result from billing the code. The data includes information based on varying case load capacities and has served as a very useful promotional tool. The "Getting Started with H0044" guide is disseminated upon every inquiry about H0044 and to the entire Linkages provider network at least quarterly. Lastly, Linkages provider contracts since State Fiscal Year 2022 and currently include an item specific to Medicaid and H0044.

Table 12: Medicaid Supportive Housing Utilization

MEDICAID SUPPORTIVE HOUSING UTILIZATION			
(January 1, 2023 – March 31, 2023)			
DY10 Q1	DY10 Q2	DY10 Q3	DY10 Q4
49			
Unduplicated Total - 49			

Source: MCO Ad Hoc Quarterly Reports

As a result of legislative sessions, an increase of State General Funds (SGF) for State Fiscal Years (SFY) 2021, SFY2023, and the upcoming SFY2024 was and/or shall be applied to Linkages programming. The funding increases allow HSD to expand Linkages

services that are not covered by Medicaid. HSD also utilizes these funds to support rental assistance vouchers for eligible Linkages clients. In SFY2020, funding allowed for 160 households to receive a rental assistance voucher and support services; in SFY2021, the funding increased to support a capacity of 318 households. In SFY2022, the funding remained equivalent to SFY2021 and continued to support a capacity of 318 households. In SFY2023, the capacity of households to be served with a voucher was 338. For the upcoming SFY2024, there will be a capacity of 396 vouchers. An individual does not need to be a Medicaid member to obtain a voucher or services; however, many Linkages clients are Medicaid members. Through this quarter, an average of 308 vouchers were issued or filled; a filled voucher means housing has been secured.

In SFY2021, Linkages expanded from 6 to 8 sites with Curry and McKinley as new Linkages sites. Since FY2021 and currently, the Linkages budget will maintain the 8 sites. Increased funding for FY2024 will support increased rent costs and motel/hotel vouchers for the period between issued and filled vouchers and for households that are literally homeless.

CENTENNIAL HOME VISITING (CHV) PROGRAM

In DY10 Q1, the Centennial Home Visiting (CHV) program served 406 families. The models are as follows:

Nurse Family Partnership (NFP) Model:
- University of New Mexico Center for Development and Disability (UNM CDD) NFP served a total of 80 unique families in DY10 Q1 in Bernalillo County and Valencia Counties.
- Youth Development Inc. (YDI) served 77 families in DY10 Q1 in Bernalillo, Rio Arriba, and Sandoval counties.

Parents as Teachers (PAT) Model:
- UNM CDD PAT served 28 unique families in DY10 Q1 in Bernalillo County.
- ENMRSH served 27 unique families in DY10 Q1 in Curry and Roosevelt Counties.
- Taos Pueblo/Tiwa Babies served 12 unique families in DY10 Q1 in Taos County.
- MECA Therapies served 133 unique families in DY10 Q1 in Chaves, Curry, Doña Ana, Roosevelt, and Lea Counties.
- Aprendamos served 26 unique families in DY10 Q1 in Doña Ana, Sierra, and Otero Counties.
- Community Action Agency of Southern New Mexico served 25 unique families in DY10 Q1 in Doña Ana and Otero Counties.

- Presbyterian Medical Services served 10 unique families in DY10 Q1 in San Juan County.

CHV program continues steady growth in access to Medicaid members through new providers and additional service areas. Two programs are in various stages of the onboarding process.
- Day One Home Visiting Tresco has completed enrollment in NM Medicaid. They are in the process of creating contracts with the 3 MCOs. They will serve Bernalillo and Santa Fe Counties.
- Guidance Center of Lea County is in the process of enrollment with NM Medicaid. They are approved for 20 families in Lea County.

Several strategies are currently being employed to streamline the process of enrollment, credentialing, billing, and referral management. HSD is meeting regularly with the Early Childhood Education and Care Department (ECECD) to create a provider manual and process map that will live on the HSD website. The MCOs are also contributing their procedures to the process map. There are also changes to new MCO contracts that will start next year to streamline the referral process for members and there will be a rate increase for NFP agencies starting in July.

PRESUMPTIVE ELIGIBILITY PROGRAM

The New Mexico HSD Presumptive Eligibility (PE) program continues to be an important part of the State's efforts. Presumptive Eligibility Determiners (PEDs) are employees of qualified hospitals, clinics, FQHCs, IHS facilities, schools, primary care clinics, community organizations, County Jails and Detention Centers, and some New Mexico State Agencies including the New Mexico Department of Health (DOH), New Mexico Children Youth and Families Department (CYFD), and the New Mexico Corrections Department (NMCD). Currently, there are approximately 798 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assist with on-going Medicaid application submissions.

HSD staff conduct monthly PE certification trainings for employees of qualified entities that choose to participate in the PE program. PE certification requirements include active participation during the entire training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff conduct "Your Eligibility System for New Mexico-Presumptive Eligibility (YESNM-PE)" demo trainings. During demo trainings, the PEDs have the opportunity to take a refresher training on "How To" utilize the tools and resources available to them; specifically, the New Mexico Medicaid Portal and YESNM-PE to screen for PE, grant PE,

and submit ongoing Medicaid applications. PE program staff conducted 3 PE certification trainings and 5 YESNM-PE demo refresher trainings in DY10 Q1.

HSD continues to maintain the virtual assistant program to help automate the process of adding newborns to existing Medicaid cases. The "Baby Bot" functionality utilizes our contractor, Accenture's, virtual assistant (AVA) software. AVA allows providers to start a Baby Bot chat session in YESNM-PE (Your Eligibility System in New Mexico for Presumptive Eligibility). The chat session can help facilitate adding the newborn to the Medicaid-enrolled mother's case.

YESNM-PE is only available to certified PEDs. PEDs use YESNM-PE to screen and grant approvals for PE coverage. They also use YESNM-PE to submit ongoing Medicaid applications. With Baby Bot, PEDs at hospitals, IHS/Tribal 638s and birthing centers also have the enhanced capabilities of electronically adding newborns to an existing case.

Access to the Baby Bot is available through a link located on the PED's home page in YESNM-PE. The Baby Bot platform operates as a webservice and sends the information electronically to ASPEN, HSD's eligibility system. Once the mother's eligibility has been electronically verified in ASPEN, the system automatically adds the newborn to the case. This allows immediate access to benefits for the newborn. Currently 249 active PEDs are certified to use the Baby Bot functionality with more trainings scheduled to increase participation.

Following are descriptions for each column header in Table 13 below:
- **Newborns Submitted**
  - Overall number of submissions through Baby Bot.
- **Newborns Successfully Enrolled (and % of Newborns Successfully Enrolled)**
  - Number (and %) of newborns automatically added to an existing Medicaid case at time of submission.
- **Newborns Unsuccessfully Enrolled (and % Newborns Unsuccessfully Enrolled)**
  - Number (and %) of submissions not completed automatically; newborn added to the case via worker manual intervention.

Table 13: Medicaid-eligible newborns submitted through Baby Bot on YESNM-PE

Month	AVA Baby Bot (January - March 2023)				
	Newborns Submitted through AVA	Newborns Successfully Enrolled	Newborns Unsuccessfully Enrolled - Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
January	672	456	216	68%	32%
February	574	398	176	69%	31%
March	661	469	192	71%	29%
Total	**1,907**	**1,323**	**584**	**69%**	**31%**

Source: Accenture Baby Bot dashboard RPA activity detail daily report

In DY10 Q1, 69 PEDs used the Baby Bot functionality. Although, there was an increase in use of PED participation during this reporting period, we noticed a decrease in the number of newborns added through the Baby Bot functionality. In this reporting period, staff observed an increase in the percentage of Newborns "Successfully Enrolled." HSD program staff continue to work with PEDs and system developers to increase the number of newborn submissions as well as the number of successful submissions through the Baby Bot.

Table 14: PE Approvals

Month	PE APPROVALS (January - March 2023)			
	PEs Granted	% PE Granted with Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
January	176	96%	565	267
February	120	99%	484	240
March	158	98%	567	330
Total	**454**	**98.99%**	**1616**	**837**

Source: Monthly PE001 Report from ASPEN and OmniCaid

Table 14 above outlines the number of PE approvals granted and the total number of ongoing applications submitted and approved. NM PEDs are aware of the importance of ongoing Medicaid coverage for their clients. In this reporting we saw a slight decrease in the number of PE approvals that also had an ongoing application submitted. In DY10 Q1,

98.99% of all PE approvals had an ongoing application submitted.

JUST HEALTH PROGRAM

Certified PEDs employed at the New Mexico Corrections Department (NMCD) and County Jails or Detention Centers participate in the PE Program through the Justice-Involved Utilization of State Transitioned Healthcare (JUST Health) program.

The JUST Health program was established to ensure justice-involved individuals have timely access to healthcare services upon release from correctional facilities. To ensure this access can occur, individuals who have active Medicaid coverage at the time of incarceration do not lose their Medicaid eligibility, but rather, have their Medicaid benefits suspended after 30 days. Benefits are reinstated upon the individual's release from incarceration, which allows immediate access to care. Individuals who are not Medicaid participants, but who appear to meet eligibility requirements, are given the opportunity to apply while incarcerated. Application assistance is provided by PEDs at the correctional facilities.

It is HSD's goal to reduce recidivism by ensuring that individuals have immediate access to services (i.e., prescriptions, transportation, Behavioral Health appointments, outpatient/inpatient residential treatment for SUD) upon release. To help facilitate access to care and ensure smooth transitions from correctional facilities, HSD has established the Centennial Care JUST Health workgroup. The workgroup includes representatives from State and County Correctional facilities, Managed Care Organizations, County governments, State agencies, provider organizations, and other stakeholders. The goal of the workgroup is to create a transition of care with detailed processes and procedures that can be utilized and adapted to work for all correctional facilities state-wide.

The following table outlines the number of PE approvals granted and the total number of ongoing applications submitted and approved. Compared to DY9 Q4, HSD did see a slight decrease in the amount of PE applications and ongoing Medicaid applications submitted from jail or prison settings in DY10 Q1. Now that the PHE has ended and COVID-19 protocols in jails and prisons are getting lifted, we do expect to see the numbers increase over the next 2 years. The department continues to work hard on the relationships between the jails and prisons, and with the justice involved population. In DY10 Q1, 100% of all JUST Health PE approvals had an ongoing application submitted.

Table 15: PE Approvals

Quarter	PEs Granted	% PE Granted w/ Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
		PE APPROVALS – JUST HEATH (January - March 2023)		
January	5	100%	35	28
February	1	100%	20	16
March	3	100%	28	27
Total	**9**	**100.00%**	**83**	**71**

Source: Monthly PE001 Report from ASPEN and OmniCaid

7
HCBS REPORTING

In accordance with Standard Terms and Conditions (STCs) outlined in Attachment A, VI – HCBS Reporting, New Mexico is providing the following required reporting elements in this section:

- A status update that includes the type and number of issues identified and resolved through the Consumer Support Program;
- Identification of critical incidents reported during the quarter;
- Systemic Community Benefit (CB) issues or problems identified through monitoring and reporting processes and how they are being addressed. Issues include but are not limited to: participant access and eligibility, participant-centered planning and service delivery, provider credentialing and/or verification, and health and welfare; and
- Information regarding self-direction of benefits.

Additionally, this section addresses the STC 43 requirement to comply with federal 1915(c) waiver assurances and other program requirements for all HCBS services, including 1915(c)-like services provided under the demonstration by having an approved Quality Improvement Strategy measuring performance indicators for the following waiver assurances:

- Administrative Authority;
- Level of Care (LOC);
- Qualified Providers;
- Service Plan;
- Health and Welfare of Enrollees; and
- Financial Accountability.

Consumer Support Program

The consumer support program is a system of organizations and state agencies that provide standardized information to beneficiaries about Centennial Care 2.0, long-term services and supports (LTSS), the MCO grievance and appeals process, and the fair hearing process.

Year to Date (YTD) and quarterly reporting are provided by the Aging and Long-Term Services Department (ALTSD), Aging and Disability Resource Center (ADRC). The ADRC is the single point of entry for older adults, people with disabilities, their families, and the broader public to access a variety of services. The type and number of issues identified and resolved through the Consumer Support Program for DY10 Q1 are listed in the tables below.

Table 16: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT January - March 2023	
TOPIC	**NUMBER OF CALLS**
Home/Community Based Care Waiver Programs	2,285
Long Term Care/Case Management	1
Medicaid Appeals/Complaints	22
Personal Care	3
State Medicaid Managed Care Enrollment Programs	19
Medicaid Information/Counseling	674

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2023, Quarter 3 report

Table 17: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT January - March 2023			
COUNSELING SERVICES	NUMBER OF HOURS	NUMBER OF NURSING HOME RESIDENTS	NUMBER OF CONTACTS
Transition Advocacy Support Services		157	
*Medicaid Education/Outreach	3,062		
Nursing Home Intakes		75	
**LTSS Short-Team Assistance			35

*Care Transition Specialist team educates residents, surrogate decision makers, and facility staff about Medicaid options available to the resident and assist with enrollment.
**Clients are provided short-term assistance in identifying and understanding their needs and to assist them in making informed decisions about appropriate long-term services and supports choices in the context of their personal needs, preferences, values, and individual circumstances.
Source: Care Transition Bureau (CTB) GSA I 7-630-8000-0001 CFDA 93-778 State Fiscal Year 2023, Quarter 3 report

Critical Incidents

Critical Incidents	
DY10 Q1	HSD conducts a quarterly meeting with MCOs. The goal of the quarterly meeting is to provide guidance and discuss findings of the MCO's reporting of critical incidents. The quarterly meeting was held on February 15, 2023. The primary discussion was regarding MCOs to uniformly report Critical Incident (CI) Performance Measure (PM) #6b, which is reported annually in Q4. A Technical Assistance call for all MCOs occurred on Tuesday, February 6, 2023, and after a collaborative discussion, the decision was made to exclude BH providers, New Mexico Association for Home and Hospice Care, HSD, and other State departments that attend in the reporting metrics. The 2022 Annual Provider Trainings were held on Tuesday, November 29th and Thursday, December1, 2022. Included in this year's training objectives, was a focus on reporting incidents to Adult Protective Services (APS) and Child Protective Services (CPS). Contracted Agencies, Providers, HSD, Aging and Long-Term Services and MCOs were represented in attendance for the training. HSD has initiated monthly meetings with MCOs. The goal of the monthly meeting is to provide individual guidance addressing and clarifying questions concerning quarterly reports, concerns identified for critical incidents reported, and

contract and policy requirements.

Items of discussion during the DY9 Q4 MCO monthly meetings were:

- PHP- review of critical incident reports filed identified a continued area of concern. A list of CI Reports (CIRs) discussed on the call are sent as a separate attachment prior to the monthly call. PHP stated they address concerns identified prior to the monthly call to request further clarification if needed.

- BCBS- review of critical incident reports filed identified as a continued area of concern. A list of CIRs discussed on the call are sent as a separate attachment prior to the monthly call. BCBS stated the CI team scrubs the report for accuracy and will document in Diary Entries the report was referred to care coordination for follow-up. BCBS care coordinators enter follow-up and enter activities in the Diary Entries.

- WSCC- review of critical incident reports filed identified as a continued area of concern. A list of CIRs discussed on the call are sent as a separate attachment prior to the monthly call. WSCC stated after the call, they will add additional information into Diary Entries and address concerns identified by the monthly call if applicable.

HSD conducted daily reviews of critical incidents submitted by the MCOs and providers for the purpose of ensuring compliance with reporting requirements. HSD provided daily assistance to MCOs and providers to obtain access to the Critical Incident Reporting (CIR) Portal by establishing and/or resetting login credentials as well as deleting duplicate reports.

DY9 Q4 data was received on January 30,2023. During DY9 Q4, a total of 115,665 CIRs were filed for Centennial Care, which includes physical health (109,186), and subsets of behavioral health (3,419) and Community Benefit Self-Directed (3,060) members. In DY9 Q4 total Centennial Care critical incident reports increased 28% from DY9 Q3. In DY9 Q4 total Behavioral Health critical incident reports increased 31% from DY9 Q3. In DY9 Q4 total Community Benefit Self-Directed critical incident reports decreased 9% from DY9 Q3.

In DY9 total Centennial Care critical incident reports increased 24% from DY8 (92,978). In DY9 total Behavioral Health critical incident reports increased 6% from DY8 (3,220). In DY9 total Self-Directed critical incident reports increased 14% from DY8 (2,686).

The tables below represent an MCO summary of the critical incident reporting for DY9 Q4. DY10 Q1 data will be received on April 30,2023 and will be reflected in the DY10 Q2 report.

Table 18: Critical Incidents Reported

CRITICAL INCIDENTS REPORTED (DY9 Q1 - DY9 Q4)															
MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
BCBS	7,695	9,376	8,235	6,899	230	143	211	178	174	177	156	160	32,205	762	667
PHP	17,322	19,422	18,607	15,681	500	454	785	700	608	573	520	487	71,032	2,439	2,188
WSCC	1,580	1,800	1,309	1,260	52	59	55	52	40	42	44	79	5,949	218	205
Total	26,597	30,598	28,151	23,840	782	656	1,051	930	822	792	720	726	109,186	3,419	3,060

Source MCO quarterly report #36

Critical Incident Types	Centennial Care				Behavioral Health				Self-Directed				Year-to-date Totals		
BCBS (DY9 Q1 - DY9 Q4)															
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	103	104	96	68	7	14	29	13	6	7	5	2	371	63	20
Death	293	230	215	186	9	4	6	8	7	7	10	3	924	27	27
Elopement / Missing	2	2	3	3	0	0	1	1	0	0	0	0	10	2	0
Emergency Services	1,289	1,413	1,476	1,455	98	81	114	105	90	102	96	104	5,633	398	392
Environmental Hazard	19	53	37	17	3	1	0	0	1	4	0	1	126	4	6
Exploitation	35	47	18	27	2	4	0	0	1	4	2	2	127	6	9
Law Enforcement	26	36	32	33	2	2	11	7	6	3	0	4	127	22	13
Neglect	5,928	7,491	6,358	5,110	109	37	50	44	63	50	40	44	24,887	240	197
All Incident Types	7,695	9,376	8,235	6,899	230	143	211	178	174	177	153	160	32,205	762	664

Source MCO quarterly report #36

CRITICAL INCIDENT TYPES	CENTENNIAL CARE				BEHAVIORAL HEALTH				SELF DIRECTED				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	191	217	167	161	47	49	61	56	29	18	8	10	736	213	65
Death	520	411	328	429	19	10	7	10	26	20	23	24	1,688	46	93
Elopement/ Missing	17	15	11	23	2	1	1	0	1	1	1	0	66	4	3
Emergency Services	5,955	6,508	6,871	6,422	281	287	561	505	391	422	418	407	25,756	1,634	1,638
Environmental Hazard	62	117	76	112	2	6	10	8	3	3	6	6	367	26	18
Exploitation	60	47	59	53	6	2	3	4	5	4	8	6	219	15	23
Law Enforcement	57	37	58	50	17	3	15	6	5	2	1	3	202	41	11
Neglect	10,460	12,070	11,037	8,431	126	96	127	111	148	103	55	31	41,998	460	337
All Incident Types	17,322	19,422	18,607	15,681	500	454	785	700	608	573	520	487	71,032	2,439	2,188

Table header: **PHP (DY9 Q1 - DY9 Q4)**

Source MCO quarterly report #36

CRITICAL INCIDENT TYPES	CENTENNIAL CARE				BEHAVIORAL HEALTH				SELF DIRECTED				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	27	16	20	14	10	4	4	2	2	2	0	3	77	20	7
Death	41	39	44	43	4	1	5	0	3	3	3	4	167	10	13
Elopement/ Missing	6	1	2	2	3	0	1	0	0	0	0	1	11	4	1
Emergency Services	245	254	255	253	13	23	33	32	28	23	36	38	1,007	101	125
Environmental Hazard	16	20	10	11	0	1	0	1	1	4	0	2	57	2	7
Exploitation	6	12	7	4	0	0	0	0	1	0	1	1	29	0	3
Law Enforcement	6	11	11	6	2	1	4	3	0	1	0	0	34	10	1
Neglect	1,233	1,447	960	927	20	29	8	14	5	9	4	30	4,567	71	48
All Incident Types	1,580	1,800	1,309	1,260	52	59	55	52	40	42	44	79	5,949	218	205

Source MCO quarterly report #36

Community Benefit

In DY10, Community Benefit (CB) related projects have included working with CMS to obtain final approval of New Mexico's Statewide Transition Plan, continued development for the new tracking database for HSD approved Agency-Based Community Benefit (ABCB) providers, and Self-Directed Community Benefit (SDCB) program improvements. HSD continued to collaborate with providers, stakeholders, and state agencies to implement initiatives approved under its American Rescue Plan Act (ARPA) HCBS Spending Plan and Narrative. HSD requested and received approval for 200 additional CB slots through an Attachment K authority and Waiver Amendment #2 to serve more members who are not otherwise Medicaid eligible. HSD increased allocation efforts to fill the new slots as quickly as possible. Additionally, through Waiver Amendment #2, HSD requested and received approval from CMS to increase the 5-year limit on ABCB Community Transition Services from $3,500 to $4,000 and Environmental Modifications from $5,000 to $6,000.

NM has identified that there are workforce shortages for Community Benefit Personal

Care Services (PCS) caregivers for both Agency-Based and Self-Directed services. We are addressing this issue through the following remediations:

- Implementing rate increases for PCS and other CB services to coincide with state and local minimum wage increases, and the paid sick leave requirement for NM employees per the Healthy Workforce Act. We are planning for another statewide minimum wage increase that will occur in January 2023. Additional rate increases are being planned for July 1, 2023.
    - o HSD continues to monitor MCO accountability to ensure minimum wage increases and paid sick leave requirements are met with weekly MCO report updates.
- Using ARPA funds for temporary economic relief payments to Community Benefit providers. A 10% payment will be issued in calendar year 2023.
- Approving higher rates for certain caregivers in rural areas on a case-by-case basis.
- One MCO issued grants to PCS agencies through the NM Association for Home Health and Hospice Care. The final report on how the grant funds were used to recruit and retain workers will be available by July 2023.

Electronic Visit Verification

HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Community Benefit (ABCB), SDCB, and EPSDT Personal Care Services. HSD received CMS approval for our Good Faith Effort Exemption request to CMS for Home Health Services. We anticipate implementing EVV for Home Health in September of 2023 and are collaborating with CMS to ensure requirements are met.

For DY10 Q1, the average number of SDCB caregivers using EVV is 71.7%. HSD is continuing to offer training and technical assistance for SDCB agencies and individual employees to encourage more SDCB providers to use EVV.

ABCB EVV data for DY10 Q1 is outlined in the table below. The MCOs reported that 75.3% of the total ABCB PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder of claims were created through the Fiserv Authenticare application.

Table 19: EVV DATA

EVV DATA (January - March 2023)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	7,519	454,499
PHP	14,933	859,219
WSCC	1,952	115,598
TOTAL	24,404	1,429,316

Source: MCO Report #35 DY10 Q1 January – March 2023

Statewide Transition Plan

HSD received approval of its Statewide Transition Plan (STP) on 3/10/23. HSD submitted its 1/1/23 deliverable to CMS on 3/29/2023. CMS requested the additional deliverable from all states to ensure oversight of the Final Rule and Beneficiary recourse to report any concerns related to HCBS settings compliance. HSD is working with CMS to finalize the 508 compliant version of its STP to post online. For the Community Benefit HCBS settings, the MCOs formed a workgroup and continue to collaborate on ongoing monitoring activities including provider training and care coordination tools.

MCO Internal Nursing Facility Level of Care (NF LOC) Audits

HSD requires the MCOs to provide a quarterly summary of their internal audits of NF LOC Determinations. Each MCO conducts internal random sample audits of both community-based and facility-based determinations completed by their staff based on HSD NF LOC criteria and guidelines. The audit includes accuracy, timeliness, consistency, and training of reviewers. The results and findings are reported quarterly to HSD along with any Quality Performance Improvement Plan. HSD is reporting DY9 Q4 audit results this quarter and audit findings for DY10 Q1 will be reported in DY10 Q2.

Total audits for DY9 Q4:
1. BCBS conducted 104 total audits of NF LOC determinations, 20 facility-based and 84 community-based.
2. PHP conducted 228 total audits of NF LOC determinations, 57 facility-based and 171 community-based.

3. WSCC conducted 32 total audits of NF LOC determinations, 12 facility-based determinations and 20 community-based.

Audit results for NF LOC determinations for DY9 Q4:
1. BCBS reported 100% agreement with reviewer determination for High and Low Facility Based NF LOC, and 100% agreement for Community Based NF LOC.
2. PHP reported 100% agreement with reviewer determination for High and Low Facility Based NF LOCs, and 99% agreement for Community Based NF LOCs.
3. WSCC reported 100% agreement with reviewer determination for High and Low Facility Based NF LOCs, and 100% agreement for Community Based NF LOCs.

Audit results for timeliness of determinations for DY9 Q4:
1. BCBS reported 100% timeliness of determinations for High and Low Facility Based and Community Based NF LOCs.
2. PHP reported 100% timeliness of determinations for High and Low Facility Based and Community Based NF LOCs.
3. WSCC reported 100% timeliness of determinations for High and Low Facility Based and Community Based NF LOCs.

Aggregate results:

1. NF LOC determinations aggregate results are 100% for High and Low Facility Based and 99.6% for Community Based NF LOCs and remained consistent at above 99% throughout DY9 Q4.
2. Timeliness of determinations aggregate results are 100% for High and Low Facility Based and Community Based, and aggregate results for DY9 Q4 remained consistent with DY9 Q3 and DY9 overall.

HSD will continue to monitor the MCOs' internal audits of NF LOC determinations and identify and address any concerns. The Nurse Auditor will provide technical assistance to the MCO internal auditors as needed. Additionally, the Nurse Auditor will report quarterly findings and recommendations in the CMS monitoring report commencing in DY10 Q2.

Table 20: MCO Internal NF LOC Audits– Facility-Based

Facility-Based Internal Audits	Oct	Nov	Dec	DY9 Q4
High NF Determinations				
Total number of High NF LOC files audited				
BCBSNM	3	3	4	10
PHP	10	6	8	24
WSCC	2	2	2	6
Total number of files with correct NF LOC determination				
BCBSNM	3	3	4	10
PHP	10	6	8	24
WSCC	2	2	2	6
% of files with correct NF LOC determination				
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determinations	Oct	Nov	Dec	DY9 Q4
Total number of Low NF LOC files audited				
BCBSNM	3	3	4	10
PHP	9	13	11	33
WSCC	2	2	2	6
Total number of files with correct NF LOC determination				
BCBSNM	3	3	4	10
PHP	9	13	11	33
WSCC	2	2	2	6
% of files with correct NF LOC determination				
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	Oct	Nov	Dec	DY9 Q4
Total number of High NF LOC determinations completed within required timeframes				
BCBSNM	3	3	4	10
PHP	10	6	8	24
WSCC	2	2	2	6
% of High NF LOC determinations completed within required timeframes				
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Total number of Low NF LOC determinations completed within required timeframes				
BCBSNM	3	3	4	10
PHP	9	13	11	33
WSCC	2	2	2	6
% of Low NF LOC determinations completed within required timeframes				
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY9 Q4 MCO Internal Audit Results

January 1, 2019 – December 31, 2023

Table 20: MCO Internal NF LOC Audit Report – Community-Based

Community-Based Internal Audits	Oct	Nov	Dec	DY9 Q4
Total number of Community-Based NF LOC files audited				
BCBSNM	28	28	28	84
PHP	57	57	57	171
WSCC	8	6	6	20
Total number with correct NF LOC determination				
BCBSNM	28	28	28	84
PHP	56	57	57	170
WSCC	8	6	6	20
% with correct NF LOC determination				
BCBSNM	100%	100%	100%	100%
PHP	98%	100%	100%	99%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	**Oct**	**Nov**	**Dec**	**DY9 Q4**
Total number of Community-Based determinations completed within required				
BCBSNM	28	28	28	84
PHP	57	57	57	171
WSCC	8	6	6	20
% of Community-Based determinations completed within required timeframes				
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY9 Q4 MCO Internal Audit Results

MCO NF LOC Determinations

Per Special Terms and Conditions (STC) 40 for New Mexico's Centennial Care 2.0 Waiver, HSD requires that the MCOs report to the state a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the member did not meet LOC based on HSD NF LOC criteria.

- The aggregated Facility Based High NF LOC determination/redetermination percentage for DY9 Q4 was 90%, an increase from DY9 Q3 of 80%.
- The aggregated Facility Based Low NF LOC determination/redetermination percentage for DY9 Q4 was 97% and remained consistent with 97% reported for DY9 Q3 and remained consistently above the 90% throughout DY9.
- The aggregated Community Based determination/redetermination percentage for DY9 Q4 was 98% and remained consistent with 98% reported for DY9 Q3.

HSD will continue to monitor the MCO NF LOC determinations and identify and address any trends and provide technical assistance as needed. MCO NF LOC determinations

for DY10 Q1 will be reported in the DY10 Q2 report.

Table 21: MCO NF LOC Determinations – Facility-Based

Facility-Based Determinations				
High NF Determinations	**Oct**	**Nov**	**Dec**	**DY9 Q4**
Total number of determinations/redeterminations completed for High NF LOC requests	60	62	72	194
BCBSNM	10	9	21	40
PHP	44	39	45	128
WSCC	6	14	6	26
Total number of determinations/redeterminations that met High NF LOC criteria	56	56	63	175
BCBSNM	8	6	14	28
PHP	42	38	43	123
WSCC	6	12	6	24
% of determinations/redeterminations that met High NF LOC criteria	93%	90%	88%	90%
BCBSNM	80%	67%	67%	70%
PHP	95%	97%	96%	96%
WSCC	100%	86%	100%	92%
Low NF Determinations	**Oct**	**Nov**	**Dec**	**DY9 Q4**
Total number of determinations/redeterminations completed for Low NF LOC requests	367	365	379	1,111
BCBSNM	106	85	117	308
PHP	205	243	235	683
WSCC	56	37	27	120
Total number of determinations/redeterminations that met Low NF LOC criteria	357	358	365	1,080
BCBSNM	103	83	115	301
PHP	198	238	223	659
WSCC	56	37	27	120
% of determinations/redeterminations that met Low NF LOC criteria	97%	98%	96%	97%
BCBSNM	97%	98%	98%	98%
PHP	97%	98%	95%	96%
WSCC	100%	100%	100%	100%

Source: DY9 Q4 MCO NF LOC Determinations Report

Table 22: MCO NF LOC Determinations – Community-Based

Community Based Determinations	Oct	Nov	Dec	DY9 Q4
Total number of determinations/redeterminations completed	2,104	2,055	1,909	6,068
BCBSNM	537	502	551	1,590
PHP	1,422	1,426	1,250	4,098
WSCC	145	127	108	380
Total number of determinations/redeterminations that meet NF LOC criteria	2,051	2,007	1,865	5,923
BCBSNM	530	486	539	1,555
PHP	1,382	1,398	1,219	3,999
WSCC	139	123	107	369
% of determinations/redeterminations that meet NF LOC criteria	97%	98%	98%	98%
BCBSNM	99%	97%	98%	98%
PHP	97%	98%	98%	98%
WSCC	96%	97%	99%	97%

Source: DY9 Q4 MCO NF LOC Determinations Report.

External Quality Review Organization (EQRO) NF LOC

HSD's EQRO reviews a random sample of MCO NF LOC determinations every quarter. The EQRO conducts ongoing random reviews of LOC determinations to ensure that the MCOs are applying HSD's NF LOC criteria consistently. The EQRO provides a summary of their review to HSD monthly. Additionally, HSD monitors all determination denials identified in the EQRO review to identify issues of concern.

EQRO Monthly report summaries of determinations and denials were reviewed for Facility Based and Community Based.

In DY9 Q4:
- Aggregated results for NF LOC determinations from EQRO were 100% in agreement with High NF, 94% in agreement with Low NF and 100% in agreement for Community Based.
- HSD will continue to monitor the EQRO audit of MCO NF LOC determinations to identify and address any trends and provide technical assistance as needed. NF LOC determinations for DY10 Q1 will be reported in the DY10 Q2 report.

Table 23: EQRO NF LOC Review

Facility-Based				
High NF Determination	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
Number of Member files audited	16	18	17	18
BCBSNM	6	6	6	6
PHP	5	6	6	6
WSCC	5	6	5	6
Number of Member files the EQRO agreed with the determination	16	18	17	18
BCBSNM	6	6	6	6
PHP	5	6	6	6
WSCC	5	5	5	6
% of Member files the EQRO agreed with the determination	100%	100%	100%	100%
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determination	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
Number of Member files audited	38	36	37	36
BCBSNM	12	12	12	12
PHP	13	12	12	12
WSCC	13	12	13	12
Number of Member files the EQRO agreed with the determination	38	35	37	34
BCBSNM	12	12	12	11
PHP	13	12	12	12
WSCC	13	11	13	11
% of Member files the EQRO agreed with the determination	100%	97%	100%	94%
BCBSNM	100%	100%	100%	92%
PHP	100%	100%	100%	100%
WSCC	100%	92%	100%	92%
Community-Based	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
Number of Member files audited	90	90	90	90
BCBSNM	30	30	30	30
PHP	30	30	30	30
WSCC	30	30	30	30
Number of Member files the EQRO agreed with the determination	90	90	90	90
BCBSNM	30	30	30	30
PHP	30	30	30	30
WSCC	30	30	30	30
% of Member files the EQRO agreed with the determination	100%	100%	100%	100%
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: EQRO NF LOC Report for CMS.

January 1, 2019 – December 31, 2023

Waiver Assurance Performance Measures

New Mexico has developed and initiated performance measure (PM) indicators to comply with STC requirement 43.

- Administrative Authority: HSD developed 3 performance measures to monitor the HCBS Administrative Authority. Please find DY10 Q1 results below.
  - PM #1: Percentage of required HCBS reports submitted timely by the MCOs.
    - Report #4, *Community Benefit* – 100% compliance
    - Report #8, *Nursing Facility Level of Care* – 100% compliance
    - Report #35, *Electronic Visit Verification* – 100% compliance
  - PM #2: Percentage of required HCBS reports submitted accurately without an MCO Self-Identified Error.
    - Report #4, *Community Benefit* – 100% compliance
    - Report #8, *Nursing Facility Level of Care* – 100% compliance
    - Report #35, *Electronic Visit Verification* – 100% compliance
  - PM #3: Percentage of required HCBS reports submitted accurately without an HSD rejection.
    - Report #4, *Community Benefit* – 75% compliance
    - Report #8, *Nursing Facility Level of Care* – 100% compliance
    - Report #35, *Electronic Visit Verification* – 75% compliance

- Level of Care (LOC): MCOs submit quarterly LOC reports to HSD that identify the number of initial LOCs conducted in the quarter. The information to support that the initial LOC is conducted timely is reported above under the NF LOC reporting.

- Qualified Providers: In DY9 Q2, HSD began to work on developing measures to monitor the HCBS Qualified Provider requirements. In DY9, there were a total of 304 approved Community Benefit providers. In DY10 Q1, HSD continued to receive and review applications for incoming CB providers. HSD reviews and approves all Agency-Based Community Benefit (ABCB) providers to ensure that they meet all program requirements as outlined in Section 8 of the Managed Care Policy Manual. Providers must obtain this program approval from HSD prior to contracting with the MCOs and providing services to ABCB members. In the Self-Directed Community Benefit (SDCB), the MCOs contract with a single Fiscal Management Agency (FMA) to oversee provider enrollment. The FMA ensures that all providers meet program requirements as outlined in Section 9 of the managed Care Policy Manual. SDCB providers must meet all program requirements and be approved by the FMA prior to rendering services to SDCB

members. 100% of providers meet the program requirements prior to providing services to members. HSD has directed the MCOs to begin auditing all ABCB providers and the SDCB FMA on an annual basis, starting in DY10. HSD will begin reporting audit results next year.

- Service Plan: In DY9, HSD developed 8 performance measures to monitor the HCBS Service Plan requirements. Following are the performance measures (PMs):
  - PM #1: Member's choice to receive HCBS waiver services institutional care.
  - PM #2: Member's choice of HCBS services and providers documented in a written comprehensive care plan.
  - PM #3: Member's HCBS services plan adequately addresses assessed needs.
  - PM #4: Services authorized by the MCO were delivered in accordance with the HCBS service plan including the type, scope, amount, duration, and frequency specified in the HCBS service plan.
  - PM #5: Member's service plan was revised, as needed, to address changing needs.
  - PM #6: A disaster preparedness plan specific to the member is documented.
  - PM #7: Member's eligibility start and end dates are documented.
  - PM #8: Linkages to protective services are documented.

On a quarterly basis, HSD's EQRO validates MCO compliance with federal requirements for HCBS service plans. These reviews are conducted virtually, in real time, and include MCO care coordination staff participation. For each record in the sample, the MCO staff display pertinent information in the MCO's care coordination systems to demonstrate compliance. Pertinent information includes, but is not limited to: the comprehensive needs assessment; HCBS service plan; back-up plan; disaster plan; progress notes; claims; and eligibility data. A total of 8 performance measures are reviewed for each record. MCO agreement/acceptance of the review determination (met or not met) for each performance measure is captured prior to the conclusion of the review. Following is a summary of DY9 monitoring results:
  - Statewide, 94 records were reviewed each 3 quarters beginning January 1, 2022.
  - DY9 Q1 indicates 100% compliance with all performance measures for PHP and WSCC. BCBS has 1 file lacking "disaster preparedness"

documentation. Giving a statewide percentage of 98.9% for Disaster Preparedness.

- o DY9 Q2 indicates 100% compliance for all performance measures for WSCC. BCBS and PHP both had 1 file lacking "#6, disaster preparedness" documentation, giving a statewide percentage in this area of 97.9%. PHP had 1 file lacking "#5, service plan revision" giving a statewide percentage in this area of 98.5%.
- o DY9 Q3 indicates 100% compliance for all performance measures for the 3 MCOs, BCBS, PHP and WSCC.
- o DY9 Q4 indicates 100% compliance across all performance measures for BCBS, PHP and WSCC.

HSD will continue to monitor EQRO HCBS Service Plan Review for compliance of the 8 performance measures to identify and address any trends and provide technical assistance as needed.

The tables below include a summary of the quarterly HCBS Service Plan data for DY9 Q4. The DY10 Q1 data will be reported on the DY10 Q2 CMS Quarterly Monitoring Report.

Table 24: HCBS SERVICE PLAN REVIEW SUMMARY

Eligible Population and Sample Size, DY9 Q4			
MCO	Eligible Population for DY9 Q4	MCO % of Entire HCBS Population in DY9 Q4	Number of HCBS Files Reviewed for DY9 Q4
BCBS	5,230	28%	34
PHP	12,114	66%	54
WSCC	1,046	6%	6
Centennial Care	18,390	100%	94

Source: DY9 Q4 External Quality Review Organization (EQRO) Quarterly HCBS Service Plan Report

Service Plan Review Results DY9 Q4						
Performance Measure	**MCO**	**Total Files Reviewed**	**# of Files Met**	**# of Files Not Met**	**# of Files Not Applicable**	**% of Files Met**
Member's choice to receive HCBS services versus institutional care is documented	BCBS	34	34	0	0	100%
	PHP	54	54	0	0	100%
	WSCC	6	6	0	0	100%
	Statewide	**94**	**94**	**0**	**0**	**100%**
Member's choice of HCBS services and providers are documented in a written comprehensive care plan	BCBS	34	34	0	0	100%
	PHP	54	54	0	0	100%
	WSCC	6	6	0	0	100%
	Statewide	**94**	**94**	**0**	**0**	**100%**
Member's HCBS service plan adequately addressed his/her assessed needs	BCBS	34	34	0	0	100%
	PHP	54	54	0	0	100%
	WSCC	6	6	0	0	100%
	Statewide	**94**	**94**	**0**	**0**	**100%**
Services authorized by the MCO were delivered in accordance with the HCBS service plan, including the type, scope, amount, duration, and frequency are specified in the HCBS service plan	BCBS	34	34	0	0	100%
	PHP	54	54	0	0	100%
	WSCC	6	6	0	0	100%
	Statewide	**94**	**94**	**0**	**0**	**100%**
The HCBS service plan was revised, as needed, to address changing needs	BCBS	34	19	0	15	100%
	PHP	54	11	0	43	100%
	WSCC	6	0	0	6	100%
	Statewide	**94**	**45**	**0**	**49**	**100%**
A disaster preparedness plan specific to the member was in the HCBS service plan and documented	BCBS	34	34	0	0	100%
	PHP	54	54	0	0	100%
	WSCC	6	6	0	0	100%
	Statewide	**94**	**94**	**0**	**0**	**100%**
Member's eligibility start and end dates are documented	BCBS	34	34	0	0	100%
	PHP	54	54	0	0	100%
	WSCC	6	6	0	0	100%
	Statewide	**94**	**94**	**0**	**0**	**100%**
Linkages to protective services are documented	BCBS	34	1	0	33	100%
	PHP	54	6	0	48	100%
	WSCC	6	0	0	6	100%
	Statewide	**94**	**33**	**0**	**61**	**100%**

Source: DY9 Q4 External Quality Review Organization (EQRO) Quarterly HCBS Service Plan Report

- Health and Welfare of Enrollees: HSD has implemented a monitoring process for assuring the health and welfare of members enrolled in HCBS through quarterly MCO reporting on established performance measures. The critical incident performance measures listed below will identify, address, and seek to prevent instances of abuse, neglect, exploitation, and unexpected death. HSD staff will

review and analyze the data to determine if the MCOs report any significant changes from previous reporting periods. HSD findings are communicated to each MCO through Monthly Quality Bureau Critical Incident calls and during the Quarterly Critical Incident Meeting.

In DY9 Q1 through Q4, initial MCO submissions were received. Additional guidance was provided so data was collected in the same way by each MCO. HSD has adjusted certain DY9 Q1 data to reflect the consistency in reporting.

HSD observed that Performance Measure #3 decreased consecutively each quarter, demonstrating a 14% decrease in Q4 from Q1. Performance Measure #5 overall percentages decreased, demonstrating a decrease of 54% for APS and 44% for CPS in Q4 from Q1. For Performance Measure #6, the percentage of providers and MCO staff educated about reporting critical incidents to the HSD Portal initially at the start or at hire, and at least annually thereafter demonstrated increases in percentages reported each quarter and 86% of contracted providers and agencies were educated about reporting critical incidents to the HSD Portal at the annual training. All other Performance Measures demonstrated consistency or slight differences in percentages reported.

The table below is a summary of the quarterly data reported by the MCOs for DY9 Q4:

Table 25: Critical Incidents Performance Measures

Critical Incident Performance Measures (CI PM)																
CI PM	BCBS				PHP				WSCC				Total by Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
The number of all substantiated critical incidents.	7,695	9,376	8,235	6,899	17,322	19,422	18,607	15,681	1,580	1,800	1,309	1,260	26,597	30,598	28,151	23,840
CI PM	**BCBS**				**PHP**				**WSCC**				**Percentage by Quarter**			
PM #1: The percentage of substantiated critical incidents reported by category of abuse, neglect, exploitation and unexpected death:																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.a. Percentage of substantiated individual abuse incidents identified and reported.	1.34	1.11	1.17	0.99	1.1	1.12	0.9	1.03	1.71	0.89	1.53	1.11	1.38%	1.04%	1.20%	1.04%
1.b. Percentage of substantiated individual neglect incidents identified and reported.	77.04	79.9	77.21	74.07	60.39	62.15	59.32	53.77	78.04	80.39	73.34	73.57	71.82%	74.15%	69.96%	67.14%
1.c. Percentage of substantiated individual exploitation incidents identified and reported.	0.45	0.5	0.22	0.39	0.35	0.24	0.32	0.34	0.38	0.67	0.53	0.32	0.39%	0.47%	0.36%	0.35%
1.d. Percentage of substantiated individual unexpected death incidents identified and reported.	0.56	0.36	0.51	0.55	0.5	0.26	0.24	0.39	0.25	0.022	1.22	1.43	0.44%	0.28%	0.66%	0.79%
CI PM	**BCBS**				**PHP**				**WSCC**				**Percentage by Quarter**			
PM #2: The percentage of substantiated critical incidents being reported within the required timeframe.																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of substantiated critical incidents being reported within 24 hours.	89.67	92.99	92.33	89.49	85.85	89.66	89.07	90.9	91.27	88.28	88.58	91.83	88.93%	90.31%	89.99%	90.74%
CI PM	**BCBS**				**PHP**				**WSCC**				**Percentage by Quarter**			
PM #3: The percentage of substantiated individual critical incidents where follow up (safety plans, corrective action plans, etc.) was completed:																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of substantiated individual critical incidents where follow up actions (safety plans, corrective action plans, etc.) was completed.	100	88.4	92.68	88.98	94.86	97.35	97.55	95.67	84.49	83.78	65.47	54.38	93.12%	89.84%	85.23%	79.68%

CI PM	BCBS				PHP				WSCC				Percentage by Quarter			
PM #4: The percentage of follow-up actions taken on the substantiated critical incidents on a systemic basis to prevent future incidents, such as investigation as well as educating individuals and families:																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.a. Percentage of substantiated individual critical incidents where follow up actions (safety plans, corrective action plans, etc.) was completed to prevent future incidents.	37.99	14.12	28.35	32.71	31.23	31.93	27.94	24.01	97.66	98.06	97.86	98.02	55.63%	48.04%	51.38%	51.58%
4.b. Percentage of substantiated individual critical incidents where follow up actions (safety plans, corrective action plans, etc.) included investigation and educating individuals and families was completed.	57.17	68.83	68.43	23.73	3.5	3.04	2.26	3.71	82.15	83.94	78.38	77.94	47.61%	51.94%	49.69%	35.13%
CI PM	BCBS				PHP				WSCC				Percentage by Quarter			
PM #5: The percentage of the substantiated critical incidents with a referral to Adult Protective Services (APS) or Child Protective Services (CPS):																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.a. Percentage of substantiated individual critical incidents where referrals to APS were completed.	19.99	20.49	46.59	31.73	50.98	52.1	44.18	23.93	60.44	32.33	5.81	4.92	43.80%	34.97%	32.19%	20.19%
5.b. Percentage of substantiated individual critical incidents where referrals to CPS were completed.	0.84	0.57	1.66	1.17	1.06	0.82	0.31	0.15	0.7	0.06	0.23	0.16	0.87%	0.48%	0.73%	0.49%
CI PM	BCBS				PHP				WSCC				Percentage by Quarter			
PM #6: The percentage of providers and MCO staff trained on reporting critical incidents into the HSD Portal:																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.a The percentage of contracted providers, agencies and MCO educated about reporting critical incidents to the HSD Portal initially at the start or at hire during the reporting period.	74.47	60.71	85.71	98.31	2.98	6.15	11.41	2.06	50	66.67	66.67	66.67	42.48%	44.51%	54.59%	55.68%
6.b. The percentage of contracted providers, agencies and MCO that attended the annual training and were educated about reporting critical incidents to the HSD Portal. NOTE: THIS WILL ONLY BE REPORTED ONCE A YEAR IN THE QUARTER THE ANNUAL TRAINING IS HELD.	0	0	0	87.38	0	0	0	86.6	0	0	0	86.6	0.00%	0.00%	0.00%	86.86%
CI PM	BCBS				PHP				WSCC				Percentage by Quarter			
PM #7: The percentage of substantiated critical incidents for Members with Multiple critical incidents identified and reported:																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
The percentage of substantiated Members with Multiple critical incidents identified and reported.	62.01	74.25	64.81	60.66	73.22	74.76	73.47	69.15	64.62	70.33	58.06	81.51	66.62%	73.11%	65.45%	70.44%

Source: MCO CI PM quarterly report.

- Financial Accountability: In late DY9, HSD began to work on developing measures to monitor HCBS Financial Accountability requirements. MCOs send encounters to HSD for all Community Benefits services. HSD is working with the EQRO to monitor HCBS claims and will provide additional reporting in DY10.

8
AI/AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	February 9, 2023 Virtual meeting	**Issue:** A BCBS member asked if Medicaid included physical therapy. **Response:** BCBS responded that any specialty service like physical or occupational therapy can be approved, but it must be prescribed by a primary care physician. **Issue:** A member that attended the meeting asked how the Traditional Medicine Benefit worked. She applied but hasn't heard if it was okayed. **Response:** A staff person from BCBS reached out to the member after the meeting and provided information that it was approved. **Issue:** Another member said she has a dental appointment at a Tribal clinic for teeth cleaning and they will be pulling her tooth. She wanted to know if she can get a tooth replacement or dentures. **Response:** A care coordinator from BCBS has been assigned to the member and will be following up with her.
PHP	March 9, 2023 Virtual meeting	**Issue**: A member asked if care coordination is included for children. Do they go to the school to talk to kids? **Response**: PHP responded that they have behavioral health care coordinators that are skilled to help find resources for families in their communities. PHP informed member that care coordination can provide available resources for these services. PHP gave the member's contact information to the care coordination program for follow-up. **Issue**: After PHP gave a presentation on Fentanyl poisoning, a member asked if you had to be 18 to get Fentanyl test strips. **Response**: PHP stated that the strips are available to anyone that needs them.

WSCC	March 3, 2023 hybrid meeting – virtual and in person at Fellin Public Library in Gallup, NM	**Issue:** A member caretaker wanted information on home modifications. **Response:** WSCC staff responded they will ensure the member is assigned a care coordinator to assist him. **Issue:** A member was referred to an ombudsman to speak with during the meeting due to confidential reasons. Member was requesting language preference when she meets with the ombudsman since she primarily speaks Navajo. **Response**: WSCC Tribal liaison assisted with translation into Navajo after the meeting. Member had concerns about meals being brought to residence and wondering why. WSCC informed member because she was hospitalized WellCare was delivering meals on a short-term basis.

MCO	Status of Contracting with MCOs
BCBS	BCBS continues to make outreach with the intention of pursuing contracts to applicable providers and has received little to no response back. The Pueblo of Isleta was sent a contract and BCBS is waiting for the returned contract with their signatures. Nambe Pueblo contracts will be sent out shortly as there are still a few items being discussed.
PHP	PHP is resuming agreement outreach efforts with Tribes/Pueblos/Nations and I/T/Us. They hold monthly and quarterly meetings or listening sessions to respond to any ITU concerns or questions. Bi-monthly meetings have resumed with First Nations Community Healthsource (urban Indian health center) regarding collaboration on PHP health disparity projects. PHP has provided an onboarding training for the Navajo Division of Behavioral and Mental Health Services who are now live in the PHP network. The Pueblo of Nambe/Tewa Roots Society have been successfully loaded in the PHP Provider Network and are billing claims. Taos Pueblo Community Health and Wellness – Tiwa Babies Home Visiting is now live and active in PHP's system.
WSCC	WSCC met with Four Directions Behavioral Health in Mescalero to provide an overview of WSCC services, discussed partnerships, and contracting activities. WSCC followed up with Nambe Pueblo on expansion of network to other facilities. Memorandum of Understanding (MOU) regarding Crownpoint JUST health program continues to be in effect as of 10/16/2022. Met with stakeholders in January 2023 to discuss assessment processing and training. WSCC met with tribal administrator at Picuris Pueblo to get an update on their health station status. Also met with Governor Quanchello and reviewed IHS contract, funding and programs. WSCC met with Pueblo of Santo Domingo/Kewa regarding a letter of agreement approved 12/15/2022. An in-person meeting was held with the executive director to review scope of work in February 2022. WSCC met with tribal administrator and health department director at Santa Clara Pueblo to review contract scope of work and non-emergency medical transportation application.

9
ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/26/21
COMPLETION DATE:	Open
ISSUES	ModivCare has been placed on a corrective action plan for not meeting the contractual timeliness measures for certain Customer Service Call Center metrics and other additional contractual requirements.
RESOLUTION	Due to continued service level failures, the action plan remains open. Service Level (85% or more calls answered by a live person within 30 seconds), Nurse Advice line (85% or more calls answered by a live person within 30 seconds), Provider Services line (85% of calls answered within 30 Seconds) were all in compliance as of February and March 2022. **Closed** DY10 Q1 update: Plan of Action (POA) related to Call Center remains open. BCBS continues to monitor the call center stats that includes A-Leg, Provider No-Shows and Member Satisfaction (improved from last quarter). For DY10 Q1, ModivCare continued to show improvement by increasing the number of customer service staff, drivers, vehicles. Below are the most current statistics: **March 2023:** ASA = 00:11 seconds (Met) Abandonment Rate = 0.09% (Met) Service Level = 92.6% (Met) Member Satisfaction = 91.6% (Met) A-Leg Pickup = 89.49% (**Not Met**) Provider No-Shows = 36 To reduce the number of provider no-shows, ModivCare continues to add other transportation providers to the network. BCBS is also working on adding UBER (rideshare) to ModivCare's options for transportation for those members that are ambulatory (can walk safely on their own to/from vehicle) and will start this service in specific counties. HSD receives bi-weekly updates and continues to carefully review the ModivCare remediation plan and progress.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	DentaQuest (Quality of Care Process Improvement)
IMPLEMENTATION DATE:	7/15/22
COMPLETION DATE:	Open
ISSUES	A NM Medicaid member received in-office dental services that involved sedation. The member encountered respiratory difficulties, was transported to a higher level of care, and subsequently passed away. Initially, DentaQuest reviewed the medical records and determined that there were no quality-of-care concerns. BCBS' corporate office requested that DentaQuest conduct a second review on the case, due to an internal clinical review, and upon doing so, DentaQuest ultimately terminated the provider and will be reporting their findings to the National Practitioner Data Bank (NPDB) as well as the NM Dental Board. DentaQuest did not thoroughly review the medical records to identify quality-of-care concerns, and the original review of medical records and second review had markedly different outcomes. Additionally, DentaQuest did not appropriately and timely terminate the provider, resulting in potential quality-of-care concerns for NM Medicaid members.
RESOLUTION	BCBS has provided the following updates in DY10 Q1. In January, BCBS and DentaQuest (DQ) continued to monitor the Plan of Action (POA) and had a meeting on 01/10/2023 with the BCBS Medical Director on the call. In February, BCBS continued working with DQ on the Quality of Care (QOC) quarterly log reports. BCBS reviewed all QOC cases that required medical record review and/or made an inquiry to DQ regarding a grievance/complaint. DQ sent those cases along with medical and dental records to BCBS. BCBS has initiated lookback efforts starting with Q4 2022 which will be a continuous action plan. In March, BCBS monitored and tracked the chart review weekly. Reporting outcomes via their monthly Joint Operations Committee. BCBS continued to review all QOC cases that required medical record review and/or made an inquiry to DQ regarding a grievance/complaint. DQ has sent those cases along with medical and dental records to BCBS. The POA remains open. BCBS will continue tracking and monitoring through April 30, 2023 (anticipated POA closure date). HSD will continue to receive updates from BCBS and will continue to monitor the progress.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP
IMPLEMENTATION DATE:	03/01/21
COMPLETION DATE:	In Process
ISSUES	2020 Provider Directory Audit
RESOLUTION	04/01/21 – Seven findings related to a provider directory audit were identified. The first finding was not contested, which found that the general and online provider directories did not include all information components required by Contract, Sections 4.14.5.1 and 4.14.5.4. The additional findings are being carefully reviewed. PHP is creating a detailed project plan to add required information to the website and to improve the quality of the information. HSD will receive updates for PHP's Provider Database Management project, which is in production and will improve the provider information required to feed the provider directory and downstream claims and encounters databases and other requirements dependent on provider information. The project plan was received by HSD on April 23, 2021. HSD accepted PHP's remediation plan and is monitoring the progress of activities. 07/06/21 – PHP's corrective action plan (CAP) is in progress. An update of the project plan was provided to the HSD Contract Manager. 10/01/21 – PHP CAP is being reviewed monthly to assess progress and resource needs. A system build is required to ensure accuracy and provider adoption to help ensure required information is updated. PHP is working on both strategies. 12/31/21 - PCP CAP is continuing to be reviewed monthly and is working on the system build and provider adoption. 02/21/22 - Final scope document completed and being presented to leadership for sign off next week. 04/04/22 - Project team had a meeting on 4/1/22 to discuss leadership feedback and questions. 05/18/22 - Project scope was approved and is moving forward. 05/20/22- HSD Project Scope Statement was approved, including Lexis Nexis Verified roster automation. PHP finalizing costs and implementation timeline. Lexis Nexis can provide the required data for the HSD deficiencies. 06/22/22 – Information Technology (IT) and internal stakeholders very nearly have the final budget and scope statement ready for signature so work can

begin.

09/15/22 - VP of Finance reviewing final budget, approval pending.

12/31/2022 – Status remains unchanged.

03/31/23 - PHP is working to add fields to the Provider Directory Manager (PDM) by March 31st. PHP is working through the issue of getting data from the old claims system Facets to the new system. PHP is attempting a work around until the required fields are put into place in the new system, then that can be linked to the PDM which produces the Provider Directory.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	03/04/21
COMPLETION DATE:	In Process
ISSUES	Improvement Plan – Network Adequacy
RESOLUTION	Secure Transportation (ST) was placed on an improvement plan for the network issues. Monthly meetings will be held between ST and PHP leadership to review issues/concerns. 09/13/21 Update: Network concerns remained an issue for ST. PHP placed ST on a corrective action plan (CAP) as the issues are not resolved timely. ST will provide monthly updates on efforts to improve the network, the next update was due in October 2021. 02/15/22: ST added new providers to its network of drivers. PHP is working on increasing mileage reimbursement. Mileage reimbursement is offered at the front end of the scheduling process through care coordination to free up drivers for members who do not have supports for this option. ST is offering hiring bonuses and retention bonuses to help maintain the current network. 04/01/22: Areas that are remaining a focus of the CAP for ST. This CAP is to remain open until network adequacy is improved. Action Plan Items: • Risk Stratification – policy to identify and prioritize high risk members (dialysis, chemotherapy, radiation, pre or post operative care, surgery, high risk pregnancy related appointments and urgent care); and members at risk of being dropped by their provider for missed appointments • Network Adequacy Plan - include specifics to ensure statewide coverage including 100 miles from the NM state borders (excluding Mexico) • Recruiting Plan – include number of vehicles, candidates, and area serviced

- Network Monitoring processes
  - Retention Plan
  - Incentive Plans - including incentive plans for resolving issue regarding short distance trips
- Provider Issues – action plan to address providers regarding no-shows and those with excessive late pick-ups.

12/15/2022: ST remains on a CAP. PHP and ST developed a policy and process to improve access for critical care appointment scheduling and transportation completion that was approved by HSD. PHP is monitoring and seeing improved results.

03/28/23- Q1CY23 - This CAP has remained open for continuous monitoring of the Critical Care appointments and efforts to reduce all provider missed transportation. Critical Care appointments have been reduced significantly. There were 11 missed appointments in January and 9 missed appointments in February.

Additional policy and procedures were implemented in CY22 which are directing the improvements. PHP will continue to monitor critical care appointments daily. Initiatives that are currently in progress include: per member per month (PMPM) rate review with guarantees, PHP contracting directly with Community Outreach Centers for partnering with transportation needs, and PHP contracting directly with tribal communities that offer transportation. Secure is adding additional vehicles to the fleet and looking to update correct scheduling platform/software for better performance.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Home and Community Based Services (HCBS) Settings
IMPLEMENTATION DATE:	09/01/22
COMPLETION DATE:	12/31/22 - CLOSED
ISSUES	Not conducting onsite inspections of Personal Care Service Agency offices.
RESOLUTION	09/01/22: PHP Provider Network Operations (PNO) is working on getting in-person visits conducted by October 2022. 12/14/22: PNO continues to work on setting up a schedule for in person visits for 2023.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PCS Agency Employee File auditing
IMPLEMENTATION DATE:	9/1/2022
COMPLETION DATE:	12/31/22 - CLOSED
ISSUES	Not reviewing PCS Agency policies and employee records for accuracy and all requirements
RESOLUTION	09/01/2022: An Internal Audit is being conducted to pilot the process for reviewing PCS Agencies for their contractual and regulatory requirements. The plan is to send out a request for information from 20 randomly chosen PCS agencies repressing all 5 regions of NM. With a sampling of 5 randomly chosen employee records to review from each agency. Audit start date is tentatively scheduled for 10/17/2022. 12/14/22- Audit is underway, tentative completion date is set up mid-Feb 2023.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Provider Satisfaction Survey
IMPLEMENTATION DATE:	8/26/22
COMPLETION DATE:	Open Item
ISSUES	2021/2022 Provider Satisfaction Survey
RESOLUTION	WSCC did not send the approved Provider Satisfaction Survey from HSD to providers for the calendar years 2021 and 2022. WSCC also misnamed the survey as "physician satisfaction" and not the "provider satisfaction" survey. WSCC sent a new survey for review and HSD approved the new survey in DY9 Q3. WSCC re-fielded the 2022 survey. WSCC submitted weekly reports to HSD pertaining to the re-fielding of the 2022 survey. WSCC submitted the results of the survey which HSD is reviewing. Closure is anticipated in DY10 Q2.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Payment Error- Reprocessing and Recoupment of Payments
IMPLEMENTATION DATE:	9/20/22
COMPLETION DATE:	Open item
ISSUES	Payment Error- Reprocessing and Recoupment of Payments, Temporary Economic Recovery Payments increase for Home and Community Based Services (HCBS)

RESOLUTION	During a routine audit of payments issued through WSCC's accounts payable platform, a discrepancy was identified related to payments described in a Letter of Direction (LOD) that HSD sent to the MCOs. This LOD directed the MCOs to provide a temporary economic recovery payment increase for Home and Community Based Services. A misalignment occurred between the payable supplier ID and the amount due to the provider, creating over and under payments. WSCC is providing outreach to those providers impacted to ensure payments are issued for those providers who were underpaid, as well as working on repayment options for the providers who were issued overpayments. HSD is closely monitoring this through weekly detailed reports from WSCC. WSCC is at a 99% completion rate for underpaid providers and at a 90% completion rate for overpaid providers. There is a payment plan for the remaining 3 of 70 providers who were overpaid. The remaining 3 providers are actively working with WSCC on a payment plan. Closure is anticipated in DY10 Q3.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Secure Transportation No-Show Remediation Plan
IMPLEMENTATION DATE:	11/17/22
COMPLETION DATE:	Open item
ISSUES	Secure Transportation (Secure) has not met performance measures for driver no-shows for critical care appointments for the period beginning in July 2022.
RESOLUTION	The expectation is that driver no-shows are reduced to 1% of total monthly critical care trips. Secure provided a remediation plan to WSCC. The plan includes Secure, WSCC, and Uber Health working to gain approval for Uber Health (and other rideshare providers) to be able to operate in the state. This plan also includes initiatives with Secure senior leadership team to analyze the network and provide feedback on matching capacity to demand, discussion around reimbursement rates, and reducing the number of driver no-shows. HSD approved WSCC plans and is closely monitoring this. WSCC has issued a Request for Proposal (RFP) to potentially expand their network of transportation providers. Closure is anticipated in DY10 Q3.

10
FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY10 Q1 reflects the capitation rates for Centennial 2.0 that were submitted to the CMS on December 21, 2022. On weighted average, the CY 2023 rate is slightly lower than that of CY 2022 and fee-for-service claim payments for CY 2023 are still lagging. In addition, data run out for CY 2023 will continue and the PMPMs will continue to change as expenditures come in (see Attachment A – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment A – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis indicates that DY8 is 10.4% below the budget neutrality limit (Table 8.5) through 9 quarters of payments. For DY9, Table 9.5 shows 8.7% below the budget neutrality limit with data through 5 quarters. Table 10.5 shows 29.4% below the budget neutrality limit for DY10 with preliminary data of 1 quarter.

11
MEMBER MONTH REPORTING

Member Months		2023 1
MEG1	0-FFS	105,039
	Presbyterian	687,911
	Western Sky	133,862
	Blue Cross Blue Shield	452,260
	Total	1,379,072
MEG2	0-FFS	7,207
	Presbyterian	62,812
	Western Sky	12,011
	Blue Cross Blue Shield	38,252
	Total	120,282
MEG3	0-FFS	0
	Presbyterian	67,194
	Western Sky	11,101
	Blue Cross Blue Shield	34,105
	Total	112,400
MEG4	0-FFS	605
	Presbyterian	312
	Western Sky	41
	Blue Cross Blue Shield	218
	Total	1,176
MEG5	0-FFS	0
	Presbyterian	9,155
	Western Sky	1,572
	Blue Cross Blue Shield	7,035
	Total	17,762
MEG6	0-FFS	79,597
	Presbyterian	384,859
	Western Sky	106,106
	Blue Cross Blue Shield	310,766
	Total	881,328
MEG10	0-FFS	10
	Presbyterian	100
	Western Sky	24
	Blue Cross Blue Shield	79
	Total	213
MGX8	0-FFS	0
	Presbyterian	194
	Western Sky	57
	Blue Cross Blue Shield	211
	Total	462
Total		2,512,695

Source: Enrollee Counts Report.

January 1, 2019 – December 31, 2023

12
CONSUMER ISSUES

GRIEVANCES

HSD receives MCO Report #37 Grievances and Appeals on a monthly basis. The report presents the MCOs response standards to ensure that grievances filed by members are addressed timely and appropriately. The report also provides information related to the summary of member grievance reason codes.

In DY10 Q1, the reports submitted by MCOs for January through March were reviewed and analyzed. It was determined reports were in compliance with contractual requirements. HSD observed in DY10 Q1, the top primary member grievance code continues to be Transportation Ground Non-Emergency, the second top primary member grievance code reported was Personal Care Services. This is a change from Dental in DY9 Q4 and in Q3 and was a change from Provider Specialist in Q2 and MCO Operational Issues in Q1. The table below is a summary of the quarterly data reported by the MCOs for DY10 Q1:

Table 26: Grievances Reported

Grievances	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Member Grievances	405				326				50				781			
Top Two Primary Member Grievance Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Transportation Ground Non-Emergency	288				116				19				423			
Personal Care Services	0				18				0				18			
Variable Grievances	117				192				31				340			

Source: MCO Report #37

APPEALS

HSD receives a monthly Grievances and Appeals report from the MCOs. The report presents the MCOs response standards to ensure that appeals filed by members are addressed timely and appropriately. The report also provides information related to the summary of member appeals reason codes.

In DY10 Q1, the reports submitted by MCOs for January through March were reviewed and analyzed. It was determined reports were in compliance with contractual requirements. HSD observed in DY10 Q1, the top primary member appeals code continues to be denial or limited authorization of a requested service, and the second top primary member appeals code reported continues to be denial in whole of a payment for a service. This has remained consistent from DY9. The table below is a summary of the quarterly data reported by the MCOs for DY10 Q1:

Table 27: Appeals Reported

Appeals Reported (January - March 2023)																
APPEALS	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	534				627				56				1,217			
Number of Expedited Member Appeals	35				23				12				70			
Top Two Primary Member Appeal Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Denial or limited authorization of a requested service	397				624				65				1,086			
Denial in whole of a payment for a service	165				15				0				180			
Variable Appeals	7				11				3				21			

Source: MCO Report #37

13
QUALITY ASSURANCE/ MONITORING ACTIVITY

ADVISORY BOARD ACTIVITIES

Under the terms of HSD's Centennial Care 2.0 Managed Care Services Agreements and the Managed Care Policy Manual, the MCOs are required to convene and facilitate a Native American Advisory Board and a Member Advisory Board to advise on service delivery, the quality of covered services, and member needs, rights, and responsibilities. HSD specifies the frequency of board meetings. The MCOs report semi-annually on the activities of the Advisory Boards. Please reference the table below for 2023 MCO Advisory Board Meeting Schedules.

Table 28: 2023 MCO Advisory Board Meeting Schedules

BCBS 2023			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	03/16/2023	12:00-1:30 PM	Hybrid - Albuquerque - Metro
BCBS	04/13/2023	12:00-1:30 PM	Hybrid - Valencia or Socorro County - Central
BCBS	06/15/2023	12:00-1:30 PM	Hybrid - Albuquerque - Metro
BCBS	07/20/2023	12:00-1:30 PM	Hybrid - Albuquerque - Metro
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	09/21/2023	12:00-1:30 PM	Hybrid - Las Cruces (Dona Ana County) - Regional
BCBS	10/26/2023	12:00-1:30 PM	Hybrid - Santa Fe (Santa Fe County) - Regional
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	02/9/2023	12:00-2:00 PM	Virtual - Sandoval County Tribal Areas
BCBS	05/04/2023	12:00-2:00 PM	Hybrid - Los Duranes Community Center
BCBS	08/10/2023	12:00-2:00 PM	Hybrid - Dine Youth Shiprock Youth Complex
BCBS	11/2/2023	12:00-2:00 PM	Hybrid - Zuni Wellness Center
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	See above	See above	All above locations (SDCB included in each meeting)

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (BH included in each meeting)

PHP 2023			
Meetings will be held virtually until state restrictions are lifted for in-person meetings. SDCB Subcommittee Member Advisory Board Meetings are currently on hold.			
MEMBER ADVISORY BOARD MEETING SCHEDULE (CENTRAL AREA)			
MCO	DATE	TIME	LOCATION
PHP	03/10/2023	11:30-1:30 PM	Presbyterian Rev. Cooper Center
PHP	06/02/2023	11:30-1:30 PM	Presbyterian Rev. Cooper Center
PHP	09/08/2023	11:30-1:30 PM	Presbyterian Rev. Cooper Center
PHP	12/06/2023	11:30-1:30 PM	Presbyterian Rev. Cooper Center
STATEWIDE MEETINGS			
MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	TBD
PHP	TBD	TBD	TBD
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	03/09/2023	3:00-5:00 PM	Virtual Meeting
PHP	06/01/2023	3:00-5:00 PM	Virtual Meeting
PHP	08/31/2023	3:00-5:00 PM	Virtual Meeting
PHP	11/30/2023	3:00-5:00 PM	Virtual Meeting
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	Meetings on Hold • Due to the low volume of self-directed members, PHP opted to fold these meetings into its broader Centennial Care 2.0 Member Advisory Board. Updates are provided at every meeting, presented by PHP's LTC Care Coordination Manager.
BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	03/13/2023	1:00-2:30 PM	Virtual Meeting
PHP	06/07/2023	1:00–2:30 PM	Virtual Meeting

MCO	DATE	TIME	LOCATION
PHP	09/13/2023	1:00–2:30 PM	Virtual Meeting
PHP	12/13/2023	1:00–2:30 PM	Virtual Meeting

WSCC 2023			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	02/11/2023	10:00 AM 12:00 PM	Virtual Meeting
WSCC	05/18/2023	2:00 PM-4:00 PM	Virtual Meeting
WSCC	08/16/2023	11:00 AM- 1:00 PM	Virtual Meeting
WSCC	12/02/2023	2:00-4:00 PM	Virtual Meeting
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	04/19/2023	4:00-6:00 PM	Virtual Meeting
WSCC	10/12/2023	3:00-5:00 PM	Virtual Meeting
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	03/03/2023	11:00 AM- 1:00 PM	Virtual Meeting
WSCC	06/01/2023	4:00-6:00 PM	Virtual Meeting
WSCC	08/25/2023	11:00 AM-1:00 PM	Virtual Meeting
WSCC	12/09/2023	11:00-1:00 PM	Virtual Meeting
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	08/16/2023	11:00 AM-1:00 PM	Virtual Meeting (Included in the MAB Presentation)
BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	10/12/2023	3:00-5:00 PM	Virtual Meeting (Included in Statewide)
COMMUNITY ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	06/16/2023	3:00-4:30 PM	Virtual Meeting

Quality Assurance	
DY10 Q1	**Quarterly Quality Meeting** HSD holds Quarterly Quality Meetings (QQMs) with the MCOs to provide HSD updates and guidance on required quality monitoring activities as well as relay HSD findings from the monthly, quarterly, and annual reports submitted by the MCOs. HSD's Quality Bureau, Performance Measures Unit, held the QQM for DY10 Q1 on March 22, 2023. HSD presented the MCO Performance Measure administrative data rates as of DY9 Q4. As of DY9 Q4, all 3 MCOs individually met or exceeded the target for PM#6, Antidepressant Medication Management, Continuous Phase. 1 of 3 MCOs met the target for PM#7, Initiation of Engagement of Alcohol and Other Drug Dependence. 2 of 3 MCOs met the target for PM#8, Follow-Up After Hospitalization for Mental Illness. Similarly, all 3 MCOs individually met or exceeded the target for PM#9, Follow-Up After Emergency Department Visit for Mental Illness. As of DY9 Q4, the MCOs collectively did not meet DY9 targets for the following: PM#1, Well-Child Visits in the First 15 Months of Life; PM#2, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; PM#3, Prenatal and Postpartum Care (prenatal); PM#4, Prenatal and Postpartum Care (postpartum); PM#5, Childhood Immunization Status; and PM#10, Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications. HSD provided an overview of activities and reports for the External Quality Review in which the timeline is by calendar year. For DY7, all EQRO reports covering this time period have been finalized and posted to the HSD website. For DY8, the Compliance Review was received by HSD with full compliance achieved by all MCOs. In addition, the DY8 Network Adequacy Validation and Performance Measure Validation are in review with HSD leadership and HSD will ensure the MCOs are notified of the postings to the HSD website. Lastly, for DY9, the Annual Technical Report and the Performance Improvement Project Validation will be submitted by the EQRO, IPRO (Island Peer Review Organization).

HSD concluded the meeting by reporting on 2 preprints finalized for DY9: The American Rescue Plan Act (ARPA) preprint, and the EPSDT preprint. HSD Quality Bureau works closely with the Financial Management Bureau developing the preprints to measure quality of care and establish performance targets for improved outcomes for Medicaid members. The evaluation summaries for each preprint were reported.

The EPSDT preprint initiated a uniform increase for EPDST services established by the state for Private Duty Nursing (PDN) and Home Health Providers. MCO data was collected with the goal to increase the percentage of actual PDN service hours completed by 5% from the DY8 aggregate baseline rate of 67%. The MCOs will focus on increasing the completion of authorized PDN services for members authorized to receive such services.

The ARPA preprint had 3 metrics associated to increase the number of Personal Care Service providers, Community Benefit Respite providers, and Behavioral Health Respite providers. MCO efforts increased the number of service providers by 1% from the DY8 baseline rate for each metric reflected in the DY9 MCO rates. This increase impacts the availability and access of services.

Monthly Performance Measure Monitoring Plan
In DY9 Q3, HSD introduced 3 measures to the Monthly Monitoring Plan for MCOs due to the decline in rates for PM #1 (W30), PM #3 (PPC-Prenatal) and PM #5 (CIS – Combination 3). HSD provided the MCOs with directions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies, and barriers associated with improving performance outcomes to ensure progress is being monitored and PM targets are met by the end of DY9 and DY10. The second report of DY9 Q4 data is reported below. The DY10 Q1 data will be reported on the DY10 Q2 CMS Quarterly Monitoring Report.

The State of New Mexico and HSD established an annual target rate for CY 2022 for PM #1 – Well Child Visits in the First 15 Months of Life (W30) of 64.82%. Through DY9 Month 12 (M12), the MCOs had the following average rates: BCBS 61.19%, PHP 62.44%, and WSCC 55.68%.

The CY 2022 HSD annual target rate for PM #3 – Prenatal & Postpartum Care (PPC) is 82.73%. Through DY9 M12, the MCOs had the following average rates for Timeliness of Prenatal Care:

BCBS 59.18%, PHP 62.44%, and WSCC 58.86%.

The CY 2022 HSD annual target rate for PM #5 – Childhood Immunization Status (CIS) is 70.53%. Through DY9 M12, the MCOs had the following average rates for Combination 3 Immunizations: BCBS 60.50%, PHP 63.22%, and WSCC 56.11%.

HSD expects to see these rates increase quarter over quarter, and the final determination of whether the MCOs have met the established targets is reliant on the CY 2022 annual audited HEDIS report, which will be received in June 2023.

BCBS:
W30: M10 60.54%; M11 61.41%; and M12 61.61%. Increase of 1.07 percentage points from M10 to M12.

Strategies and Interventions:
In DY10 Q1, BCBS continues to implement activities in a three-pronged intervention approach to increase measure compliance as it relates to those who turned 15 months old and had 6 or more well-child visits in the measurement year. BCBS also continues to target members who have gaps in well-child visits and performs member outreach through multiple initiatives, which includes an SMS texting campaign to deliver timely reminders to parents/guardians encouraging well-child visits. Member outreach calls are also conducted. These outreach calls encouraged parents/guardians to schedule and complete their six well child visits in the first 15 months of life and the importance of immunizations. The SMS texting campaign went into production in December 2022 and was created to bring awareness to parents/guardians to schedule an appointment with their healthcare provider or contact BCBS if member needs assistance with scheduling an appointment. The campaign continues to deliver timely reminders to the parents/guardians of members who need well-child visits, and the text offers the parent/guardian assistance by identifying a healthcare provider and by also helping the parent/guardian schedule an appointment. BCBS continues to engage provider groups through value-based contracts, dashboards are reviewed and discussed, and trendlines among attributed members are also reviewed. Through value-based contracts, BCBS is engaging provider groups incentivizing improving W30 rates with their attributed membership. Several provider groups continue to be engaged as part of value-based contract incentives that are geared to the improvement of the W30 measure compliance rate for their attributed membership. BCBS will continue to assist provider groups by promoting innovative solutions that targets members that are

identified as having a gap in care, that is overlaid with the CDC immunization schedule for CIS-combo 3 with the first six well child visits in the first 15 months of life. BCBS Quality Measure (QM) Specialists will focus on member outreach calls throughout DY10, which will encourage members to schedule a well-child visit. BCBS also continues to leverage the SMS texting campaign and outreach call campaigns through DY10. These interventions will bring hopeful improvements to the W30 rate. BCBS will also continue to monitor trends for this measure and adjust its interventions accordingly. In addition, BCBS will measure the effectiveness of its new interventions and will report those outcomes in its annual quality program evaluation.

PPC: M10 58.40%; M11 59.22%; M12 59.91%. Increase of 1.51 percentage points from M10 to M12.

Strategies and Interventions:
During this reporting period, BCBS identified eligible members for the Timeliness of Prenatal Care (PPC-TOPC) performance measure. BCBS' strategy is to improve measure compliance by deploying a three-pronged approach which includes The Special Beginnings program, SMS texting campaign as well as Tri-core collaboration. The Special Beginnings program engages members early in their pregnancy, by providing care coordination services, and prenatal/postnatal health education to high-risk members. This program is in collaboration with the BabySmart and the Families First vendor programs. BabySmart is designed to assist members through pregnancy up until delivery and sometime after. Services include care coordination, health education, member materials and are offered to both low and high-risk pregnancies. Families First also includes care coordination services, stay healthy materials, safe and healthy delivery techniques as well as breast feeding support. The SMS texting campaign continues to deliver timely reminders targeting expectant mothers (>18 years) encouraging them to maintain monthly prenatal visits with their provider and/or to contact BCBS for assistance locating an OB/GYN or PCP or transportation needs. The collaboration with Tri-core payor portal allows for the early identification of new pregnancies. Several provider groups continue to be engaged as part of value-based contract incentives that are geared to the improvement of the Timeliness of Prenatal Care measure compliance rate for their attributed membership. BCBS continues to assist provider groups by promoting innovative solutions that target members identified as having a gap in care. Gap lists are provided to help the provider group identify and outreach members within their first trimester of pregnancy. QM Specialists focus on member outreach that encourages members to schedule a

prenatal and postpartum visit(s). These interventions, coupled with the robust program resources (Special Beginnings, Families First, BabySmart) will bring hopeful improvement to the Prenatal and Postpartum rate(s).

CIS: M10 60.43%; M11 60.40%; M12 60.67%. Increase of 0.24 percentage points from M10 to M12.

Strategies and Interventions:
BCBS continues member outreach targeting childhood immunizations Combo 3 gaps through multiple initiatives including SMS texts, member outreach as well as quality data pertaining to gap lists. SMS texts also offer parents/guardians assistance with identifying a healthcare provider and appointment scheduling. BCBS member outreach calls are also conducted encouraging parents/guardians to schedule and complete well child visits so that timely immunizations can be given. BCBS Quality Data Analysts provide QM Staff with "gap lists" of members 0-15 months of age who may need one or more well child visit during the rest of the measurement year and those with Combo 3 immunization gaps. During gap list reviews, QM Staff make outbound telephonic calls to parents/ guardians, to provide reminders and offer assistance in scheduling appointments and transportation, if needed. Provider groups continue to be engaged as part of the value-based contract incentives that are geared to the improvement of the CIS measure compliance rate for their attributed membership. BCBS continues to assist provider groups by promoting innovative solutions that target members identified as having a gap in care consistent with the CDC immunization schedule for CIS-combo 3.

PHP:
W30: M10 49.96%; M11 52.58%; M12 62.41%. Increase of 12.45 percentage points from M10 to M12.

Strategies and Interventions:
PHP Centennial Care Baby Bonuses program had 97 new eligible enrollees in December 2022. Continuous enrollment for eligible members is done weekly based on Baby Benefits referrals, W30 Phone Call Campaign and enrollment from live phone calls with eligible members. Presbyterian Healthcare Services (PHS) Baby Bonuses Gift Card program is now available to PMG providers and care coordination teams on the internal referral site "On Campus" program and member value added benefit list. Data monitoring is conducted through monthly ongoing Gap in Care reporting and PHS Provider Quality Incentive Program to reimburse providers a

| | percentage to schedule and complete targeted W30 and other children's HEDIS measures. PHP ongoing barriers continue to be addressed with internal departments such as Care Coordination, Community Health Workers, Community Health Program, and Presbyterian Medical Group (PMG) Clinics and providers. Parents/guardians continue to report limited access to providers and available after-hours clinic times in rural areas to accommodate working schedules. During the stay-at-home orders of the COVID-19 Pandemic, providers and clinics were allowing wellness visits by telemedicine and video visits and scheduling clinic appointments for vaccinations. Clinics limited the number of patients in waiting room lobbies as well as limited the number of children per visit and allowed one adult to accompany the child. This limited parents of multiple children, of various ages, in scheduling needed appointments due to lack of reliable childcare needing to schedule multiple appointments for children, which was problematic especially for working parents. Transportation to medical appointments in rural areas continues to be problematic and unreliable. Call center staff, community health workers and care coordinators work with members to ensure they understand transportation benefits as well as assist them with scheduling. Providers are still struggling with staffing concerns and the backlog of patients needing appointments and the availability of appointments has become limited in some areas of the state. Wait time for scheduled appointments can be up to 2-3 months, and because of this, providers may also not see the members for the 6 appointments prior to the 15-month of age standard set by NCQA for HEDIS reporting. When the appointment falls after the date the member turns 15 months of age, they are considered non-compliant even if the six visits were provided. PHP Gap in Care lists with assigned Care Coordination or Community Health Workers will be shared for Supervisors by Region to ensure member/guardian telephone contact and member/guardian engagement is completed. A focused member phone call campaign by PHP Performance Improvement Staff, and PHP CHW's, will be implemented to reach members with gaps in this measure and who may need more assistance with scheduling and transportation. PHP continues to conduct member outreach through social media messaging though PHP Facebook, sending reminders to parents/guardians to complete their well-child doctor visits.

PPC: M10 60.44%; M11 60.21%; M12 66.67%. Increase of 6.23 percentage points from M10 to M12.

Strategies and Interventions:
PHP's Internal Departmental Collaboration partners with PHP Care |

Coordinators (CC) and Community Health Workers (CHW) for member outreach to tap into established relationships PHP has with members to coordinate communications and not inundate members with frequent contacts on the same or similar topics. PHP Baby Benefits Program rewards members for being compliant with their prenatal and postpartum care. PHP utilizes routine contacts with members reminding them of the importance of having timely prenatal and postpartum care visits, and that rewards/gift cards are available for members who meet all required visits. The first reward is a $150 gift card issued to members who complete a prenatal visit within the first trimester of pregnancy, or within 42 days of joining PHP. The second reward is a $75 gift card issued to members who complete at least 10 prenatal care visits, or 80% of the number of visits determined by the provider. Finally, the third reward is a $100 gift card when a member completes a postpartum visit within 7- 84 days after delivery. PHP continues the promotion of the Baby Benefits prenatal and postpartum reward program throughout New Mexico which include but are not limited to distribution of posters in community clinics and community centers. PHP continues to work with internal departments in efforts to develop a more accurate methodology to identify pregnancy earlier so interventions have a stronger impact on pregnancy outcomes within New Mexico. PHP is working on strategies to overcome bundle billing and delayed reporting on positive pregnancy tests. PHP's overarching goal is to engage members at an early stage of pregnancy to get them engaged with providers and community resources and to ensure appropriate access to care. PHP continues to educate members and providers on benefits, services, and resources available for Centennial 2.0 pregnant members. PHP has initiated a Performance Improvement Project (PIP) around pregnancy to identify at risk members and connect them with home services with a goal of decreasing complications. PHP is also partnering with Presbyterian Medical Group (PMG) to develop a timely pregnancy identification report, which is currently in the testing phase. PHP will continue to do year-round medical record abstraction to assist with PPC improvement and monthly reviews of prospective rates will continue to track changes and focus on expected year-end results. PHP will also continue to participate in Women's Health related events in order to increase referrals to Baby Benefits prenatal reward program as well as increase Baby Benefits enrollments to assist with member prenatal and post-partum appointments compliance by end of year.

CIS: M10 63.13%; M11 63.25%; M12 63.29%. Increase of 0.16 percentage points from M10 to M12.

Strategies and Interventions:
Presbyterian Healthcare Services (PHS) social media outreach is currently informing member parents/guardians of the importance of flu vaccines and all recommended childhood immunizations by promoting the Center for Disease Control (CDC) flu vaccination. PHS social media posts include messages for recommended baby and child wellness visits, flu vaccinations, and age-appropriate immunizations. Ongoing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) letters with age-appropriate immunization information continue to be mailed out by PHP daily. PHP Performance Improvement (PI) staff conduct active internal phone call outreach to members who graduated from the Baby Benefit Pregnancy Reward Program to help educate and engage the member. Providers also address the timeliness of recommended immunizations with parents/guardians during well child and well-baby visits. PHP will increase collaboration with PHP Value Based Purchasing (VBP) and Provider Quality Incentive Programs (PQIP) encouraging member engagement to complete needed immunizations in this measure. PHP continues collaboration with PHP Provider Network Operations to determine rural provider groups in need of additional support for member outreach and engagement. PHP also continues to communicate ongoing needs to internal PHP and PHS data analytics operations to improve data tracking and extraction.

WSCC:
W30: M10 55.39%; M11 55.88%; M12 55.77%. Increase of 0.38 percentage points from M10 to M12.

Strategies and Interventions:
Parents/guardians have been the target for member outreach in which WSCC has been utilizing the texting campaign, member incentives, as well as providing educational materials. Contracted providers are also a target to get members in for a well care visit which is discussed during provider meetings and collaboration. A reminder will continue to be sent to parents/guardians through initiatives to provide as much support to members, so they remain healthy and compliant. WSCC's goal with providers is to build relationships throughout DY10 and to close out the year with as much support as possible so goals are met through collaboration and outreach. WSCC uses data that is pulled monthly, and reviews compliancy of membership on a weekly basis, to determine if interventions and strategies need to be pivoted. Although data shows that WSCC did not reach the DY9 annual State goal yet, WSCC has continued to work on timelines to get the most out of each initiative.

The WSCC teams, working alongside providers, have shown improvement and engagement from internal and external teams. The timelines that have been put in place for each initiative for well child visits are being looked at to determine if they will continue to be used and if they are making the needed impact to keep members engaged in their health. The weekly meetings that WSCC has will continue to be used to monitor initiative for Return on Investment (ROI). The quality nurses provide information on initiatives when they speak to the member's parent/guardian and assist with any other questions they may have at the time regarding resources or health plan information. WSCC is closing out the W30 measure with increased results throughout the year. The incentives in DY9 are being worked all through December to close out the year with as many compliant members as possible. The well child visit has seen great results and movement when it has come to reaching members in DY9. WSCC next step is to complete a review of DY9 to determine next steps and strategies that can be implemented in DY10 to meet the HSD-assigned annual target.

PPC: M10 57.15%; M11 56.99%; M12 62.43%. Increase of 5.28 percentage points from M10 to M12.

Strategies and Interventions:
The PPC interventions are in constant observance to track their positive and negative impact on the measure. WSCC will adjust interventions as needed to meet the HSD-assigned annual target. WSCC has set a weekly meeting cadence to review performance measures. In these meetings, representatives from WSCC internal departments attend to address action items and any roadblocks. Weekly Performance Measure Meetings help WSCC stay focused on the measures to adjust where needed. WSCC member pregnancies are identified as soon as possible so that both mother and baby receive prenatal care immediately in order to have healthy birth outcomes. WSCC continues to utilize claim reporting, Notification of Pregnancy (NOP) submissions, OB/GYN incentive program and Smart Start for Baby (SSFB) to identify eligible pregnant women, and to identify if there are any health-risk factors to ensure a healthy birth outcome by receiving prenatal care as soon as pregnancy is detected. WSCC is seeing a positive increase in members participating in the PPC incentives and programs WSCC offers pregnant members, which include the following: SSFB, Virtual Baby Showers, and usage of the Pacify application. WSCC realizes that performing outreach to members is key to helping completing NOPs. WSCC is keeping a watchful eye on meeting the HSD-assigned DY9 target for prenatal care. WSCC is critical of the interventions in place

for the PPC measures by analyzing engagement reports and holding weekly meetings to address trends identified. WSCC is determined to meet the HSD-assigned targets for the PPC measure. WSCC interventions and programs are member specific, member driven, focusing on member outreach and continues to collaborate with providers via engagement meetings to discuss opportunities for gap closure. WSCC believes that it is vital to stay abreast of the interventions, therefore weekly interdepartmental meetings are held to ensure WSCC is on track to meet the HSD target.

CIS: M10 55.20%; M11 55.15%; M12 57.99%. Increase of 2.79 percentage points from M10 to M12.

Strategies and Interventions:
Value Based Providers (VBP) meetings are continuously held to review provider scorecards, HEDIS measure compliance and any issues or barriers the providers are facing, which WSCC offers support with best practices and procedures. Providers and WSCC also collaborate efforts to reach provider goals to increase member compliance with the CIS measure. WSCC targeted member outreach is conducted daily. If outreach is successful, WSCC offers support with resources throughout New Mexico, assistance with the compliancy of their immunizations and assisting with any barriers members may be facing, like transportation. WSCC implements My Health Pays, which is a member incentive that will continue as an intervention throughout DY10, where the member receives an incentive once the claims are received by WSCC and the gap in care is closed. WSCC is still utilizing the FarmBox program, which is a box of fresh vegetables and fruit from FarmBox, that is sent out to members after the completion of an immunization visit. Data is pulled monthly for compliant CIS members, which triggers a box to be sent from FarmBox. WSCC is reviewing this intervention and will determine if this project will continue in DY10 with a new cohort and/or if additional projects will be implemented. WSCC Quality nurses, along with the member's PCP, provide parents/guardians with information on the importance of immunization and information on incentives.

Performance Measures (PMs)
HSD Performance Measures (PMs) and targets are based on HEDIS technical specifications. Each MCO is required to meet the established performance targets. Each DY target is a result of the DY6 MCO aggregated Audited HEDIS data, calculating an average increase for each DY until reaching the DY6 Quality Compass Regional Average plus 1 percentage point. Failure to meet the HSD-

designated target for individual performance measures during the DY will result in a monetary penalty based on 2% of the total capitation paid to the MCO for the agreement year.

HSD requires the MCOs to submit quarterly reports that are used to monitor the performance of each PM to determine if MCOs are on track for meeting the established target. MCOs report any significant changes as well as interventions, strategies, and barriers that impact improved performance. HSD staff will review and analyze the data to determine if the MCOs are trending towards meeting the established targets. HSD findings are communicated to the MCOs through MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meeting (QQM). HSD expects to see rates increase quarter over quarter and the final determination of whether the MCOs have met the targets is reliant on the DY9 annual audited HEDIS report, which will be received in DY10 Q2.

Below are the MCO quarterly rates and interventions for each Performance Measure (PM) and their established target for DY9.

The following PMs show results for DY9 Q4 reporting:

PM #1 (1 point) – Well-Child Visits in the First 15 Months of Life (W30)
The percentage of members who turned 15 months old during the measurement year and had 6 or more well-child visits.

DY9 target is 64.82%.
BCBS Q1 36.81%; Q2 50.94%; Q3 59.08%: Q4 61.61% Increase of 2.53 percentage points from Q3 to Q4 and is 3.21 percentage points below the DY9 target.
PHP Q1 28.53%*; Q2 41.36%*; Q3 50.90%*; Q4 62.41%: Increase of 11.51 percentage points from Q3 to Q4 and is 2.41 percentage points below the DY9 target.
WSCC Q1 30.31%; Q2 39.45%; Q3 51.90%; Q4 55.88%: Increase of 3.98 percentage points from Q3 to Q4 and is 8.94 percentage points below the DY9 target.
MCO Aggregate: Q1 Total 31.77%*; Q2 Total 44.62%*; Q3 Total 54.00%*; Q4 Total 61.32%: Increase of 7.32 percentage points from Q3 to Q4 and is 3.50 percentage points below the DY9 target.
*Please note corrected PHP and aggregate quarterly data rates due to reporting discrepancy.

MCO Strategies and Interventions:

BCBS continued member outreach calls during DY9 Q4, where members were encouraged to schedule and complete a well-child visit in the first 15 months of life during a one-on-one phone call with parent/guardian. All newly enrolled members receive a hard copy of the BCBS member handbook, which includes benefit information and importance of well-child visits. The member handbook is also accessible on the BCBS member website. Wellness Guideline and Information is a resource that encourages parents/guardians to schedule a well-child visit and what to expect during visits. BCBS Special Beginnings Care Coordinators utilize a script when speaking with members after delivery and discusses the importance of well-child visits and childhood immunizations. In Q4, the BCBS Member Advisory Board (MAB) and Native American Advisory Board (NAAB) meetings provided health education on well-child visits presented to members by a QM Specialist. An SMS texting campaign went into production and continues to deliver timely reminders to parents/guardians to encourage well-child visits. This campaign was created to bring awareness to parents/guardians to schedule an appointment with their healthcare provider or contact BCBS if members need assistance with scheduling an appointment. Through value-based contracts, BCBS is engaging provider groups incentivizing improving W30 rates with their attributed membership. Interventions include providing member gap lists and promoting effective solutions that overlay the CDC immunization schedule with the first well child visits in the first 15 months of life.

PHP continues to focus on targeted telephonic member outreach by their Performance Improvement (PI) department. PHP continues to increase internal communication to Presbyterian Healthcare Services (PHS)/Presbyterian Medical Group (PMG) encouraging providers to contact members with gaps in care for this measure in DY9 Q4. PI provided training to Community Health Workers and Care Coordinators to increase collaboration between departments and educate staff about engaging member parents/caregivers to complete well-child visits for this measure. PHP has increased messaging on member facing social media platforms to remind parents/caregivers to complete well child and well-baby doctor visits. Additionally, ongoing member reminder phone calls are completed, where information on Baby Bonus incentive programs is provided to member caregivers.

During DY9 Q4, WSCC focused on Quality Rating Group (QRG) education and provided resources to contracted providers to ensure they receive the most updated version of HEDIS along with any changes made by NCQA. WSCC continues to review QRG education materials to ensure providers submit the correct data for gap closure. FarmBox and WSCC collaborate to work with members to complete well child visits through a member incentive food box. Members are sent a letter advising them of their eligibility to receive a healthy food box through FarmBox, which provides a specified time frame to complete required well-child visits. Quality Reporting Specialists (QRS) and the Value Based Team support providers by discussing strategies to meet their goals in completing well child visits. QI nurses provide outreach reminding members to complete a well child visit appointment with their PCP. They also review information with members about their health plan, including Centennial Rewards. QI nurses also share clinical information on why members need an appointment for a well care visit. They assist members navigate through the website, enroll in Centennial Rewards, and answer any other questions the members may have regarding barriers. The mPulse texting campaign is an additional initiative that reminds members to make a well child visit appointment.

PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
The percentage of members ages 3 through 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.

For this measure the National Committee for Quality Assurance (NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2023.

DY9 target is 58.14%.
BCBS Q1 10.56%; Q2 15.73%; Q3 22.73%; Q4 27.05%: Increase of 4.32 percentage points from Q3 to Q4 and is 31.09 percentage points below the DY9 target.
PHP Q1 11.02%; Q2 14.63%; Q3 20.86%; Q4 24.17%: Increase of 3.31 percentage points from Q3 to Q4 and is 33.97 percentage points below the DY9 target.

WSCC Q1 8.92%; Q2 10.32%; Q3 15.27%; Q4 20.65%: Increase of 5.38 percentage points from Q3 to Q4 and is 37.49 percentage points below the DY9 target.

MCO Aggregate: Q1 Total 10.60%; Q2 Total 14.65%; Q3 Total 21.03%; Q4 Total 24.88%: Increase of 3.85 from Q3 to Q4 and is 33.26 percentage points below the DY9 target.

MCO Strategies and Interventions:
BCBS continues efforts for improvement through value-based contracts and engages provider groups by incentivizing improving WCC rates with their attributed membership. Value-based contracts continue to encourage providers to have weight assessment counseling for nutrition and physical activity with children/adolescents. Scorecards covering WCC performance are discussed during monthly join operational meetings amongst BCBS teams. Gap lists for attributed members are provided and related coding requirements are discussed with providers. HCPCS (Healthcare Common Procedure Coding System) Code G0447 was unbundled and incentivized in DY9 so it may be included in any claim where applicable, which will help improve rates for this measure.

In DY9 Q4, PHP continues efforts to educate members on recommended wellness visits through social media postings, and telephone outreach to members with gaps in this measure. PHP completes outreach for members who have previously attended clinics with providers participating in the Provider Quality Incentive Program (PQIP) to incentivize providers for qualifying Health Effectiveness Data and Information Set (HEDIS) visits in this measure. PHP provided specific trainings and presentations for their Clinical Operations teams, CHW, and Native American Consumer Advisory Board on recommended wellness visits for this measure and age group. PHP provided education on this measure to the New Mexico Alliance for School Based Health Centers to engage schools statewide in outreach efforts and help school age children complete wellness visits. PHP has implemented an enterprise-wide claims documentation system, Health Rules Payor (HRP) to capture accurate completion and submission of claims for well child visits. Additionally, PHP increased statewide efforts to advertise the Got Shots campaign, which encouraged member caregivers to return to clinics to complete well child visits and required immunizations. Additional efforts to engage member parents and caregivers were social media posts to remind parents on needed and recommended

wellness visits and age-appropriate vaccinations.

WSCC's Provider Quality Liaisons and VBP team worked with providers to ensure they are contacting members to complete needed well care visits, including the counseling for nutrition and physical activity. WSCC has also worked with providers to collaborate on events to get sports physicals completed. WSCC and FarmBox continue to work together to incentivize members for completion of these visits with a box of healthy snacks along with a brochure that provides healthy recipes and ways to sustain a healthy life. WSCC has also collaborated with a large provider to retrieve charts on a quarterly basis to review and close member gaps.

PM #3 (1 point) – Prenatal and Postpartum Care (PPC)
The percentage of member deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a member of the MCO in the first trimester or within 42 Calendar Days of enrollment in the CONTRACTOR's MCO.

DY9 target is 82.73%.
BCBS Q1 59.50%; Q2 58.47%; Q3 58.23%; Q4 59.91%: Increase of 1.68 percentage points from Q3 to Q4 and is 22.82 percentage points below the DY9 target.
PHP Q1 61.98%; Q2 61.02%; Q3 60.67%; Q4 66.67%: Increase of 6 percentage points from Q2 to Q3 and is 16.06 percentage points below the DY9 target.
WSCC Q1 52.23%; Q2 52.92%; Q3 57.11%; Q4 56.95%: Decrease of .16 percentage points from Q3 to Q4 and is 25.78 percentage points below the DY9 target.
MCO Aggregate: Q1 Total 60.01%*; Q2 Total 59.25%; Q3 Total 59.37%; Q4 Total 63.02%: Increase of 3.65 percentage points from Q3 to Q4 and is 19.71 percentage points below the DY9 target.
*Please note corrected Q1 MCO Aggregate rate.

MCO Strategies and Interventions:
BCBS continued the Special Beginnings Maternity Care Coordination program to assist and engage members to better manage their pregnancy. The program offers prenatal and postpartum health education and guidance as well as other resources such as the Centennial Rewards program. Additionally, the Centennial Home Visiting Program (CHV) is an evidence-based home visiting program

for eligible pregnant women focusing on pre-natal care, post-partum care and early childhood development. Throughout DY9 Q4, SMS text messages were deployed to expecting moms, reminding them of the importance of maintaining a visit with their healthcare provider. A new intervention in Q4, Finity BabySmart (BS) was implemented within the Special Beginnings program. As part of BabySmart, virtual doula coaches are deployed and educate the high-risk pregnant population. Included (but not all inclusive) with the BS program is access to BS applications, educational resources, and scheduling support. BCBS continues to meet with contracted provider groups reviewing performance scorecards, providing gap lists for provider group's attributed membership, and supporting provider groups to improve Timeliness of Prenatal PPC rates for their attributed membership. BCBS Special Beginnings and TriCore Labs collaborated in identifying newly identified pregnant Centennial Care members, and by using the TriCore payor portal, Special Beginnings and quality staff can perform member outreach earlier in the member's pregnancy.

PHP continues to work with internal departments such as care coordination and community health workers to assist members in obtaining needed care during their pregnancy in DY9 Q4. Performance Improvement staff continue to outreach to community organizations statewide to form collaboration that can assist with additional resources to members to try and remove barriers to accessing care.

WSCC has implemented interventions for PPC members to start receiving prenatal care as soon as pregnancy is detected. This is achieved by utilizing mPulse, a weekly campaign outreach to members that have been identified as pregnant through various reporting methods and helping them complete a Notification of Pregnancy (NOP). WSCC's Maternal Health program, Start Smart for Baby (SSFB) has interventions which determine the risk level for each pregnancy, if the member is high/medium risk and/or receiving 17P injections, the SSFB Care Coordinator engages with members on a weekly/monthly basis. This program encourages new and expecting mothers to be more engaged in their baby's health and their prenatal health.

PM #4 (1 point) – Prenatal and Postpartum Care (PPC)
The percentage of member deliveries that had a postpartum visit on

or between 7 and 84 Calendar Days after delivery.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2023.

DY9 target is 65.95%.
BCBS Q1 42.11%; Q2 49.60%; Q3 50.92%; Q4 57.52%: Increase of 6.60 percentage points from Q3 to Q4 and is 8.43 percentage points below the DY9 target.
PHP Q1 50.98%; Q2 55.56%; Q3 57.66%; Q4 61.18%: Increase of 3.52 percentage points from Q3 to Q4 and is 4.77 percentage points below the DY9 target.
WSCC Q1 40.11%; Q2 44.80%; Q3 47.09%; Q4 53.04%: Increase of 5.95 percentage points from Q3 to Q4 and is 12.91 percentage points below the DY9 target.
MCO Aggregate: Q1 Total 46.57%*; Q2 Total 52.25%: Q3 Total 53.98%; Q4 Total 58.86%: Increase of 4.88 percentage points from Q3 to Q4 and is 7.09 percentage points below the DY9 target.
*Please note corrected Q1 MCO Aggregate rate.

MCO Strategies and Interventions:
BCBS continues to offer the Special Beginnings Maternity Care Coordination program to assist members to better engage and manage their pregnancy. Prenatal and postpartum health education and guidance as well as other resources such as the Centennial Rewards Value-Added Services (Crib and Car Seat) are included in the program. The Centennial Home Visiting Program (CHV) is an evidence-based home visiting program for eligible pregnant women that focuses on prenatal care, postpartum care and early childhood development. Beginning DY9 M12, BCBS kicked off an SMS text messaging campaign that was deployed targeting new moms, reminding them to maintain a follow up visit and offering assistance in identifying and scheduling with their healthcare provider. In DY9 Q4, Finity BabySmart (BS) was implemented within the Special Beginnings program. As part of BabySmart, virtual doula coaches are deployed to educate the high-risk pregnant population. Included (but not all inclusive) with the BS program is access to BS apps, educational resources, and scheduling support. BCBS continues to meet with contracted provider groups reviewing performance scorecards, providing gap lists for provider group's attributed

membership, and supporting provider groups to improve PPC rates for their attributed membership. BCBS and TriCore Labs collaborate to identify new postpartum members and share aggregated member data for certain conditions such as prenatal, postpartum and diabetes. By using the TriCore payor portal, BCBS Quality Management Specialists can perform member outreach to offer assistance in attending their postpartum appointment.

PHP continued to collaborate with community programs to build strategies that can help members with social determinants of health (SDOH) that impact their access to prenatal care in DY9 Q4. The PI Program Manager continues to provide outreach to members who have recently delivered a baby to encourage participation in the internal prenatal reward program, Baby Benefits, and educate members on the Centennial Rewards program, of which both programs reward members on postpartum care compliance. PHP continues to engage providers to educate them about reward programs that directly impact women's health. PHP also continues to do year-round medical record abstraction. Telephonic outreach efforts continue by Performance Improvement (PI) Program Manager (PM) to engage members in prenatal reward programs to ensure better rates for postpartum appointments. PHP continues to share data reports with internal Care Coordinators and Community Health Workers to help members schedule and attend their postpartum appointments.

WSCC will continue to utilize various interventions already in place and is looking into additional interventions for DY10 to meet the benchmarks set forth by HSD and NCQA. WSCC has a weekly cadence in place to discuss trends and successes with interdepartmental staff. WSCC is trending in a positive direction throughout DY9, which WSCC attributed to interventions focused on member outreach, texting campaigns, provider engagement meetings, and member incentives.

PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3
The percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (HepB); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their 2nd birthday.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2023.

DY9 target is 70.53%.
BCBS Q1 40.41%; Q2 55.52%; Q3 59.93%; Q4 60.60%: Increase of 0.67 percentage points from Q3 to Q4 and is 9.93 percentage points below the DY9 target.
PHP Q1 54.69%*; Q2 60.70%*; Q3 62.77%*; Q4 63.29%: Increase of 0.52 percentage points from Q3 to Q4 and is 7.24 percentage points below the DY9 target.
WSCC Q1 41.83%; Q2 48.60%; Q3 54.28%; Q4 55.15%: Increase of 0.87 percentage points from Q3 to Q4 and is 15.38 percentage points below the DY9 target.
MCO Aggregate: Q1 Total 47.82%*; Q2 Total 57.36%*; Q3 Total 60.73%*; Q4 Total 61.35%: Increase of 0.62 percentage points from Q3 to Q4 and is 9.18 percentage points below the DY9 target.
*Please note corrected PHP quarterly and aggregate data rates due to reporting discrepancy.

MCO Strategies and Interventions:
BCBS' Special Beginnings Care Coordinators utilize a script when speaking with members after delivery to discuss well child visits and childhood immunizations. An SMS texting campaign went into production and continues to deliver timely reminders to encourage parents/guardians to complete immunizations. This campaign was created to bring awareness to parents/guardians to schedule an appointment with their healthcare provider or contact BCBS if members need assistance with scheduling an appointment. Community Health Workers (CHWs) tool provides talking points encouraging parent/guardians of children 2 years of age to complete Combo 3 immunizations, which continues to be utilized by CHW staff. Members were contacted telephonically to encourage parents/guardians to complete immunizations as needed and assistance in scheduling an appointment was offered to members. Member Advisory Board (MAB) and Native American Advisory Board (NAAB) meetings provided Health Education on childhood immunizations and was presented to members by a QM Specialist in DY9 Q4. Monthly joint operating meetings are held directly with

value-based providers to monitor activities where dashboards are reviewed against measure performance and target goal for CIS-Combo 3. The expectation for each provider group is to work with BCBS's Quality and Operations staff to mitigate barriers and close gaps. Providers are encouraged to overlay the first 6 provider visits in the first 15 months of life with the CDC immunization schedule for CIS-3. Attributed member gap lists are also provided.

PHP continued efforts in DY9 Q4 to increase member education on PHP Centennial Care Reward Program, Baby Bonuses, to engage members to return to clinics for well child visits and completed missing age-appropriate immunizations. PHP continues ongoing efforts to work with Presbyterian Medical Group (PMG) clinics for outreach to members in rural areas with gaps in this measure. PHP had an increased collaboration with internal Community Health Workers (CHW) and Care Coordinators outreach efforts to engage and educate members missing this measure. This reporting period, PHP PI internal staff presented on the recommendations for this measure to Operations, CHW's and Care Coordination. In DY9 M10, PHP PI staff attended community health and education events in collaboration with Lovelace Women's Health and the City of Albuquerque's Community Baby Shower to engage pregnant members and parents/caregivers of children two years and younger to complete recommended immunizations.

WSCC has Quality nurses that conduct daily outreach to noncompliant members for various measures including CIS. Quality nurses work with members to schedule appointments, educate them on the importance of immunizations and assist with additional barriers the members may have. The Quality and VBP teams also review member scorecards with providers in Value Based meetings, which include a list of all members on their panel that have a gap in care for immunizations. By providing member gap lists to providers, this gives them an opportunity to conduct their own member outreach to schedule members for appointments. FarmBox is another initiative that WSCC is using to incentivize members. Members who complete their immunizations, will receive an initial box of healthy snacks to introduce them to the program. WSCC continues to find areas of improvement and are in constant review of current initiatives to make sure they are effective.

**PM #6 (1 point) – Antidepressant Medication Management**
**(AMM):** _**Continuous Phase**_

The number of members age 18 years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least 180 Calendar Days (6 months) of continuous treatment with an antidepressant medication.

DY9 target is 35.19%.
BCBS Q1 32.36%; Q2 37.30%; Q3 41.44%; Q4 41.79%: Increase of 0.35 percentage points from Q3 to Q4 and is 6.60 percentage points above the DY9 target.
PHP Q1 35.63%*; Q2 39.81%*; Q3 43.01%*; Q4 43.59%: Increase of 0.58 percentage points from Q2 to Q3 and is 8.40 percentage points above the DY9 target.
WSCC Q1 33.18%; Q2 35.03%; Q3 41.38%; Q4 42.58%: Increase of 1.20 percentage points from Q3 to Q4 and is 7.39 percentage points above the DY9 target.
MCO Aggregate: Q1 Total 34.14%*; Q2 Total 38.36%*; Q3 Total 42.24%*; Q4 Total 42.80%: Increase of 0.56 percentage points from Q3 to Q4 and is 7.61 percentage points above the DY9 target.
*Please note corrected PHP and aggregate quarterly data rates due to reporting discrepancy.

MCO Strategies and Interventions:
BCBS launched a member incentive in DY9 Q4, which provides members an opportunity to receive a gift card for refilling their antidepressant medication. A provider education webinar called, "Suicide Prevention in the Military Community", included the AMM measure and offered providers Continuing Medical Education (CME)/Continuing Education Unit (CEU) credit in DY9 Q4. The webinar recording remains available for providers to view and still receive CME/CEU credit. Planning began in DY9 Q4 for two additional provider education webinars that will include AMM and will take place DY10 Q1 and Q2. Outreach calls to members reminding them to refill their antidepressant medication continued in DY9 Q4.

PHP remained proactive in their interventions to support this measure. In DY9 Q4, an educational brochure on the relationship between diabetes and depression was mailed to 9266 members with diabetes. Additionally, PHP developed an educational brochure on the relationship between cardiovascular disease and depression, for

mail distribution in DY10 Q1. The efficacy of the brochure mailings will be monitored as claims are received. Incentivization of AMM and monitoring of Depression Screening codes continued in Q4 through the Value Based Purchasing Provider Quality Incentive Program (VBP PQIP). VBP programs were promoted as planned during DY9 Q4 provider education and eligible providers were encouraged to enroll in PQIP AMM or Depression Screening metrics. A Performance Improvement Plan to increase Screening for Clinical Depression that was initiated in DY9 Q1 continues.

WSCC is continuing interventions with member outreach and engagement. Members experiencing barriers related to antidepressant medication adherence continue to receive outreach from a pharmacist to provide counsel and assistance. Pharmacy Coordinators continue to complete calls and send faxes to providers and pharmacies to assist with refills and inform them about the option for 90-Day supply prescriptions. WSCC's BH Disease Management Registered Nurse continues to work with members to increase their understanding of medication usage and compliance, promote healthy lifestyle activities, empower members to take charge of their health, and monitor for any signs of decompensating mental health through regular PHQ-9 assessments. Members of WSCC are urged to use the MyStrength program, which is offered both online and as a mobile app that may be downloaded. The program uses evidence-based paradigms like Cognitive Behavioral Therapy, Behavioral Activation, and Acceptance and Commitment Therapy to assist participants in using individualized strategies for a range of core focus areas such as depression, anxiety, stress, trauma, and mindfulness. Provider Quality Liaisons (PQLs) continue to work with providers to close care gaps and improve performance. Small practices, individual providers, and Value Based Purchasing (VBP) program behavioral health (BH) providers across the state meet monthly and quarterly to discuss issues such as member access to appointments, Pay for Performance metrics, and best practices for providing the highest quality care.

PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation
The total percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD Treatment.

DY9 target is 46.14%.
BCBS Q1 41.26%; Q2 43.73%; Q3 44.45%; Q4 45.20%: Increase of 0.75 percentage points from Q3 to Q4 and is 0.94 percentage points below the DY9 target.
PHP Q1 47.16%; Q2 49.75%; Q3 51.99%; Q4 52.39%: Increase of 0.40 percentage points from Q3 to Q4 and is 6.25 percentage points above the DY9 target.
WSCC Q1 45.30%; Q2 46.44%; Q3 46.84%; Q4 45.85%: Decrease of 0.99 percentage points from Q3 to Q4 and is 0.29 percentage points below the DY9 target.
MCO Aggregate: Q1 Total 44.74%; Q2 Total 47.14%; Q3 Total 48.62%; Q4 Total 48.96%: Increase of 0.34 percentage points from Q3 to Q4 and is 2.82 percentage points above the DY9 target.

MCO Strategies and Interventions:
BCBS offered a new member incentive in DY9 Q4 that provided members with an opportunity to receive a gift card for attending a follow-up appointment related to AOD. Member outreach by Recovery Support Assistants (RSAs) and provider interventions were continued, including the IET enhanced payment initiative and value-based contracting. Planning was also done in DY9 Q4 for a new series of provider education webinars that will include the IET measure to begin later in DY10 Q1. A member video on the importance of seeking professional treatment for substance use was launched across multiple social media platforms.

PHP reports value-based purchasing programs through their Physical Quality Incentive Program (PQIP) and Behavioral Quality Incentive Programs (BQIP) continue to expand the number of enrolled providers in these metrics. In Q4, they continued with targeted recruitment of providers and added one provider to BQIP for a total of four new providers in this measure for DY9. PHP continues to provide IET education throughout DY9. Members who receive services from the peer support or community health worker teams receive regular education on the importance of engaging in AOD/Substance Use Disorder (SUD) treatment and recovery services. Additionally, PHP facilitates quarterly meetings with inpatient facilities to explore the solutions to effective discharge planning for members with an AOD/SUD diagnosis and improving member motivation to engage in treatment.

WSCC continues to use daily reports from Collective Medical

Technologies (CMT), a real-time care notification and collaboration platform, to identify members with substance use diagnoses as early as possible. This system enables members to be contacted within 24 to 48 hours of an Emergency Department (ED) encounter, in which a substance use diagnosis is noted. WSCC also continues to use internal HEDIS daily care gap reports to identify members for outreach. Members identified through CMT, and internal reports are referred to NM Family Services (NMFS) for outreach and treatment participation if they are not already seeing an outpatient provider. NMFS staff collaborates with members' assigned care coordinators and refers members to the WSCC Member Connections Team for additional assistance, as needed. In M12, the WSCC Member Connections Team conducted outreach to adolescent members identified as having a substance use diagnosis within the previous 6 months. The outreach was aimed at supporting these members in engaging in treatment and connecting the families with community resources. Care Coordinators continue to collaborate with members enrolled in Care Coordination services to address gaps in care, educate members, link them with providers, and help with transportation or other obstacles.

PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge.

DY9 target is 52.02%.
BCBS Q1 48.30%; Q2 53.12%; Q3 54.08%; Q4 53.84%: Decrease of 0.24 percentage points from Q3 to Q4 and is 1.82 percentage points above the DY9 target.
PHP Q1 45.69%*; Q2 51.20%*; Q3 51.71%*; Q4 51.74%: Decrease of 0.03 percentage points from Q3 to Q4 and is 0.28 percentage points below the DY9 target.
WSCC Q1 50.23%; Q2 54.57%; Q3 55.10%; Q4 55.34%: Increase of 0.24 percentage points from Q3 to Q4 and is 3.32 percentage points above the DY9 target.
MCO Aggregate: Q1 Total 47.22%*; Q2 Total 52.31%*; Q3 Total 53.02%*; Q4 Total 53.00%: Decrease of 0.02 percentage points from Q3 to Q4 and is 0.98 percentage points above the DY9 target.

*Please note corrected PHP and aggregate quarterly data rates due to reporting discrepancy.

MCO Strategies and Interventions:
In DY9 Q4, BCBS held a provider education webinar, called, "Suicide Prevention in the Military Community", which included education on the importance of follow-up care for mental health. The webinar offered CME credit and CEU to providers who attended, and the recording remains available for providers. Planning took place in DY9 Q4 with a series of provider education webinars that will include the FUH measure. The Facility Incentive Program was continued in Q4 and the possibility of adding another facility is being explored. A member video on the importance of follow-up care after a mental health hospitalization was distributed to members and providers in Q4.

PHP continued initiatives aimed at improving FUH performance in DY9 Q4. All VBP programs continued in Q4, including the Model Facility Incentive Program (MFIP) for inpatient acute psychiatric facilities/units. In Q4, an inpatient incentive program for FUH was rolled out to inpatient facilities. This program allows inpatient rostered masters-level or higher providers to complete telehealth FUH appointments between 2-7 days post-discharge and is recommended as clinically appropriate. The Behavioral Health Quality Incentive Program (BQIP) for outpatient behavioral health providers also includes the FUH measure. Recruitment efforts continued in Q4 to recruit more providers into the measure. PHP reports they enrolled 1 new provider in the BQIP FUH program in Q4. Inpatient Care Coordination (IPCC) activities returned to in person contact with members and facilities in Q4. IPCC activities include contacting members who were hospitalized and offering Care Coordination services, including discharge planning assistance for the member and the facility. A specialized inpatient (IP) Task Team with an inpatient care coordinator, utilization manager, peer support, and medical director continued to meet in Q4. This team tracks members with high utilization rates across facilities to improve discharge plans and coordinate care to reduce rehospitalization rates for those members.

WSCC Behavioral Health Liaisons (BH Liaison), Behavioral Health Utilization Management (BH UM) teams, and inpatient and residential facilities continue to collaborate to make participation in

follow-up care accessible for members. In order to assist members with organizing appointments and addressing their needs for community resources, the BH Liaison Team stays in touch with them both during and after their inpatient hospitalization. BH Liaisons successfully reached 70% of members discharged from an inpatient behavioral health stay in DY9 Q4. Members who are difficult to reach or engage after discharge from an inpatient BH stay are referred to WSCC's Member Connections Team for additional outreach and engagement efforts. Members are also referred to a specialized team of certified peer support and community health workers for ongoing support. WSCC continues to work with members through Choose Tomorrow: A Zero Suicide Program. The program focuses on early identification of members at high risk for suicide. At-risk members receive ongoing specialized support from trained and certified peer support and community health workers. Members are screened on a regular basis to monitor key indicators that place the members at high risk for suicide. Members are referred for care coordination services and connected to behavioral and physical health providers as well as community resources. Members continue to be referred to TeamBuilders Behavioral Health (TBBH) upon discharge from an inpatient behavioral health stay. TBBH completes a telehealth visit with members within 7 days (or at most 30 days) of discharge to complete an initial assessment, encourage member to engage in scheduled follow-up appointments, and connect members with community resources if needed.

PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit.

DY9 target is 46.50%.
BCBS Q1 46.85%; Q2 51.18%; Q3 50.98%; Q4 53.80%: Increase of 2.82 percentage points from Q3 to Q4 and is 7.30 percentage points above the DY9 target.
PHP Q1 60.99%*; Q2 59.01%*; Q3 55.74%*; Q4 56.26%: Increase of 0.52 percentage points from Q3 to Q4 and is 9.76 percentage points above the DY9 target.
WSCC Q1 48.78; Q2 54.60%; Q3 51.79%; Q4 52.12%: Increase of 0.33 percentage points from Q3 to Q4 and is 5.62 percentage points

above the DY9 target.

MCO Aggregate: Q1 Total 55.66%*; Q2 Total 55.64%*; Q3 Total 53.52%*; Q4 Total 54.92%: Increase of 1.40 percentage points from Q3 to Q4 and is 8.42 percentage points above the DY9 target.

*Please note corrected PHP and aggregate quarterly data rates due to reporting discrepancy.

MCO Strategies and Interventions:

BCBS's Transition of Care (TOC) staff and Recovery Support Assistant (RSA) staff continued to outreach members in DY9 Q4. Provider education on the importance of follow-up care for mental health continued in Q4, through a webinar called, "Suicide Prevention in the Military Community". The DY10 provider education webinar series was planned in DY9 Q4. Also, in Q4, a member video on the importance of follow-up care after a mental health hospitalization was distributed to members and providers.

PHP value-based programs for Behavioral Health Quality Incentive Program (BQIP) BQIP and Provider Quality Incentive Program (PQIP) continued to recruit new providers, of which both programs have an incentive for FUM. PHP reports there was 1 new provider enrolled in the FUM metric in Q4. Care coordination training on Healthcare Effectiveness Data and Information Set (HEDIS) measures continued during DY9 Q4. The Care Coordination team received weekly updates in the Clinical Operations bulletin on BH HEDIS measures, including FUM. Additionally, members who are seen in the ED for mental health reasons have appropriate follow-up activities completed during the critical incident report process by the Care Coordination teams. Providers at the Q4 BH Provider Town Hall were given a presentation on VBP programs, which includes information about the FUM metric. Additionally, BQIP recruitment efforts provide education about the FUM measure to interested providers.

WSCC quickly identifies members who may have been seen in the ED for mental health reasons. WSCC receives daily notifications from Collective Medical Technologies (CMT), a real-time care notification and collaboration platform. This approach enables outreach to members as soon as 24 to 48 hours after their ED visit. WSCC continues to utilize daily internal HEDIS care gap reports to identify members for outreach as well. Members identified for outreach are referred to TeamBuilders Behavioral Health (TBBH) for

telephonic outreach. TBBH clinicians complete an initial telehealth assessment and assist members to connect with ongoing behavioral health services and community resources. Members requesting additional support are referred by TBBH clinicians to WSCC's Care Coordination and Member Connections Teams. WSCC continues to partner with UNM Hospital Community Health Workers (CHW) to engage with WSCC members while they are in the ED. This initiative is aimed at increasing engagement with Unable to Reach (UTR) and Difficult to Engage (DTE) members. CHWs conduct a Social Determinants of Health (SDOH) assessment and refer them back to WSCC. These members receive support from the WSCC Member Connections Team or, if applicable, their assigned Care Coordinator to help them schedule appointments and overcome obstacles.

PM #10 (1 point) – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

DY9 target is 82.07%.
BCBS Q1 40.76%; Q2 61.41%; Q3 71.03%; Q4 77.46%: Increase of 6.43 percentage points from Q3 to Q4 and is 4.61 percentage points below the DY9 target.
PHP Q1 41.50%; Q2 61.08%; Q3 72.76%; Q4 79.40%: Increase of 6.64 percentage points from Q3 to Q4 and is 2.67 percentage points below the DY9 target.
WSCC Q1 40.10%; Q2 54.19%; Q3 65.98%; Q4 74.69%: Increase of 8.71 percentage points from Q3 to Q4 and is 7.38 percentage points below the DY9 target.
MCO Aggregate: Q1 Total 41.07%; Q2 Total 60.57%; Q3 Total 71.39%; Q4 Total 78.19%: Increase of 6.80 percentage points from Q3 to Q4 and is 3.88 percentage points below the DY9 target.

MCO Strategies and Interventions:
In DY9 Q4, BCBS continued sending in-home diabetes screening test kits to members who are contacted by Care Coordination prior to receiving a kit. A new intervention of sending bulk test kits to select providers was explored in Q4 to develop partnerships for kit distribution. BCBS posted an article on the SSD measure to provider

sites in Q4 and planning began for a new provider education webinar to launch in DY10 Q1 that will include SSD.

PHP implemented a pilot project to hand deliver A1c test kits, via Albuquerque Ambulance Service, to members in the Albuquerque area in DY9 Q4. As part of continuing provider education, a final SSD provider education letter was mailed in Q4. The Performance Improvement (PI) team continued SSD abstraction in Q4 and uploaded 15 records for abstraction. The abstraction process involves cross referencing gap-in-care lists with inpatient hospitalization records to secure lab results that likely took place during inpatient hospitalization. In Q4, PHP continued implementing lab testing kits at prescriber's offices within the SSD measure. Providers contracted with a local lab vendor will be given lab kits to use in the office for member follow-up appointments. PHP believes that providers performing the simple A1c lab test kit in office with the member will produce better outcomes than requesting that the member complete a separate appointment for lab testing.

WSCC partnered with Harmony Cares (formerly Lab2U) to send members in-home A1c test kits. In DY9 Q4, an additional 186 kits were mailed to new SSD measure members. To date, 49 kits have been returned, with a 75% success rate in kits that resulted in a value. Members whose tests did not produce a result were sent a new kit for retesting. WSCC is reevaluating and making changes to their approach for sending in-home test kits to members to ensure increased compliance for DY10. Interventions being explored include having test kits on hand at health fairs, during homeless shelter visits, and during face-to-face care coordination visits. Additionally, WSCC plans to engage in monthly outreach to SSD measure members to provide education, but also to obtain a current mailing address to ensure kits are sent to the correct address. Members who are noncompliant with the SSD measure received monthly outreach from their assigned care coordinators during DY9 Q4. Members not enrolled in care coordination services received outreach from the Quality Improvement Nurse. Members were educated about the importance of A1c testing when taking antipsychotic medication. They were also told about the incentive gift card that would be given to those who completed their testing. As a result of this outreach, WSCC saw an increase in the number of members who completed their A1c testing either with their PCP or by returning the in-home test kits after contact with their care

coordinator.

Tracking Measures (TMs)
HSD requires the MCOs to submit quarterly reports for the Tracking Measures listed in the MCO contract. HSD Quality Bureau reviews and analyzes the reports for completeness and accuracy and to gauge positive or negative outcomes and trends. The MCOs report interventions, strategies, and barriers that impact performance outcomes. HSD's review findings are communicated to the MCOs through scheduled MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meetings (QQMs). Numbers and rates reported are cumulative from quarter to quarter for all TMs except for TM #1, which is reported on a 12-month rolling period.

The following TMs show results for DY9 Q4 reporting:

TM #1 – Fall Risk Management
The percentage of Medicaid members 65 years of age and older with an outpatient visit with a diagnosis of a fall or problems with balance/walking and were screened by a practitioner for fall risk on the date of the diagnosis. An increase in percentage indicates improvement for this measure.

BCBS Q1 0.01%; Q2 0.04%; Q3 0.05%; Q4 0.04%: Decrease of 0.01 percentage point from Q3 to Q4.
PHP Q1 3.49%; Q2 3.64%; Q3 3.03%; Q4 2.17%: Decrease of 0.86 percentage points from Q3 to Q4.
WSCC Q1 0.52%; Q2 0.50%; Q3 0.37%; Q4 0.18%: Decrease of 0.19 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 0.91%; Q2 Total 0.93%; Q3 Total 0.76%; Q4 Total 0.53%: Decrease of 0.23 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: Care coordinators continue to include fall risk assessment in their member assessments and suggest interventions to members to reduce their risk of falling in their home.

PHP: Conducts outreach to complete a Health Risk Assessment or, for members engaged in level 2/3 care coordination, to assess for change in condition when they are alerted to a possible change in condition. This ensures needs are quickly identified, and that the plan of care is initiated or updated to address needs such as

durable medical equipment (DME), therapies, referrals to appropriate care, environmental modifications or caregiver support.

WSCC: Care coordinators screen members via the Comprehensive Needs Assessment (CNA) to determine fall risk level. Care coordinators can then assist members in addressing fall risk including education on decreasing risk, addressing fall hazards, assisting members with coordinating care with PCP, assisting with DME needed and referrals.

TM #2 – Diabetes Short-Term Complications Admission Rate
Number of inpatient hospital admissions for diabetes short-term complications per 100,000 enrollee months for Medicaid enrollees ages eighteen (18) and older. Reported as a rate per 100,000 member months. A lower rate indicates improvement for this measure.

BCBS Q1 19.17; Q2 23.00; Q3 24.18; Q4 24.92: Decline in performance of 0.74 per 100,000 member months from Q3 to Q4. PHP Q1 14.90; Q2 15.17; Q3 15.73; Q4 17.29: Decline in performance of 1.56 per 100,000 member months from Q3 to Q4. WSCC Q1 1.22; Q2 7.56; Q3 8.10; Q4 10.07: Decline in performance of 1.97 per 100,000 member months from Q3 to Q4. MCO Aggregate: Q1 Total 14.87; Q2 Total 17.10; Q3 Total 17.53; Q4 Total 19.19: Decline in performance of 1.66 per 100,000 member months from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: A total of 89 short-term complication admission (STCA) unique provider notification letters were sent at the beginning of DY9 Q4 regarding DY9 Q3 claims, informing BCBS attributed providers the admission/discharge dates, last A1c test and score on record, and illustrating the need for health care provider follow up to potentially circumvent the cycle of continued STCA events.

PHP: Performance Improvement (PI) will continue to receive the member detail report for a targeted population of admits for short term complications and seek a more streamlined way to simplify the follow up and interventions done by Care Coordination and the PI department.

WSCC: Care coordination and transition of care teams provide training to members to review their specific diabetic plans and to

keep attending scheduled appointment with their primary care provider.

TM #3 – Screening for Clinical Depression
Percentage of Medicaid enrollees ages eighteen (18) and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen. An increase in percentage indicates improvement for this measure.

BCBS Q1 0.80%; Q2 1.33%; Q3 1.59%; Q4 1.87%: Increase of 0.28 percentage points from Q3 to Q4.
PHP Q1 1.02%; Q2 1.76%; Q3 1.98%; Q4 1.97%: Decrease of 0.01 percentage points from Q3 to Q4.
WSCC Q1 0.96%; Q2 1.28%; Q3 1.70%; Q4 1.93%: Increase of 0.23 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 0.94%; Q2 Total 1.57%; Q3 Total 1.82%; Q4 Total 1.93%: Increase of 0.11 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: A second provider education webinar on depression called, "Suicide Prevention in the Military Community", occurred in DY9 Q4 and included education on screening for and treating depression in veterans.

PHP: In DY9 Q4 the Performance Improvement Project (PIP) for Management of Clinical Depression continued and a member educational brochure on the comorbid relationship of cardiovascular disease and depression was developed in English and Spanish.

WSCC: The provider incentive for Non-Behavioral Health practitioners was increased to $25.00, up to four times per year for administering the PHQ-9 depression screening tool (or equivalent screening tool) with WSCC members.

TM #4 – Follow-up after Hospitalization for Mental Illness
The percent of seven-day follow-up visits into community-based Behavioral Health care for child and for adult members released from inpatient psychiatric hospitalizations stays of four or more days. An increase in rate indicates improvement for this measure.

BCBS Q1 32.99%; Q2 33.53%; Q3 35.02%; Q4 35.61%: Increase of 0.59 percentage points from Q3 to Q4.
PHP Q1 36.33%; Q2 36.63%; Q3 38.26%; Q4 37.94%: Decrease of 0.32 percentage points from Q3 to Q4.
WSCC Q1 15.38%; Q2 45.55%; Q3 41.18%; Q4 42.18%: Increase of 1.00 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 32.22%; Q2 36.39%; Q3 Total 37.38%; Q4 Total 37.52%: Increase of 0.14 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: A member video on the importance of follow-up care after a mental health hospitalization was distributed to members and providers through various social media outlets in DY9 Q4.

PHP: In DY9 Q4 a Parent's Guide to Discharge Planning was developed in order to increase parent/guardian engagement in the discharge planning process.

WSCC: Members who are difficult to reach or difficult to engage after discharge from an inpatient BH stay are referred to Western Sky Community Care's Member Connections Team for additional outreach and engagement efforts.

TM #5 – Immunizations for Adolescents (IMA)
The percentage of adolescents thirteen (13) years of age who had one (1) dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. An increase in percentage indicates improvement for this measure.

BCBS Q1 71.25%; Q2 76.89%; Q3 81.80%; Q4 82.87%: Increase of 1.07 percentage points from Q3 to Q4.
PHP Q1 73.61%; Q2 76.23%; Q3 82.34%; Q4 83.26%: Increase of 0.92 percentage points from Q3 to Q4.
WSCC Q1 20.92%; Q2 69.61%; Q3 74.97%; Q4 77.44%: Increase of 2.47 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 67.43%; Q2 75.77%; Q3 Total 81.41%; Q4 Total 82.54%: Increase of 1.13 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: SMS texting campaign went into production in DY9 Q4 and

continues to deliver timely reminders to encourage parents/guardians to complete immunizations.

PHP: DY9 Q4 interventions included social media postings to encourage members with missing immunizations to complete the required immunizations and get caught up on vaccinations.

WSCC: FarmBox is one initiative that WSCC is using to incentivize members to complete immunizations. Once they are completed, the member receives an initial box of healthy snacks to introduce them to the program, explaining the program and incentive they will receive if they schedule future appointments.

TM #6 – Long-Acting Reversible Contraceptive (LARC)
Utilization of Long-Acting Reversible Contraceptives. The contractor shall report LARC insertion/utilization data for this measure.

BCBS Q1 168; Q2 368; Q3 567; Q4 765.
PHP Q1 299; Q2 615; Q3 909; Q4 1,194.
WSCC Q1 42; Q2 103; Q3 158; Q4 218.
MCO Aggregate: Q1 Total 509; Q2 Total 1,086; Q3 Total 1,634; Q4 Total 2,177.

TM #7 – Smoking Cessation
The MCO shall report the number of successful quit attempts. The MCO shall monitor the use of smoking cessation products and counseling utilization. Total number of unduplicated Members receiving smoking and tobacco cessation products/services.

BCBS Q1 919; Q2 1,783; Q3 2,614; Q4 3,322: Increase of 708 members from Q3 to Q4.
PHP Q1 1,547; Q2 2,915; Q3 4,202; Q4 5,169: Increase of 967 members from Q3 to Q4.
WSCC Q1 251; Q2 534; Q3 787; Q4 1,084: Increase of 297 members from Q3 to Q4.
MCO Aggregate: Q1 Total 2,717; Q2 Total 5,232; Q3 Total 7,603; Q4 Total 9,575: Increase of 1,972 members from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: Pharmaceutical Service Reimbursement Parity continues, which BCBS believes will increase smoking cessation counseling and efforts by pharmacies to be reimbursed for the services along with the products.

PHP: PHP is providing education to their clinic based delegated care coordination teams on the availability of the newly released nurse led Tobacco Cessation program.

WSCC: WSCC has a Smoking Cessation Workgroup composed of multi-departmental team members that meets monthly. The workgroup discusses current interventions in place for tobacco cessation, new interventions and new ideas to further improve tobacco cessation efforts, and any new updates in regards to the Disease Management Program.

TM #8 – Ambulatory Care Outpatient Visits
Utilization of outpatient visits reported as a rate per 1,000 member months. An increase in rate indicates improvement for this measure.

BCBS Q1 73.54; Q2 160.47; Q3 246.69; Q4 336.99: Increase of 90.30 per 1,000 member months from Q3 to Q4.
PHP Q1 65.72; Q2 142.30; Q3 221.56; Q4 287.33: Increase of 65.77 per 1,000 member months from Q3 to Q4.
WSCC Q1 33.32; Q2 105.31; Q3 183.12; Q4 237.43: Increase of 54.31 per 1,000 member months from Q3 to Q4.
MCO Aggregate: Q1 Total 64.93; Q2 Total 144.68; Q3 Total 226.25; Q4 Total 299.41: Increase of 73.16 per 1,000 member months from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: BCBS partners with MDLive to provide additional access to services and to increase utilization of telehealth services.

PHP: PHP continues to build on provider relationships to ensure members are receiving services at the appropriate level of care.

WSCC: To address barriers to care, such as transportation, childcare, and ongoing safety concerns related to COVID-19, influenza, and Respiratory Syncytial Virus (RSV), WSCC continues to provide telehealth options such as Teladoc and encourages providers to utilize telehealth platforms for patient appointments to increase access to behavioral and physical health services. During the months of October and November in DY9, there were 245 visits completed through Teladoc.

TM #8 – Ambulatory Care Emergency Department Visits
Utilization of emergency department (ED) visits reported as a rate

per 1,000 member months. A lower rate indicates improvement for this measure.

BCBS Q1 9.15; Q2 20.29; Q3 31.77; Q4 44.13: Decline in performance of 12.36 per 1,000 member months from Q3 to Q4.
PHP Q1 8.31; Q2 18.92; Q3 30.10; Q4 39.83: Decline in performance of 9.73 per 1,000 member months from Q3 to Q4.
WSCC Q1 5.31; Q2 15.75; Q3 27.96; Q4 36.61: Decline in performance of 8.65 per 1,000 member months from Q3 to Q4.
MCO Aggregate: Q1 Total 8.28; Q2 Total 19.06; Q3 Total 30.46; Q4 Total 41.00: Decline in performance of 10.54 per 1,000 member months from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: Emergency Department Information Exchange (EDIE) is a tool used by the community health workers to monitor members utilizing the emergency room. An EDIE report is generated when a member accesses the ED. If a member is hospitalized, an alert will be generated and care coordination can then assess potential gaps in a member's specialized service, including readmissions.

PHP: The nurse advice line was promoted at community events to aid members in seeking the right level of care for their needs.

WSCC: Members seen in the ED where alcohol or other drug abuse diagnoses are indicated continue to be referred to New Mexico Family Services (NMFS) for outreach and treatment participation if they are not already seeing an outpatient provider. NMFS staff is comprised of community support workers, peer support workers, and clinicians who are able to address behavioral and physical health needs. NMFS also employs case managers to assist with care coordination, scheduling appointments, addressing barriers, and accessing community resources. NMFS staff were able to reach 21% of referred members in DY9 Q4. WSCC reports 69% of members who were reached completed an assessment and 13% of those members have continued to receive services from NMFS.

TM #9 – Annual Dental Visit (ADV)
The percentage of enrolled Members ages two (2) to twenty (20) years who had at least one (1) dental visit during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 19.66%; Q2 31.75%; Q3 32.14%; Q4 48.18%: Increase of

16.04 percentage points from Q3 to Q4.

PHP Q1 22.46%; Q2 42.11%; Q3 52.05%; Q4 52.71%: Increase of 0.66 percentage points from Q3 to Q4.

WSCC Q1 8.88%; Q2 32.88%; Q3 45.93%; Q4 53.14%: Increase of 7.21 percentage points from Q3 to Q4.

MCO Aggregate: Q1 Total 20.09%; Q2 Total 37.63%; Q3 Total 44.70%; Q4 Total 51.22%: Increase of 6.52 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: SMS texting campaign was deployed in DY9 Q4, delivering a timely reminder to parent/guardian that their child is due for a dental checkup. This campaign will not only serve as a reminder to parents/guardians to schedule a dental exam for their children but also offer assistance in finding and scheduling with a provider.

PHP: PHP increased social media posting on oral health and reminders to complete dental visits posted on Presbyterian Healthcare Services (PHS) Facebook platform.

WSCC: WSCC has expanded the ongoing dental days initiative to more offices throughout New Mexico, allowing more members to take part in the incentive and get in for their annual dental visit.

TM #10 – Controlling High Blood Pressure (CBP)
The percentage of Members ages eighteen (18) to eighty-five (85) who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 8.37%; Q2 12.59%; Q3 15.68%; Q4 25.87%: Increase of 10.19 percentage points from Q3 to Q4.

PHP Q1 19.35%; Q2 29.12%; Q3 33.48%; Q4 35.70%: Increase of 2.22 percentage points from Q3 to Q4.

WSCC Q1 3.16%; Q2 6.94%; Q3 12.52%; Q4 15.17%: Increase of 2.65 percentage points from Q3 to Q4.

MCO Aggregate: Q1 Total 13.52%; Q2 Total 20.46%; Q3 Total 23.99%; Q4 Total 29.78%: Increase of 5.79 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: In December of DY9, 348 adult members received an SMS text message encouraging members to see their provider and to

have their blood pressure checked.

PHP: In DY9 Q4 Presbyterian Community Health engaged members with the Heart Healthy Centers for Disease Control program in a targeted county. The pilot program includes a series of education classes, supports a blood pressure self-monitoring program, and provides healthy produce distribution.

WSCC: WSCC encourages members to do a 90-day fill of their blood pressure medication to help avoid not having their medication and only having to visit the pharmacy 4 times a year instead of 12.

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Initiation Phase: The percentage of members ages six (6) to twelve (12) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had one follow-up visit with a practitioner with prescribing authority within 30 days of when the first ADHD medication was dispensed. An increase in rate indicates improvement for this measure.

BCBS Q1 46.09%, Q2 46.46%; Q3 46.58%; Q4 46.58%: No change in percentage points from Q3 to Q4.
PHP Q1 26.77%, Q2 27.65%; Q3 27.90%; Q4 28.20%: Increase of 0.30 percentage points from Q3 to Q4.
WSCC Q1 45.62%, Q2 50.23%; Q3 50.68%; Q4 50.68%: No change in percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 35.95%, Q2 Total 37.04%; Q3 Total 37.25%; Q4 Total 37.41%: Increase of 0.16 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: Planning began in DY9 Q4 for another provider education webinar that will include the ADD measure.

PHP: The ADD measure is included in the Value Based Purchasing Provider Quality Incentive Program (VBP PQIP). In DY9 Q4, VBP programs were promoted during the quarterly Provider Education Conference (PEC).

WSCC: Care coordinators continue to engage with members who have signed up for care coordination services to address medication needs, address gaps in care, educate members, link them with providers, and help with transportation or address other obstacles members encounter while trying to schedule or attend appointments.

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Continuation and Maintenance Phase: The percentage of members ages six (6) to twelve (12) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who remained on the medications for at least 210 days who, in addition to the visit in the Initiation Phase had at least two follow-up visits with a practitioner within 9-months after the Initiation Phase. An increase in percentage indicates improvement for this measure.

BCBS Q1 60.29%; Q2 60.83%; Q3 55.69%; Q4 55.37%: Decrease of 0.32 percentage points from Q3 to Q4.
PHP Q1 37.97%; Q2 38.10%; Q3 38.92%; Q4 37.86%: Decrease of 1.06 percentage points from Q3 to Q4.
WSCC Q1 58.33%; Q2 65.52%; Q3 65.00%; Q4 66.67%: Increase of 1.67 percentage points from Q3 to Q4.
MCO Aggregate: Q1 Total 48.30%; Q2 Total 48.31%; Q3 Total 46.88%; Q4 Total 45.95%: Decrease of 0.93 percentage points from Q3 to Q4.

MCO Strategies and Interventions:
BCBS: The recording of the previous webinar that included ADD remained available in DY9 Q4 for providers to view.

PHP: During DY9 Q4, targeted provider educational letters for prescribers of ADHD medication within the ADD measure were sent. These letters contain member specific information and encourage providers to complete continuation phase appointments within the measure timeline.

WSCC: Provider Quality Liaisons (PQLs) continue to work with providers to close gaps in care and improve performance. Monthly and quarterly meetings are held with small practices, individual providers, and behavioral health (BH) providers across the state to address issues such as member access to appointments, pay for performance metrics, and best practices for providing the highest quality of care.

TM #12 – Child and Adolescent Well-Care Visits (WCV)
The percentage of members three (3) to twenty-one (21) years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 8.83%; Q2 19.22%; Q3 32.87%; Q4 42.34%: Increase of

9.47 percentage points from Q3 to Q4.

PHP Q1 7.46%; Q2 15.84%; Q3 26.92%; Q4 39.94%: Increase of 13.02 percentage points from Q3 to Q4.

WSCC Q1 4.53%; Q2 13.02%; Q3 24.43%; Q4 34.94%: Increase of 10.51 percentage points from Q3 to Q4.

MCO Aggregate: Q1 Total 7.62%; Q2 Total 16.68%; Q3 Total 28.66%; Q4 Total 40.23%: Increase of 11.57 percentage points from Q3 to Q4.

MCO Strategies and Interventions:

BCBS: In DY9 Q4, an SMS texting campaign went into production to deliver timely reminders to parents/guardians encouraging children and teens ages 3-19 years of their annual well visit.

PHP: Ongoing monthly mailing for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) letters include eligible members in this age group.

WSCC: The WSCC Quality Improvement (QI) nurses continue to contact parent/guardian as a reminder to let them know that a well child visit is still needed for their child. The nurses use their clinical background to help with overcoming barriers, scheduling appointments, and education on why visits are so important.

External Quality Review

HSD holds bi-weekly meetings with the External Quality Review Organization (EQRO) to review monthly projects, provide feedback, offer support, and assess issues. This process ensures that deliverables are met and that desired outcomes are achieved within the established timeframe. The meetings facilitate identifying potential areas for improvement, reviewing and revising existing processes, and developing new strategies for optimal project performance. HSD's collaboration with the EQRO fosters a culture of continuous improvement.

EQR Reviews and Validations in DY10 Q1 consisted of the below.

DY8 EQR Reviews and Validations:
DY8 Validation of Network Adequacy received by HSD from the EQRO.
DY8 Performance Measure Validation Report received by HSD from the EQRO.

|	DY8 Compliance Review received from the EQRO and has been posted to the HSD website.
	DY8 Annual Technical Report received by HSD from the EQRO.

UTILIZATION

- Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for January 2021 – December 2022. Please see Attachment C: Key Utilization/cost per Unit Statistics by Major Population Group.
- The underlying utilization and unit cost data is based on paid claims with no additional estimation for claims incurred but not reported. As such, a certain level of underreporting exists due to claims runout, especially in the most recent months of the January 2022 – December 2022 time period.

VALUE BASED PURCHASING

To support Centennial Care 2.0's value-based purchasing goals, HSD requires the MCOs to implement a Value Based Purchasing program that is based upon improved quality and/or member healthcare outcomes. To accomplish this, the MCO must meet minimum targets for 3 levels of VBP arrangements. Minimum targets are set to both a required spend as a percentage of paid claims and required contracts with certain provider types. DY9 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	12%	15%	9%
Required Provider Types	• Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities.	• Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities.	•8% with traditional PH Providers. •1% with Providers who are primarily BH (whose primary services are BH). •Actively build Long-Term Care Providers including nursing facilities full-risk.

For DY9 AS, BCBS, PHP, and WSCC exceeded the required VBP spend target of 36%.
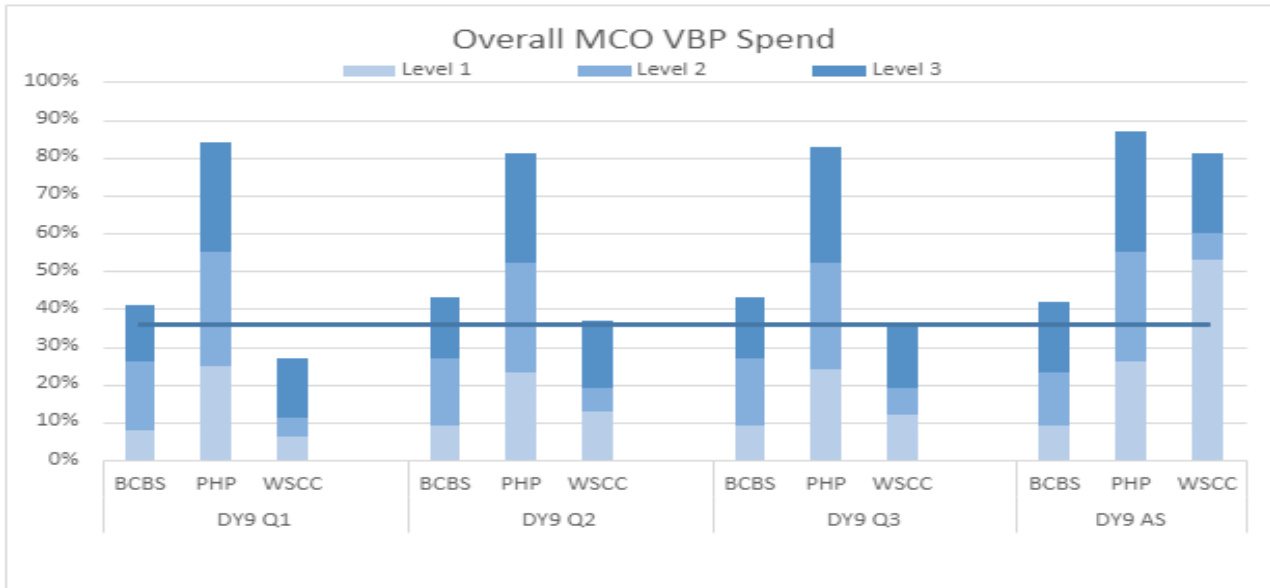
Source: MCO Calendar Year (CY) 2022 Quarter 1-AS VBP Financial Reports.

LOW ACUITY NON-EMERGENT CARE (LANE)

As part of HSD's strategic goal to improve the value and range of services to members, HSD collaborates with the MCOs to reduce avoidable Emergency Room (ER) visits. HSD implemented rule changes in DY7 resulting in a provider rate increase for outpatient settings, including Evaluation & Management codes, dispensing fees to community-based pharmacies, Long-Term Services and Supports providers, and supportive housing benefits for people with Serious Mental Illness. There also were increases in payment rates to governmental and investor-owned hospitals, as well as hospitals serving a high share of members who identify as Native American.

HSD includes requirements in its Centennial Care 2.0 Managed Care Organization Contract that MCOs monitor usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. This results in the MCOs identifying high ED-utilizer members by monitoring data such as diagnosis codes and ER visit encounters and taking proactive steps to refer them to providers. The MCOs implement member engagement initiatives to assist in identifying member challenges through systemwide activities, including outreach by care coordinators, peer-support specialists (PSS), community health workers (CHWs), and community health representatives (CHRs) to decrease inappropriate ER utilization.

The Community Paramedicine Program is an additional outreach project supporting this effort. The program helps direct members to the right care, at the right time, and in the right setting for better health outcomes. The program is intended to reduce non-emergency medical calls, improve patient care and relieve rescue units for more life-threatening calls.

The program targets members with chronic medical conditions such as diabetes and congestive heart failure who also may face social barriers to better health, including unstable housing or unreliable transportation. In rural communities where transportation may be difficult to obtain or distance is a barrier, especially for people who are elderly or homebound, community paramedics play an important role on a patient's care team because they can also deliver basic primary care services in the patient's home without requiring them to travel to a clinic. Community paramedicine services can ensure prompt care and identify health issues that need to be escalated to another provider. Community paramedics can also facilitate communication between the patient and their primary care provider.

Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics. A GME expansion 5-year strategic plan released by HSD in January 2020 estimates that 46 new primary care residents will graduate in New Mexico each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next 5 years.

BCBS' current ED Reduction Program targets members who have visited the ED more than 6 times in the last 6 months. Targeted members are contacted by a Community Health Worker with the goal of ensuring the member is established with a PCP. An additional digital texting campaign which targets members visiting the ED was initiated in mid-December 2022. Members who have visited the ED at a minimum of two times in the past 60 days are sent a text, with links to offer assistance with finding a PCP, location of the nearest Urgent Care Centers and the telephone number for the nurse advice line. The goal is to provide early intervention prior to an established pattern of seeking care in an ED setting, using an evidenced based approach to promote behavior change by helping the member understand the importance of being established with a PCP. Critical Incident reports are monitored for members that show a pattern of frequent ED visits, and members who are not listed as having a care coordinator are referred to care coordination for follow-up and assessment.

PHP's weekly complex case rounds discuss high ER utilizers with medical directors and a multi-disciplinary team to identify interventions. Care coordination provides education on use of the nurse advice line and urgent care instead of ER for non-emergent needs and assists members with establishing PCPs to avoid use of ER for routine care. Look for trends on utilization oversight reports to identify frequent ER users. PHP utilizes data

mining to identify and review high utilization of ER and conducts targeted outreach in efforts to reduce future ER use. During outreach, members are provided education, resources and attempts are made to engage members in care coordination. PHP provides additional oversight for members found to be using the ER inappropriately, where a care coordinator intervenes to discuss possible interventions to change this behavior with the interdisciplinary care team. Interventions can include increasing the level of care coordination; assisting the member in navigating the healthcare system so that more appropriate care is received; identifying barriers to receiving indicated care which may result in an ER visit; and a making a community health worker referral for additional member support. PHP's Community Paramedicine Program/Mobile Integrated Care Team includes paramedics, a social worker and community health workers who reach out to referred members and provide education about appropriate ER use. They perform cold home visits if they have been unable to set up an appointment for an in-person visit. They also address health care navigation and social determinants of health needs during their member interactions and provide health care instruction to members such as chronic condition management including diabetes management when indicated. PHP's CHW ER Reduction and Collaboration Program receives real time information regarding member admissions to both emergency departments and hospitals allowing PHP to locate and engage with members who are either part of a high-risk population, difficult to engage and/or frequent ER utilizers. This admission information is shared with PHP's CHW Management Team and appointed delegates, so that outreach can be done timely. PHP's CHW staff collaborate with the CHWs, and Peer Support Workers (PSWs) are located in the Presbyterian hospitals for assistance in engaging our members. The PHP CHW Management Team receives a daily report listing all D-SNP members who are identified as Chronic High ER Utilizers to select members who would benefit from interventions. PHP's Peer Support Worker team has developed a program to address chronic ER utilization and works to engage members to coordinate services designed to reduce ER utilization and increase engagement in appropriate programs and care coordination, when possible.

WSCC utilized interventions to reduce avoidable Emergency Room (ER) visits that include sending text messages to members through the mPulse program. Members receive text messages to check in about follow-up care post Emergency Department (ED) Visit, education about the use of Primary Care, versus Urgent Care versus ED and allows members to access resources through text messages and to respond with any needs they may have. Members who respond receive telephonic outreach from either their assigned Care Coordinator (CC), if applicable, or from the Member Connections Team (CHWs/Peer Supports). CC's set alerts from Collective Medical to receive emails when one of their members has an ED visit, to address gaps in care, provide member education, connect members with providers, and assist with transportation or other barriers. WSCC partners

with UNM's CHW program for face-to-face ED outreach for members that visit UNM EDs to engage members and provide education, support and continued follow up by WSCC. Members are incentivized through a WSCC $30 dollar gift card for having a follow up visit within 14 days of an ED visit for substance abuse as well as members are educated about Centennial Rewards for follow up visits after being seen in the ED for a mental health reason.

The percentage of emergency utilization that are considered low acuity increased from DY8 Q4 to DY9 Q4. In comparing low acuity ED visits from December of 2021 (53%) to December of 2022 (55%), the percentage of visits to the emergency department for non-emergent care increased by 2 percentage points. A lower rate indicates improvement for this measure. The trend for this measure indicates a steady increase in the number of low acuity ED visits.

The graph below reflects the percentage of members using the ER for non-emergent care between DY7 Q4 and DY9 Q4. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY10 Q1 will be reported in the DY10 Q2 CMS Quarterly Monitoring Report.

Table 30: Non-Emergent ER Use

Percent of Non Emergent ER Use
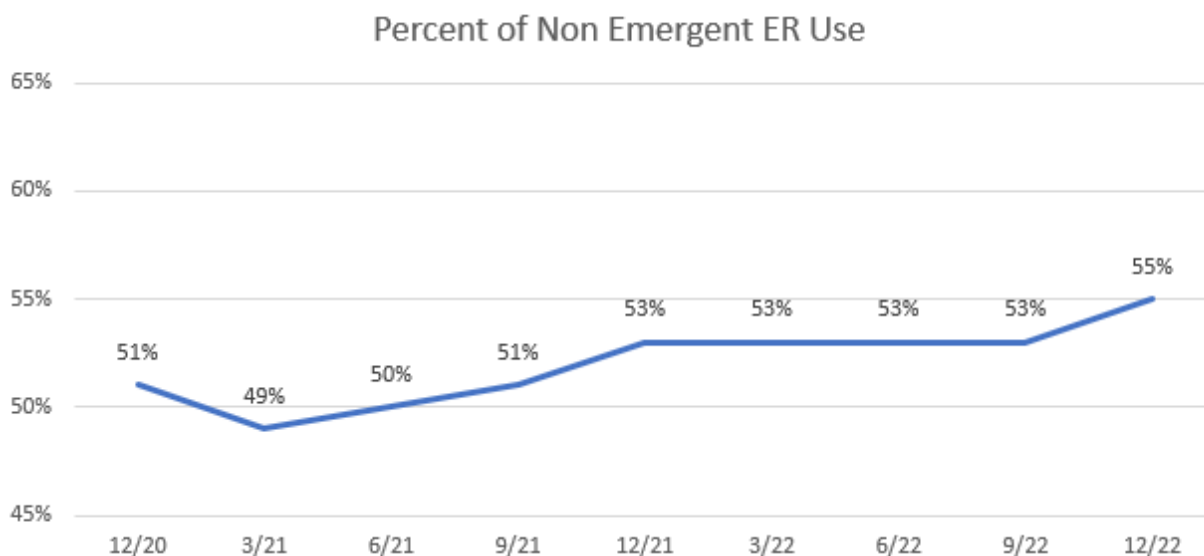
Source: Mercer- Non-Emergent Emergency Room Utilization Report

14
MANAGED CARE REPORTING REQUIREMENTS

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY10 with the requirement that at least 90% of members having access to certain provider types in urban, rural, and frontier geographic areas within a defined distance. Geographical Access is collected and validated on a quarterly basis.

Physical Health and Hospitals

All 3 MCOs demonstrated steady access with slight fluctuations during this quarter.

- MCOs performance in access to general hospitals, PCPs, pharmacies, and most specialties in urban, rural, and frontier areas were met.
- Provider shortages have impacted geographic access; however, access has been maintained. MCOs closely monitor the following services and employ ongoing efforts to ensure member access such as targeted recruitments, referral training, provider enrollment training, telehealth options and value-based contract arrangements.
    - Rural areas did not meet standards for certified midwives, with two MCOs.
    - Rural and Frontier areas did not meet standards for the following: dermatology; endocrinology; Ear, Nose, and Throat (ENT); and urology services.
    - Some MCOs reported below standard performance for neurosurgeons and rheumatology in all geographical areas.

Table 31: Physical Health Geographical Access

	Geo Access PH DY9 Q4 (October - December 2022 Data)								
	Urban			Rural			Frontier		
PH - Standard 1	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.00%	100.0%	100.0%	99.50%	100.0%	100.0%	100.0%	99.9%	100.0%
Pharmacies	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%
FQHC - PCP Only	100.00%	100.0%	100.0%	90.60%	90.8%	99.4%	97.0%	89.4%	98.9%
PH - Standard 2									
Cardiology	99.20%	99.0%	99.1%	99.8%	100.0%	100.0%	99.8%	99.9%	99.8%
Certified Nurse Practitioner	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.20%	98.9%	98.9%	87.0%	88.4%	99.1%	99.8%	98.6%	99.8%
Dermatology	99.20%	98.9%	98.9%	70.6%	73.9%	90.0%	85.4%	89.7%	98.1%
Dental	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.20%	98.9%	98.9%	74.1%	65.5%	87.3%	84.3%	89.1%	92.7%
ENT	99.10%	98.8%	98.9%	86.2%	93.9%	100.0%	95.2%	88.6%	97.0%
FQHC	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/ Oncology	99.20%	98.9%	98.9%	99.6%	94.4%	99.5%	99.4%	98.0%	93.7%
Neurology	99.20%	98.9%	99.0%	98.9%	96.2%	92.3%	94.0%	93.1%	95.4%
Neurosurgeons	99.10%	83.0%	98.9%	39.7%	67.3%	40.8%	67.8%	86.1%	81.8%
OB/Gyn	99.30%	98.9%	98.9%	99.7%	99.8%	100.0%	99.8%	99.8%	99.7%
Orthopedics	99.20%	98.9%	98.9%	99.7%	94.0%	100.0%	96.5%	98.3%	99.9%
Pediatrics	100.00%	98.9%	99.0%	99.8%	100.0%	99.9%	99.8%	98.7%	100.0%
Physician Assistant	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Podiatry	99.20%	98.9%	99.1%	99.7%	99.7%	99.9%	96.7%	98.7%	100.0%
Rheumatology	99.20%	98.9%	83.8%	77.8%	83.7%	71.0%	82.4%	85.3%	76.3%
Surgeons	99.30%	99.0%	99.1%	100.0%	100.0%	100.0%	99.8%	99.9%	99.8%
Urology	99.10%	98.8%	98.9%	91.1%	93.4%	91.6%	89.4%	93.2%	90.6%
LTC - Standard 2									
Personal Care Service Agencies	100.00%	100.0%	100.0%	100.00%	99.8%	99.7%	100.0%	100.0%	100.0%
Nursing Facilities	99.30%	93.0%	99.4%	99.7%	97.7%	99.8%	99.8%	99.9%	99.8%
General Hospitals	99.20%	98.9%	98.9%	99.7%	99.5%	100.0%	100.0%	99.9%	99.8%
Transportation	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: MCO Report #55 GeoAccess Q4 CY22

Transportation

Non-emergency medical transportation is a means for MCOs to ensure members have timely access to needed services particularly for specialty services and provider shortage

areas.

- **Grievances**: Consistent with previous reporting, Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period. The MCOs along with HSD are monitoring accessible transportation options as a barrier to member access with transportation vendors and exploring new options. HSD continues to work with MCOs on the concerns and inquiries surrounding the NEMT program, unreliable transports, and shortage in drivers and vehicles.

- **Initiatives**:
  HSD is currently amending directive and NMAC to address non-emergency medical transportation Prior Authorizations from 6-months to 12-month intervals. Additionally, the mileage associated with the aforementioned PA, will also be amended to reflect an increase from 65 miles to 120 miles.

  HSD is enhancing its oversight of the MCOs' provision of NEMT to its members. The initial focus is on trips for Critical Care Appointments: dialysis, radiation, chemotherapy, dialysis, pre/post-surgery, urgent care, and high-risk pregnancy. To date, the MCOs have been directed to: 1) work with their transportation vendors to ensure that all requested rides are provided for these appointments; 2) develop and submit for approval detailed operational plans for providing NEMT for Critical Care service appointments when the transportation vendors are unable to provide the service; 3) submit an NEMT monthly report that provides data on NEMT trips; and 4) in DY9 Q4, HSD provided performance targets to the MCOs for the number of trips that could not be scheduled, and for the number of scheduled trips that did not occur due to transportation provider actions, such as canceled or missed trips. The MCOs were informed that failure to meet the target level of performance would result in significant monetary penalties.

Customer Service Reporting
BCBS met all call center metrics for the reporting period, DY10 Q1.

PHP met all call center metrics for the reporting period, DY10 Q1.

WSCC did not meet the Percentage of Calls Answered Within 30 seconds metric for February; they did meet all other call center metrics for DY10 Q1. WSCC attributes this to an increase in calls in February, as well as staff turnover. This has been addressed by WSCC and the metric was met in March.

Telemedicine Delivery System Improvement Performance Target (DSIPT)

The baseline for each upcoming CY will be the total number of unique members with a telemedicine visit at the end of the previous calendar year. If the MCO achieves a minimum of 5% of total membership with telemedicine visits, as of November 30th of each year, then they must maintain that same 5% at the end of each CY to meet this target. The 5% threshold supersedes the 20% baseline target. The MCOs provide quarterly reports to HSD with the number of unique members served through telemedicine visits and an analysis of trends observed.

The MCOs shall use the end of CY22 as the baseline for CY23 increasing the number of unique members served with a telemedicine visit by 20% for both physical health and behavioral health specialists, focusing on improving telemedicine availability and utilization along with expanding member education and provider support.

All three MCOs met the 5% of total membership with telemedicine visits for the Telemedicine Delivery System Improvement Performance Targets for DY10 Q1.

Table 32: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Serviced with Telemedicine	DY9 Q2	DY9 Q3	DY9 Q4	DY10 Q1
New Behavioral Health Members	12,208	9,832	6,669	33,910
BCBSNM	4,647	3,717	2,470	13,664
PHP	6,111	4,896	3,296	16,364
WSCC	1,450	1,219	903	3,882
New Physical Health Members	28,340	23,879	17,694	38,667
BCBSNM	10,134	8,941	6,910	15,007
PHP	15,910	12,752	9,235	20,490
WSCC	2,296	2,186	1,549	3,170
Total New Unduplicated Members	34,312	27,958	19,923	66,573
BCBSNM	12,234	10,331	7,531	26,217
PHP	18,848	14,749	10,343	33,681
WSCC	3,230	2,878	2,049	6,675
YTD* Unduplicated Members	136,962	164,920	184,843	66,573
BCBSNM	50,143	60,474	68,005	26,217
PHP	75,319	90,068	100,411	33,681
WSCC	11,500	14,378	16,427	6,675

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT) * January – March 2023.

15
DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY10 Q1	HSD and Health Services Advisory Group, Inc. (HSAG) continued to work together to refine AIM 4 (Improve quality of care and outcomes for Medicaid beneficiaries with a substance use disorder [SUD]) measures for the Summative Evaluation Report and discuss the serious mental illness/serious emotional disturbance (SMI/SED) amendment. HSAG submitted the final, revised version of the Interim Evaluation Report to HSD based on feedback from CMS. HSAG will continue to collaborate with HSD to refine AIM 4 measures and revise the Evaluation Design Plan to include measures that evaluate the SMI/SED amendment. HSD and HSAG continued discussions on the impacts of the coronavirus disease 2019 (COVID-19) PHE on the Waiver Demonstration. The COVID-19 PHE most notably impacted the rate of SUD and the availability of treatment for SUD. Telehealth rates also saw a significant increase during the COVID-19 PHE. Additionally, there was a cost spike in 2021, most likely attributable to the pent-up demand caused by COVID-19.

16
ENCLOSURES/ATTACHMENTS

Attachment A: January 2021 – December 2022 Statewide Dashboards
Attachment B: Budget Neutrality Monitoring Spreadsheet
Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group
Attachment D: Customer Service

17
STATE CONTACTS

HSD State Name and Title	Phone	Email Address
TBD Medicaid Director HSD/Medical Assistance	TBD	TBD
Lorelei Kellogg **Acting Medicaid Director** Deputy Director of Programs HSD/Medical Assistance	505-629-2938	lorelei.kellogg@hsd.nm.gov
Elisa Walker-Moran Deputy Director of Finance HSD/Medical Assistance	505-470-9330	Elisa.Walker-Moran@hsd.nm.gov
TBD Deputy Director of Systems HSD/Medical Assistance	TBD	TBD
Annabelle Martinez Acting Deputy Director of Programs HSD/Medical Assistance	505-690-2439	annabellem.martinez@hsd.nm.gov
Alanna Dancis Chief Medical Officer HSD/Medical Assistance	505-470-9334	alanna.dancis@hsd.nm.gov

At the end of January 2023, New Mexico's Medicaid Director, Nicole Comeaux J.D. MPH, departed from the Human Services Department after serving as Director of the Medical Assistance Division since January 2019. Medicaid's Deputy Director of Programs, Lorelei Kellogg was appointed acting Medicaid Director. Lorelei is leading our unwinding activities and has worked for the Department in different roles for 10 years.

In March 2023, New Mexico's Deputy Director of Programs, Erica Archuleta and Deputy Director of Systems, Linda Gonzales departed from the Human Services Department. Annabelle Martinez, serving as the Bureau Chief of Benefits and Reimbursement was appointed acting Deputy Director of Programs. The Bureau Chief of Systems in

collaboration with our Acting Medicaid Director have continued system monitoring and oversight activities.

New Mexico will continue to update CMS on new points of contact as positions are permanently filled.

18
ADDITIONAL COMMENTS

MCO INITIATIVES

BCBS:
Behavior Heath Providers
BCBS' Contracting team executed 89 new contracts; 53 were for Behavioral Health providers.

Special Beginning (SB) program
BCBS Special Beginning (SB) program has embraced innovation by collaborating with Finity Baby Smart in a pilot program. Baby Smart provides parents with important pregnancy and new parent resources, support, tools, and rewards. Baby Smart is offered through Centennial Rewards to all Blue Cross and Blue Shield Members. Enrollees receive Centennial Rewards points for prenatal and postpartum checkups as well as well child checkups and immunizations up to the 2nd birthday.

There were 751 members enrolled, with 102 enrollees participating in individual virtual doula health coaching. Member feedback has been such that they like the text message appointment reminders and overall health coaching. As of March, the BCBS SB team had 32 women enrolled in the postpartum expansion which includes women 12 weeks + after their delivery date, for those women at high risk for maternal mortality. However, the postpartum expansion is open to any postpartum woman who chooses to remain enrolled in Special Beginnings. With health equity in mind the BCBS Special Beginnings Care Coordination Team focuses on those ethnic backgrounds known to have a higher mortality rate.

PHP:
Innovations:
• In Q1 2023, PHP Care Coordination, Community Health Workers, and Performance Improvement Team, in partnership with Northern Roots, developed a Healthy Food distribution Pilot for Native American members with Diabetes in the Farmington area. It is in the process of being implemented.

• PHP researched and explored opportunities to partner with a prospective vendor to deliver population health digital wellbeing tools and support. Additionally, PHP identified

focus areas for at-risk populations; specifically, perinatal and special-needs populations. This was also an opportunity to develop member-centric initiatives, activities, and targeted intervention. The Wellness and Health Education (WHE) team researched and tested new digital products that are designed to improve member interactive and engagement. As a part of this work, the WHE team was able gain insight and experience into health journeys through a member lens.

• PHP also updated its Diabetes Prevention Program (DPP) eligibility file specifications to include a new data source and transitions between current and prospective claims systems. Additionally, PHP enhanced file fields to identify at-risk populations and conduct tailored outreach; specifically, among native and tribal populations.

• In 2023, PHP is expanding its efforts with Population Health Pilot Programs:
  • Resilience – Shared savings for members with serious mental illness (SMI) focused on effective management to prevent and reduce emergency department and inpatient services.
  • FamiliesFirst – Shared Savings, Quality Perinatal, and Pediatric care focused on building a foundational infrastructure throughout the perinatal journey and into infancy and childhood development for healthy families.
  • PregnancyPLUS – Shared Savings focused on improved health outcomes for high-risk pregnancies. Additionally, PregnancyPLUS incents early identification of pregnancy, allowing for more proactive education, support, and engagement as delineated in its population health model.
  • Kaseman Family Practice – Focused on transforming primary care by utilizing funding from the existing Capitation program and shifts to individual clinic sites, uses quality indicators and advances in EMR technology to track practitioner performance allowing for alignment with quality measures.
  • Assurance - monthly case rate for care coordination activities for members within thirty days of release from correctional facilities, jails, and detention centers for assessments and referrals to providers and community benefit organizations.

Achievements:
Diabetes Prevention Program
Since the Diabetes Prevention Program (DPP) implementation in 2019 through December 2022, PHP had 334 Centennial Care Members enrolled and a total of 147 participants with logged individual sessions related to physical activity, healthy food choices, eating patterns, and daily weight management. The 12-month DPP is offered to eligible members and is an evidence-based prevention program with oversight by the Centers for Disease Control and Prevention. The program focuses on diabetes through weight loss and

lifestyle changes. Of the PHP enrolled participants, 49 have experienced an average weight loss of 9% body weight and 20 have improved their body mass index (BMI) classification in 2022.

A total of 17 Centennial Care Members have successfully completed the program (remained engaged for 12-consecutive months and completed all 26 DPP sessions). These members lost an average of 14.8 pounds per person, with one member losing a total of 59 lbs., a 24.5% weight loss. Overall, DPP graduates experienced a total average weight loss of 6.4% total body weight per person. PHP remains extremely proud of these members' achievements and the ongoing success of all members who are enrolled in the program.

Baby Bonuses enrollment for Q1 2023 is 292, a 30% increase from 88 enrollees Q1 2022. Q1 2023 W30 telephone outreach results are 1,481 calls completed with caregiver contact and 76 members requested assistance in scheduling well baby doctor visits, and 250 caregivers reported the doctor visit has occurred or already scheduled.

WSCC:
WSCC's JUST (Justice Involved Utilization of State Transitioned Health Care) Connect Program

WSCC has invested in tablet devices that are Wi-Fi enabled to allow WSCC members to communicate with their WSCC JUST Health Liaison while they are incarcerated. Members can utilize Zoom on the tablet device to connect, virtually face to face, with their WSCC JUST Health Liaison at a designated date/time, coordinated with a JUST Health facility contact. Tablet devices are locked and only allow for the utilization of Zoom, with a designated meeting identification and password. This program started in March 2022, piloted at the Socorro County Detention Center with the plan to expand to other facilities. WSCC has been able to expand to rural facilities: Grant County Detention Center, Lincoln County Detention Center, Roosevelt County Detention Center, Curry County Detention Center, and Crownpoint Corrections. WSCC completed an in-person training with the Crownpoint Corrections staff on March 8th, 2023, focused on WSCC JUST Health Liaison's role and process to assist in engaging WSCC members in the JUST Health Transition of Care (TOC) process, as well as supporting them in utilizing the tablet to engage face to face with WSCC JUST Health Liaison. In addition, WSCC will be providing a free Motivational Interviewing training for Crownpoint Corrections staff to support them in engaging members. WSCC will continue to outreach to JUST Health facilities to provide information about the JUST Health Connect program and how WSCC can enhance our abilities to engage JUST Health members.

Provider Outreach and Education

In DY10 Q1, Provider Outreach and Education offered education to our providers, caregivers, and community stakeholders. Below are some highlights:

Highlights:
- By the end of DY10 Q1, WSCC Clinical Provider Trainers will have offered at least 79 trainings on long-term care, foster care, behavioral health, and/or integrated health care related topics. At the time of this report, trainings offered during DY10 Q1 had an average Net Promoter Score (NPS) of 99 and had at least 179 participants.
- At least 57 trainings offered were eligible for continuing education in DY10 Q1.
- All provider training can be accessed on WSCCs' Training and Education Page located at: Provider Training & Toolkits (westernskycommunitycare.com) and provides a centralized location for educational opportunities for providers.
- Caregiver Training for unpaid and partially paid caregivers of vulnerable and/or older adults can be accessed at: Caregiver Resources (westernskycommunitycare.com).

MEMBER SUCCESS STORIES

BCBS:

BCBS member is a 28-year-old female referred to care coordination (CC) for high-risk pregnancy. This was the member's eighth pregnancy. Her current diagnoses included GERD, hepatitis C, bipolar, schizophrenia, attention deficit disorder, post traumatic disorder, anxiety, depression, and substance use disorder. The member smoked tobacco until May 2022, and smoked cannabis daily until August 2022. Pertinent history includes four terminated pregnancies and delivery of three live children no longer in her custody. These children were adopted.

The challenges CC and the member were facing were helping member access medical care with her history, helping the member achieve her goals of staying sober and healthy to ensure she has a healthy baby, and providing her the tools she needs to successfully raise her child. The member is established with a behavioral health (BH) counselor and was attending counseling sessions. The member had been refused by three prenatal offices for care due to her complex history.

CC made numerous phone calls to providers to assist member with accessing prenatal care. CC and the member had several basic conversations about how to talk to doctors, why it was so important the member attend all her appointments, establishing with a

primary care physician (PCP), exploring treatment for hepatitis C, and discretionary use of emergency room (ER), etc. CC explained the process for transportation benefit. The member began to understand how healthy behavior impacts a successful delivery and family outcomes.

With CC's support and guidance, the member established care with a prenatal provider and seen at 26 weeks gestation. The member delivered a 7 lb. 10 oz baby girl at 40 weeks gestation and is now established with a primary care doctor and a specialist as she actively pursues hepatitis C treatment. The member reports she is taking her baby to well-child checks as scheduled, and baby is feeding well and gaining weight appropriately. The member's significant other is working locally now and provides more support in their home. The member states she is maintaining her sobriety and has not started smoking cigarettes again. She welcomed a home visit from her CC for her semi-annual Comprehensive Needs Assessment (CNA). She was so immensely proud of her daughter during a home visit with her CC, smiling throughout their visit, participating, engaging in conversation, and expressing enthusiasm for watching her daughter achieve her milestones.

PHP
PHP member, who is a 48-year-old male, has spinal injuries resulting from substance use, neglect and a fall. When PHP's Community Health Worker (CHW) began working with him, he was homeless and just beginning to try and abstain from methamphetamine use. He had left Princeton Place Albuquerque, a nursing facility. CHW worked closely with this member for an extended period of almost two years and was able to help him get enough clean time under his belt that his mother allowed him to move back into her home. CHW had not spoken to the member in some time, and the member reached out to share some good news with CHW. The member has not only maintained his abstinence from substances for multiple years now, but he was finally approved for the disability benefits which CHW fought to secure for him for almost two years. The member was so excited to have this income and wanted to thank CHW and tell CHW how much the work they had done together has meant to him and how this has enabled him to improve his quality of life immensely. The member shared that he will now be able to help support his mother and himself in ways he has not been able to for many, many years.

WSCC:
A member, with Western Sky Community Care (WSCC), was involved in motor vehicle accident several years ago. He suffered facial injuries, including loss of his teeth, and had to have a right jaw reconstruction. He also had broken ribs, severe stomach injuries, and head trauma resulting in significant cognitive and behavioral changes. The member's current diagnosis includes major depression, neurocognitive disorder and personality

change due to the traumatic brain injury (TBI). The member is on the self-directed community benefit (SDCB) program and his mother is his employer of record (EOR). The member is currently using neurofeedback therapy which is offered via the SDCB program, and it has been beneficial. The member's mother requested more neurofeedback therapy sessions as her son maxed out the number of sessions his budget allows. The member's WSCC care coordinator (CC) collaborated with the member's support broker, the SDCB liaison, and WSCC's utilization management department (UM), to increase the member's budget. The UM department approved to increase the member's budget for additional therapy sessions. The member's mother is grateful for the assistance she received from the CC.

MCO COVID-19 RELIEF EFFORTS

BCBS:
Grants
- There were no COVID-19 related grants received or issued in DY10 Q1.

Donations
- There were no donations issued in DY10 Q1.

Events
- Albuquerque COVID-19 Vaccine Clinic, January 14
- Garfield COVID-19 Vaccine Clinic, January 19
- Rincon COVID-19 Vaccine Clinic, January 20
- SIPI College COVID-19 Vaccine Clinic, January 24
- Anthony COVID-19 Vaccine Clinic, January 26
- Hatch COVID-19 Vaccine Clinic, January 26
- Anthony COVID-19 Vaccine Clinic, January 30
- Sunland Park COVID-19 Vaccine Clinic, January 31
- Santa Fe Roundhouse Vaccine Clinic, February 1
- San Jose Parish Vaccine Clinic, February 12
- Lovelace's Take it Health Senior Summit & Health Fair, February 14
- Hobbs Community Dental and Health Day Event March 4
- Hermosa Heights Elementary Vaccine Clinic, March 10
- Vado Del Cerro Multipurpose Center Vaccine Clinic, March 11
- Mission of Mercy Remote Area Medical Clinic, March 11-12
- Helen Cordero Elementary Health and Wellness Fair, March 15
- Anthony COVID-19 Vaccine Clinic, March 20

- Sunland Park COVID-19 Vaccine Clinic, March 21
- Happy Smiles DACC Event, March 23
- Happy Smiles DACC Event, March 24
- Barrett Foundation Care Van Clinic, March 25
- NM Senior Olympics Health Promotion Event, March 28

PHP:
PHP: COVID-19 Relief Efforts DY10 Q1
- PHP includes COVID-19 questions in our Care Coordinator/Community Health Worker Assessment tools.
- PHP continued to encourage members to get vaccinated.
- PHP continued to offer the Meals on Wheels delivery program for COVID-19 positive members with food insecurity.
- Community Health Workers (CHWs) coordinated with food pantries to provide emergency food boxes to members who are in immediate need of food and who are COVID-19 positive. PHP continued its partnership with Roadrunner Food Bank for emergency food boxes.
- PHP continued unwinding planning and collaboration with HSD for end of the Public Health Emergency.

WSCC:
- WSCC has been collaborating with the other MCOs and community partners to make COVID-19 vaccination a part of immunization events and community outreach.

- WSCC partnered with First Choice Community Healthcare and donated nonperishable items for community health care workers to distribute emergency food bags along with information about vaccinations including COVID-19. WSCC attended Alliance of Health Councils and with Amador Health Center to discuss partnership options are around COVID-19 and the flu vaccinations and boosters. WSCC discussed sponsoring Run with your Doc as well. WSCC has attended school council meetings in Bernalillo and Las Cruces for potential collaboration for COVID-19 and flu vaccination. WSCC has been attending meetings with the Coalition to Enhance and Equity meetings pertaining to COVID-19 resources on free testing, testing sites, requestion for vaccine events collaboration meeting and demographic targets.