



HUMAN
SERVICES
DEPARTMENT



NEW MEXICO'S MEDICAID MCO PROCUREMENT
TURQUOISE CARE

INVESTING FOR TOMORROW, DELIVERING TODAY.



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.

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.

TURQUOISE CARE VISION AND GOALS

Investing for tomorrow, delivering today.

TURQUOISE CARE GOALS

Vision: Every New Mexico Medicaid member has high-quality, well-integrated, person-centered care to achieve their personally defined health and wellness goals.

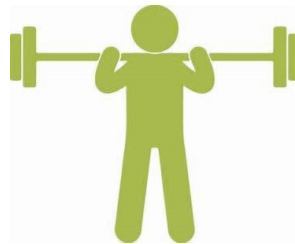
Goal 1

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.***



Goal 2

Strengthen the New Mexico health care delivery system through the expansion and implementation of **innovative** payment reforms and value-based initiatives.



Goal 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.





OUR FOCUS

Turquoise Care will target initiatives focused on the following populations

- 1**

Prenatal, postpartum, and members parenting children, including children in state custody

135,842 Members
- 2**

Seniors and members with long-term services and supports (LTSS) needs

73,298 Members
- 3**

Members with behavioral health conditions

271,916 Members
- 4**

Native American members

146,552 Members
- 5**

Justice-involved individuals

9,767 Members

TURQUOISE CARE PROGRAM DESIGN

Investing for tomorrow, delivering today.

TURQUOISE CARE PROGRAM DESIGN

Mandatory Managed Care Enrollment with the Following Exemptions



- ✓ Individuals who are identified as Native American in the State's eligibility and enrollment system and not in need of LTC or who have opted out of managed care and are receiving services through the New Mexico Medicaid fee-for-service program;
- ✓ Individuals who receive care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID);
- ✓ Individuals who are enrolled only in the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), or Qualified Individuals program;
- ✓ Individuals who are covered only under the Medicaid Family Planning program;
- ✓ Individuals who are enrolled in the Program of All-Inclusive Care for the Elderly (PACE); and
- ✓ Individuals covered pursuant to Emergency Medical Services for Non-Citizens (EMSNC).

TURQUOISE CARE PROGRAM DESIGN

Program Design Changes to Improve Health Care Delivery System Include...

- Population health approach to improve health outcomes and Member satisfaction
- Identification and remediation of cultural and linguistic health care disparities
- Focus on identifying and addressing social determinants of health
- Emphasis on care coordination delivered by community-based individuals and entities
- Enhanced MCO staffing requirements – qualifications, staffing levels, and training
- Specialized plan for Children in State Custody
- Implementation of a Uniform Prescription Drug List and supplemental rebate program
- More stringent provider network requirements, including appointment availability standards, provider training, and accuracy of provider directory information
- Minimum reimbursement rate for Contract Providers at or above the State Plan approved fee schedule
- Provider-requested, peer-to-peer reviews of adverse MCO utilization management decisions
- Expanded MCO reporting and monetary penalties for non-compliance
- Medical Loss Ratio of 90 percent



TURQUOISE CARE PROGRAM DESIGN

Changes Designed to Benefit Specific Populations

Prenatal, Postpartum, and Members Parenting Children, Including Children in State Custody

- Requiring MCO to identify as a population health stream to apply population health strategies to improve health outcomes
- Emphasizing EPSDT screenings, referrals, and treatment
- Expanding services delivered in School-Based Health Centers
- Promoting Medicaid Home Visiting program for pregnant and postpartum Members
- Providing comprehensive lactation support services and breastfeeding equipment with no prior authorization requirements
- Customizing care coordination for Children in State Custody (CISC) in collaboration with CYFD and the Behavioral Health Collaborative

Seniors and Members with LTSS Needs

- Requiring MCO to identify as a population health stream to apply population health strategies to improve health outcomes
- Driving quality and value of LTSS by increasing value-based purchasing targets year-over-year related to Long-Term Care Providers
- Providing default enrollment for Members eligible for Medicaid and Medicare into the MCO's Dual Eligible Special Needs Plan to promote better coordination of care
- Offering tiered payment system for Assisted Living that offers reimbursement that is aligned with the level of care provided

Members with Behavioral Health Conditions

- Requiring MCO to identify as a population health stream to apply population health strategies to improve health outcomes
- Expanding the behavioral health crisis continuum for Members and their families experiencing a crisis
- Adding CCBHCs in the care continuum as part of the MCO's provider network
- Promoting effective community-based alternatives to out-of-home services
- Expanding the availability of behavioral health residential facilities in New Mexico through Community Reinvestment to avoid the need for out-of-state placements
- Enhancing reporting and monitoring to ensure parity in accessing and coverage of behavioral health services

Native American Members

- Requiring MCO to identify as a population health stream to apply population health strategies to improve health outcomes
- Ensuring health disparities and social determinants of health are identified and addressed
- Offering Native American CISC the option to receive services through the MCO selected to implement a health care program customized to address the unique needs of CISC
- Supporting Indian Health Service, Tribal Health Providers, and Urban Indian Providers serving MCO Members by providing training about the covered services and benefits available to Members, and providing technical assistance for billing and claims matters

Justice-Involved Individuals

- Requiring MCO to identify as a population health stream to apply population health strategies to improve health outcomes
- Suspending, rather than terminating, Medicaid eligibility to promote seamless re-entry following incarceration or detention
- Offering circumstances to provide MAT services within the facility
- Having a designated MCO liaison responsible for justice involved care coordination and transitions

TURQUOISE CARE – CHILDREN IN STATE CUSTODY

HSD will select a single Turquoise Care MCO (CISC Contractor) to serve and meet the complex needs of one of New Mexico's most vulnerable populations – Children in State Custody (CISC). The CISC Contractor will be responsible for developing a program designed to improve the health outcomes and experience of children and their families/caregivers.

Enrollment	Personnel Requirements	Care Coordination	Benefits/Services	Provider Network	Quality
<ul style="list-style-type: none"> • Enrollment in the CISC Contractor will be mandatory for CISC • Native American CISC will have the choice to enroll in MCO serving CISC, receive services from another MCO, or receive services through New Mexico's fee-for-service program 	<ul style="list-style-type: none"> • Dedicated program and clinical leadership, transition and stakeholder engagement staff • Expertise and experience working with CISC • Specialized training to meet CISC requirements 	<ul style="list-style-type: none"> • CISC-specific care coordination program • Dedicated care coordination team led by a RN with experience in complex care coordination • Care coordinator to member ratios that reflect higher intensity care coordination needs 	<ul style="list-style-type: none"> • Value added services, if offered, must be tailored to the unmet needs of CISC Members, families, and caregivers • Heightened education and monitoring of prescribing practices • Prior authorization applied to covered services must be HSD approved 	<ul style="list-style-type: none"> • Requirements to preserve the continuity of care for CISC Members throughout transitions • Expand and shape provider expertise to maximize availability of community-based, trauma-responsive services to reduce the unnecessary utilization of inpatient, emergency room, and out-of-home/out-of-State services • Advance evidence based and promising practices 	<ul style="list-style-type: none"> • Enhanced quality expectations through CISC-specific quality goals, practice guidelines, performance improvement projects, performance measures, and tracking measure • Expectation for CISC Contractor to work with HSD to design and implement VBP or other alternative payment models that reward quality

ENVISIONING THE FUTURE OF TURQUOISE CARE

The State of New Mexico is in the process of renewing its federal 1115 demonstration waiver, subject to public comment and CMS approval. The following are examples of proposed new initiatives for Turquoise Care. Please refer to more detailed information that can be found on HSD's Website:

[Medicaid 1115 Waiver Renewal | New Mexico Human Services Department \(state.nm.us\)](#)

- Eligibility:
 - Continuous Medicaid enrollment for children up to age 6
 - Expand HCBS Community Benefit enrollment opportunities by adding waiver slots
- Services/Benefits:
 - Expand Medicaid Home Visiting program
 - Expand access to supportive housing
 - Offer Medicaid services for high-need justice-involved Members 30 days prior to release
 - Member-directed traditional healing benefits for Native Americans
 - Pilot for chiropractic services
 - Increase dollar limit for environmental modifications and transitional services under the Community Benefit Program
 - Enhance services and supports for Members in need of long-term care
 - Home delivered meals pilot program
 - Closed-loop referral system
 - Medical respite for Members experiencing homelessness



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QUESTIONS AND COMMENTS?

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