CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Demonstration Quarterly Report
Demonstration Year: 7 (1/ 1/ 2020 – 12/ 31/ 2020)
Quarter: 2/2020

October 8, 2020

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CONTENTS

1
INTRODUCTION

On December 14, 2018, the Centers for Medicare & Medicaid Services (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 home and community-based services (HCBS).

In Centennial Care 2.0, the state will continue to advance successful initiatives 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:

- Improve 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;
- Refine care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
- Continue 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;
- Improve the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
- Expand payment reform through value-based purchasing (VBP) arrangements to achieve improved quality and better health outcomes;
- Continue the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative;
- Build upon policies that seek to enhance members' ability to become more active and involved participants in their own health care; and
- Further simplify administrative complexities and implement refinements in program and benefit design.

The Centennial Care 2.0 managed care organizations (MCOs) are:

1. Blue Cross Blue Shield of New Mexico (BCBS),
2. Presbyterian Health Plan (PHP), and
3. Western Sky Community Care (WSCC).

Status of Key Dates:

TOPIC	KEY DATE	STATUS
Quality Strategy	Submitted to CMS on March 14, 2019	CMS reported no comments
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 July 31, 2019	CMS submitted feedback on September 30, 2019

2
ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 2 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	3/31/2020 ENROLLMENT	6/30/2020 ENROLLMENT	PERCENT INCREASE/ DECREASE Q2
Blue Cross Blue Shield of New Mexico (BCBS)	239,639	252,167	+5.2%
Presbyterian Health Plan (PHP)	374,324	387,757	+3.6%
Western Sky Community Care (WSCC)	60,380	65,255	+8.1%

Source: Medicaid Eligibility Reports, March 2020 & June 2020

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment data and cost per unit data by programs is provided for July 2017 through June 2019. Please see Attachment A: July 2017 – June 2019 Statewide Dashboards.

MCO Enrollment

- In aggregate, MCO enrollment increased by less than 1% from the previous to current period. This increase is comprised of the following:
    - 1% decrease in physical health enrollment.
    - <1% decrease in aggregate Long term services and supports enrollment.
    - 3% increase in other adult group enrollment.

MCO Per Capita Medical Costs

- In aggregate, total MCO per capita medical costs increased by 9% from the previous to current period, this consists of a 7% increase to pharmacy services and 9% increase to non-pharmacy services.
- Primary drivers of increased costs in the current period when compared to previous period costs are the various changes in benefits and fee schedules that went into effect throughout 2019 and January 1, 2020. Service categories most impacted by these changes are Acute Inpatient, Acute Outpatient/Physician, Community Benefit/PCO, and Behavioral Health Services. Details of the benefit and fee schedule changes are included in the cover page of the Statewide dashboards.

CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

Molina Healthcare Plan Termination

MHC was required to comply with all duties and obligations incurred prior to the contract termination date, as well as continuing obligations following termination. In DY7 Q2, MHC provided monthly updates on the progress of its termination plan through May. MHC identified the May update as its final termination plan and requested HSD's agreement that MHC had fulfilled all of its obligations. Following internal review and discussion with MHC, HSD decided that it cannot make a determination concerning MHC's completion of its continuing obligations until all outstanding financial transactions have been completed. MHC was informed that HSD did not consider the May termination plan update as the final plan and extended the due date for the final termination plan to 3/31/2021. HSD will continue to work with MHC and monitor the completion of the financial transactions.

UnitedHealthcare Community Plan Termination

In DY7 Q1, UHC submitted its final termination plan report and requested that HSD approve the completion of the termination plan. UHC also requested the opportunity to review and respond to external audit reports, when available, for periods during which UHC was an MCO. In DY7 Q2, HSD provided UHC a draft audit related to Medicaid inpatient hospital claims in CY 2017. UHC responded that it was unable to provide comments as its Subject Matter Experts were no longer available. HSD has made a preliminary determination that UHC has fulfilled its continuing obligations following the termination of its agreement with HSD. The final review is in process within HSD.

CENTENNIAL REWARDS

The Centennial Rewards program provides incentives to members for engaging in and completing healthy activities and behaviors as listed below:

- Asthma Management – reward for refills of asthma controller medications for children;
- Bipolar – reward for members who refill their medications;
- Bone Density – reward for women age 65 or older who complete a bone density test within the year;
- Dental – reward for annual dental visits;
- Diabetes – reward for members who complete tests and exams to better manage their diabetes;
- Health Risk Assessment (HRA) – reward for members who complete an HRA;
- Pregnancy – reward for prenatal first trimester and postpartum visit; and
- Schizophrenia – reward for medication refill.
- Adult PCP Visit
- Well-Child for ages Birth – 15 Month (aka W15)

Participating Members who complete these activities can earn credits, which can then be redeemed for items in the Centennial Rewards catalog.

Table 2: Centennial Rewards

CENTENNIAL REWARDS		
	Q1 (JANUARY – MARCH 2020)	Q2 (APRIL – JUNE 2020)
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	120,293	131,348
Number of Members Registered in the Rewards Program this Quarter	5,345	5,333
Number of Members Who Redeemed Rewards this Quarter**	11,134	25,939

*Only includes rewards earned THIS quarter.
**Redeemed rewards could have been earned in any of the previous 24 reporting months.

Electronic Engagement Reward Alert Campaign

During this quarter, Finity conducted a multimedia reward alert campaign to support members during the COVID-19 pandemic. Goals of this campaign included:

- Informing members that they can use their points for essentials (food, personal care, children's activities, etc.)
- Boost member redemptions

Finity targeted all members with points ready to redeem who had valid phone numbers/emails. A total of 159,554 messages were sent; 61% texts and 39% emails. The Rewards Alert Campaign resulted in redemptions in April 2020 of $415,637 over four times higher than $93,761 redemptions in March 2020. Finity has reported the following trends as a result of this campaign:

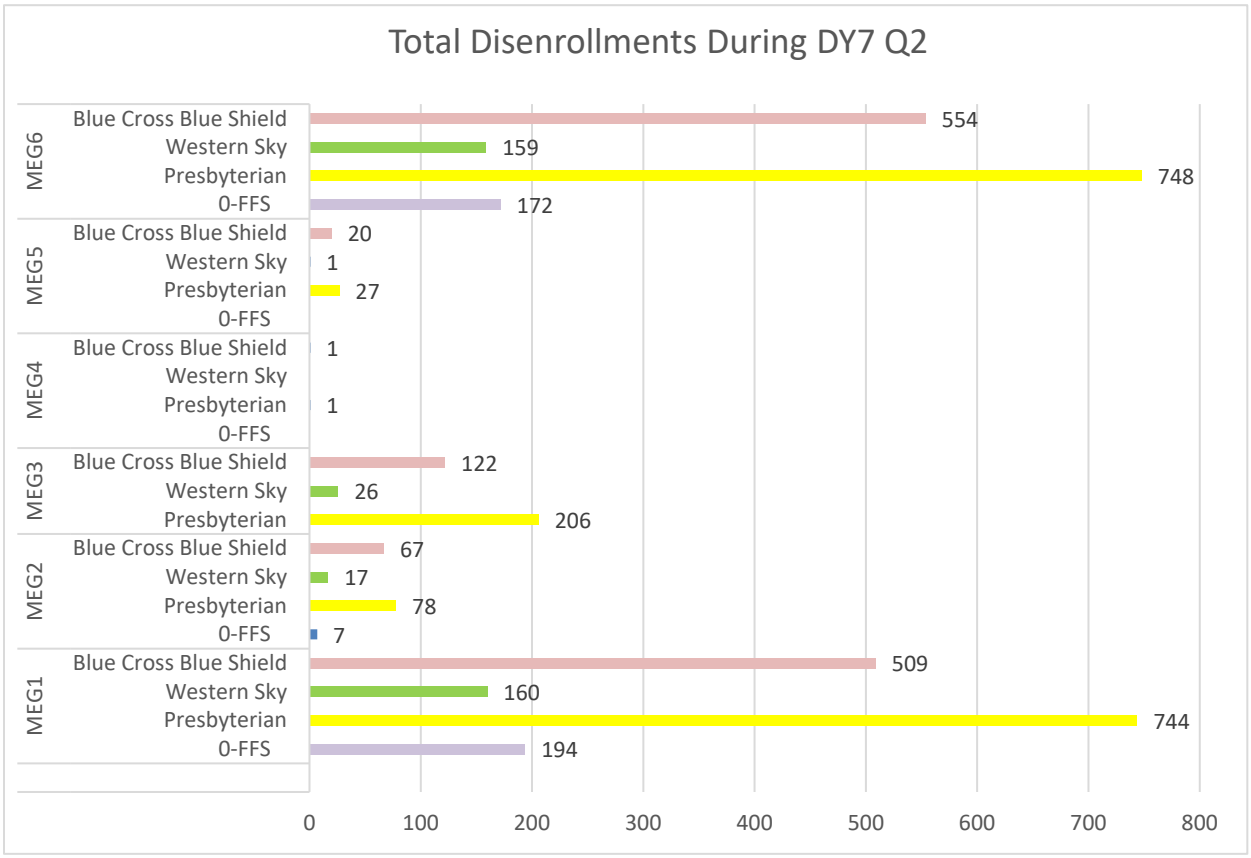
- 40% increase in new registrations over April 2019
- 19% of members engaged redeemed for the first time
- 7.5% increase in calls to the Centennial Rewards call center over April 2019
- 22,967 new users visited the Centennial Rewards portal
- 54,421 portal hits in April 2020
    - 108% increase compared to April 2019

3

ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following table outlines 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.. Due to Public Health Emergency (PHE) regarding Coronavirus (COVID-19), HSD meets the Maintenance of Effort (MOE) statutory requirements to receive the 6.2 percent increased 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. The disenrollment for this quarter is attributed to incarceration, death, and members moving out of state.

Demonstration Population		Total Number Demonstration Participants DY7 Q2 Ending June 2020	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY7 Q2
Population MEG1 - TANF and Related	0-FFS	32,375	33,419	194
	Presbyterian	185,662	194,128	744
	Western Sky	31,119	32,283	160
	Blue Cross Blue Shield	115,364	120,496	509
	Summary	364,520	380,326	1,607
Population MEG2 - SSI and Related - Medicaid Only	**0-FFS**	2,064	**2,126**	7
	Presbyterian	20,192	**20,383**	78
	Western Sky	3,398	**3,429**	17
	Blue Cross Blue Shield	11,537	**11,628**	67
	Summary	**37,191**	**37,566**	**169**
Population MEG3 - SSI and Related - Dual	**0-FFS**		**6**	
	Presbyterian	22,857	**22,709**	206
	Western Sky	2,470	**2,445**	26
	Blue Cross Blue Shield	10,768	**10,655**	122
	Summary	**36,095**	**35,815**	**354**
Population MEG4 - 217-like Group - Medicaid Only	**0-FFS**	6	**16**	
	Presbyterian	128	**133**	1
	Western Sky	15	**16**	
	Blue Cross Blue Shield	90	**91**	1
	Summary	**239**	**256**	**2**
Population MEG5 - 217-like Group - Dual	**0-FFS**	6		
	Presbyterian	2,599	**2,575**	27
	Western Sky	303	**301**	1
	Blue Cross Blue Shield	1,948	**1,920**	20
	Summary	**4,850**	**4,796**	**48**
Population MEG6 - VIII Group (expansion)	**0-FFS**	23,186	**23,870**	172
	Presbyterian	132,659	**128,218**	748
	Western Sky	23,107	**22,445**	159
	Blue Cross Blue Shield	97,740	**93,827**	554
	Summary	**276,692**	**268,360**	**1,633**
Summary		**719,587**	**727,119**	**3,813**


Total Disenrollments During DY7 Q2
MEG6
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
554
159
748
172
MEG5
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
20
1
27
MEG4
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
1
1
MEG3
Blue Cross Blue Shield
Western Sky
Presbyterian
122
26
206
MEG2
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
67
17
78
7
MEG1
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
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700
800

4

OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
2nd Quarter Activities	In May of 2020, HSD staff hosted a Virtual Healthcare Enrollment Event throughout New Mexico in response to the COVID-19 pandemic. HSD partnered with The New Mexico Early Childhood Education and Care Department and beWell New Mexico, Health Insurance Exchange to facilitate a statewide Virtual Medicaid Enrollment Event for childcare workers and the families they support. Goals of the event include: • Overview of New Mexico's public assistance; food, energy and cash assistance programs • Information on affordable health care coverage options available through New Mexico Medicaid and beWell New Mexico • Immediate Health care coverage application assistance A series of events of Virtual Healthcare Enrollment Events were conducted remotely via a webinar platform. In DY7 Q2, HSD staff conducted monthly trainings for the Presumptive Eligibility (PE) Program and Presumptive Eligibility Determiners (PED) in the JUST Health Program. HSD also conducted YESNM-PE Demonstration trainings for PEDs. The purpose for these on-going trainings is to increase PED enrollment throughout New Mexico and provide updates from the Medicaid program. Due to COVID-19, all trainings were conducted remotely and are now via a webinar platform. In DY7 Q2, HSD staff conducted "Baby Bot" trainings for PEDs. This is a new feature in YESNM-PE that allows the PED provider to add an eligible newborn onto Medicaid immediately. This is a mandatory training for certified PEDs.

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 MCO's. HSD extracts encounter data on a quarterly basis to validate and enforce compliance with accuracy. Based on the most recent quarterly data extracted, the MCO's are compliant with encounter submissions.

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 on a monthly basis 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: http:www.hsd.state.nm.us/LookingForInformation/medicad-eligibility.aspx. This report includes enrollment by MCOs and by population.

6

OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

FISCAL ISSUES

The capitation payments through Quarter 2 of demonstration year (DY) 7 reflect the Centennial Care 2.0 rates effective on January 1, 2020. 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, 2020 were submitted to the Centers for Medicare and Medicaid Services (CMS) on January 6, 2020. In addition, the payments during Q2 of DY 7 also reflect the updated rates to remove the Safety Net Care Pool (SNCP) programmatic change and add more System Delivery Provider Payment Initiatives. This rate report was submitted to CMS on April 29, 2020.

During Quarter DY7 Q2, penalty assessments and direct payments to the University of New Mexico Medical Group (UNMMG) were made affecting the per member per month (PMPM) of MEG 1 in DY 6; direct payments made to UNMMG and hospital access payment predominantly contribute to the change of the PMPM for MEG 1 of DY 7. The payments related to health care quality surcharge were made, which affects the PMPM of MEG 2 for DY 6.

The fiscal impact of the health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during Quarter 2 of CY 2020. Much of the fiscal impact from the pandemic period will be better reflected in subsequent quarters.

PUBLIC HEALTH EMERGENCY (PHE) regarding COVID-19

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 nations healthcare community in responding to the 2019 novel coronavirus also known as COVID-19. This declaration is retroactive to January 27, 2020. In response to the PHE, HSD requested several federal authorities and were approved for the following:

New Mexico Disaster Relief State Plan Amendments (SPAs)

HSD submitted five Disaster Relief SPAs and received CMS approval for the following:

- Expands the list of qualified entities allowed to do Presumptive Eligibility
- Increases DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4%; and
- Established Category of Eligibility (COE) for the COVID Testing Group for the uninsured population
- Targeted Access UPL Supplemental Payments
- Nursing Facility Rate Increases applied when treating fee for service COVID-19 members

1135 Waiver

HSD submitted a 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
- Extension of time to request fair hearing of up to 120 days
- Enroll providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare
- Waive screening requirements (i.e. Fingerprints, site visits, etc.) to quickly enroll providers
- Cease revalidation of currently enrolled providers
- Payments to facilities for services provided in alternative settings
- Temporarily allow non-emergency ambulance suppliers
- Temporarily suspend payment sanctions
- Temporarily allow legally responsible individuals to provide PCS services to children under the EPSDT benefit.

Appendix Ks

HSD submitted three Appendix Ks and received CMS approval for the following:

- 1915c Waivers (Medically Fragile, Mi Via, and Developmental Disability)
    - Exceed service limitations (i.e. additional funds to purchase electronic devices for members, exceed provider limits in a controlled community residence and suspend prior authorization requirements for waiver services, which are related to or resulting from this emergency)
    - Expand service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms.)
    - Permit payment to family caregivers
    - Modify 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
    - Modifying incident reporting requirements
    - Retainer payments for personal care services

- 1115 Demonstration Waiver for Home Community Benefit Services (HCBS)
    - Expand service settings (i.e. telephonic visits in lieu of face-face and provider trainings also done through telehealth mechanisms.)
    - Permit 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.
    - Modification to 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
    - Allow for payment for services
    - Retainer payments for personal care services

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD discontinued the PCMH delivery system improvement project as of DY6. However, MCOs are still required to work with PCP contract providers to implement PCMH programs and report the activities quarterly. Please see DY7Q1 and DY7Q2 listed below.

Table 3: PCMH Assignment

PCMH ASSIGNMENT		
Total Members Paneled to a PCMH		
	DY7 Q1	**DY7 Q2**
BCBS	108,396	108,409
PHP	231,428	230,140
WSCC	24,391	25,229
Percent of Members Paneled to a PCMH		
BCBS	43.2%	42.5%
PHP	61.9%	59.8%
WSCC	34.6%	34.4%

In DY7 Q2, the MCOs submitted their PCMH quarterly reports. In response to the PHE, HSD directed provider to offer telehealth services to be provided in all physical health, behavioral health, and long-term care settings to ensure safe access to health care. HSD added new telehealth codes to encourage the use of telephonic visits and e-visits in lieu of in-person care to reduce the risk of spreading COVID-19 through face-to-face contact.

CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
2nd Quarter Activities	In DY7 Q2, HSD temporarily placed the monthly Care Coordination Audits on hold and monitored MCO compliance through enrollment and Members engaging in Care Coordination through a quarterly report. The quarterly Care Coordination report includes required assessments, touchpoints due and complete within contract timeframes. The MCO aggregated results from DY7 Q1 show performance standards of 85% were met or exceeded timely completion of Health Risk Assessments (HRAs), Comprehensive Needs Assessments (CNAs) and Comprehensive Care Plans (CCPs). See Table 4: Care Coordination Monitoring listed below.

Table 4 – Care Coordination Monitoring

MCO PERFORMANCE STANDARDS	DY7Q1	DY7Q2	DY7Q3	DY7Q4
HRAs for new Members	**98%**			
BCBSNM	98%			
PHP	96%			
WSCC	100%			
HRAs for Members with a change in health condition	**87%**			
BCBSNM	100%			
PHP	81%			
WSCC	100%			
CNAs for CCL2 Members	**93%**			
BCBSNM	85%			
PHP	98%			
WSCC	99%			
CNAs for CCL3 Members	**87%**			
BCBSNM	76%			
PHP	91%			
WSCC	100%			
CCPs for CCL2 Members	**92%**			
BCBSNM	72%			
PHP	100%			
WSCC	97%			
CCPs for CCL3 Members	**93%**			
BCBSNM	80%			
PHP	99%			
WSCC	95%			

In DY7 Q2, HSD also implemented a new MCO bi-weekly report to monitor the possible impact of the PHE and engagement of Members in Care Coordination. The bi-weekly report includes monitoring compliance of MCOs use of telephonic and video visits for assessments and required touchpoints. Table 5 listed below identifies how MCOs are able to continue to provide care coordination by completing assessments and touchpoints for members.

Table 5 - Telephonic In Lieu of Face To Face Visits

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY7Q1	DY7Q2	DY7Q3	DY7Q4
Initial CNAs completed	**N/A**	**2,722**		
BCBSNM	N/A	1,177		
PHP	N/A	1,311		
WSCC	N/A	234		
Initial CNAs not completed due to COVID 19	**N/A**	**3**		
BCBSNM	N/A	1		
PHP	N/A	1		
WSCC	N/A	1		
Annual CNAs completed	**N/A**	**5,896**		
BCBSNM	N/A	1,946		
PHP	N/A	3,375		
WSCC	N/A	575		
Annual CNAs not completed due to COVID 19	**N/A**	**260**		
BCBSNM	N/A	57		
PHP	N/A	203		
WSCC	N/A	0		
Semi-annual CNAs completed	**N/A**	**405**		
BCBSNM	N/A	115		
PHP	N/A	248		
WSCC	N/A	42		
Semi-annual CNAs not completed due to COVID 19	**N/A**	**8**		
BCBSNM	N/A	0		
PHP	N/A	8		
WSCC	N/A	0		
Quarterly in-person visits completed	**N/A**	**1,357**		
BCBSNM	N/A	573		
PHP	N/A	738		
WSCC	N/A	46		

Quarterly in-person visits not completed due to COVID 19	**N/A**	**91**		
BCBSNM	N/A	0		
PHP	N/A	91		
WSCC	N/A	0		
Semi-annual in-person visits completed	**N/A**	**5,534**		
BCBSNM	N/A	1,601		
PHP	N/A	3,589		
WSCC	N/A	344		
Semi-annual in-person visits not completed due to COVID 19	**N/A**	**522**		
BCBSNM	N/A	10		
PHP	N/A	512		
WSCC	N/A	0		

Care Coordination Ride-Alongs

Prior to DY7 Q2, HSD conducted in-person ride-alongs with MCO care coordinators to observe completion of Member assessments in the home setting. In March 2020, the MCOs began utilizing telephonic or virtual visits in lieu of in-home person touchpoints to reduce the risk of spreading COVID-19 through face-to-face contact. In DY7 Q2, HSD conducted ‘virtual ride-alongs’ with MCO care coordinators via telephone. HSD attended one annual CNA conducted by BCBS and one conducted by WSCC. HSD observed how the care coordinator properly administered the Community Benefits Services Questionnaire (CBSQ) and the Community Benefits Member Agreement (CBMA) to ensure the Members have access to Community Benefits.

The observed care coordinators adhered to, and often went beyond, all contractual obligations in their assessments. Care Coordinators were thorough, well prepared, showed excellent listening skills, patient, and caring towards their Members. HSD noted that one Member has worked with her care coordinator for six years. Developing a relationship built on trust. This Member lives in a particularly rural area with limited access to services. The Care Coordinator is able to assist her with community resources, caregiving options, Environmental Modifications (EMODs), Durable Medical Equipment (DME) repairs, and scheduling Primary Care Practitioner (PCP) appointments. One Member reported that she preferred 'virtual visits' due to her anxiety with face-to-face contact. HSD provided written feedback to the MCOs on care coordinator strengths and areas that could use improvement. Areas that could use improvement included covering all required substance abuse related assessments and addressing smoke detectors and pests/infestations when evaluating the Member's environmental safety.

Care Coordination All MCO Meeting

In DY7 Q2, HSD conducted a quarterly meeting with MCOs, to present aggregated data from all MCOs from the quarterly Care Coordination Report on Member engagement, Care Coordination timeliness, performance analysis, and Member outcomes. Representatives from all MCOs attended, including those MCO staff overseeing care coordinators, compiling Care Coordination data, and reviewing HSD reports. HSD covered DY6 Q1-Q4 and DY7 Q1 in aggregated report results for completion of contract required assessments and touchpoints.

HSD provided an overview of results from monthly Care Coordination audits from DY6 Q1-Q4 and January and February of DY7, prior to the temporary hold on monthly Care Coordination audits. HSD presented the audit results for the following monthly audits: Health Risk Assessment (HRA)/Care Coordination Level (CCL) audit, Transition of Care (TOC) audit and DUR audit: Difficult to Engage (DTE), Unable to Reach (UTR) and Refused Care Coordination (RCC). HSD provided both aggregated audit results for all MCOs and provided the MCOs with their individual results. This data, previously submitted in the DY7 Q1 CMS Monitoring Report, showed improvement in contract compliance. HSD provided the MCOs with targeted training on contract and policy requirements that effect all files audited for improved contract and policy compliance going forward.

HSD has seen significant improvement in MCO compliance with timely completion of contract required assessments and touchpoints. HSD has also observed increased Member engagement due to an increase in MCO outreach attempts which has resulted in an increase in both Care Coordination Level 2 and Care Coordination Level 3 Members.

BEHAVORIAL HEALTH

In DY7 Q2, the MCOs, in collaboration with the State and the New Mexico Behavioral Health Provider Association (NMBHPA), worked together to identify ways to maintain critical behavioral health services during the COVID 19 public health emergency. In mid-March HSD issued a letter of direction authorizing the use of telehealth for the majority of behavioral health services, delivered in all settings and using the same codes and rates that are in place for face-to-face services. In addition to standard telehealth delivery methods, behavioral health providers are, for the duration of the emergency, permitted to deliver services telephonically.

Expanded behavioral health will remain an option for providers and recipients through the termination of the emergency declaration, and applies to both initiation of care as well as treatment of established patients. Initiation of care can be for any reason, including member self-referral.

As a result of the expansion of this service modality – and due to the lack of options for face to face visits with providers – the second quarter of DY7 saw a nearly 20 percent increase in telehealth utilization over the first quarter, with a total of just over 200,000 individuals served.

Treat First has taken on an even more critical role during the COVID 19 crisis. 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. New Mexico has over 20 Treat First provider agencies in the state, most with multiple locations, and the Behavioral Health Services Division of HSD is working with providers to increase that number.

The adverse impact of COVID 19 on utilization of behavioral health services can be seen throughout the state's behavioral health system, as the data presented below show.

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.

SBIRT utilization declined about 14 percent this quarter, from a total of 2,000 people served in the first quarter to a total of 1,727 in the second quarter. These are not unduplicated client counts, so another way to view the data is to average utilization across the months of each quarter: the first quarter saw an average of 667 people served each month, dropping to an average of 576 people per month in the second quarter. The decline follows over a year of robust growth and is driven primarily by lack of access to services during the COVID 19 crisis; even with lower utilization, more clients were served during this period than any quarter in DY6.

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 DY7 Q2, the State continued efforts to implement Crisis Treatment Centers; two providers are prepared to begin delivering services as soon as HSD completes the rate development process. Throughout 2019 and the first half of 2020, BHSD expanded SBIRT services through widespread outreach and state-sponsored provider trainings. BHSD has also focused on expanding other services 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 substance use disorders (SUD) that is not part of a certified general acute care hospital. MAD has expanded coverage of recipients, aged 22 through 64, to inpatient hospitalization in an IMD, for SUD diagnoses only, with criteria for medical necessity and based on ASAM admission criteria. Covered services include withdrawal management (detoxification) and rehabilitation.

Residential or inpatient treatment for SUD in an IMD utilization began dropping in March, shortly after the COVID 19 crisis began, and declined a further 2 percent this quarter, from a total of 2,800 people served in the first quarter to a total of 2,744 in the second quarter. These are not unduplicated client counts, so another way to view the data is to average utilization across the months of each quarter: the first quarter saw an average of 934 people served each month, dropping to an average of 915 people per month in the second quarter.

ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES

As of DY7 Q2, three Adult Accredited Residential Treatment Centers (AARTC) are now enrolled as Medicaid providers: Santa Fe Recovery, Shadow Mountain, and Hoy Recovery. Final approval will be granted upon completion of a Life and Safety Inspection by DOH. An additional six applications are currently under review.

BHSD will be conducting site visits of these approved agencies which will incorporate related regulations from the New Mexico Administrative Code (NMAC), the Medical Assistance Program Manual Supplement, the Behavioral Health Policy and Billing Manual, and the American Society for Addiction Medicine (ASAM) criteria and level of care. BHSD will schedule regular site visits with AARTCs to ensure overall program integrity, treatment implementation, staff qualifications, and environment/setting. The first site visit is scheduled to occur in October 2020.

BHSD's Adult Accredited Residential Treatment Centers Coordinator will continue to provide technical assistance to agencies enrolling as Medicaid providers.

Health Homes

The CareLink New Mexico Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with Serious Mental Illness and children and adolescents with Severe Emotional Disturbance. Seven providers deliver coordinated care services in 12 counties to support integrated behavioral and physical health services. Two Health Homes (Guidance Center Lea County and Mental Health Resources, Roosevelt County) provide High Fidelity Wraparound services to 150 children and adolescents with SED and complex behavioral health challenges. Wraparound clients are involved with multiple state systems and many have been in out-of-state residential treatment centers. HSD is in the process of adding Substance Use Disorder to the eligibility criteria for Health Homes, which will align this program with the State's 1115 Demonstration Waiver activities and enable CLNM providers to provide services to this vulnerable population. Specific activities in support of this change are listed in the table below.

Table 6: Health Homes Activities

CLNM Health Home Activities	
2nd Quarter Activities	In mid-March, in response to the COVID-19 health crisis, HSD approved reimbursement for existing behavioral health services delivered telephonically, and CLNM providers began adopting this delivery method. CLNM providers were able to transition to this new service delivery method within two weeks. During DY7 Q2, multiple individual meetings were conducted with Health Home providers to review enrollment numbers, outreach and health assessment strategies, and challenges in implementing telephonic services. Provider meetings have included technical assistance and program support. Most providers report an increase in referrals from internal staff and community-based primary care providers. Increases are attributed primarily to a greater number of individuals self-reporting anxiety, depression, and substance use. For a few members who have found telephonic and virtual services to be challenging, many CLNM providers have begun introducing very limited face-to-face services that meet State-recommended safety requirements. In conjunction with the addition of SUD eligibility criteria for Health Homes, HSD leadership has undertaken a data collection and review process to ensure PMPM rates for CLNM providers are appropriate and reflect additional expenses for service requirements for SUD implementation.

Table 7: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES					
Q1 2019 JAN – MAR	Q2 2019 APR – JUN	Q3 2019 JUL – SEPT	Q4 2019 OCT – DEC	Q1 2020 JAN – MAR	Q2 2020 APR – JUN
2,540	2,814	3,228	3,637	3,713	3,829

Supportive Housing

The supportive housing benefit in Centennial Care 2.0 supports Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program, which provides pre-tenancy and tenancy services. Linkages serves individuals 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. There are nine Linkages support service agencies statewide.

Linkages agencies can bill Medicaid for comprehensive community support services (CCSS), but now that supportive housing services are included in the CC 2.0 waiver, agencies are encouraged to shift to billing directly for supportive housing. The waiver requires the services be provided by a certified peer support worker (CPSW), in keeping with the state's goals for building the peer support workforce. However, only one Linkages provider is currently using a CPSW to deliver supportive housing services. Other providers utilize case managers, community support workers, and supportive housing coordinators to render supportive housing services. The lack of CPSWs among Linkages providers is of concern to the state, and prior to the COVID 19 public health emergency BHSD had been working to prioritize CPSW training for eligible Linkages staff. That work will resume as the pandemic abates.

The BHSD Supportive Housing Program Manager provides technical assistance to Linkages providers and Medicaid managed care organizations, as needed, to support the Medicaid Linkages Supportive Housing program.

Centennial Home Visiting (CHV) Pilot Program

In DY7 Q2, the numbers of CC MCO member enrollments for each home visiting (HV) program are as follows:

- **Nurse Family Partnership (NFP):** 55 unique families were served during DY7 Q2 (7 remaining spots as of June 30, 2020)

  There are two NFP nurses at the UNM Center for Development and Disability (UNM CDD) dedicated for the CHV Pilot Program in Bernalillo County. Per the NFP model, the UNM CDD NFP program had a capacity of 25 new families for which each one of the new nurses can be responsible. However, UNM CDD is increasing their enrollment limit to 60 families to account for unexpected events like no-shows.

  UNM CDD received some grant funding from the NFP organization to hire a third nurse to be CHV provider. The target hiring date is in October. UNM CDD is looking to utilize the newly hired nurse, who will need to be trained, to deliver services in Valencia County, in addition to Bernalillo County.

- **Parents as Teachers (PAT):**

  UNM CDD – 46 unique families were served during DY7 Q2

  ENMRSH – 20 unique families were served during DY7 Q2

  The capacity of UNM CDD and ENMRSH, the agency that contracts to provide services in Curry and Roosevelt counties, to provide the PAT HV services is 50 and 20 families, respectively.

The CHV services delivery was affected by the COVID-19 emergency during DY7 Q2. However, HSD continued the following guidance to assist CHV providers by following telehealth guidance. Home visiting agencies reported no interruption of services. Both home visitors and families found this mode of delivery to be a desirable alternative.

In DY7 Q2, Taos Pueblo continues to work on becoming a Medicaid home visiting provider in Taos County and to amend their contract with the Centennial Care Managed Care Organizations.

The families served in the CHV Pilot Program are included in the NM Children, Youth and Families Department's evaluation as published in the New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2019 with the program highlight on pages 17 and 18 of the report: https://cyfd.org/docs/Home_Visiting_Outcomes_Report_FY19.pdf.

Presumptive Eligibility Program

The NM 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 NM State Agencies including the NM Department of Health (DOH), NM Children Youth and Families Department (CYFD) and the NM Corrections Department (NMCD). Currently, there are approximately 749 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose 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 on-going Medicaid applications. PE program staff conducted three PE certification trainings and three YESNM-PE demo refresher trainings.

In DY7 Q2, HSD/MAD made it easier for New Mexico providers to assist HSD with adding newborns onto their mothers active Medicaid case. The new functionality is called Ava the "Baby Bot". AVA the "Baby Bot" is a chat link in YESNM-PE (Your Eligibility System New Mexico for Presumptive Eligibility) that allows certified Presumptive Eligibility Determiners (PEDs) to electronically add a newborn onto the mothers active Medicaid case. The Baby Bot link is located on the PEDs home page in YESNM-PE. The Baby Bot platform will serve as a webservice and send the information electronically to ASPEN HSDs eligibility system. The ASPEN system will automatically add the newborn information into the mother's case allowing for automatic eligibility and enrollment for the newborn client.

Access to AVA the “Baby Bot” link will be limited to those PEDs who are certified to submit information via the Baby Bot and who work in a hospital or other medical facility where mothers give birth. These PEDs are those who work in locations such as hospitals, IHS Hospitals/Tribal 638 or other birthing centers.

HSD program staff conducted two “Baby Bot” trainings for PEDs during this reporting period. This is a mandatory supplemental training for certified PEDs.

Table: Program numbers are specific to Medicaid-eligible newborns submitted through BabyBot on YESNM-PE

- **Newborns Submitted**
  Overall number of submissions through BabyBot
- **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

Currently, there are 65 active PEDs certified to use Baby Bot for newborn submissions with more trainings being scheduled to increase participation. In this reporting period 67% of all newborns submitted through a Baby Bot chat session resulted in a successful case update. CEB PE program staff are working with PEDs and system developers to increase the *number* of submissions as well as the number of *successful submissions* through the Baby Bot. Please see Table 8: AVA Baby Bot.

AVA Baby Bot
(April – June 2020)

Month	Newborns Submitted through AVA	Newborns Successfully Enrolled-	Newborns Unsuccessfully Enrolled- Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
April	686	467	219	68%	32%
May	649	432	217	67%	33%
June	603	404	199	67%	33%
Total	**1,938**	**1,303**	**635**	**67%**	**33%**

January 1, 2019 – December 31, 2023

Table 9: PE Approvals outlines the numbers of PE approvals granted and the total number of ongoing applications submitted and approved. NM PEDs are aware of the importance of on-going Medicaid coverage for their clients. This is reflected by the high number of PE approvals that also had an ongoing application submitted in DY7Q2. In all three months of DY7 Q2, 100.00% of all PE approvals also had an ongoing application submitted.

Table 9: PE Approvals

PE APPROVALS (APRIL – JUNE 2020)				
MONTH	PES GRANTED	%PE GRANTED W/ ONGOING APPLICATION SUBMITTED	TOTAL INDIVIDUALS APPLIED	INDIVIDUALS APPROVED
April	163	100.00%	1,177	964
May	154	100.00%	1,074	849
June	150	100.00%	1,113	834
Total	467	100.00%	3,364	2,647

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, etc.) 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 numbers of PE approvals granted and the total number of ongoing applications submitted and approved. In all three months of DY7 Q2, 100.00% of all PE approvals also had an ongoing application submitted.

Table 10: PE Approvals

PE APPROVALS (APRIL – JUNE 2020)				
MONTH	PES GRANTED	%PE GRANTED W/ ONGOING APPLICATION SUBMITTED	TOTAL INDIVIDUALS APPLIED	INDIVIDUALS APPORVED
April	10	100.00%	107	100
May	20	100.00%	93	81
June	8	100.00%	68	64
Q2 Totals	38	100.00%	268	245

7
HCBS REPORTING

Critical Incidents	
2nd Quarter Activities	HSD/MAD conducted a quarterly meeting with MCOs and external stakeholders to discuss critical incident reports (CIRs) reporting expectations, barriers and challenges. The primary discussion was the expectations HSD has regarding training and the obligation to report a Critical Incident Report (CIR). The quarterly meeting also included the MCOs responsibility to provide an annual provider CIR training. This is scheduled for September 2020. HSD/MAD conducted daily reviews of critical incidents submitted by MCOs and providers for the purpose of ensuring reports meet reporting requirements. HSD/MAD provided daily assistance to MCOs and providers to obtain access to the CIR Portal by establishing and/or resetting login credentials as well as deleting duplicate reports. HSD/MAD provided weekly reports of identified critical incident reporting concerns to MCOs for correction and/or follow-up.

TOTAL CRITICAL INCIDENTS REPORTED (JANUARY – MARCH 2020)				
MCO	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	DY 6 Q2 TOTAL
BCBS	2,742	146	108	2,996
PHP	6,090	381	380	6,851
WSCC	548	33	41	622
Total	9,380	560	529	10,469

January 1, 2019 – December 31, 2023

BCBS (January - March 2020)				
CRITICAL INCIDENT TYPES	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	TOTAL FOR QUARTER
Abuse	90	14	8	112
Death	245	2	5	252
Elopement/Missing	4	3	0	7
Emergency Services	1,663	60	71	1,794
Environmental Hazard	27	1	1	29
Exploitation	37	4	6	47
Law Enforcement	37	10	7	54
Neglect	639	52	10	701
All Incident Types	2,742	146	108	2,996

PHP (January - March 2020)				
CRITICAL INCIDENT TYPES	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	TOTAL FOR QUARTER
Abuse	180	39	7	226
Death	423	13	18	454
Elopement/Missing	15	3	0	18
Emergency Services	3,899	117	313	4,329
Environmental Hazard	82	9	6	97
Exploitation	60	4	3	67
Law Enforcement	32	5	3	40
Neglect	1,399	191	30	1,620
All Incident Types	6,090	381	380	6,851

WSCC (January - March 2020)				
CRITICAL INCIDENT TYPES	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	TOTAL FOR QUARTER
Abuse	25	4	1	30
Death	42	0	5	47
Elopement/Missing	0	0	0	0
Emergency Services	287	11	30	328
Environmental Hazard	12	0	0	12
Exploitation	9	0	2	11
Law Enforcement	3	1	0	4
Neglect	170	17	3	190
All Incident Types	548	33	41	622

Consumer Support Program

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

Reporting for the quarter is 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.

Table 11: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT (APRIL – JUNE 2020)	
TOPIC	**NUMBER OF CALLS**
Home/Community Based Care Waiver Programs	1,979
Long Term Care/Case Management	3
Medicaid Appeals/Complaints	4
Personal Care	190
State Medicaid Managed Care Enrollment Programs	32
Medicaid Information/Counseling	588

Table 12: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT (APRIL – JUNE 2020)			
COUNSELING SERVICES	**NUMBER OF HOURS**	**NUMBER OF NURSING HOME RESIDENTS**	**NUMBER OF CONTACTS**
Transition Advocacy Support Services		120	
*Medicaid Education/Outreach	2,550		
Nursing Home Intakes		56	
**LTSS Short-Team Assistance			38

*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.

Community Benefit

In DY7 Q2, the Long-Term Care (LTC) workgroup projects have included CC 2.0 program changes such as implementation of the ongoing NF LOC, CC 2.0 reporting changes, LTC provider rate increases, and planning for implementation of the federally required Electronic Visit Verification (EVV) to the Self-Directed Community Benefit (SDCB). Due to COVID-19 outbreak, other projects included direction to the MCOs to implement CMS approved changes to ensure members received benefits during the pandemic. In early 2020, a single Allocation Tool was implemented to be used by all MCOs to assess members for Personal Care Services (PCS).

EVV

In DY7 Q2, HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Personal Care Services. All parties are working towards implementation of EVV for the Self-Directed Community Benefit to meet the Cures Act requirements. Please see EVV data for DY7 Q1 outlined in the table below. The MCOs reported that 75% of the total PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder were created through the First Data Authenticare app. HSD, MCOs and subcontractors continue to work towards implementation of EVV for the SDCB and FFS programs by January 2021.

Table 13: EVV DATA

EVV DATA (JAN – MAR 2020)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	6,512	411,367
PHP	13,714	910,400
WSCC	1,556	100,287
TOTAL	21,782	1,422,054

Statewide Transition Plan

HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD plans to issue the STP for public comment the fall of 2020.

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

HSD requires the MCOs to provide a 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 the HSD NF LOC Criteria and Instructions guidelines. The audit includes file numbers, accuracy, and timeliness. The results and findings are reported quarterly to HSD along with any Quality Performance Improvement Plan.

BCBS conducted 124 audits, PHP conducted 194, and WSCC conducted 60 audits of NF LOC Determinations during DY 7 Q2. BCBS, PHP, and WSCC met or exceeded expectations for file numbers, accuracy and timeliness for every month of DY7 Q2, except for the month of May. BCBS's Low NF LOC accuracy dipped to 75% in May but rebounded in June to 100%.

Table 14 –MCO Internal NF LOC Audits– Facility Based

Facility Based Internal Audits	April	May	June	DY7 Q2
High NF Determinations				
Total number of High NF LOC files audited	**11**	**10**	**10**	**31**
BCBS	4	4	4	12
PHP	5	4	4	13
WSCC	2	2	2	6
Total number with correct NF LOC determinations	**10**	**10**	**10**	**30**
BCBS	3	4	4	11
PHP	5	4	4	13
WSCC	2	2	2	6
Percent of total MCO monthly averages with correct NF LOC determination	**100%**	**100%**	**100%**	**97%**
BCBS	92%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determinations				
Total number of Low NF LOC files audited	**11**	**10**	**10**	**31**
BCBS	4	4	4	12
PHP	5	4	4	13
WSCC	2	2	2	6
Total number with correct NF LOC determination	**11**	**9**	**10**	**30**
BCBS	4	3	4	11
PHP	5	4	4	13
WSCC	2	2	2	6
Percent of total MCO monthly averages with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBS	100%	75%	100%	92%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations				
Total number of High NF LOC determinations completed within required timeframes	**11**	**10**	**10**	**31**
BCBS	4	4	4	12
PHP	5	4	4	13
WSCC	2	2	2	6
Percent of total MCO monthly averages completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBS	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	**11**	**9**	**10**	**30**

January 1, 2019 – December 31, 2023

BCBS	4	4	4	12
PHP	5	3	4	12
WSCC	2	2	2	6
Percent of total MCO monthly averages completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBS	100%	100%	100%	100%
PHP	100%	75%	100%	97.7%
WSCC	100%	100%	100%	100%

Table 15: Quarterly MCO Internal NF LOC Audit Report – Community Based

Community Based Internal Audits	April	May	June	DY7 Q2
Total number of Community Based NF LOC files audited	**103**	**111**	**102**	**316**
BCBS	35	37	28	100
PHP	52	58	58	168
WSCC	16	16	16	48
Total number with correct NF LOC determination	**103**	**111**	**102**	**316**
BCBS	35	37	28	100
PHP	52	58	58	168
WSCC	16	16	16	48
Percent of total MCO monthly averages with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations				
Total number of Community Based determinations completed within required timeframes	**103**	**111**	**102**	**317**
BCBS	35	37	28	100
PHP	52	58	58	168
WSCC	16	16	16	48
Percent of total MCO monthly averages of Community Based determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

External Quality Review Organization (EQRO) NF LOC

HSD requires that the MCOs report to the state quarterly, 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 and Instructions. The HSD nurse manager monitors the trends and reviews performance with the MCOs.

Table 16: Quarterly MCO NF LOC Determinations- Facility Based

Facility Based Determinations				
HIGH NF Determinations	April	May	June	DY7 Q2
Total number of determinations/redeterminations completed for High NF LOC requests	**73**	**52**	**75**	**200**
BCBS	17	14	12	**43**
PHP	50	32	55	**137**
WSCC	6	6	8	**20**
Total number of determinations/redeterminations that met High NF LOC criteria	**63**	**38**	**59**	**160**
BCBS	12	8	4	**24**
PHP	45	24	47	**116**
WSCC	6	6	8	**20**
Percent of determinations/redeterminations that met High NF LOC criteria	**86%**	**73%**	**79%**	**80%**
BCBS	**71%**	**57%**	**33%**	**56%**
PHP	**90%**	**75%**	**85%**	**85%**
WSCC	**100%**	**100%**	**100%**	**100%**
Low NF Determinations	April	May	June	DY7 Q2
Total number of determinations/redeterminations completed for Low NF LOC requests	**567**	**375**	**463**	**1405**
BCBS	197	135	173	**505**
PHP	332	215	266	**813**
WSCC	38	25	24	**87**
Total number of determinations/redeterminations that met Low NF LOC criteria	**532**	**360**	**455**	**1347**
BCBS	185	132	172	**489**
PHP	309	203	259	**771**
WSCC	38	25	24	**87**
Percent of determinations/redeterminations that met Low NF LOC criteria	**94%**	**96%**	**98%**	**96%**
BCBS	**94%**	**98%**	**99%**	**97%**
PHP	**93%**	**94%**	**97%**	**95%**
WSCC	**100%**	**100%**	**100%**	**100%**
Timeliness Determinations	April	May	June	DY7 Q2
Total number of High NF LOC determinations/redeterminations completed within required timeframes	**63**	**41**	**58**	**162**
BCBS	14	10	5	**29**
PHP	43	25	45	**113**
WSCC	6	6	8	**20**
Percent of High NFLOC determinations/redeterminations completed within required timeframes	**86%**	**79%**	**77%**	**81%**
BCBS	**82%**	**71%**	**42%**	**67%**
PHP	**86%**	**78%**	**82%**	**82%**
WSCC	**100%**	**100%**	**100%**	**100%**
Total number of Low NF LOC determinations/redeterminations completed within required timeframes	**520**	**345**	**426**	**1291**
BCBS	187	127	153	**467**
PHP	297	195	250	**742**
WSCC	36	23	23	**82**
Percent of Low NF LOC determinations/redeterminations completed within required timeframes	**92%**	**92%**	**92%**	**92%**
BCBS	**95%**	**94%**	**88%**	**92%**
PHP	**89%**	**91%**	**94%**	**91%**
WSCC	**95%**	**92%**	**96%**	**94%**

Table 17: Quarterly MCO NF LOC Determinations- Community Based

During DY7 Q2, HSD monitored EQRO determination/redetermination disagreements identified in the previous quarter. For DY7 Q2 reporting, the total number of determinations/redeterminations completed for High NF LOC Facility-Based requests was 200, with 43 for BCBS, 137 for PHP, and 20 from WSCC.

Community Based Determinations	Apr	May	Jun	DY7 Q2
Total number of determinations/redeterminations completed	**2631**	**2432**	**2405**	**7468**
BCBSNM	750	604	638	**1992**
PHP	1693	1697	1625	**5015**
WSCC	188	131	142	**461**
Total number of determinations/redeterminations that has met NF LOC criteria	**2569**	**2382**	**2363**	**7314**
BCBSNM	738	601	637	**1976**
PHP	1647	1654	1589	**4890**
WSCC	184	127	137	**448**
Percent of determinations/redeterminations that has met NF LOC criteria	**98%**	**98%**	**98%**	**98%**
BCBSNM	**98%**	**100%**	**100%**	**99%**
PHP	**97%**	**97%**	**98%**	**98%**
WSCC	**98%**	**97%**	**96%**	**97%**
Timeliness of Determinations				
Total number of determinations/redeterminations completed within required timeframes	**2601**	**2415**	**2392**	**7408**
BCBSNM	738	603	637	**1978**
PHP	1682	1683	1614	**4979**
WSCC	181	129	141	**451**
Percent of determinations/redeterminations completed within required timeframes	**99%**	**99%**	**99%**	**99%**
BCBSNM	**98%**	**100%**	**100%**	**99%**
PHP	**99%**	**99%**	**99%**	**99%**
WSCC	**96%**	**98%**	**99%**	**98%**

The average percent of Facility-Based determinations/redeterminations that met High NF LOC criteria was aggregated at 80 percent, with 56 percent for BCBS, 85 percent for PHP, and 100 percent for WSCC respectively. The percent of Facility-Based determinations/redeterminations that met Low NF LOC criteria saw a 92 percent aggregate total, with all MCOs scoring above the 92 percentile.

The total number of MCO NF LOC determinations/redeterminations for Community-Based for DY7 Q2 reporting that met High NF LOC criteria was aggregated at 98 percent; with 99 percent for BCBS, 98 percent from PHP, and 97 percent from WSCC. Percent of determinations/redeterminations completed within required timeframes was reported at 73 percent aggregated, with 94 percent for BCBS, 62 percent for PHP, and 76 percent for WSCC respectively.

HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and address any trends providing technical assistance as needed.

8
AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
PHP	Due to the COVID 19 Pandemic there was no Native American Advisory Board meetings this quarter.	Not applicable.
BCBS	Due to the COVID 19 Pandemic there was no Native American Advisory Board meetings this quarter.	Not applicable.
Western Sky Community Care	Due to the COVID 19 Pandemic there was no Native American Advisory Board meetings this quarter.	Not applicable.

Table 18: Status of Contracting with MCOs

MCO	Status
BCBS	BCBS remains open and willing to contract with any I/T/U provider, however they continue to be unsuccessful in engaging in meaningful negotiations with Navajo Area IHS. Navajo Area IHS is the largest, non-contracted I/T/U provider group not contracted with BCBS. They have not been responsive to BCBS outreach efforts and have not indicated an interest in entering into an agreement. BCBS will continue to reach out at least once per month to determine if the status has changed. However, now with the COVID 19 Pandemic closing most Tribal communities, contracting efforts have been put on hold until the pandemic is over.
PHP	Presbyterian continued its efforts to network and educate Tribal communities about entering into various agreement opportunities (i.e. reimbursement, Value Based Purchasing, VBP, or other pilot programs). Kewa Family Wellness Center and Santo Domingo Health Center expressed interest to continue discussions to develop an arrangement to meet their community needs and goals, however in early to mid-March, Tribes, Nations and Pueblos began to close due the Covid-19 pandemic. This has caused all negotiations and communications with these entities to cease or to be extremely limited. There is no projected date for the Tribes, Nations and Pueblos to re-open at this time. Native American Professional Parent Resource (NAPPR) remains interested in discussions to develop a program that incentivizes their work with high-risk babies, prenatal, and postpartum home visits for children up to 5 years old. The Taos Pueblo “Tiwa Babies” program continues to move forward and PHP is working on a home visiting Pilot agreement, likely in quarter two.
WSCC	Western Sky Community Care (WSCC), Tribal Relations department staff organized outreach to all Tribes, Pueblos and Nations in January due to the anticipated annual change in Tribal Leadership appointments. At these meetings WSCC was able to follow up of existing agreements that are in affect as well as agreements that are still under consideration. WSCC established a number of Participating Provider Agreements (PPA) in 2019 which continue to be in effect, including delegated care coordination functions with Community Health Representatives. However, as a result of the current COVID-19 Pandemic Health Crisis, the Tribes reported that all external meetings have been cancelled or postponed. All outreach, discussions, development and implementation activities relating to new business or agreements have been put on hold until this crisis has been contained and restrictions lifted at the request of the Tribes.

	Taos Pueblo requested that WSCC provide a letter of agreement for its Early Childhood Home Visiting Program, in which they intend to provide services throughout the entire Taos County. The Tribal Relations program is currently working internally with WSCC Contracting, Medical Management and Care Coordination departments to develop the language for this Letter of Agreement that is intended to be completed and sent to the Pueblo by the end of spring 2020.

9

ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	**Remediate Care Coordination Audit Findings**
IMPLEMENTATION DATE:	**7/19/2016**
COMPLETION DATE:	**Open Item**
ISSUES	Overall care coordination with focus on improved practices following the record review and the onsite review
RESOLUTION	For Action Step 1, leveling of waiver members, BCBS generates a weekly report that captures stratifications on all 095 – Medically Fragile Home and Community Based Waiverand 096 – Developmental Disabled Home and Community Based Waiver members and allows management to identify assigned stratifications. BCBS reported stability in compliance regarding stratification in DY7 Q1. Additionally, BCBS reviewed Individualized Service Plans (ISPs) history and physical notes from the member's PCP and Level of Care (LOC) abstracts. This documentation review supported the care coordinator in stratifying 1915c members who have refused care coordination and a Comprehensive Needs Assessment (CNA) could not be performed. BCBS has a dedicated Care Coordination team in place that participate in weekly trainings, attend complex rounds and receive management oversight. BCBS reported that 97 percent of member files audited were appropriately assigned to CCL2 or CCL3 according to their CNA, ISP, SSP, LOC abstracts and CCL2 and CCL3 internal definitions in DY7 Q1. HSD placed this quarterly IAP on hold for DY7 Q2 and it will remain on hold until the current State COVID-19 health directive has been lifted. BCBS continues to generate a weekly report and their dedicated care coordination team continue to participate in the oversight, however HSD is not requiring file submissions until such time the health directive has been lifted. Action Step 2 was closed in DY6 Q2 and remains closed in DY7 Q2.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	**Care Coordination Activities**
IMPLEMENTATION DATE:	**12/21/2018**
COMPLETION DATE:	**Open Item**
ISSUES	This action plan includes the following areas requiring improvement: Compliance of care coordination activities (timeliness and clinical appropriateness) with HRA/CNA/NF LOC –**Closed** (CY19 Q1, BCBS updated processes for conducting HRAs and CNAs timely, improved the auditing of care coordinators work related to timeliness and re-training staff on the updated processes and revised audit tool. BCBS is finalizing workflows for oversight of Delegated Care Coordination entities. BCBS is currently working with PMS to be contracted as a DCCE and an effective date not yet been determined.) 2. Staff Training Evaluation/ Effectiveness Plan 3. Reporting 4. Burndown Plan – **Closed** (HRA backlog completed 12/31/18, CNA and NFLOC backlog completed on 4/22/19.)
RESOLUTION	The BCBS Oversight Action Plan continues to be internally monitored weekly to document progress towards resolution of open items (Action Items 2 and 3). The Healthcare Management and reporting teams finalized the operational reports. There is one outstanding item that is manually completed as the automated solution is being finalized.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	**Superior Medical Transportation (SMT)**
IMPLEMENTATION DATE:	**3/29/2019 (Improvement Plan in process)**
COMPLETION DATE:	**Closed**
ISSUES	Improvement Plan- wheelchair access issues
RESOLUTION	Measure: Ensure all members requiring wheelchair transportation are transported to and from appointments via appropriate wheelchair vehicles to meet members transportation needs. Goal: 100 percent compliant This provider's contract terminated on 6/30/2020. PHP is now contracting Secure Transportation, effective 7/1/2020. In the interim, SMT reported no incidents of missed transports as a result of limited wheelchair accessible vehicles for 102 days. SMT continued to monitor all areas and assess the need for wheelchair accessible vehicles through the termination date of their contract.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	**Superior Medical Transportation (SMT)**
IMPLEMENTATION DATE:	**5/13/2019**
COMPLETION DATE:	**Closed**
ISSUES	Improvement Plan- Transportation provider no-shows
RESOLUTION	Measure: Ensure all members are picked up for their appointments and return home transports Goal: 100 percent compliant PHP closed this corrective action plan due to the termination of its contract with SMT. PHP continued monitoring of provider no shows through the contract termination date of 6/30/2020.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	**Noncompliance by Transportation Vendor**
IMPLEMENTATION DATE:	**12/6/2019**
COMPLETION DATE:	**Open Item**
ISSUES	On 12/6/2019, WSCC issued a Notice of Noncompliance and Request for Corrective Action Plan (CAP) to its subcontractor, Secure Transportation, for failure to meet formatting, timeliness, and accuracy requirements for encounter submissions.
RESOLUTION	Secure Transportation initiated the CAP on 12/27/19. WSCC requested that Secure Transportation make significant progress at remediating all issues within 30 days of implementation of the CAP. Secure Transportation requested an extension and the CAP deadline was extended until 3/31/2020. Secure Transportation submitted the necessary data and information by the deadline. WSCC reviewed and determined that Secure has not satisfactorily addressed the performance deficiencies. WSCC is identifying the specific penalties that will be assessed.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	**Noncompliance by Transportation Vendor**
IMPLEMENTATION DATE:	**3/5/2020**
COMPLETION DATE:	**Open Item**
ISSUES	WSCC requested a Quality Improvement Plan (QIP) from its subcontractor, Secure Transportation, on 2/11/2020. The request for a QIP was related to findings from the 2019 annual audit in areas related to credentialing, customer service, and compliance with driver and vehicle requirements.
RESOLUTION	WSCC approved Secure Transportation's QIP on 3/5/2020. WSCC requires Secure Transportation to implement process improvements and/or deliver all finalized documents for each action item within 90 calendar days of the approved date (6/3/2020). By the 6/3/2020 due date, WSCC had provided documentation for all but four of the action items. WSCC has extended the due date for the remaining QIP documentation to 7/6/2020.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	**Configuration of WSCC systems to implement required provider rate increases and reprocess claims to adjust payments to Physical Health and Behavioral Health (PH and BH) providers**
IMPLEMENTATION DATE:	**5/28/2020**
COMPLETION DATE:	**Open Item**
ISSUES	Delays in reprocessing of claims for several Physical Health (PH) provider types and completing code configurations identified for Behavioral Health (BH) Providers. Limited progress in reprocessing claims related to the BH configurations for numerous providers.
RESOLUTION	WSCC implemented an Internal Corrective Action Plan (ICAP) to address the concerns. WSCC's ICAP also addresses pending LTC rate and billing issues, including Nursing Facility providers. By the end of DY7 Q2, WSCC had completed all PH claims reprocessing, and made significant progress in completing BH configurations.

10

FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ ISSUES

DY7 Q2 reflects the new capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid on January 6, 2020 and the updated rates submitted on April 29, 2020. The result is higher PMPMs for DY 7 compared to those of DY 6 for MEGs 2, 3, 5 and 6; the PMPMs of DY 7 are lower than those of DY 6 for MEGs 1 and 4 (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 shows DY 7 is 23.5% below the budget neutrality limit (Table 7.5) through two quarters of payments.

11
MEMBER MONTH REPORTING

Member Months		2020
		2
MEG1	0-FFS	97,953
	Presbyterian	567,869
	Western Sky	94,491
	Blue Cross Blue Shield	352,201
	Total	**1,112,514**
MEG2	0-FFS	6,237
	Presbyterian	60,700
	Western Sky	10,180
	Blue Cross Blue Shield	34,601
	Total	**111,718**
MEG3	Presbyterian	67,800
	Western Sky	7,287
	Blue Cross Blue Shield	31,786
	Total	**106,873**
MEG4	0-FFS	32
	Presbyterian	384
	Western Sky	47
	Blue Cross Blue Shield	270
	Total	**733**
MEG5	Presbyterian	7,660
	Western Sky	896
	Blue Cross Blue Shield	5,745
	Total	**14,301**
MEG6	0-FFS	69,590
	Presbyterian	386,305
	Western Sky	67,014
	Blue Cross Blue Shield	282,988
	Total	**805,897**
Total		**2,264,909**
	Total	**756,331**
Total		**2,052,824**

January 1, 2019 – December 31, 2023

12
CONSUMER ISSUES

Grievances

HSD/MAD reviewed and analyzed data submitted by the MCOs (Report #37 Grievances and Appeals) for the months of April, May, and June. The report provides information related to the summary of member grievance reason codes. The report presents the MCOs timeliness response standards to ensure that grievances filed by members are addressed timely and appropriately. Presented below is the summary of MCO member grievance reported for DY7 Q2:

GRIEVANCES REPORTED (APRIL – JUNE 2020)			
G RI E V A N CE S	**BCBS**	**PHP**	**WSCC**
Number of Member Grievances	190	200	41
Top Two Primary Member Grievance Codes			
Transportation Ground Non-Emergency	83	25	12
Other Specialties	5	35	0
Variable Grievances	102	140	29

Appeals

HSD/MAD reviewed and analyzed data submitted by the MCOs (Report #37 Grievances and Appeals) for the months of April, May, and June. The report provides information related to the summary of member appeals reason codes. The report presents the MCOs timeliness response standards to ensure that appeals filed by members are addressed timely and appropriately. Presented below is the summary of MCO member appeals reported for DY7 Q2:

APPEALS REPORTED (APRIL - JUNE 2020)			
A P PE A L S	**BCBS**	**PHP**	**WSCC**
Number of Standard Member Appeals	244	358	21
Number of Expedited Member Appeals	43	18	1

APPEALS REPORTED (APRIL - JUNE 2020)			
A P PE A L S	**BCBS**	**PHP**	**WSCC**
Top Two Primary Member Appeal Codes			
Denial or limited authorization of a requested service	213	340	20
Denial in whole of a payment for a service	37	22	0
Variable Appeals	37	14	2

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 Table 19: 2020 MCO Advisory Board Meeting Schedules below. On 5/4/20, HSD advised the MCOs that Advisory Board meetings should be suspended during the COVID-19 Public Health Emergency.

Table 19: 2020 MCO Advisory Board Meeting Schedules

BCBS 2020			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/27/2020	12:00 PM	Los Lunas Transportation Department Auditorium, Los Lunas, NM
BCBS	4/30/2020	12:00 PM	Mesa Verde Community Center, Albuquerque, NM (Cancelled due to COVID-19)
BCBS	8/27/2020	12:00 PM	South Valley Multi-Purpose Senior Center, Albuquerque, NM (Cancelled due to COVID-19)
BCBS	12/10/2020	12:00 PM	Boys & Girls Club of Central NM, Rio Rancho NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	6/18/2020	12:00 PM	Frank O'Brien Papen Center, Las Cruces, NM (Cancelled due to COVID-19)
BCBS	10/8/2020	12:00 PM	Hobbs Public Library, Hobbs, NM
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/13/2020	12:00 PM	Acoma Community Center, Acoma, NM
BCBS	5/7/2020	12:00 PM	Mescalero Tribal Building Gym, Mescalero, NM (Cancelled due to COVID-19)

BCBS	8/20/2020	12:00 PM	Santo Domingo Elementary/Middle School Gymnasium, Santo Domingo, NM (Cancelled due to COVID-19)
BCBS	11/4/2020	12:00 PM	Gallup Community Service Center, Gallup, NM
**Note cancelled meetings due to COVID-19 will not be rescheduled.			

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 (SDCB included in each meeting)

PHP 2020			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/6/2020	11:00 AM	PHP Cooper Administrative Center, Albuquerque NM
PHP	6/5/2020	Cancelled COVID-19	PHP Cooper Administrative Center, Albuquerque NM
PHP	9/4/2020	11:00 AM	PHP Cooper Administrative Center, Albuquerque NM
PHP	12/4/2020	11:00 AM	PHP Cooper Administrative Center, Albuquerque NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	6/30/2020	Cancelled COVID-19	TBD, Roswell, NM
PHP	7/1/2020	Cancelled COVID-19	TBD, Ruidoso, NM

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/20/2020	Cancelled COVID-19	Tamaya Wellness Center, Santa Ana Pueblo, NM
PHP	5/22/2020	Cancelled COVID-19	Taos Pueblo, NM
PHP	TBD	TBD	Pine Hill, NM (Navajo) – Planning on hold
PHP	TBD	TBD	PHP Cooper Administration Center – Albuquerque, NM

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	TBD	TBD	TBD On Hold until DY7 Q4 or DY8 Q1

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/31/2020	Cancelled COVID-19	PHP Cooper Administrative Center, Albuquerque NM –
PHP	6/9/2020	Cancelled COVID-19	PHP Cooper Administrative Center, Albuquerque NM
PHP	9/15/2020	1:00 PM	PHP Cooper Administrative Center, Albuquerque NM
PHP	12/8/2020	1:00 PM	PHP Cooper Administrative Center, Albuquerque NM

WSCC 2020			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	2/13/2020	11:30 AM	Albuquerque, NM - Mesa Verde Community Center
WSCC	6/18/2020	11:30 AM	Albuquerque, NM - Venue location TBD Cancelled due to COVID-19
WSCC	8/20/2020	11:30 AM	Albuquerque, NM - Venue location TBD
WSCC	12/17/2020	11:30 AM	Albuquerque, NM - Venue location TBD
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	10/14/2020	11:30 AM	Las Cruces, NM - Venue location TBD
WSCC	10/15/2020	11:30 AM	Roswell, NM - Venue location TBD
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	3/5/2020	11:30 AM	WSCC Home Office: 5300 Homestead Rd NE, Albuquerque, NM 87110
WSCC	6/4/2020	5:00 PM	Rio Arriba County - Venue location TBD Cancelled due to COVID-19
WSCC	9/3/2020	11:00 AM	McKinley County - Venue location TBD
WSCC	12/3/2020	5:00 PM	San Juan County - Venue location TBD
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	6/18/2020	1:30 PM	Albuquerque, NM - Venue location TBD Cancelled due to COVID-19

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	10/14/2020	1:30 PM	Las Cruces, NM - Venue location TBD
COMMUNITY ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	7/9/2020	10:30 AM	Albuquerque, NM - Venue location TBD

Quality Assurance	
2nd Quarter Activities	HSD holds Quarterly Quality Meetings 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. The Quarterly Quality meeting for DY7 Q2 was held on June 17, 2020. During the meeting HSD provided responses to questions submitted in advance of the meeting by the MCOs regarding data collection and reporting methodologies. HSD addressed the importance of providing accurate data and meaningful analysis of findings for any significant increases or decreases in performance outcomes identified for each of the monitoring measures. HSD provided MCO aggregate findings of the DY7 Q1 quarterly Tracking Measures (TMs). HSD also provided EQRO updates on the activities related to the annual EQR review and validations. In addition, HSD gave direction on the modifications made to quality assurance activities by HSD and National Committee for Quality Assurance (NCQA) as a result of the emergency response to the COVID-19 pandemic. **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** The MCOs submitted the CY 2019 CAHPS HEDIS data in June 2020 to NCQA for certification. The comprehensive CY 2019 CAHPS survey reports will be provided to HSD from the MCOs on October 15, 2020. **Follow-up after Hospitalization for Mental Illness (FUH) and Follow-up after Emergency Department visit for Mental Illness (FUM)** HSD initiated a monthly monitoring plan to address the decline in HEDIS rates from CY 17 to CY 18, for FUH and FUM with the legacy MCOs (BCBS and PHP). HSD provided the MCOs with instructions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies and barriers associated with improving performance outcomes. The MCOs are to report

	key drivers of success for areas of improvement with these two (2) measures. In Q2 HSD reviewed and analyzed the reports submitted in Q1 (January, February, and March). HSD noted the following strategies and interventions developed by the MCOs to improve the rates; PHP has conducted meetings with Behavioral Health (BH) hospitals to present detailed overview of their facilities performance. By doing so, there is an increase focus on the needs of members in need of BH services. The Performance Measure Workgroup with BCBS has proposed exploring Value Based Purchasing (VBP) that would enhance transition of care activities. BCBS BH Clinical Operations Transition of Care (TOC) staff are assigned at several larger capacity BH Facilities and Hospitals throughout the state. TOC staff are available to facility staff to assist with discharge planning, arranging transportation and to meet with members prior to their discharge to assess post discharge needs. HSD received the MCO's audited HEDIS reports on June 30th and in Q2 HSD will review the rates reported by BCBS and PHP to gage the effectiveness of the interventions focused on improving follow- up visits for members receiving mental health services at a hospital or emergency department. **Performance Measures (PMs)** HSD performance measures and targets are based on HEDIS technical specifications. The MCO is required to meet the established performance targets. Each CY target is a result of the CY 18 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 18 Quality Compass Regional Average plus one (1) percentage point. Failure to meet the HSD designated target for individual performance measures during the CY will result in a monetary penalty based on two percent (2%) of the total capitation paid to the MCO for the agreement year.

	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 calls and during the Quarterly Quality Meeting. Below are the first rates reported by MCOs through their quarterly performance measure submissions in DY7 Q1. In addition, MCO specific strategies and interventions implemented for each performance measure are detailed below. **PM #1 (1 point) – Well Child Visits in the First fifteen (15) Months of Life (W15)** The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits CY 2020 target is 62.62%. • BCBS Q1 32.12% • PHP Q1 28.77% • WSCC Q1 20.41% MCO strategies and interventions focused on improving well-child visits include the following: • BCBS is sending Baby Well-Child Checkup Appointment Reminder Cards to the parents/guardians of two-month-old members to encourage Well-Child Checkup visits as well as contacting members telephonically to encourage the parent/guardian to schedule and complete a well child visit. Additionally, BCBS has implemented a Community Health Workers (CHWs) initiative which provides CHW's with a toolkit wellness guide and talking points to encourage parents/guardians to schedule and complete Well-Child checkup visits routinely. Special Beginnings Care Coordinators have developed and implemented scripting to inform pregnant members of the importance of well-child visits and childhood immunizations. • PHP's care coordination, disease management, and performance improvement teams have coordinated member outreach efforts to ensure members obtain

	preventative services and complete well-care visits for both adults and children. • WSCC has increased collaboration with Patient Centered Medical Home (PCMH) network to focus on increased well visits. In addition, WSCC is providing telephonic outreach geared toward HEDIS gap in care closure and is engaging members with their providers through daily care gap alerts which notify the Quality Nurse Intervention team. **PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)** The percentage of Members ages three (3) through seventeen (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 CY 2020 target is 48.52%. • BCBS Q1 4.42% • PHP Q1 1.13% • WSCC Q1 4.81% MCO strategies and interventions focused on improving counseling for physical activity include the following: • BCBS is working on radio public service announcements (PSAs) to promote and educate on the importance of preventive health screening. PSAs will be read over the local radio stations in English and Spanish, targeting areas where their Weight Assessment and Counseling for children/adolescent screening rates are the lowest. BCBS promotes Centennial Rewards which emphasizes helping kids stay active while encouraging members age 10 and over to receive Centennial Reward points for completing the Step-Up Challenge. • PHP works with the large medical groups on obtaining monthly data feeds from Electronic Medical Record (EMR) systems to collect information that may not appear on a claim. PHP continues to work on expansion of the Clinical Data Integration (CDI) project to include data feeds from additional EMR systems to enhance data collection, analysis, and outreach activities. • WSCC is developing strategies to improve WCC compliance on a global level, including using value-based agreements, provider-submitted supplemental data,

	educating providers on claims coding which results in compliance, and creating a pilot program with some higher volume providers for whom WSCC has remote chart access, to understand whether the service occurred but was not coded for compliance or the service did not occur during the visit. Providers participating in pay-for-performance initiatives can review the provider portal for performance. All providers are offered guidance on coding strategies to improve compliance for services that occur during a well visit. **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 years and October 7 of the measurement year that received a prenatal care visit as a Member of the CONTRACTOR's MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO CY 2020 target is 78.67%. • BCBS Q1 58.22% • PHP Q1 77.47% • WSCC Q1 58.91% Below are MCO specific initiatives developed to improve outcomes for the Prenatal measure. • BCBS's Special Beginnings Maternity Program assists members in learning about their pregnancy and how they can enhance their management of pregnancy. The focus of Special Beginnings is on the initial first trimester appointment and the high-risk member and preterm labor i.e. neonatal intensive care admissions. BCBS implemented a pilot Centennial Home Visiting (CHV) program, a voluntary program focusing on the pregnant member prenatally and postnatally and early childhood development in state designated counties. Lastly, BCBS Centennial Care CHV contracts with New Mexico Children, Youth and Families Department (CYFD) agencies that provide either one or both of the early childhood home visiting delivery models as defined by the department of health and human services (DHHS). • PHP has member/provider outreach that seeks to coordinate services and appointments for pregnant members. PHP continues to work on expansion of the Clinical Data Integration (CDI) project to include data

	feeds from additional Electronic Medical Record (EMR) systems to enhance data collection, analysis, and outreach activities as well as expansion of year-round record abstraction. • WSCC strives to improve existing programs such as the Centene Start Smart for Your Baby (SSFB) program to identify and assess pregnant women and provide prenatal coordination and guidance and incorporate other programs such as the NM DOH's Families First program. The Families First Program performs case management for mothers, especially those in vulnerable groups such as pregnant teenagers. In collaboration with the New Mexico Children, Youth and Families Department (CYFD), HSD and the Medicaid MCOs are piloting Centennial Home Visits, an evidence-based home visiting project for eligible pregnant women that focuses on pre-natal care, post-partum care and early childhood development. The services are delivered to eligible pregnant women residing in up to four HSD-designated counties, including Bernalillo County, Curry County, and Roosevelt County. **PM #4 (1 point) – Prenatal and Postpartum Care (PPC)** The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery CY 2020 target is 63.35%. • BCBS Q1 38.49% • PHP Q1 46.93% • WSCC Q1 35.22% Below are MCO specific initiatives developed to improve outcomes for the Postpartum measure. • BCBS provides outreach to members after 7 days of delivery to assist with scheduling their postpartum visit. If members are not reached telephonically, an unable to reach letter is sent to the member. BCBS provider education includes postcard mailings to OB/GYN/Certified Nurse Midwives educating providers of the necessary facets of HEDIS documentation for postpartum care visit. • PHP has member/provider outreach that seeks to coordinate services and appointments. PHP continues to work on expansion of the Clinical Data Integration (CDI)

	project to include data feeds from additional Electronic Medical Record (EMR) systems to enhance data collection, analysis, and outreach activities as well as expansion of year-round record abstraction. • WSCC members are offered participation in the Start Smart for Your Baby (SSFB) program upon notification of pregnancy. This, and other pregnancy programs, emphasize the importance of a postpartum visit for mom. Additionally, Emergency Department Information Exchange (EDIE) Collective Medical alerts are set so that WSCC gets a notification upon member discharge after delivery. Members with Care Coordination services are contacted to provide scheduling assistance for postpartum care. PPC is one of 10 measures identified for 2020 pay-for-performance programs. **PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3** The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday CY 2020 target is 68.01%. • BCBS Q1 21.47% • PHP Q1 54.05% • WSCC Q1 45.35% MCO strategies and interventions focused on improving childhood immunizations include the following: • BCBS has implemented a Community Health Workers (CHWs) initiative which provides CHW's with a toolkit wellness guide and talking points to educate parents/guardians of members on Immunizations. This tool continues to be utilized by CHWs and paramedicine staff. BCBS's Preventive Health handout is a component of the Quality Provider Toolkit, with the purpose of reminding providers to encourage childhood vaccines. • PHP continues to work on expansion of the Clinical Data Integration (CDI) project to include data feeds from

	additional Electronic Medical Record (EMR) systems to enhance data collection, analysis, and outreach activities as well as expansion of year-round record abstraction. • WSCC will participate in the NM Immunization Coalitions "Got Shots" program and is implementing the VAKs (Vaccine Adherence in Kids) program to send out post card notifications to parents/children. This measure has been part of a Value Based Payment (VBP) program with high volume pediatric providers. Additionally, WSCC Quality staff have remote access to NMSIIS so records can be reviewed and accessed easily, as needed. Quality nurses and Care Coordinators regularly monitor member gaps in care and discuss importance of obtaining immunizations with parents. **PM #6 (1 point) – Antidepressant Medication Management (AMM): Continuous Phase** The number of Members age eighteen (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 one-hundred eighty (180) Calendar Days (6 months) of continuous treatment with an antidepressant medication CY 2020 target is 34.33%. • BCBS Q1 27.66% • PHP Q1 41.56% • WSCC Q1 24.90% Below are MCO specific initiatives developed to improve outcomes for the antidepressant medication management measure. • BCBS is monitoring additional Pharmacy reports targeting members with missed refills and pharmacy rejections, which have been developed to assist care coordinators in identifying members who may need assistance with obtaining their antidepressant medication. A provider training is being developed by Behavioral Health Medical Directors to target primary care physicians on appropriately diagnosing Major Depression and offer information on appropriate follow up for members newly diagnosed.

- PHP Senior Performance Manager made telephone call to members to address issues with obtaining medications and ensuring continued contact with their service provider. Education for stakeholders pertaining to the AMM measure. In addition, an educational webinar for Care Coordination staff was developed and the first round of training was delivered to the Behavioral Health Care Coordination team. The remaining Care Coordination teams, including delegated Care Coordination teams, are scheduled for training.
- WSCC's Quality and Pharmacy teams are partnering clinical outreach to targeted pharmacies to increase the duration of prescription of members who are maintaining their current antidepressant prescription. Additionally, WSCC is developing a partnership with CVS, WalMart and Walgreens to create a process for increasing medication prescription duration for members in the maintenance phase of their antidepressant medication.

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 CY 2020 target is 43.34%.

- BCBS Q1 39.30%
- PHP Q1 40.28%
- WSCC Q1 43.65%

MCO performance measure initiatives included:

- BCBS's Recovery Support Assistant (RSA) staff utilize data from the EDIE system and have begun outreach to members in the Emergency Department (ED) to offer care coordination services and facilitate scheduling appointments. RSA staff have begun utilizing iPads to schedule telehealth appointments for members. Members are offered Care Coordination services to assist them with addressing barriers to treatment. Care Coordination has partnered with wellness centers to provide space for

	RSA staff to meet with members. The Reserved Appointment Initiative continues where one medication management and three mental health appointments are reserved weekly for members. • PHP included this measure as a quality metric in their Value Based Purchasing Agreements with some providers in CY 2020. The VBP program includes the Behavioral Health Quality Incentive Program (BQIP). The BQIP program incentivizes outpatient Behavioral Health providers to improve the engagement rate for the IET measure. The BQIP IET program currently has 28 BH outpatient providers enrolled. PHP provided education to stakeholders pertaining to the IET measure. Additionally, an educational webinar for Care Coordination staff was developed and the first round of training was delivered to the Behavioral Health Care Coordination team. The remaining Care Coordination teams, including delegated Care Coordination teams, are scheduled for training. • WSCC continues to refine their EDIE (Collective Medical) outreach coordination and response to members seeking treatment in an inpatient setting. Additionally, WSCC's BH teams and the Value Based Purchasing (VBP) team have been closely partnering with a statewide group of BH providers to innovate delivery of care with targeted populations like this one. The IET measure is one of a suite of behavioral health-focused measures included in the Behavioral Health quality incentive program with participating VBP providers. This measure is closely monitored in the Behavioral Health Performance Improvement Team, which contains representative from many different relevant departments, such as Quality, Medical Management, Utilization Management, Member Services, and Provider Network Management. WSCC uses a multidisciplinary model to ensure members are getting the substance abuse-related care they need. **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 CY 2020 target is 48.42%. • BCBS Q1 41.94% • PHP Q1 42.47% • WSCC Q1 29.23% MCO performance measure initiatives included: • BCBS expanded the provider incentive program across New Mexico. Professional providers are being offered an incentive for seeing a member for psychotherapy or pharmacologic management within 7 days of discharge from acute level of care. The Facility Incentive program continues. Targeted facilities can earn an incentive for improving their FUH rates for the 30-day follow-up. Transition of Care Coordinators outreach members on the unit while inpatient to assist with scheduling follow-up care. The Reserved Appointment Initiative continues where 1 medication management and 3 mental health appointments are reserved weekly for members. • PHP included this measure as a quality metric in their Value Based Purchasing Agreements with some providers in CY 2020. The Value Based Purchasing (VBP) programs include the Model Facility Incentive Program (MFIP), which incentivizes acute facilities to improve the rate of members who complete follow-up appointments within 7-days, the Behavioral Health Quality Incentive Program (BQIP), which incentivizes outpatient Behavioral Health outpatient providers to increase the amount of 7-day follow-up appointments completed for members recently discharged from an acute inpatient psychiatric facility or unit. Finally, the PQIP program is intended to improve FUH 30-day follow-up appointment rates by incentivizing the member's PCP or primary care physician to conduct further outreach to assist the member in attending a follow-up appointment with a BH provider. FUH 30-day follow-up was a new addition to the PQIP program. The VBP programs work collaboratively to approach increasing the 7-day follow-up

	appointment rates from both the inpatient and outpatient provider perspective. As HEDIS FUH 7-day appointments also count towards the 30-day appointment rate, concentration remains on members attending the 7-day appointment first. • WSCC reported that providers engaged in the BH VBP program have begun focused work on the FUH population. WSCC expects to see additional increases in rates as the number of providers in this group grows and the providers have additional time and partnership with WSCC to continue serving these populations. Additionally, WSCC has several interventions planned for 2020, including the FUH member gift card for completing the 7-day follow-up visit, which contributes to FUH 30-day follow-up. These materials are currently in-review at HSD. One last pilot program revolves around telemedicine and home visiting to close FUH gaps. **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 CY 2020 target is 43.52%. • BCBS Q1 54.75% • PHP Q1 64.12% • WSCC Q1 38.98% MCO initiatives and strategies include: • BCBS reported that a cohort was developed to identify members for this measure using the EDIE system. Recovery Support Assistants (RSA) staff outreach members in an effort to assist them with follow up needs, assess barriers and offer care coordination services. • PHP has an internal workgroup who meet monthly to discuss FUM metrics and interventions, including stakeholders from the QI and Performance Improvement departments, Data & Analytics, Pharmacy, Network Operations, and PHP leadership. PHP is live at 5 sites statewide with Consult Liaison services for emergency

	medicine psychiatry via telemedicine technology at identified EDs and Urgent Care-EDs within the PHP delivery system. PHP utilizes the Emergency Department Information Exchange (EDIE) and Pre-Manage systems to help track and monitor ED utilization, including the development of a specific FUM cohort within the Pre-Manage System. The FUM cohort was developed and distributed to the Certified Peer Support Worker teams to provide immediate telephonic outreach and follow-up to assist in attending follow-up appointments. An educational webinar for Care Coordination staff was delivered to the Behavioral Health Care Coordination team. • WSCC is increasing its availability of telehealth and telemedicine resources to support follow-up appointment efforts. This includes increasing training to local providers, expanding the use of Teladoc®, (WSCC's telehealth service), and increasing education for how to bill for appropriate telehealth services. **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 CY 2020 target is 80.63%. • BCBS Q1 45.12% • PHP Q1 46.80% • WSCC Q1 42.15% MCO initiatives and strategies include: • BCBS created a provider flier to promote awareness of the SSD HEDIS measure. BCBS's Pharmacy Department also developed a letter to be mailed to providers reminding them of the importance of diabetes monitoring. Behavioral Health Care Coordinators have also begun to outreach members to remind them about the importance of diabetes screening.

	• PHP added the SSD measure to the Value Based Purchasing (VBP) Provider Quality Incentive Program. PCPs and other primary care providers are eligible for a per member per quarter incentive if they meet certain performance thresholds. PHP's Community Health Worker (CHW) teams received a specialized training focused on SSD. PHP's BH Care Coordination teams were educated on SSD PHP has plans to educate the larger CC team, including delegated CC teams. In addition, the BH Medical Director is assisting the CC teams with additional training specific to members with specified diagnoses or on certain medications. PHP began exploring other stakeholder education activities including targeted outreach to prescribers within the SSD measure, providing training to community organizations who interact with family members of schizophrenic members, and providing education to homeless organizations who also largely interact with members with schizophrenia. • WSCC reported that SSD is a part of the pay for performance program for 2020. Additionally, providers will be able to access care gap lists for their members for this measure. For members in Care Coordination, HEDIS alerts remind Care Coordination staff to include completion of HEDIS services as part of the member care plan. **<u>Tracking Measures (TMs)</u>** HSD requires the MCOs to submit quarterly reports for the TMs listed in the MCO contract effective January 1, 2020. HSD reviews and analyzes the reports for completeness and accuracy and to gauge positive or negative outcome trends. The MCOs report on interventions, strategies and barriers that impact performance outcomes. HSD's review findings are communicated to the MCOs through scheduled MCO-specific technical assistance calls or during the Quarterly Quality Meeting. The following TMs results reflect DY7 Q1 reporting:

	TM #1-Fall Risk Management The percentage of Medicaid Members older than 65 years of age who had a fall or had problems with balance/walking in the past 12 months; who were seen by a practitioner in the past 12 months; and who received fall risk intervention from their current practitioner. • BCBS Q1 28.92% • PHP Q1 25.07% • WSCC Q1 20.16% • MCO Aggregate Q1 Total 25.96% **TM #2-Diabetes, Short-Term Complications Admissions Rate** The number of inpatient hospital admissions for diabetes short-term complications per 100,000 enrollee months for Medicaid enrollees ages 18 and older. • BCBS Q1 26.49 • PHP Q1 15.55 • WSCC Q1 15.19 • MCO Aggregate Q1 Total 19.49 **TM #3-Screening for Clinical Depression and Follow-Up Plan** The percentage of Medicaid enrollees age 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. • BCBS Q1 .30% • PHP Q1 .61% • WSCC Q1 .52% • MCO Aggregate Q1 Total 51% **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 ages 6 and older released from inpatient psychiatric hospitalizations stays of four or more days.

	• BCBS Q1 47.35% • PHP Q1 80.74% • WSCC Q1 38.14% • MCO Aggregate Q1 Total 63.85% **TM #5-Immunications for Adolescents** The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. • BCBS Q1 53.96 • PHP Q1 73.92% • WSCC Q1 69.51% • MCO Aggregate Q1 Total 67.49% **TM #6-Long Acting Reversible Contraceptive (LARC)** The number of LARCs utilized in female Medicaid members 15 to 19 years of age. • BCBS Q1 267 • PHP Q1 461 • WSCC Q1 61 • MCO Aggregate Q1 Total 789 **TM #7-Smoking Cessation** The total number of unduplicated members receiving smoking and tobacco cessation products/services (nicotine replacement, counseling services, quit line and medications). • BCBS Q1 1,322 • PHP Q1 2,185 • WSCC Q1 270 • MCO Aggregate Q1 Total 3,777 **TM #8-Ambulatory Care** The number outpatient visits per 1,000 member months and the number of emergency department visits per 1,000 member months. Outpatient visits-

	• BCBS Q1 86.41 • PHP Q1 - unavailable • WSCC Q1 65.86 ED Visits- • BCBS Q1 11.99 • PHP Q1 - unavailable • WSCC Q1 12.06 **TM #9-Annual Dental Visits** The percentage of enrolled Medicaid members ages two to twenty years who had at least one dental visit during the measurement year. • BCBS Q1 15.56% • PHP Q1 23.55% • WSCC Q1 20.86% • MCO Aggregate Q1 Total 20.67% **TM #10-Controlling High Blood Pressure** The percentage of adults ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. • Since TM #10 is a hybrid measure, HSD has instructed the MCOs to report HEDIS rates when they are available in Q2. **<u>External Quality Review</u>** HSD continues to participate in weekly teleconferences with the EQRO to assess the status of EQR projects, to evaluate issues and provide feedback and support as needed. EQRO reviews and validations in Q2 consisted of the following: ***CY18*** • CY18 EQRO Annual Technical Report was finalized and submitted to CMS on April 11, 2020; • CY18 Network Adequacy Validation final report is under review by HSD for approval;

	• CY18 PM validation draft report was received by HSD and is currently under review; • CY18 PIPs validation draft report was received by HSD and is currently under review; ***CY19*** • CY19 EQRO Compliance Review MCO kick off is scheduled to take place July 22, 2020. The EQRO has revised the workplans to accommodate the review to be conducted in Q3 of DY7. • CY19 Validation of Performance Improvement Projects (PIPs) is tracking accurately in accordance with external quality review timelines and workplans; • CY19 Performance Measure Validation (PMs). HSD received the MCO audited HEDIS results June 30, 2020. HSD will submit the results to the EQRO for review. • CY19 Network Adequacy Validation is tracking accurately in accordance with external quality review timelines and workplans.

Utilization

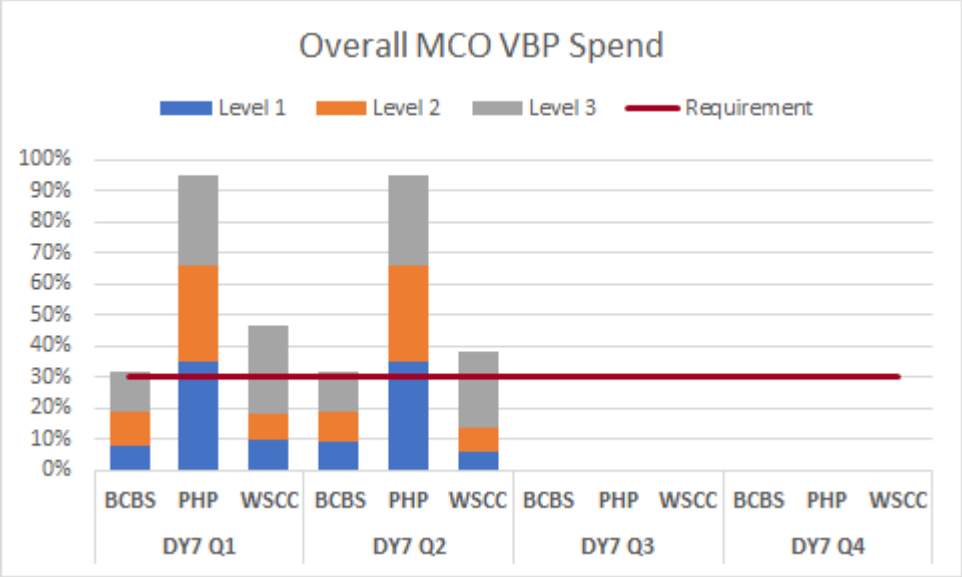
Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for April 2018 through March 2020. Please see Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group.

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 three 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. DY7 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	10%	13%	7%
Required Provider Types	• Traditional PH Providers with at least 2 Small Providers • BH Providers • Long-Term Care Providers including Nursing Facilities	• Traditional PH Providers with at least 2 Small Providers • BH Providers • Actively build readiness for Long-Term Care Providers • Actively build readiness for Nursing Facilities	• Traditional PH Providers • Develop BH full-risk contracting model • Implement a CONTRACTOR led LTC and/or Nursing Facility provider level workgroup to design full-risk

For DY7 Q2, all of the MCOs have already met or exceeded the required VBP spend target of 30%. PHP is currently showing a high percentage of VBP spend. This is due to large full risk contracts in Level 3. DY7 Q3 data will be submitted on November 15, 2020.



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 ER visits. HSD implemented rule changes in 2020 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.

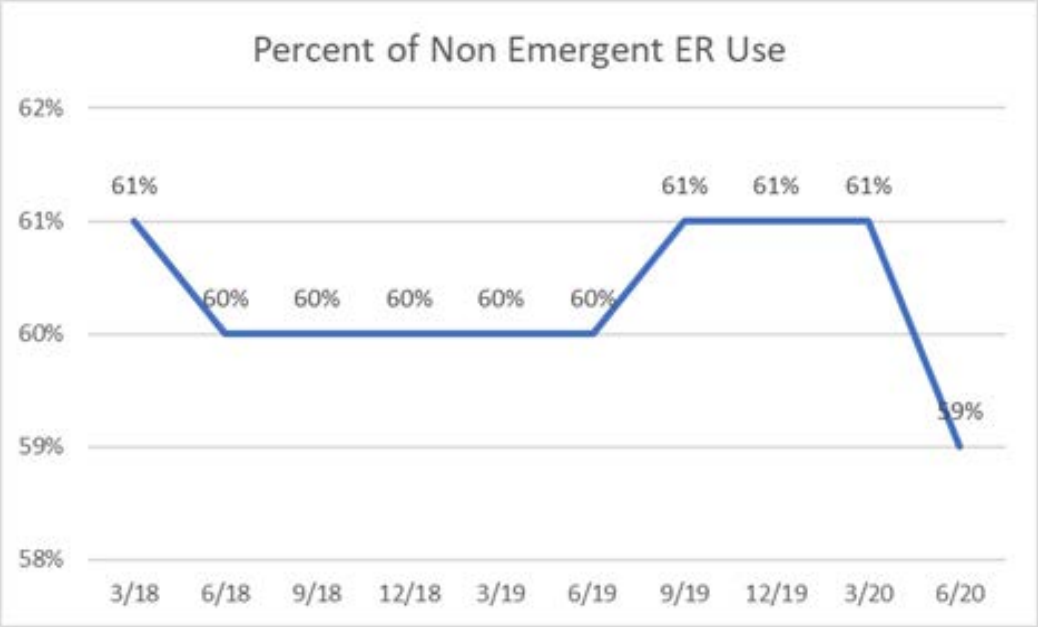
HSD includes requirements in its Centennial Care 2.0 Managed Care Organization Contract that MCOs monitor usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. This results in the MCOs identifying high ED-utilizer 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 the following: outreach by care coordinators, peer-support specialists (PSS), CHWs, and community health representatives (CHRs) to decrease inappropriate ER utilization.

The Community Paramedicine Program is an additional outreach project supporting this effort. 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 HSD released in January 2020 estimates that 46 new primary care residents will graduate in NM each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next five years. HSD is also supporting primary care GME program development and expansion by awarding up to $1.535M in funds to programs during FY 20.

As a result of the MCO strategies and interventions implemented in 2019, which focused on reducing ED visits for non-emergent care, the percentage of emergency utilization that are considered low acuity significantly improved from DY7 Q1 to DY7 Q2. In comparing visits from December of 2019 with 61% visits to June of 2020 with 59% of emergency visits being low acuity, the percentage of visits to the emergency department for non-emergent care decreased by two percentage points. The trend for this measure improved in DY7 Q2.

The table below reflects the percentage of members using the emergency room (ER) for non-emergent care between March of 2018 and June of 2020. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership.

Table 20: Non-Emergent ER Use
January 1, 2019 – December 31, 2023


Percent of Non Emergent ER Use
62%
61%
60%
59%
58%
61%
60%
60%
60%
60%
60%
61%
61%
61%
59%
3/18
6/18
9/18
12/18
3/19
6/19
9/19
12/19
3/20
6/20

14
MANAGED CARE REPORTING REQUIREMENTS

TRANSITION TO CENTENNIAL CARE 2.0 MCOs

PHP has been working with HSD to clarify specific reporting instructions for Report 6- Care Coordination. PHP continues to exceed HRA completion performance standards for newly enrolled members in DY7 Q2. This item is now closed.

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY7 with the requirement that at least 90% of members having access to certain provider categories in urban, rural, and frontier geographic areas within a defined distance. Centennial Care 2.0 is effective January 1, 2019 with the two legacy MCOs, PHP and BCBS, and one new to Centennial Care 2.0 MCO, WSCC.

Physical Health and Hospitals

The legacy MCOs demonstrated steady access with slight fluctuations.

- Legacy MCOs performance in access to general hospitals, PCP, pharmacies and most specialties in urban, rural and frontier areas have continued to be met.
- Geographic access for dermatology, endocrinology, rheumatology, and urology services as well as access to neurosurgeons are anticipated to be limited due to provider shortages in rural and frontier areas.
    - BCBS reports increase in member access to dermatology in urban areas (23.4%) and in rural areas (11.3%), and rural rheumatology (18.5%) and frontier neurology (6.3%). Previously reported increases in access to certified nurse practitioners, frontier dermatology, rural endocrinology and, rural personal care service agencies have been maintained or demonstrate slight increases. BCBS reports a decrease member access for urban rheumatology (4.7%) which fell slightly below access standard.
    - PHP reports decreases in member access to rural endocrinology (6.7%). Other service categories demonstrate fluctuations of less than 1%.

- WSCC demonstrates comparable member access to legacy MCOs in most provider categories.
    - WSCC reports increases in frontier neurology (4.8%) which elevated member access above standards.
    - Previously reported s decreases in rural neurosurgeons, rural urology and frontier urology remain steady with fluctuations of less than 1%.
- MCOs report utilization of telehealth, recruiting efforts for specific provider categories in areas of low access and systems audits for improved reporting.

Table 21: Physical Health Geographical Access

Q2 DY7 GeoAccess PH Q1 Calendar Year 2020 (January 1st- March 31st, 2020)

Meets Standard | Does Not Meet

	Urban			Rural			Frontier		
PH - Standard 1	**BCBS**	**PHP**	**WSCC**	**BCBS**	**PHP**	**WSCC**	**BCBS**	**PHP**	**WSCC**
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacies	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	99.3%
FQHC - PCP Only	100.0%	100.0%	100.0%	90.9%	90.3%	99.4%	99.8%	87.0%	98.9%
PH - Standard 2									
Cardiology	99.1%	98.8%	98.8%	99.7%	100.0%	99.8%	99.8%	99.9%	98.8%
Certified Nurse Practitioner	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.1%	98.9%	94.0%	100.0%	93.9%	93.8%	99.8%	98.4%	98.3%
Dermatology	94.2%	98.8%	98.7%	83.8%	72.7%	86.7%	97.8%	89.4%	98.3%
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.0%	98.8%	98.7%	71.2%	85.6%	74.7%	84.0%	92.9%	82.7%
ENT	99.1%	98.7%	98.7%	91.5%	92.9%	99.9%	92.3%	86.5%	95.9%
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.1%	98.9%	98.8%	99.5%	91.2%	98.2%	99.5%	97.9%	89.6%
Neurology	99.1%	98.8%	98.7%	99.2%	92.0%	82.0%	95.5%	90.3%	93.4%
Neurosurgeons	99.1%	98.7%	93.7%	37.0%	69.0%	39.3%	68.1%	87.1%	81.1%
OB/Gyn	99.2%	98.9%	98.8%	99.6%	99.6%	99.8%	99.7%	99.9%	99.8%
Orthopedics	99.1%	98.9%	98.7%	99.5%	100.0%	99.9%	99.5%	98.4%	99.7%
Pediatrics	100.0%	98.9%	98.8%	99.8%	100.0%	99.8%	99.8%	99.9%	100.0%
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Podiatry	99.1%	98.9%	98.8%	99.8%	99.7%	94.3%	99.8%	99.9%	99.8%
Rheumatology	88.4%	98.8%	84.9%	88.7%	83.1%	68.9%	88.2%	84.7%	73.6%
Surgeons	99.2%	98.9%	98.8%	99.9%	100.0%	99.9%	99.8%	99.9%	99.8%
Urology	80.6%	98.7%	98.7%	86.8%	92.4%	62.5%	94.2%	95.9%	84.0%
LTC/OTHER - Standard 2									
Personal Care Service Agencies (PCS)	100.0%	100.0%	100.0%	100.0%	99.8%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	94.7%	92.9%	94.4%	99.7%	96.9%	99.8%	99.8%	99.9%	99.8%
General Hospitals	99.1%	98.9%	98.8%	99.6%	99.5%	99.9%	99.8%	99.9%	99.8%
Transportation	99.1%	100.0%	98.8%	95.3%	100.0%	100.0%	100.0%	100.0%	100.0%

nd - no data

TRANSPORTATION

Non-emergency medical transportation is a means for MCO to ensure members have timely access to needed services particularly for specialty services and provider shortage areas. All 3 MCOs identify transportation coverage in all counties across New Mexico. PHP terminated its contract with Superior Medical Transportation on 6/30/2020. PHP is contracted with Secure Transportation effective 7/1/2020.

- **Grievances:** Consistent with previous reporting Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period with a low overall percentage. Please see Complaints and Grievances for additional information.

TELEMEDICINE DELIVERY SYSTEM IMPROVEMENT PERFORMANCE TARGET (DSIPT)

The Telemedicine Delivery System Improvement Performance Target (DSIPT) reporting requirements for the Centennial Care 2.0 MCOs is currently on hold due to the COVID-19 public health emergency (PHE). During the PHE, telemedicine utilization has increased dramatically in all areas and is playing a vital role in providing health care services statewide while keeping members safe. HSD expects telemedicine utilization to remain an area of high focus and growth in the future.

During DY7 Q2, the MCOs have taken the following steps to ensure access to services via telehealth.

BCBS

BCBS awarded approximately $538,758 to 27 provider groups in grants aimed at covering telemedicine hardware including computers, laptops, notebooks, video phones, telemedicine internet platform subscriptions, and hot spots/jet packs.

BCBS has also used community paramedicine to provide technology for a video visit between a member and a provider who requested "seeing" the member and having someone present to be able to do a physical assessment in the providers virtual presence.

PHP

PHP has experienced a significant increase in the utilization of telemedicine including video visits and telephonic services. However, if a care coordinator identifies access to internet services as a barrier to telehealth, and internet service is available, PHP may cover the cost of the service and/or a reasonable device under their enhanced care coordination benefit program.

PHP has also facilitated direct outreach to members receiving Care Coordination to provide resources and support. PHP has conducted focused outreach to members accessing EPSDT benefits to ensure adequacy of services upon the early release of the school year, and partnered with Presbyterian’s delivery system to support a home monitoring system focusing on the monitoring of vitals and health status of members who have tested positive for COVID-19.

WSCC

WSCC has provided 150 cellular devices and three months of paid cell phone plans to ABQ Healthcare for the Homeless and Inside Out Recovery. WSCC has also invested $10,000 in rental and utility assistance to the City of Albuquerque Senior Affairs Office. WSCC also provides a one-time Care Grant of $75 that may be used towards internet service or cell phone bills and is working with a provider to allow video-conferencing with the PCP from member's homes and provide home visits to avoid unnecessary Emergency Department visits.

WSCC has invested in a program called NM Appleseed which promotes remote accessibility to services like health education and telehealth services for youth. Students can connect with their case manager and access behavioral health and telehealth services with iPads and hotspots. WSCC is committed to filling gaps in care due to lack of technology and creatively resolving the barriers.

TELEHEALTH UTILIZATION DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Paid Non-Crossover Claims*									
	Fee-for-Service				Managed Care Encounters				
Month	Mar-20	Apr-20	May-20	Jun-20	Mar-20	Apr-20	May-20	Jun-20	Total
Utilization Counts	1,729	7,406	7,675	5,675	47,103	157,342	131,761	53,522	412,213
Total Paid Amount	$208,716	$1,121,233	$1,353,753	$1,172,327	$4,367,719	$16,736,262	$14,551,024	$6,102,240	$45,613,273

*Notes:

1. Data is based on paid non-crossover fee-for-service and managed care encounter claims.
2. Data reflects telehealth utilization during the ongoing public health emergency.
3. Both fee-for-service and managed care encounter claims are subject to a 90-day reporting lag since providers are required to submit claims to Medicaid within a 90-day span from the date-of service. Therefore, the data may not reflect complete sets of claims for each month.

15
DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
2nd Quarter Activities	**1115 Demonstration Waiver Evaluation Design Plan** On April 3, 2020, HSD received written approval for the State's Evaluation Design Plan from CMS. **Procurement of an Independent Evaluator for the 1115 Demonstration Waiver** HSD finalized the draft RFP and submitted to HSD leadership for review and approval on May 7, 2020. Following approval from HSD leadership on June 17, 2020, the RFP was published on June 30th. and a notification to all interested parties was sent June 30, 2020 to begin the procurement process. The final and published RFP can be found at the following website: https://www.hsd.state.nm.us/LookingForInformation/open-rfps.aspx. The last day interested parties may submit their proposals is August 4, 2020.

16
ENCLOSURES/ATTACHMENTS

Attachment A: April 2018 – March 2020 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group

17
STATE CONTACTS

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18
ADDITIONAL COMMENTS

MCO INTIATIVES

BCBS Refugee Team

Refugee Health Conference- Society of Refugee Healthcare Providers pending 9/2020. BCBS has been invited to present at the national conference which has been moved on-line due to COVID-19.

COVID-19 collaboration efforts continue with DOH to coordinate testing in the metro area and southwest area of the state. BCBS continues to work with the community on the culture food distribution group and assisted with the COVID-19 calls to remind members to attend the testing sites. BCBS has worked with LFS/DOH on employment situations concerning the COVID-19 situation and continues to attend the weekly DOH calls concerning COVID-19 refugee members.

PHP Customer Services Center

Except for only two agents, all Presbyterian Customer Service Center (PCSC) agents have successfully migrated to working from home in response to the COVID-19 crisis. This includes agents and leadership providing a safer environment for employees to continue to respond to member/provider calls with no impact to service. This was done with the successful partnership of Workforce Management and Telecom to provide a seamless process for handling the needs of staff without impacting service levels. As a result, PCSC was able to meet all service level expectations for each month of the second quarter.

PCSC leadership implemented bi-weekly staff meetings to address potential issues being experienced and share best practices for leading their teams virtually. During these meetings PHP has been able to assist agents with trouble-shooting common technical issues, addressing the feelings of solitude and monotony with engagement activities, and handling any potential call drivers to best meet member needs. As a result, PHP has received positive feedback from staff to indicate feelings of support and care from PHP leadership.

PHP Health and Wellness Education

A Health Education handout was created for member distribution to increase awareness and utilization of the online tool, Healthwise. Healthwise serves as an online educational platform enabling member access to a health library. The educational handout includes step-by-step instructions on how to access Healthwise and details the great features including videos, information, and interactive tools (also see Member Success Stories).

WSCC Improving Adherence to Antidepressants

Effective medical management of depression can be critical to a member's quality of life. WSCC works internally and through member engagement to ensure access to prescribed medications. The WSCC Pharmacy team works with Quality staff to identify members who will be due for a refill within the next two weeks. The team determines whether the member has remaining refills, and if not, works with the member's pharmacy to coordinate a new prescription. When possible, the team encourages 90-day refills. During DY7 Q2, the pharmacy team assisted 80 members to obtain their refills. Of the 80 members, nearly 30 percent no longer had refills remaining, and would have been at risk of interruption of their medication regimen.

MEMBER SUCCESS STORIES

Using Healthwise, PHP's online educational platform, one of PHP's Centennial Care members successfully completed the Diabetes Prevention Program (DPP). The DPP is offered to eligible members. The 12-month DPP is an evidence-based program with oversight by the Centers for Disease Control and Prevention. The program focuses on diabetes prevention through weight loss and lifestyle changes. The member completed the program and attended 24 online classes, logged food and exercise in the online platform, logged body weight using a wireless scale that synced to the online platform and worked one-on-one with a registered dietician. The outcome was tremendous with the member losing 53 pounds or a 20.9 percent weight loss. PHP is extremely proud of this member's achievements and the ongoing success of all members who are enrolled in the program.

A 57-year old male BCBS member was involved in a motor vehicle accident approximately one year ago. The member suffered a crushed hip and femur and as a result was unable to ambulate or transfer himself without assistance or a wheelchair or walker. The member was diagnosed as having depression with suicidal ideations. Other diagnosis includes hypertension, hyperlipidemia, hypothyroidism, and diabetes. The Member was not accepting of his diagnosis and did not engage in his medical treatment plan or medication regimen. Additionally, the member did not have the benefits he needed to meet his needs. The member's Care Coordinator (CC) discussed Adult Benefit Plan (ABP) Exempt benefits with the member and collaborated with providers to obtain medical justification to qualify the member for ABP Exempt status. The CC worked diligently with the member and all stakeholders involved until he was approved. The CC was able to successfully engage the member in disease management education, medication management, and encouraged the member to engage in self-management of his disease processes. The member has made amazing progress over the past year with the assistance of his care coordinator. During his most recent assessment on 6/25/2020, the member was happy to report he no longer needed a wheelchair, walker, or hands-on assistance for ambulating or transfers. Furthermore, the member is using exercise not only to improve mobility, but also in conjunction with diet to manage his diabetes. In addition, the member is actively engaged in improving his health. He is knowledgeable about his benefits, conditions, and treatment plan to include his medication regimen. The member has improved both his physical and mental health as shown by his recent discharge from physical therapy and mental health counseling. He is doing so well that he is now working on a new goal of returning to work and has been in contact with his former employer. His Care Coordinator has done excellent work and was instrumental in empowering the member, facilitating positive health outcomes, and improving his overall quality of life.

A WSCC member enrolled in the Start Smart for your Baby (SSFB) program. This was the member's first pregnancy, and she benefited significantly from the support and resources available through this program. Her WSCC Care Coordinator (CC) informed the member about the benefits and services available through care coordination – including Smart Start Case Management, access to a nutritional and lactation consultation app, a breast pump, access to nonemergency transportation, and participation in the Centennial Home Visiting Program (CHV). A healthy baby was delivered this year. The CC continues to assist the member in attending her postpartum healthcare visits and with her participation in the Nurse Family Partnership, where she receives parenting and confidence building skills, and child development information.

MCO COVID-19 RELIEF EFFORTS

When COVID-19 emerged as a serious and life-threatening pandemic, the MCOs immediately implemented initiatives to help address member needs. Below is a list of some of the initiatives implemented and is not exhaustive.

BCBS

BCBS contributed $1 million to statewide agencies to address the needs of New Mexicans impacted by the COVID-19 pandemic:

- $500,000 donated to the All Together NM Fund to support immediate and long-term needs for communities, businesses, and employees facing income insecurity
- $250,000 donated to the Roadrunner Food Bank to support food distribution and mobile food pantries for the general public and senior centers throughout the state
- $250,000 donated to the United Way of Central New Mexico to support agencies throughout the state. Statewide organizations receiving grants through United Way of Central New Mexico include:
    - Adelante Development Center: $20,000
    - ARCA: $20,000
    - Cornucopia Adult and Family Services: $15,000
    - Economic Council Helping Others: $15,000
    - Feeding Families Fund: $15,000
    - La Casa: $10,000
    - Meals on Wheels of Albuquerque: $15,000
    - Northwest New Mexico Seniors: $15,000
    - Pueblo Relief Fund: $30,000
    - Ronald McDonald House of New Mexico: $15,000
    - Roswell Homeless Coalition: $10,000
    - Roswell Refuge: $10,000
    - Share Your Care: $15,000
    - Salvation Army in Albuquerque: $20,000
    - Salvation Army in Roswell: $12,500
    - Salvation Army in Santa Fe: $12,50

In addition, BCBS is involved in the following Community Outreach efforts:

- $10,000 donated to the Navajo Nation COVID-19 Fund
- Donated 2,000 reusable bags to Albuquerque Public Schools (APS) for food distribution
- Donated 50 comfort kits to APS for distribution to families in need
- Donated 2,500 reusable bags to APS for student activity packs

- Donated 250 reusable bags, and 50 hand sanitizers to Laguna Pueblo
- Donated 300 totes to support students at Los Padillas Elementary School
- Donated 12 comfort kits for adults and 25 for children at Saranam, a nonprofit organization in Albuquerque that operates a housing program for families experiencing homelessness
- Donated 24 comfort kits to support nursing staff at University of New Mexico Hospital
- BCBS employees volunteer for Hellfighters Soul Snatchers Unit to provide food and hygiene supplies for people experiencing homelessness
- Donated 100 hygiene kits to vulnerable seniors throughout Albuquerque
- The BCBS Care Van program is working with Christus St. Vincent Regional Medical Center in Santa Fe to prepare and store supplies as they conduct drive-through testing for COVID-19
- A BCBS community outreach specialist and tribal liaison is on call for Navajo translation
- Support to first responders by delivering dozens of cookies along with notes of encouragement and appreciation to the Raymond G. Murphy Department of Veterans Affairs Medical Center and the New Mexico State Police in Albuquerque
- BCBS employees gave more than $900 to buy needed supplies and donated more than $1,200 worth of essential items to the Navajo Nation. Family and friends of BCBS Community Outreach team made 50 masks for service providers and community members in To'hajiilee
- A second round of donations from employees to the Navajo Nation of more than $1,000 worth of supplies to the Sheep Springs staging which will support 10 rural communities
- BCBS Employees and their families wrote notes of encouragement to support more than 30 residents and 40 staff members at Clayton Nursing and Rehabilitation in Clayton and more than 70 residents of Morning Star Assisted Living & Memory Care in Albuquerque
- Care Coordinators have personally purchased household items to help support local organizations who provide services to our members
- Community Health Workers are delivering food and groceries to members' doorsteps
- Care Coordinators are collaborating with the Department of Health and Lutheran Family Services to staff member risk precautions
- Care Coordinators are working with members to gain access to food boxes with food items specific to their culture and providing other essential items
- For COVID-19 positive members, Care Coordinators are working with employers

to hold the member's the job, as applicable, and are assisting the member in applying for unemployment
- Care Coordinators collaborate with the Department of Health by contacting members who test positive to assist with tracing efforts
- Assist members who need to self-isolate with options for temporary hotel placement
- Due to the high infection rate and death toll among the Native American population, Care Coordinators are referring members to financial resources for burial services
- Education to Native Americans on the hazards of mass gatherings
- Care Coordinators are collaborating with Navajo Chapter Houses to provide cleaning supplies and food

PHP

Presbyterian Health Plan's (PHP) COVID-19 response was designed to support community resources with a focus on addressing Social Determinants of Health. PHP actions include, but are not limited to, the following:

- PHP completed over 25,000 outbound calls to high-risk members for care coordination needs
- Incorporated Tribal affiliation in high-risk call campaign for additional targeted care planning actions including cultural considerations
- Contacted members under age 21 accessing Community Benefits to identify additional needs, including personal care services (PCS) and respite benefits
- Partnered with New Mexico Department of Health (DOH) to assist homeless with placement and accepting hotel vouchers
- Notified personal care services (PCS) agencies of risk stratification criteria to utilize caregiver capacity
- Partnered with New Mexico Aging and Long-Term Services Department (ALTSD) to support members' safe transitions of care from nursing facility to home
- Assisted with member transitions to establish a COVID-positive facility to meet the needs members and communities
- Developed Regional Resource Guide to community services in collaboration with multiple state agencies
- Provided members and providers information and support on national AA virtual forums
- Sewed and delivered personal protective equipment (PPE) including masks, to provide to both essential workers and members at Albuquerque Healthcare for the

Homeless, Bernalillo County Sheriff's Office (BCSO), the Westside Shelter, and senior communities
- Provided meals to frontline staff at Plains Regional Medical Center (Clovis), Rust Medical Center (Sandoval County), Presbyterian Hospital, Kaseman Hospital, and San Juan Regional Hospital (Farmington)
- Promoting home delivery and mail order for pharmacy services
- Promoting telephonic and telehealth options for providers to encourage continuity of care
- Developing criteria and workflow for home monitoring program and collaborating on deployment
- Assisting Dual Eligible Special Needs Plan (D-SNP) members ordering over-the-counter (OTC) items through catalog for delivery versus going to a pharmacy
- Collaborating with personal care services (PCS) agency to support the development and execution of their disaster plans to ensure our most vulnerable members are prioritized
- Outreaching to members with food insecurity needs and submitting a list to New Mexico Aging and Long-Term Services Department (ALTSD) to minimize call volumes while still ensuring food boxes are delivered as appropriate
- Community Health Workers (CHW) delivering food from Presbyterian Healthcare Services Food Pharmacy
- Assisting members with electronic benefit transfer (EBT) cards for home grocery delivery and food stamp applications
- Outreaching efforts to incarcerated individuals and the impact by the early release program
- Collaborating with New Mexico Coalition to End Homelessness and Governor's Office by assigning peer support staff to support members who need housing/hotels
- Collaborating with New Mexico Children, Youth, and Families Department (CYFD) to ensure clinically appropriate placement is secured if applicable for those in custody and that facilities are taking appropriate safety precautions to prevent and limit the exposure of COVID-19 to all residents
- Supporting community efforts such as delivering cleaning products and hand sanitizer to Silver Horizons, an organization that provides food for the elderly
- Assisting members with completing and submitting Social Security SSI/SSDI Outreach, Access, and Recovery (SOAR) applications with their housing and income challenges

PHP Native American Affairs

- Donated 1,080 gallons of hand sanitizer to the Pueblo Relief Fund to distribute to all Pueblos
- Donated 5,940 gallons of hand sanitizer to facilities, medical providers, first responders and community staging areas at Navajo facilities
- Distributed information to each Pueblo to make aware of our Home Medical Equipment (HME) specialists' efforts that may live in communities that are closed
    - Provide weekly Durable Medical Equipment (DME) updates from HME specialists to appropriate teams
- Provided information to the State's Food Insecurities group to ensure outreach to isolated Navajo Communities
- Identified tribally operated avenues to get prevention messaging out (e.g., print, social media, and radio)
    - Obtained a translator to assist in translating into Navajo
    - Working on a PSA on how to wash hands with limited water
    - Reached out to online Native Publication for support in getting our message out
- Distributed information from our ITU partners regarding special protocols for members to receive prescriptions and supplies from ITU Pharmacies
    - Received responses from GIMC, Fort Defiance, and Crownpoint, Northern Navajo Medical Center, Jicarilla Service Unit, and Mescalero Indian Hospital
    - Relate to non-emergent medication and supplies such as insulin, needles, etc. Many ITUs are now offering call-ahead and curbside service or conducting pre-screening before entering their buildings
    - Will create a document to be shared with CC and CHW teams
- The MyPatient Link – Albuquerque Indian Hospital is now live
    - Hosted a web-based training on MyPatient Link for Albuquerque Indian Hospital, Mescalero Indian Hospital, Jicarilla Service Unit, and Crownpoint Indian Hospital
- Communicating with the HSD Tribal Liaison re: member assistance with Medicaid or disability applications
- Supporting Care Coordination and Community Health Worker (CHW) teams with resources and available benefits in various communities
- Coordinating with vendors to ensure services are provided to tribal communities
- Collaborating with Indian Health Service/Tribal/Urban Indian (ITU) facilities regarding changes to services they provide
    - Some I/T/Us provide procedures in working with their respective tribal emergency response divisions
- Responding to concerns regarding the Traditional Medicine Benefit
- Collaborating with Ombudsman to address DME issues
- Providing guidance to the Navajo Nation COVID-19 Command Center regarding testing and other resource assistance
- Providing guidance to Laguna Pueblo working with state and national resources for emergency funding

- Assisting members possibly exposed to COVID-19 with contacting the New Mexico state hotline and testing resources
- Working with our marketing team on Native American Covid-19 prevention messaging
- Providing contact information for tribal officials with daily updates on the status of community closures and employment status

WSCC

WSCC's COVID-19 response is designed to support community resources with a focus on addressing Social Determinants of Health. WSCC actions have included the following:

- WSCC staff have volunteered at the NM Department of Health (DOH) emergency COVID-19 hotline answering calls five days a week, ten hours per day
- $25,000 donated to provide 3,000 emergency meals for Meals on Wheels
- $20,000 donated for purchased of food items for the Roadrunner Foodbank
- $25,000 donated to Casa de Peregrinos to maintain food programs in Dona Ana County
- $20,000 donated to the City of Albuquerque to purchase emergency supplies for seniors
- WSCC staff have assisted in the NM Aging and Long Terms Services Department in packing food supplies and making deliveries to tribal communities
- 10 laser scan thermometers to help provide medical care to the residents of the Westside Shelter
- Donated over 200 dinners to the ER staff at 5 hospitals around the state
- $5,000 donated to the Clovis Food Pantry for purchase of food items
- Donated 2,000 lbs of flour to the Circle of Life Home Care to support elder homebound client's nutritional needs in Gallup and Shiprock
- Donated 200 lbs of pet food to Picuris Pueblo CHR department for high risk community members in Tribal Communities
- $35,000 donated to Duke City Urgent Care in support of reducing COVID-19 spread by fewer emergency room visits and promoting virtual care
- $5,000 donated to All Faiths for family activity kits to support the reduction of domestic violence during Stay at Home
- $3,000 donated to Jefferson Middle School in Albuquerque for cooking supplies to promote distance learning for 165 students
- PPE and supplies donated to support frontline workers at two tribal clinics
- $250,000 donated to New Mexico Appleseed to support 8,000 students with iPads and Hotspots
- $30,000 donated to Tribal Governments and Navajo Nation for an emergency fund aimed to increase food distribution across New Mexico food deserts

- WSCC made volunteer licensed health care workers available to UNM Hospitals for addressing the rising need of healthcare professionals amidst COVID-19

State of New Mexico
All Centennial Care Populations
Fee & Benefit Change Summary

Reported Eligibility for Members Enrolled as of: March 31, 2020
Previous Period: April 1, 2018 to March 31, 2019
Current Period: April 1, 2019 to March 31, 2020

Program Changes Effective 7/1/2018	
Physician Office Visit Reimbursement Fee Increase	Increase to the FFS reimbursement for physician office visits for procedure code 99213 from 71.2% of the Medicare fee schedule to 75.0% of the Medicare fee schedule.
Nursing Facility Fee increase	Increase to the FFS reimbursement for nursing facilities by 7.84%.
Assisted Living Reimbursement Fee Increase	Increase to the FFS reimbursement for assisted living (procedure codes T2030 and T2031) by 1.0%.
Adult Day Health Reimbursement Fee Increase	Increasing its FFS reimbursement for adult day health (procedure code S5100) by 38.7%.
Phase 1 Behavioral Health Benefit and Fee Changes	Increase to the FFS reimbursement for TFC, ACT, group therapy, CCSS (performed in the community setting) and therapy services performed after hours by 20%.

Program Changes Effective 1/1/2019	
Long-Acting Reversible Contraceptive Fee Increase	Increase to the FFS reimbursement for procedure codes 11981 and 11983 by 25% and procedure code 58300 by 200%.
Community Benefit Fee Increase	Increase to the FFS reimbursement for community benefit services by 1%. The CC-OAG ABP exempt population is eligible to receive the community benefit.
Child ARTC Payment Change	Changes to the FFS fee schedule for revenue codes 1001 to increase the daily rate for child ARTCs from $270 to $350 per day.
Phase 2 Behavioral Health Benefit and Fee Changes	Expanded billing procedures to allow for increased reimbursement of recovery services provided in a family peer support environment, complex and non-complex interdisciplinary teaming assessments, partial hospitalization services, in addition to expanding OTP to existing clinics, allowing BHA to bill CCSS and adding additional IOPs.
Home visiting pilot programs	New benefit for Home visiting pilot programs NFP and PAT.
SBIRT	Transition from supplemental grant funding to Managed Care coverage for Brief Intervention and Referral to Treatment Services.

Program Changes Effective 7/1/2019	
E&M Fee Schedule Increase	Increase to all FFS rates for procedure codes 99201–99499 below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a corresponding Medicare fee schedule have been increased by 14.5%.
Assisted Living Fee Increase	5% increase to procedure codes T2030 and T2031.
Community Pharmacy Dispensing Fee Increase	$2 increase to dispensing fees for select pharmacies.
Chronic Care Management/Transitional Care Management	Implementation of new services for non-dual Medicaid populations.
Hospital Fee Increase	Increase of 5% to inpatient services and 10% increase to outpatient services for State Teaching Hospitals; 14% increase to inpatient services and 25% increase to outpatient services for SNCP providers; 12% increase to inpatient services and 18% increase to outpatient services for all remaining in-state hospitals.
Pre-Tenancy	Implementation of new services for members with SMI.
Personal Care Services Fee Increase	$.50 per hour increase to procedure codes T1019 and 99505.
Dental Fee Schedule Increase	Increase of 2% to dental reimbursement rates.
Dental Fluoride with Varnish	Implementation of new services and procedure codes D1026 and 99188.

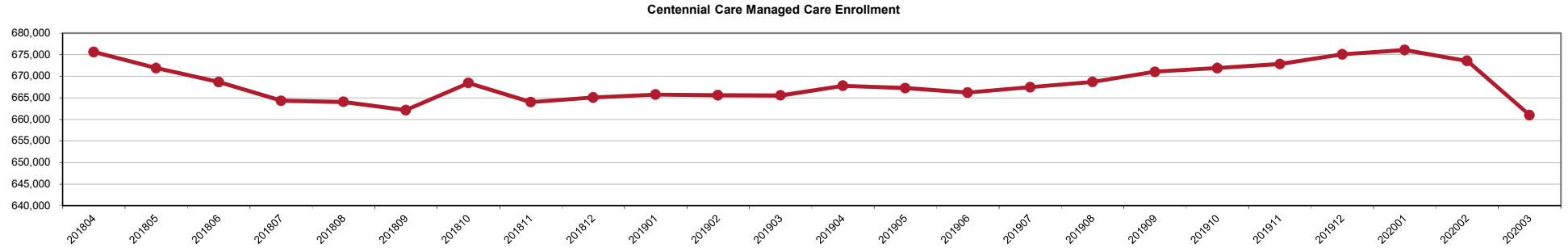
Program Changes Effective 10/1/2019	
BH Outpatient Rate Increase	Increase to all BH OP rates below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a Medicare fee schedule have been increased by 30%.
ECHO E&M Reimbursement Adjustments	Increase to program for anticipated additional physician utilization in the Centennial Care program resulting from Project ECHO.
FQHC Base/Dental Rate Increase	Increase to the base PPS rate to a minimum of $169.77 for all FQHC medical services besides dental. For FQHC dental services, this is an increase to the base PPS rate to a minimum $200.
Not-For-Profit Community Hospital Rate Increase	

Program Changes Effective 1/1/2020	
Community Hospital – Native Americans Rate Increase	The Community Hospital – Native Americans Rate Increase reflects a 13.0% increase to reimbursement levels for inpatient services for eligible in-state hospitals.
For-Profit & Government-Owned Hospital Rate Increase	The For-Profit & Government Owned Hospital Rate Increase reflects a 2.0% increase to reimbursement levels to inpatient and outpatient services for in-state for-profit/investor-owned and government-owned hospitals (excluding UNM hospitals).
Adult Residential Treatment Center	The Adult RTC adjustment reflects the added benefit for adults to receive SUD services at three adult RTCs.
Photo-Ocular Screening	The Photo-Ocular Screening adjustment effective January 1, 2020 reflects an expansion of vision screenings available during well-child visits that will include procedure code 99177.
Justice-Involved Transportation to Pharmacies	The Justice-Involved Transportation to Pharmacies adjustment reflects the added benefit for members released from incarceration to be transported to and from a pharmacy within seven days post-discharge to retrieve appropriate medication.
NF VBP	The NF VBP adjustment reflects a $4.5 million increase to Nursing Facilities to improve quality outcomes by comparing the nursing facilities to CMS benchmarks. After the completion of the contract year, a reconciliation will be performed to reflect actual experience.
PCS Minimum Wage Adjustment	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from $7.50 to $9.00 per hour.
Long-Acting Reversible Contraception (1/1/2020)	The Long-Acting Reversible Contraception (LARC) fee schedule increase reflects the following additional rate increases: a 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983, 58301 and a 152.0% to procedure code 58300.
Leap Day Adjustment	The Leap Day Adjustment reflects an additional day of utilization for nursing facility and HCBS services.
HCQS and NF MBI Adjustments	The Heath Care Quality Surcharge (HCQS) and Nursing Facility Market Basket Increase (NF MBI) adjustment reflects a new surcharge for nursing facilities with over 60 beds and a 2.8% market basket increase to all nursing facilities.

State of New Mexico - All MCOs
All Centennial Care Populations
Centennial Care Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020
Previous Period: April 1, 2018 to March 31, 2019
Current Period: April 1, 2019 to March 31, 2020

1. Total Centennial Care Monthly Enrollment



2. Total Centennial Care Dollars and Member Months by Program

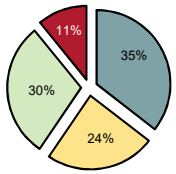
Aggregate Member Months by Program

Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	4,678,979	4,642,348	-1%
Long Term Services and Supports	581,099	578,985	0%
Other Adult Group	2,741,109	2,817,620	3%
Total Member Months	**8,001,187**	**8,038,953**	**0%**

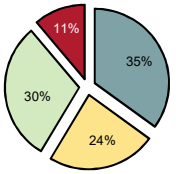
	Aggregate Medical Costs by Program			*Per Capita Medical Costs by Program (PMPM)*		
Programs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	$ 1,267,432,095	$ 1,363,728,464	8%	$ 270.88	$ 293.76	8%
Long Term Services and Supports	$ 856,241,553	$ 921,889,023	8%	$ 1,473.49	$ 1,592.25	8%
Other Adult Group Physical Health	$ 1,057,853,238	$ 1,178,975,849	11%	$ 385.92	$ 418.43	8%
Behavioral Health - All Members	$ 386,774,116	$ 434,532,533	12%	$ 48.34	$ 54.05	12%
Total Medical Costs	**$ 3,568,301,002**	**$ 3,899,125,869**	**9%**	**$ 445.97**	**$ 485.03**	**9%**
Aggregate Non-Medical Costs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	**% Change**
Admin, care coordination, Centennial Rewards	$ 390,854,523	$ 398,953,244	2%	$ 48.85	$ 49.63	2%
NMMIP Assessment	$ 54,377,795	$ 67,710,385	25%	$ 6.80	$ 8.42	24%
Premium Tax - Net of NIMMP Offset	$ 140,181,851	$ 145,160,156	4%	$ 17.52	$ 18.06	3%
Total Non-Medical Costs	**$ 585,414,168**	**$ 611,823,786**	**5%**	**$ 73.17**	**$ 76.11**	**4%**
Estimated Total Centennial Care Costs	**$ 4,153,715,170**	**$ 4,510,949,655**	**9%**	**$ 519.14**	**$ 561.14**	**8%**

Centennial Care Medical Expenditures

Previous (Q2CY2018 - Q1CY2019)



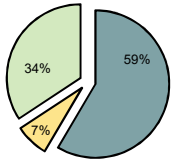
Current (Q2CY2019 - Q1CY2020)



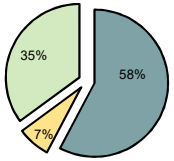
*See above for legend.

Centennial Care Member Months

Previous (Q2CY2018 - Q1CY2019)



Current (Q2CY2019 - Q1CY2020)



*See above for legend.

3. Total Program Medical/Pharmacy Dollars

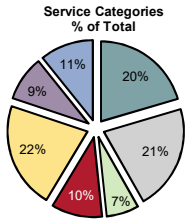
	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 3,182,908,466	$ 3,484,986,486	9%	$ 397.80	$ 433.51	9%
Pharmacy	$ 385,392,536	$ 414,139,383	7%	$ 48.17	$ 51.52	7%
Total	**$ 3,568,301,002**	**$ 3,899,125,869**	**9%**	**$ 445.97**	**$ 485.03**	**9%**

	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
Service Categories	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	$ 729,451,890	$ 773,391,877	6%	$ 91.17	$ 96.21	6%
Acute Outp/Phy	$ 761,407,873	$ 825,038,259	8%	$ 95.16	$ 102.63	8%
Nursing Facility	$ 234,440,507	$ 230,794,265	-2%	$ 29.30	$ 28.71	-2%
Community Benefit/PCO	$ 366,267,662	$ 418,970,392	14%	$ 45.78	$ 52.12	14%
Other Services	$ 767,625,023	$ 861,958,625	12%	$ 95.94	$ 107.22	12%
Behavioral Health	$ 323,715,511	$ 374,833,069	16%	$ 40.46	$ 46.63	15%
Pharmacy (All)	$ 385,392,536	$ 414,139,383	7%	$ 48.17	$ 51.52	7%
Total Costs	**$ 3,568,301,002**	**$ 3,899,125,869**	**9%**	**$ 445.97**	**$ 485.03**	**9%**

** Per capita not normalized for case mix changes between periods.*

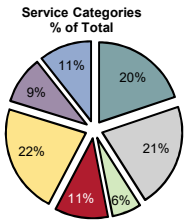
Previous (12 mon) service distribution

Service Categories % of Total



Current (12 mon) service distribution

Service Categories % of Total



4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services includes, but is not limited to, the following services: emergent transportation, non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

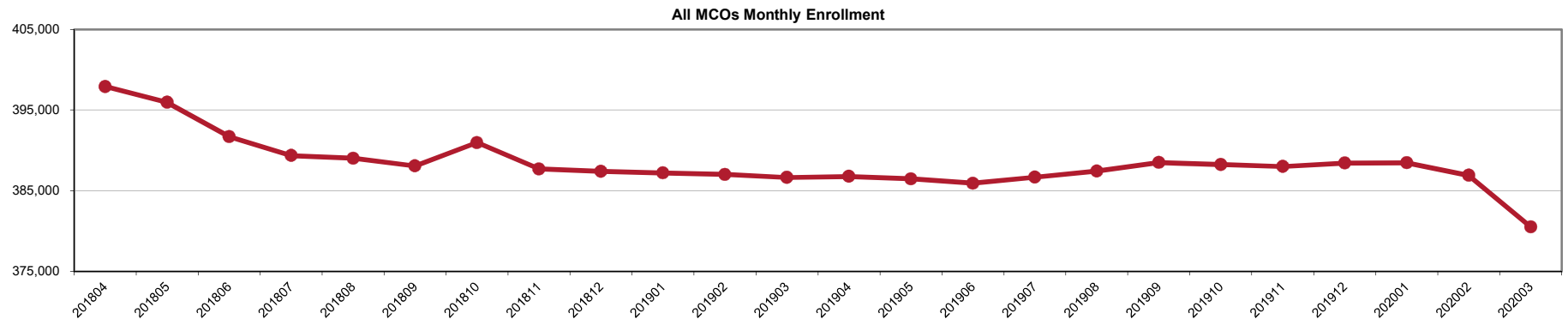
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

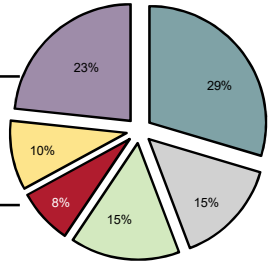
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 1,147,920,922	$ 1,232,520,040	7%
Pharmacy	$ 119,511,172	$ 131,208,424	10%
Total	**$ 1,267,432,095**	**$ 1,363,728,464**	**8%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 376,361,759	$ 403,458,269	7%
Outpatient (OP)	$ 183,637,961	$ 199,744,554	9%
Physician (PH)	$ 205,430,866	$ 207,014,676	1%
Emergency Department (ED)	$ 88,828,701	$ 104,255,628	17%
Pharmacy (RX)	$ 119,511,172	$ 131,208,424	10%
Other (OTH)	$ 293,661,636	$ 318,046,913	8%
Total Population Costs	**$ 1,267,432,095**	**$ 1,363,728,464**	**8%**
Per Capita Cost (PMPM)	**$ 270.88**	**$ 293.76**	**8%**
Total Member Months	**4,678,979**	**4,642,348**	**-1%**

Service Categories % of Cost

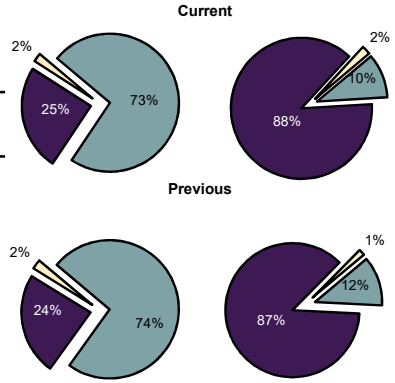


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 88,199,639	$ 96,123,076	9%
Generic	$ 28,562,236	$ 32,389,308	13%
Other Rx	$ 2,749,298	$ 2,696,039	-2%
Total	**$ 119,511,172**	**$ 131,208,424**	**10%**

% of Rx Spend **% of Scripts**



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

Total Population

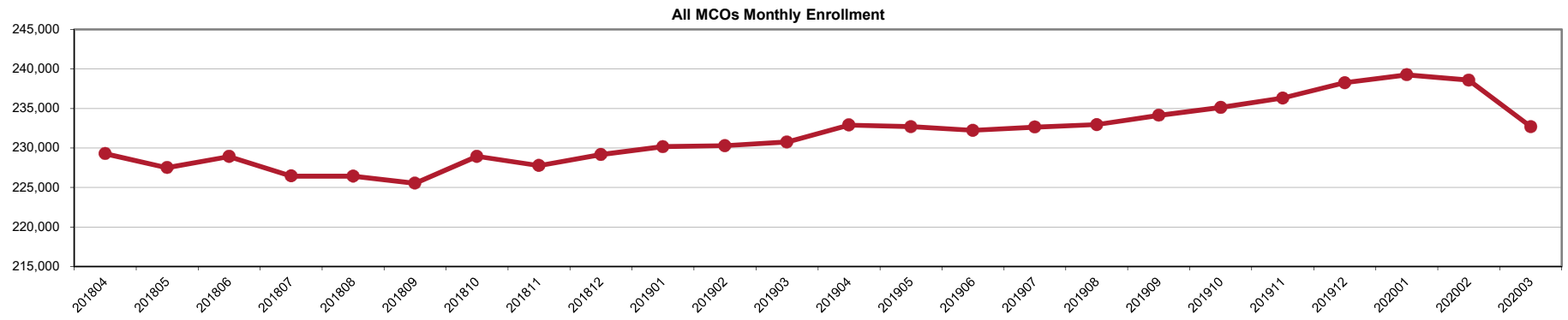
Other Adult Group Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

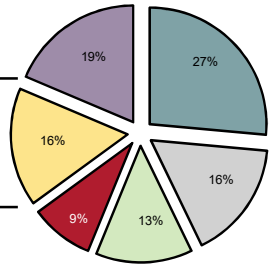
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 884,778,977	$ 985,294,819	11%
Pharmacy	$ 173,074,261	$ 193,681,030	12%
Total	**$ 1,057,853,238**	**$ 1,178,975,849**	**11%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 288,637,265	$ 311,670,006	8%
Outpatient (OP)	$ 166,108,146	$ 193,141,705	16%
Physician (PH)	$ 148,822,193	$ 158,017,555	6%
Emergency Department (ED)	$ 85,837,181	$ 103,100,314	20%
Pharmacy (RX)	$ 173,074,261	$ 193,681,030	12%
Other (OTH)	$ 195,374,192	$ 219,365,240	12%
Total Population Costs	**$ 1,057,853,238**	**$ 1,178,975,849**	**11%**
Per Capita Cost (PMPM)	**$ 385.92**	**$ 418.43**	**8%**
Total Member Months	**2,741,109**	**2,817,620**	**3%**

Service Categories % of Cost

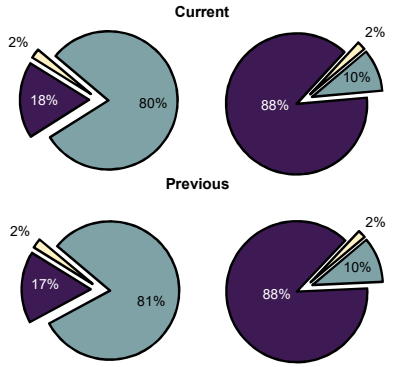


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 140,197,807	$ 154,783,174	10%
Generic	$ 28,937,842	$ 34,534,803	19%
Other Rx	$ 3,938,612	$ 4,363,053	11%
Total	**$ 173,074,261**	**$ 193,681,030**	**12%**

% of Rx Spend **% of Scripts**



** "Other Rx" represents supplies such as diabetic strips.*

4. Notes

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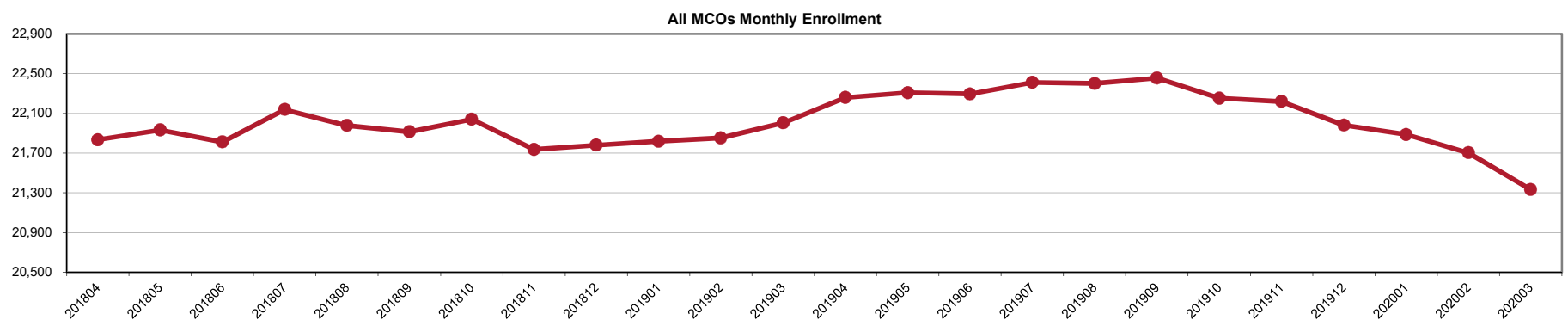
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs
LTSS - Healthy Dual Population
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020
Previous Period: April 1, 2018 to March 31, 2019
Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

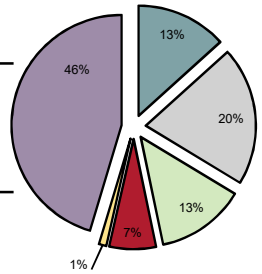
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 41,432,464	$ 44,100,157	6%
Pharmacy	$ 915,806	$ 484,530	-47%
Total	**$ 42,348,270**	**$ 44,584,687**	**5%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 7,208,133	$ 5,933,090	-18%
Outpatient (OP)	$ 8,254,024	$ 9,069,467	10%
Physician (PH)	$ 4,914,995	$ 5,823,773	18%
Emergency Department (ED)	$ 2,559,028	$ 3,049,030	19%
Pharmacy (RX)	$ 915,806	$ 484,530	-47%
Other (OTH)	$ 18,496,284	$ 20,224,797	9%
Total Population Costs	**$ 42,348,270**	**$ 44,584,687**	**5%**
Per Capita Cost (PMPM)	**$ 161.13**	**$ 167.93**	**4%**
Total Member Months	**262,824**	**265,492**	**1%**

Service Categories % of Cost

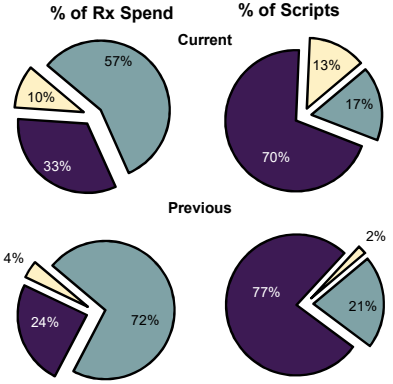


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 655,376	$ 277,061	-58%
Generic	$ 223,363	$ 158,752	-29%
Other Rx	$ 37,067	$ 48,717	31%
Total	**$ 915,806**	**$ 484,530**	**-47%**

% of Rx Spend **% of Scripts**



** "Other Rx" represents supplies such as diabetic strips.*

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

LTSS - Nursing Facility Level of Care Dual Population

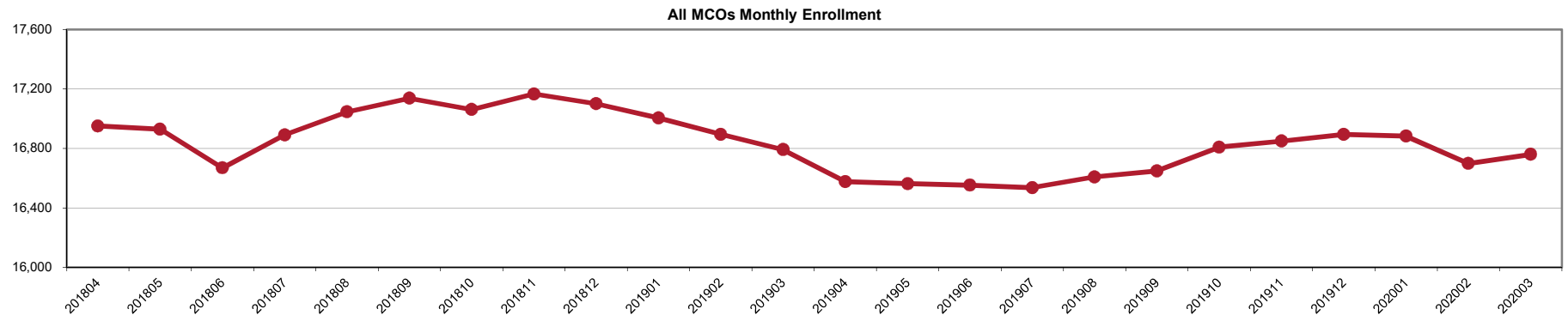
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

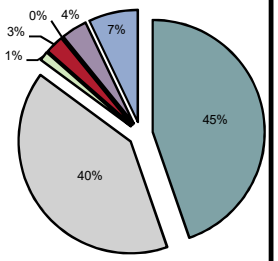
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 482,127,583	$ 507,865,134	5%
Pharmacy	$ 482,767	$ 123,042	-75%
Total	**$ 482,610,350**	**$ 507,988,176**	**5%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 200,574,778	$ 227,031,240	13%
Nursing Facility (NF)	$ 209,342,300	$ 205,231,531	-2%
Inpatient (IP)	$ 11,322,024	$ 6,927,578	-39%
Outpatient (OP)	$ 12,136,718	$ 13,609,181	12%
Pharmacy (RX)	$ 482,767	$ 123,042	-75%
HCBS	$ 14,847,061	$ 19,006,212	28%
Other (OTH)	$ 33,904,702	$ 36,059,392	6%
Total Population Costs	**$ 482,610,350**	**$ 507,988,176**	**5%**
Per Capita Cost (PMPM)	**$ 2,369.97**	**$ 2,535.20**	**7%**
Total Member Months	**203,636**	**200,374**	**-2%**

Service Categories % of Cost

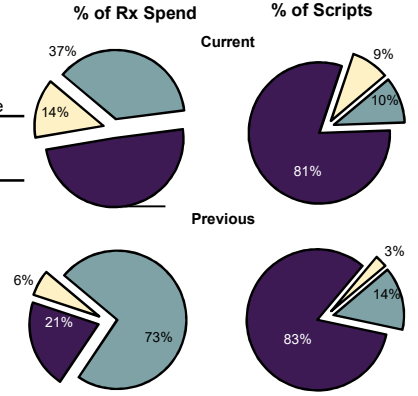


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 353,822	$ 45,343	-87%
Generic	$ 99,834	$ 60,693	-39%
Other Rx	$ 29,111	$ 17,006	-42%
Total	**$ 482,767**	**$ 123,042**	**-75%**

% of Rx Spend **% of Scripts**



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

LTSS - Nursing Facility Level of Care Medicaid Only Population

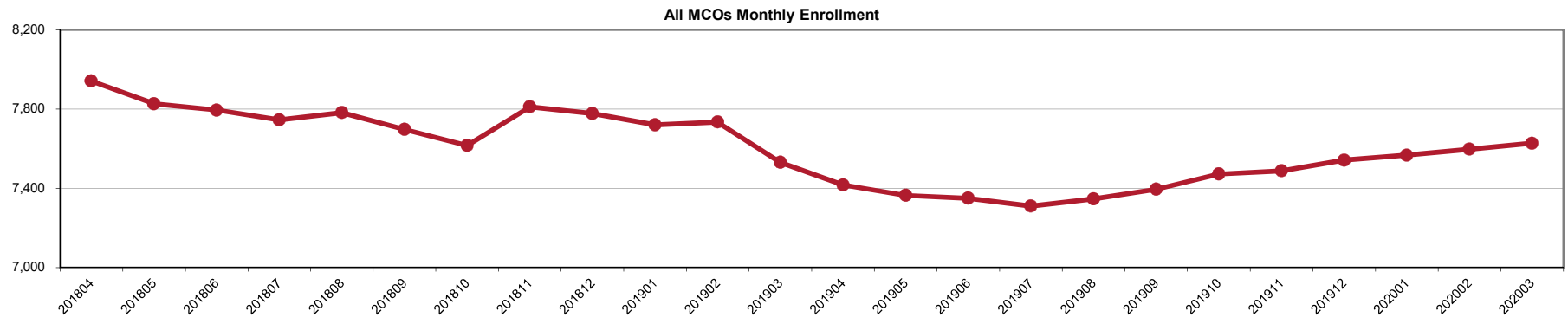
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

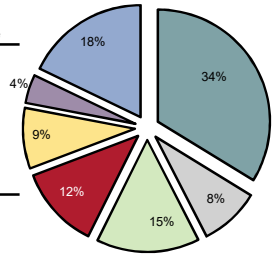
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 240,266,316	$ 264,183,313	10%
Pharmacy	$ 24,588,025	$ 25,340,582	3%
Total	**$ 264,854,341**	**$ 289,523,894**	**9%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 91,152,094	$ 97,727,702	7%
Nursing Facility (NF)	$ 24,810,382	$ 25,247,435	2%
Inpatient (IP)	$ 42,883,484	$ 43,029,040	0%
Outpatient (OP)	$ 28,993,129	$ 34,490,912	19%
Pharmacy (RX)	$ 24,588,025	$ 25,340,582	3%
HCBS	$ 8,625,879	$ 11,993,172	39%
Other (OTH)	$ 43,801,349	$ 51,695,052	18%
Total Population Costs	**$ 264,854,341**	**$ 289,523,894**	**9%**
Per Capita Cost (PMPM)	**$ 2,848.69**	**$ 3,235.74**	**14%**
Total Member Months	**92,974**	**89,477**	**-4%**

Service Categories % of Cost

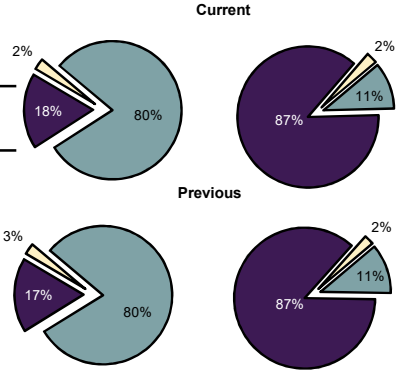


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 19,685,743	$ 20,221,665	3%
Generic	$ 4,265,072	$ 4,460,619	5%
Other Rx	$ 637,210	$ 658,298	3%
Total	**$ 24,588,025**	**$ 25,340,582**	**3%**

% of Rx Spend **% of Scripts**



** "Other Rx" represents supplies such as diabetic test strips.*

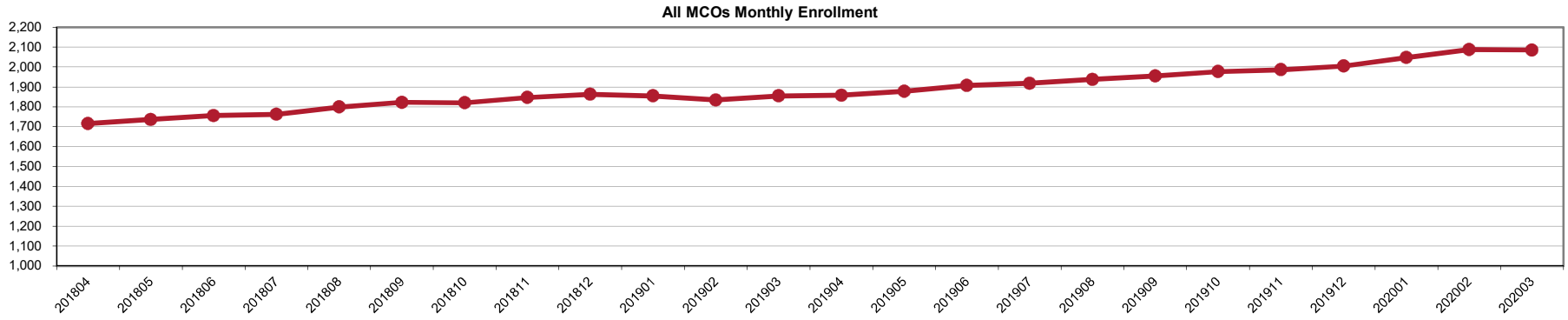
4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs
LTSS - Self Directed Population
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020
Previous Period: April 1, 2018 to March 31, 2019
Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

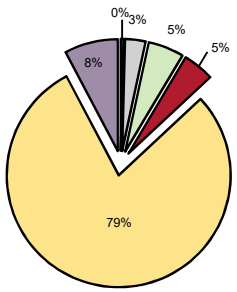
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 62,666,692	$ 76,189,954	22%
Pharmacy	$ 3,761,899	$ 3,602,312	-4%
Total	**$ 66,428,592**	**$ 79,792,266**	**20%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	$ 287,825	$ 315,299	10%
Inpatient (IP)	$ 3,039,226	$ 2,373,894	-22%
Outpatient (OP)	$ 3,109,841	$ 4,126,435	33%
Pharmacy (RX)	$ 3,761,899	$ 3,602,312	-4%
HCBS	$ 51,067,851	$ 63,212,066	24%
Other (OTH)	$ 5,161,951	$ 6,162,260	19%
Total Population Costs	**$ 66,428,592**	**$ 79,792,266**	**20%**
Per Capita Cost (PMPM)	**$ 3,066.17**	**$ 3,375.02**	**10%**
Total Member Months	**21,665**	**23,642**	**9%**

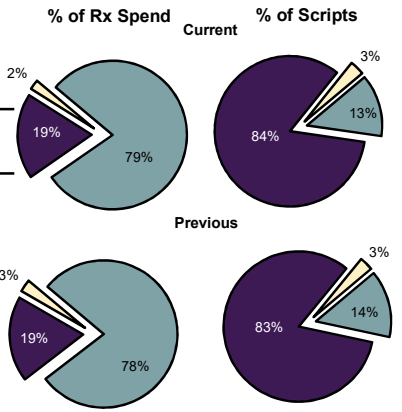
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 2,951,286	$ 2,854,726	-3%
Generic	$ 706,189	$ 670,130	-5%
Other Rx	$ 104,425	$ 77,455	-26%
Total	**$ 3,761,899**	**$ 3,602,312**	**-4%**



** "Other Rx" represents supplies such as diabetic test strips.*

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

State of New Mexico - All MCOs

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

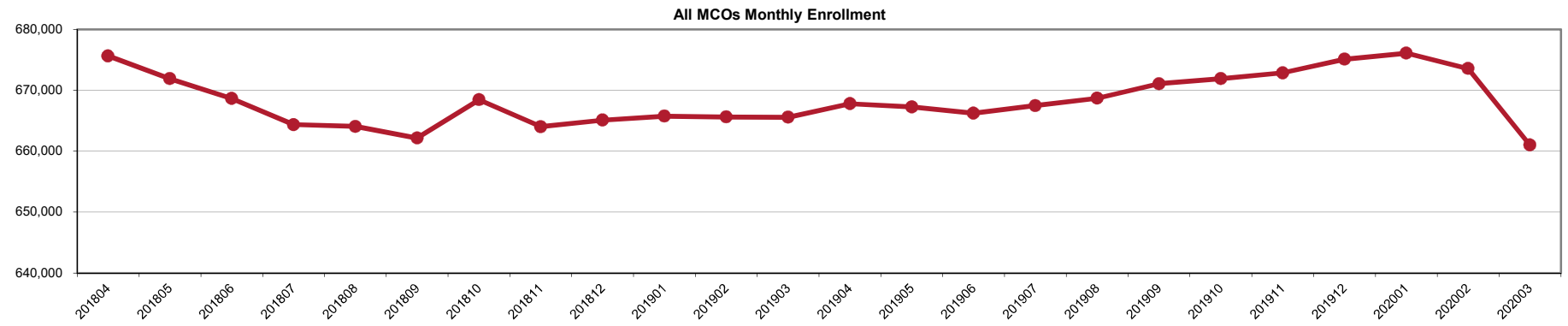
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



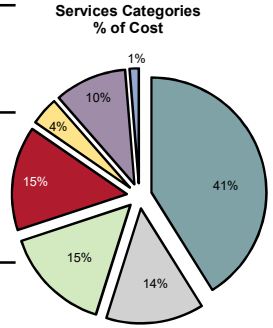
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 323,715,511	$ 374,833,069	16%
Pharmacy	$ 63,058,604	$ 59,699,464	-5%
Total	**$ 386,774,116**	**$ 434,532,533**	**12%**

Aggregate Costs by Service Categories

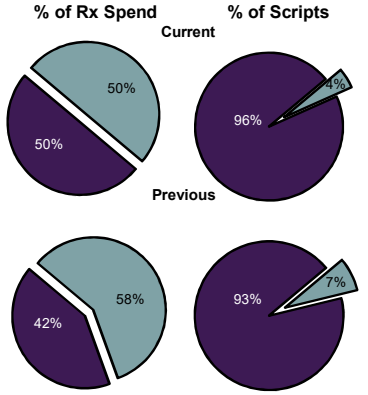
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	$ 140,993,735	$ 178,686,508	27%
Pharmacy (RX)	$ 63,058,604	$ 59,699,464	-5%
Res. Treatment Ctr. (RTC)	$ 69,803,492	$ 65,470,215	-6%
Behavioral Health Prov (BHP)	$ 45,174,382	$ 63,776,133	41%
Core Service Agencies (CSA)	$ 16,928,559	$ 17,142,252	1%
Inpatient (IP)	$ 44,567,858	$ 44,159,105	-1%
Other (OTH)	$ 6,247,485	$ 5,598,856	-10%
Total Population Costs	**$ 386,774,116**	**$ 434,532,533**	**12%**
Per Capita Cost (PMPM)	**$ 48.34**	**$ 54.05**	**12%**
Total Member Months	**8,001,187**	**8,038,953**	**0%**



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 36,812,114	$ 29,854,704	-19%
Generic	$ 26,246,491	$ 29,844,760	14%
Total	**$ 63,058,604**	**$ 59,699,464**	**-5%**



4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).
4. Amounts are reported based on dates of service within the previous and current periods.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- PMPM Analysis

DY 7

Start Date: 01/01/2020

End Date: 12/31/2020

Quarter 2

Start Date:4/1/2020

End Date: 6/30/2020

Table 3 - PMPM Summary by Demonstration Year and MEG

MEG01 TANF & Related	DY 01 Cost Estimates	DY 01 YTD - Actuals [2]	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	4,727,584	4,517,149	4,861,847	4,454,290	5,020,343	4,621,656	5,092,636	4,623,475	5,132,359	4,422,938	4,974,487	4,314,282
PMPM	$ 385.80	$ 329.14	$ 400.77	$ 344.32	$ 416.32	$ 335.35	$ 432.47	$ 343.51	$ 449.25	$ 354.78	$ 460.00	$ 400.84
Dollars	$ 1,823,911,159	$ 1,486,759,944	$ 1,948,487,793	$ 1,533,690,261	$ 2,090,074,424	$ 1,549,874,201	$ 2,202,434,150	$ 1,588,217,686	$ 2,305,734,126	$ 1,569,150,906	$ 2,288,249,485	$ 1,729,346,476

MEG02 SSI & Related - Medicaid Only	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	508,700	497,958	513,736	494,529	518,976	493,577	524,737	487,798	530,824	459,830	499,659	448,913
PMPM	$ 1,763.90	$ 1,656.72	$ 1,842.83	$ 1,785.40	$ 1,925.21	$ 1,756.53	$ 2,008.00	$ 1,734.28	$ 2,094.34	$ 1,729.44	$ 2,158.77	$ 1,914.39
Dollars	$ 897,298,062	$ 824,975,534	$ 946,727,393	$ 882,933,884	$ 999,138,707	$ 866,983,765	$ 1,053,669,000	$ 845,979,875	$ 1,111,724,897	$ 795,250,222	$ 1,078,650,304	$ 859,395,663

MEG03 SSI & Related - Dual Eligible	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	373,823	428,025	380,215	435,140	386,831	447,801	393,832	443,071	401,197	432,715	467,635	432,730
PMPM	$ 1,780.77	$ 1,333.20	$ 1,857.34	$ 1,342.71	$ 1,937.21	$ 1,361.10	$ 2,020.51	$ 1,273.55	$ 2,107.39	$ 1,290.50	$ 2,057.62	$ 1,283.33
Dollars	$ 665,692,378	$ 570,643,867	$ 706,189,973	$ 584,267,888	$ 749,372,219	$ 609,503,295	$ 795,742,098	$ 564,271,364	$ 845,479,241	$ 558,420,232	$ 962,212,283	$ 555,333,887

MEG04 "217 Like" Medicaid Only	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	5,841	2,799	5,898	2,382	5,959	2,987	6,025	3,797	6,095	3,307	4,087	2,985
PMPM	$ 4,936.92	$ 2,380.16	$ 5,090.46	$ 2,347.27	$ 5,248.77	$ 2,537.88	$ 5,412.01	$ 3,295.32	$ 5,580.32	$ 3,649.36	$ 5,747.30	$ 3,811.47
Dollars	$ 28,834,295	$ 6,662,064	$ 30,025,379	$ 5,591,208	$ 31,274,952	$ 7,580,640	$ 32,605,551	$ 12,512,314	$ 34,009,571	$ 12,068,447	$ 23,490,632	$ 11,377,241

MEG05 "217 Like" Dual Eligible	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	27,935	26,895	28,413	27,063	28,907	31,866	29,430	40,409	29,981	47,438	43,493	50,769
PMPM	$ 1,776.90	$ 3,226.87	$ 1,853.31	$ 3,143.68	$ 1,933.00	$ 2,884.00	$ 2,016.12	$ 2,789.99	$ 2,102.81	$ 2,840.04	$ 3,661.18	$ 2,833.13
Dollars	$ 49,637,569	$ 86,786,741	$ 52,657,285	$ 85,077,407	$ 55,877,183	$ 91,901,521	$ 59,334,769	$ 112,740,550	$ 63,043,435	$ 134,725,706	$ 159,236,444	$ 143,835,175

MEG06 VIII Group - Medicaid Expansion	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals [2]	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
MMs [1]	1,632,968	1,887,728	1,788,895	2,748,632	1,800,808	3,078,074	1,763,748	3,143,890	1,773,299	3,019,164	3,299,404	3,072,549
PMPM	$ 577.87	$ 453.48	$ 607.34	$ 476.42	$ 638.31	$ 442.85	$ 670.87	$ 450.32	$ 705.08	$ 484.66	$ 738.22	$ 504.72
Dollars	$ 943,638,928	$ 856,048,101	$ 1,086,464,733	$ 1,309,507,567	$ 1,149,478,718	$ 1,363,123,685	$ 1,183,239,734	$ 1,415,754,664	$ 1,250,319,546	$ 1,463,272,437	$ 2,435,685,299	$ 1,550,780,837

MEG08 Uncompensated Care Pool	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
Total Allotment	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 67,294,973	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,316

MEG09 Hospital Quality Improvement Incentive Pool	DY 01 Cost Estimates	DY 01 YTD - Actuals	DY 02 Cost Estimates	DY 02 YTD - Actuals	DY 03 Cost Estimates	DY 03 YTD - Actuals [2]	DY 04 Cost Estimates	DY 04 YTD - Actuals [2]	DY 05 Cost Estimates	DY 05 YTD - Actuals [2]	DY 06 Cost Estimates	DY 06 YTD - Actuals [2]
Total Allotment	$ -	$ -	$ 2,824,462	$ 2,824,462	$ 5,764,727	$ 7,359,077	$ 8,825,544	$ 8,825,541	$ 12,011,853	$ 12,011,853	$ 12,000,000	$ 12,000,002

Notes:

1.) Actual member months for Demonstration Year 7 include the reported member months for this Centennial Care Quarterly Report, Section XIV and Section IX.

2.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 1

Start Date: 01/01/2014

End Date: 12/31/2014

Table 1.1: Budget Neutrality Limit DY 1 (Special Terms and Conditions (STC) 106)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 385.80	4,517,149	$ 1,742,724,978	70.77%	$ 1,233,316,858	$ 1,486,759,944	$ 1,070,402,157
MEG02 - SSI & Related - Medicaid Only	$ 1,763.90	497,958	$ 878,350,269	70.77%	$ 621,603,642	$ 824,975,534	$ 574,937,245
MEG03 - SSI & Related - Dual Eligible	$ 1,780.77	428,025	$ 762,214,336	70.77%	$ 539,414,883	$ 570,643,867	$ 395,585,750
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	70.77%	$ 48,752,594	$ 68,889,323	$ 47,671,412
MEG09 HQII	NA	NA	$ -	70.77%	$ -	$ -	$ -
Grand Total			**$ 3,452,178,905**		**$ 2,443,087,977**	**$ 2,951,268,668**	**$ 2,088,596,564**

Table 1.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 4,936.92	2,799	$ 13,818,444	69.31%	$ 9,577,968	$ 6,662,064	$ 4,617,656
MEG 05 - "217 Like" Dual Eligible	$ 1,776.90	26,895	$ 47,789,749	69.31%	$ 33,124,475	$ 86,786,741	$ 60,154,448
Grand Total			**$ 61,608,193**		**$ 42,702,443**	**$ 93,448,805**	**$ 64,772,104**

Table 1.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 577.87	1,887,728	$ 1,090,856,222	100.00%	$ 1,090,823,562	$ 856,048,101	$ 856,022,471
Grand Total			**$ 1,090,856,222**		**$ 1,090,823,562**	**$ 856,048,101**	**$ 856,022,471**

Table 1.4: DY 1 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,443,087,977**
Federal Share (Title XIX) Actual Reported	$ 2,088,596,564
Excess Spending - Test 1	$ 22,069,661
Excess Spending - Test 2	$ -
Total Actuals	$ 2,110,666,225
Difference (Actuals - Limit)	$ (332,421,753)
Percentage Difference	-13.6%

Notes:

1.) Member months as of November 3, 2015.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 2

Start Date: 01/01/2015

End Date: 12/31/2015

Table 2.1: Budget Neutrality Limit DY 2 (Special Terms and Conditions (STC) 106)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 400.77	4,454,290	$ 1,785,150,637	71.40%	$ 1,274,541,334	$ 1,533,690,261	$ 1,116,190,050
MEG02 - SSI & Related - Medicaid Only	$ 1,842.83	494,529	$ 911,332,877	71.40%	$ 650,662,973	$ 882,933,884	$ 619,375,970
MEG03 - SSI & Related - Dual Eligible	$ 1,857.34	435,140	$ 808,202,928	71.40%	$ 577,031,437	$ 584,267,888	$ 408,062,785
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	71.40%	$ 49,184,807	$ 67,294,973	$ 46,989,091
MEG09 HQII	NA	NA	$ 2,824,462	71.40%	$ 2,016,577	$ 2,824,462	$ 1,987,574
Grand Total			**$ 3,576,400,227**		**$ 2,553,437,127**	**$ 3,071,011,468**	**$ 2,192,605,470**

Table 2.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,090.46	2,382	$ 12,125,476	69.84%	$ 8,468,468	$ 5,591,208	$ 3,906,915
MEG 05 - "217 Like" Dual Eligible	$ 1,853.31	27,063	$ 50,156,129	69.84%	$ 35,029,186	$ 85,077,407	$ 59,416,310
Grand Total			**$ 62,281,604**		**$ 43,497,654**	**$ 90,668,615**	**$ 63,323,225**

Table 2.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 607.34	2,748,632	$ 1,669,354,159	100.00%	$ 1,669,275,994	$ 1,309,507,567	$ 1,309,446,251
Grand Total			**$ 1,669,354,159**		**$ 1,669,275,994**	**$ 1,309,507,567**	**$ 1,309,446,251**

Table 2.4: DY 2 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,553,437,127**
Federal Share (Title XIX) Actual Reported	$ 2,192,605,470
Excess Spending - Test 1	$ 19,825,571
Excess Spending - Test 2	$ -
Total Actuals	$ 2,212,431,041
Difference (Actuals - Limit)	$ (341,006,086)
Percentage Difference	-13.4%

Notes:

1.) Member months as of November 10, 2016.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 3

Start Date: 01/01/2016

End Date: 12/31/2016

Table 3.1: Budget Neutrality Limit DY 3 (Special Terms and Conditions (STC) 106)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 416.32	4,621,656	$ 1,924,092,463	72.15%	$ 1,388,139,343	$ 1,549,874,201	$ 1,140,036,865
MEG02 - SSI & Related - Medicaid Only	$ 1,925.21	493,577	$ 950,239,887	72.15%	$ 685,551,967	$ 866,983,765	$ 614,388,596
MEG03 - SSI & Related - Dual Eligible	$ 1,937.21	447,801	$ 867,484,358	72.15%	$ 625,847,869	$ 609,503,295	$ 430,114,035
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	72.15%	$ 49,700,304	$ 68,889,323	$ 48,608,306
MEG09 HQII	NA	NA	$ 5,764,727	72.15%	$ 4,158,971	$ 7,359,077	$ 5,234,511
Grand Total			**$ 3,816,470,759**		**$ 2,753,398,454**	**$ 3,102,609,661**	**$ 2,238,382,313**

Table 3.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,248.77	2,987	$ 15,678,086	70.59%	$ 11,066,436	$ 7,580,640	$ 5,353,671
MEG 05 - "217 Like" Dual Eligible	$ 1,933.00	31,866	$ 61,596,973	70.59%	$ 43,478,457	$ 91,901,521	$ 64,866,189
Grand Total			**$ 77,275,059**		**$ 54,544,893**	**$ 99,482,161**	**$ 70,219,860**

Table 3.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 638.31	3,078,074	$ 1,964,773,916	99.93%	$ 1,963,462,492	$ 1,363,123,685	$ 1,362,213,843
Grand Total			**$ 1,964,773,916**		**$ 1,963,462,492**	**$ 1,363,123,685**	**$ 1,362,213,843**

Table 3.4: DY 3 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,753,398,454**
Federal Share (Title XIX) Actual Reported	$ 2,238,382,313
Excess Spending - Test 1	$ 15,674,967
Excess Spending - Test 2	$ -
Total Actuals	$ 2,254,057,280
Difference (Actuals - Limit)	$ (499,341,174)
Percentage Difference	-18.1%

Notes:

1.) Member months as of October 3, 2017.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 4

Start Date: 01/01/2017

End Date: 12/31/2017

Table 4.1: Budget Neutrality Limit DY 4 (Special Terms and Conditions (STC) 106)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 432.47	4,623,475	$ 1,999,533,921	73.02%	$ 1,460,073,555	$ 1,588,217,686	$ 1,181,238,632
MEG02 - SSI & Related - Medicaid Only	$ 2,008.00	487,798	$ 979,495,999	73.02%	$ 715,234,780	$ 845,979,875	$ 606,609,996
MEG03 - SSI & Related - Dual Eligible	$ 2,020.51	443,071	$ 895,229,176	73.02%	$ 653,702,561	$ 564,271,364	$ 402,855,014
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	73.02%	$ 50,303,462	$ 68,889,323	$ 49,178,612
MEG09 HQII	NA	NA	$ 8,825,544	73.02%	$ 6,444,474	$ 8,825,541	$ 6,368,511
Grand Total			**$ 3,951,973,963**		**$ 2,885,758,832**	**$ 3,076,183,789**	**$ 2,246,250,765**

Table 4.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,412.01	3,797	$ 20,549,402	71.42%	$ 14,675,372	$ 12,512,314	$ 8,934,265
MEG 05 - "217 Like" Dual Eligible	$ 2,016.12	40,409	$ 81,469,347	71.42%	$ 58,181,400	$ 112,740,550	$ 80,515,170
Grand Total			**$ 102,018,749**		**$ 72,856,773**	**$ 125,252,864**	**$ 89,449,435**

Table 4.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 670.87	3,143,890	$ 2,109,131,150	95.15%	$ 2,006,841,864	$ 1,415,754,664	$ 1,347,092,963
Grand Total			**$ 2,109,131,150**		**$ 2,006,841,864**	**$ 1,415,754,664**	**$ 1,347,092,963**

Table 4.4: DY 4 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,885,758,832**
Federal Share (Title XIX) Actual Reported	$ 2,246,250,765
Excess Spending - Test 1	$ 16,592,662
Excess Spending - Test 2	$ -
Total Actuals	$ 2,262,843,427
Difference (Actuals - Limit)	$ (622,915,404)
Percentage Difference	-21.6%

Notes:

1.) Member months as of October 4, 2018.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 5

Start Date: 01/01/2018

End Date: 12/31/2018

Table 5.1: Budget Neutrality Limit DY 5 (Special Terms and Conditions (STC) 106)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 449.25	4,422,938	$ 1,987,023,736	74.08%	$ 1,471,901,363	$ 1,569,150,906	$ 1,186,660,972
MEG02 - SSI & Related - Medicaid Only	$ 2,094.34	459,830	$ 963,039,856	74.08%	$ 713,378,331	$ 795,250,222	$ 576,794,485
MEG03 - SSI & Related - Dual Eligible	$ 2,107.39	432,715	$ 911,899,885	74.08%	$ 675,496,049	$ 558,420,232	$ 403,164,942
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	74.08%	$ 51,030,235	$ 68,889,323	$ 49,727,759
MEG09 HQII	NA	NA	$ 12,011,853	74.08%	$ 8,897,862	$ 12,011,853	$ 8,679,765
Grand Total			**$ 3,942,864,653**		**$ 2,920,703,841**	**$ 3,003,722,536**	**$ 2,225,027,923**

Table 5.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,580.32	3,307	$ 18,454,130	72.19%	$ 13,322,745	$ 12,068,447	$ 8,714,682
MEG 05 - "217 Like" Dual Eligible	$ 2,102.81	47,438	$ 99,753,194	72.19%	$ 72,015,661	$ 134,725,706	$ 97,261,654
Grand Total			**$ 118,207,324**		**$ 85,338,406**	**$ 146,794,153**	**$ 105,976,336**

Table 5.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 705.08	3,019,164	$ 2,128,754,916	94.20%	$ 2,005,347,854	$ 1,463,272,437	$ 1,378,444,376
Grand Total			**$ 2,128,754,916**		**$ 2,005,347,854**	**$ 1,463,272,437**	**$ 1,378,444,376**

Table 5.4: DY 5 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,920,703,841**
Federal Share (Title XIX) Actual Reported	$ 2,225,027,923
Excess Spending - Test 1	$ 20,637,930
Excess Spending - Test 2	$ -
Total Actuals	$ 2,245,665,853
Difference (Actuals - Limit)	$ (675,037,989)
Percentage Difference	-23.1%

Notes:

1.) Member months as of October 3, 2019.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 6

Start Date: 01/01/2019

End Date: 12/31/2019

Table 6.1: Budget Neutrality Limit DY 6 (Special Terms and Conditions (STC) 96)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 460.00	4,314,282	$ 1,984,557,184	74.58%	$ 1,480,097,523	$ 1,729,346,476	$ 1,315,472,657
MEG02 - SSI & Related - Medicaid Only	$ 2,158.77	448,913	$ 969,101,544	74.58%	$ 722,763,147	$ 859,395,663	$ 628,110,693
MEG03 - SSI & Related - Dual Eligible	$ 2,057.62	432,730	$ 890,391,807	74.58%	$ 664,060,839	$ 555,333,887	$ 402,054,481
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	74.58%	$ 51,378,170	$ 68,889,316	$ 50,437,970
MEG09 HQII	NA	NA	$ 12,011,853	74.58%	$ 8,958,529	$ 12,000,002	$ 9,127,363
Grand Total			**$ 3,924,951,712**		**$ 2,927,258,209**	**$ 3,224,965,344**	**$ 2,405,203,164**

Table 6.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 98)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,747.30	2,985	$ 17,155,680	72.41%	$ 12,422,201	$ 11,377,241	$ 8,241,327
MEG 05 - "217 Like" Dual Eligible	$ 3,661.18	50,769	$ 185,874,695	72.41%	$ 134,589,413	$ 143,835,175	$ 104,145,934
Grand Total			**$ 203,030,375**		**$ 147,011,614**	**$ 155,212,416**	**$ 112,387,261**

Table 6.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 99)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 738.22	3,072,549	$ 2,268,216,257	93.24%	$ 2,114,911,596	$ 1,550,780,837	$ 1,445,966,347
Grand Total			**$ 2,268,216,257**		**$ 2,114,911,596**	**$ 1,550,780,837**	**$ 1,445,966,347**

Table 6.4: Supplemental Budget Neutrality Test 3: SUD/IMD (STC 100)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG SUD/IMD	$ -		$ -	0.00%	$ -	DY 06	
Grand Total			**$ -**		**$ -**	**$ -**	**$ -**

Table 6.5: DY 6 Assessment of Budget Neutrality (STC 93, 96, 105)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,927,258,209**
Federal Share (Title XIX) Actual Reported	$ 2,405,203,164
Excess Spending - Test 1	$ -
Excess Spending - Test 2	$ -
Excess Spending - Test 3	$ -
Total Actuals	$ 2,405,203,164
Difference (Actuals - Limit)	$ (522,055,045)
Percentage Difference	-17.8%

Notes:

1.) Member months as of August 25, 2020.

2.) As defined in STC 102 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

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New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 7

Start Date: 01/01/2020

End Date: 12/31/2020

Table 7.1: Budget Neutrality Limit DY 7 (Special Terms and Conditions (STC) 96)

MEG	DY 7 - PMPM	DY 7 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 477.48	2,201,151	$ 1,050,998,941	79.53%	$ 835,844,996	$ 853,604,724	$ 682,764,357
MEG02 - SSI & Related - Medicaid Only	$ 2,247.28	224,557	$ 504,643,206	79.53%	$ 401,335,798	$ 441,288,239	$ 348,948,821
MEG03 - SSI & Related - Dual Eligible	$ 2,141.98	214,589	$ 459,644,784	79.53%	$ 365,549,172	$ 308,188,398	$ 243,195,370
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	79.53%	$ 54,786,731	$ -	$ -
MEG09 HQII	NA	NA	$ 12,011,853	79.53%	$ 9,552,861	$ -	$ -
Grand Total			**$ 2,096,188,106**		**$ 1,667,069,557**	**$ 1,603,081,361**	**$ 1,274,908,548**

Table 7.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 98)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,926.04	1,853	$ 10,980,947	78.91%	$ 8,665,121	$ 5,965,011	$ 4,707,052
MEG 05 - "217 Like" Dual Eligible	$ 3,811.29	28,332	$ 107,981,566	78.91%	$ 85,208,799	$ 89,603,344	$ 70,706,419
Grand Total			**$ 118,962,514**		**$ 93,873,920**	**$ 95,568,355**	**$ 75,413,471**

Table 7.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 99)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 772.92	1,598,909	$ 1,235,822,420	90.26%	$ 1,115,467,316	$ 895,110,344	$ 807,936,736
Grand Total			**$ 1,235,822,420**		**$ 1,115,467,316**	**$ 895,110,344**	**$ 807,936,736**

Table 7.4: Supplemental Budget Neutrality Test 3: SUD/IMD (STC 100)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 7 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG SUD/IMD	$ -		$ -	0.00%	$ -	DY 06	
Grand Total			**$ -**		**$ -**	**$ -**	**$ -**

Table 7.5: DY 6 Assessment of Budget Neutrality (STC 93, 96, 105)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 1,667,069,557**
Federal Share (Title XIX) Actual Reported	$ 1,274,908,548
Excess Spending - Test 1	$ -
Excess Spending - Test 2	$ -
Excess Spending - Test 3	$ -
Total Actuals	$ 1,274,908,548
Difference (Actuals - Limit)	$ (392,161,009)
Percentage Difference	-23.5%

Notes:

1.) Member months as of August 25, 2020.

2.) As defined in STC 102 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY2020 Quarter 3 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY2020 Quarter 3. Report pulled on 08/05/2020.

MAP Waivers

Waiver Name	A	01	02	03	04
MEG1-TANF & Related	0	1,486,759,944	1,533,690,261	1,549,874,201	1,588,217,686
MEG2- SSI Medicaid Only	0	824,975,534	882,933,884	866,983,765	845,979,875
MEG3- SSI DUAL	0	570,643,867	584,267,888	609,503,295	564,271,364
MEG4-217	0	6,662,064	5,591,208	7,580,640	12,512,314
MEG5- 217 DUAL	0	86,786,741	85,077,407	91,901,521	112,740,550
MEG6-VIII GROUP	0	856,048,101	1,309,507,567	1,363,123,685	1,415,754,664
MEG8-UHC-Uncompensated care	0	68,889,322	36,005,978	0	0
MEG9-HQII-Hospital Quality Improve Incentive	0	0	2,824,462	0	0
UC	0	0	0	0	0
Uncompensated Care "UC" Pool	0	1	31,288,995	68,889,323	68,889,323
Hospital Quality Improvement Incentive "HQII" Pool	0	0	0	7,359,077	8,825,541
Total	**0**	**3,900,765,574**	**4,471,187,650**	**4,565,215,507**	**4,617,191,317**
Check		*3,900,765,574*	*4,471,187,650*	*4,565,215,507*	*4,617,191,317*
Difference		*0*	*0*	*0*	*0*

Waiver Name	A	01	02	03	04
MEG1-TANF & Related	0	1,070,402,157	1,116,190,050	1,140,036,865	1,181,238,632
MEG2- SSI Medicaid Only	0	574,937,245	619,375,970	614,388,596	606,609,996
MEG3- SSI DUAL	0	395,585,750	408,062,785	430,114,035	402,855,014
MEG4-217	0	4,617,656	3,906,915	5,353,671	8,934,265
MEG5- 217 DUAL	0	60,154,448	59,416,310	64,866,189	80,515,170
MEG6-VIII GROUP	0	856,022,471	1,309,446,251	1,362,213,843	1,347,092,963
MEG8-UHC-Uncompensated care	0	47,671,411	25,207,785	0	0
MEG9-HQII-Hospital Quality Improve Incentive	0	0	1,987,574	0	0
UC	0	0	0	0	0
Uncompensated Care "UC" Pool	0	1	21,781,306	48,608,306	49,178,612
Hospital Quality Improvement Incentive "HQII" Pool	0	0	0	5,234,511	6,368,511
Total	**0**	**3,009,391,139**	**3,565,374,946**	**3,670,816,016**	**3,682,793,163**
Check		*3,009,391,139*	*3,565,374,946*	*3,670,816,016*	*3,682,793,163*
Difference		*0*	*0*	*0*	*0*

M-CHIP Waivers

Waiver Name	A	01	02	03	04
MEG7-CHIP GROUP	0	84,356,751	123,819,527	118,474,494	106,620,355
Total	**0**	**84,356,751**	**123,819,527**	**118,474,494**	**106,620,355**

Waiver Name	A	01	02	03	04
MEG7-CHIP GROUP	0	66,272,555	105,308,829	118,474,494	106,620,355
Total	**0**	**66,272,555**	**105,308,829**	**118,474,494**	**106,620,355**

ADM Waivers

Waiver Name	A	01	02	03	04
Admin	0	109,509,693	0	0	0
MEG1-TANF & Related	0	1,954,350	65,528,478	65,128,092	75,672,882
MEG2- SSI Medicaid Only	0	0	7,492,116	7,098,152	8,204,996
MEG3- SSI DUAL	0	0	6,533,901	6,432,635	7,626,009
MEG4-217	0	0	38,287	33,620	78,602
MEG5- 217 DUAL	0	0	408,067	443,667	673,384
MEG6-VIII GROUP	0	36,509,156	42,521,593	46,219,961	60,776,652
MEG7-CHIP GROUP	0	972,016	9,725,447	8,862,780	10,909,982
Total	**0**	**148,945,215**	**132,247,889**	**134,218,907**	**163,942,507**
Check		*148,945,215*	*132,247,889*	*134,218,907*	*163,942,507*
Difference		*0*	*0*	*0*	*0*

Waiver Name	A	01	02	03	04
Admin	0	72,320,580	0	0	0
MEG1-TANF & Related	0	1,033,347	40,960,378	40,581,487	48,575,411
MEG2- SSI Medicaid Only	0	0	4,682,951	4,421,346	5,263,719
MEG3- SSI DUAL	0	0	4,084,108	4,007,329	4,887,719
MEG4-217	0	0	23,899	21,025	50,385
MEG5- 217 DUAL	0	0	255,098	276,989	432,086
MEG6-VIII GROUP	0	24,041,491	26,579,123	28,804,937	38,875,056
MEG7-CHIP GROUP	0	644,187	6,078,767	5,514,776	6,957,623
Total	**0**	**98,039,605**	**82,664,324**	**83,627,889**	**105,041,999**
Check		*98,039,605*	*82,664,324*	*83,627,889*	*105,041,999*
Difference		*0*	*0*	*0*	*0*

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Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 3/

Summary of Expenditures by Waiver Y
Waiver: 11W00285

Total Computable

05	06	07	08	09	10	11	12
1,569,150,906	1,729,346,476	853,604,724	0	0	0	0	0
795,250,222	859,395,663	441,288,239	0	0	0	0	0
558,420,232	555,333,887	308,188,398	0	0	0	0	0
12,068,447	11,377,241	5,965,011	0	0	0	0	0
134,725,706	143,835,175	89,603,344	0	0	0	0	0
1,463,272,437	1,550,780,837	895,110,344	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
68,889,323	68,889,316	0	0	0	0	0	0
12,011,853	12,000,002	0	0	0	0	0	0
4,613,789,126	**4,930,958,597**	**2,593,760,060**	**0**	**0**	**0**	**0**	**0**
4,613,789,126	*4,930,958,597*	*2,593,760,060*					
0	*0*	*0*					

Federal Share

05	06	07	08	09	10	11	12
1,186,660,972	1,315,472,657	682,764,357	0	0	0	0	0
576,794,485	628,110,693	348,948,821	0	0	0	0	0
403,164,942	402,054,481	243,195,370	0	0	0	0	0
8,714,682	8,241,327	4,707,052	0	0	0	0	0
97,261,654	104,145,934	70,706,419	0	0	0	0	0
1,378,444,376	1,445,966,347	807,936,736	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
49,727,759	50,437,970	0	0	0	0	0	0
8,679,765	9,127,363	0	0	0	0	0	0
3,709,448,635	**3,963,556,772**	**2,158,258,755**	**0**	**0**	**0**	**0**	**0**
3,709,448,635	*3,963,556,772*	*2,158,258,755*					
0	*0*	*0*					

Total Computable

05	06	07	08	09	10	11	12
97,501,566	103,798,020	57,929,042	0	0	0	0	0
97,501,566	**103,798,020**	**57,929,042**	**0**	**0**	**0**	**0**	**0**

Federal Share

05	06	07	08	09	10	11	12
97,501,375	101,668,539	56,040,560	0	0	0	0	0
97,501,375	**101,668,539**	**56,040,560**	**0**	**0**	**0**	**0**	**0**

Total Computable

05	06	07	08	09	10	11	12
8,558,331	195,550,010	110,906,316	0	0	0	0	0
80,475,712	0	0	0	0	0	0	0
8,455,296	0	0	0	0	0	0	0
7,887,696	0	0	0	0	0	0	0
73,212	0	0	0	0	0	0	0
847,932	0	0	0	0	0	0	0
59,252,561	0	0	0	0	0	0	0
9,242,308	0	0	0	0	0	0	0
174,793,048	**195,550,010**	**110,906,316**	**0**	**0**	**0**	**0**	**0**
174,793,048	*195,550,010*	*110,906,316*					
0	*0*	*0*					

Federal Share

05	06	07	08	09	10	11	12
6,523,508	128,459,080	75,985,704	0	0	0	0	0
50,855,108	0	0	0	0	0	0	0
5,343,838	0	0	0	0	0	0	0
4,986,257	0	0	0	0	0	0	0
46,287	0	0	0	0	0	0	0
536,858	0	0	0	0	0	0	0
37,448,951	0	0	0	0	0	0	0
5,840,810	0	0	0	0	0	0	0
111,581,617	**128,459,080**	**75,985,704**	**0**	**0**	**0**	**0**	**0**
111,581,617	*128,459,080*	*75,985,704*					
0	*0*	*0*					

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13	14	15	16	17	18	19	20	21	22
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0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13	14	15	16	17	18	19	20	21	22
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13	14	15	16	17	18	19	20	21	22
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13	14	15	16	17	18	19	20	21	22
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13	14	15	16	17	18	19	20	21	22
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13	14	15	16	17	18	19	20	21	22
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

23	24	25	Total	Total Less Non-Adds
0	0	0	10,310,644,198	10,310,644,198
0	0	0	5,516,807,182	5,516,807,182
0	0	0	3,750,628,931	3,750,628,931
0	0	0	61,756,925	61,756,925
0	0	0	744,670,444	744,670,444
0	0	0	8,853,597,635	8,853,597,635
0	0	0	104,895,300	104,895,300
0	0	0	2,824,462	2,824,462
0	0	0	0	0
0	0	0	306,846,281	306,846,281
0	0	0	40,196,473	40,196,473
0	**0**	**0**	**29,692,867,831**	**29,692,867,831**

23	24	25	Total	Total Less Non-Adds
0	0	0	7,692,765,690	7,692,765,690
0	0	0	3,969,165,806	3,969,165,806
0	0	0	2,685,032,377	2,685,032,377
0	0	0	44,475,568	44,475,568
0	0	0	537,066,124	537,066,124
0	0	0	8,507,122,987	8,507,122,987
0	0	0	72,879,196	72,879,196
0	0	0	1,987,574	1,987,574
0	0	0	0	0
0	0	0	219,733,954	219,733,954
0	0	0	29,410,150	29,410,150
0	**0**	**0**	**23,759,639,426**	**23,759,639,426**

23	24	25	Total	Total Less Non-Adds
0	0	0	692,499,755	692,499,755
0	**0**	**0**	**692,499,755**	**692,499,755**

23	24	25	Total	Total Less Non-Adds
0	0	0	651,886,707	651,886,707
0	**0**	**0**	**651,886,707**	**651,886,707**

23	24	25	Total	Total Less Non-Adds
0	0	0	424,524,350	424,524,350
0	0	0	288,759,514	288,759,514
0	0	0	31,250,560	31,250,560
0	0	0	28,480,241	28,480,241
0	0	0	223,721	223,721
0	0	0	2,373,050	2,373,050
0	0	0	245,279,923	245,279,923
0	0	0	39,712,533	39,712,533
0	**0**	**0**	**1,060,603,892**	**1,060,603,892**

23	24	25	Total	Total Less Non-Adds
0	0	0	283,288,872	283,288,872
0	0	0	182,005,731	182,005,731
0	0	0	19,711,854	19,711,854
0	0	0	17,965,413	17,965,413
0	0	0	141,596	141,596
0	0	0	1,501,031	1,501,031
0	0	0	155,749,558	155,749,558
0	0	0	25,036,163	25,036,163
0	**0**	**0**	**685,400,218**	**685,400,218**

MEMBER MONTHS **CY 2016 Quarter**

CENTENNIAL CARE MEG REPORTING

Eligibility Group	1	2	3	4
Population 1 – TANF and Related	1,130,779	1,150,300	1,169,603	1,170,974
Population 2 – SSI and Related – Medicaid Only	123,597	122,633	123,728	123,619
Population 3 – SSI and Related - Dual	110,017	111,379	113,425	112,980
Population 4 – 217-like Group – Medicaid Only	566	1064	564	793
Population 5 – 217-like Group - Dual	6,938	8,390	7,911	8,627
Population 6 – VIII Group (expansion)	753,995	761,293	778,625	784,161
Population 7 - CHIP Group	151,824	140,006	134,983	132,292
Total	**2,277,716**	**2,295,065**	**2,328,839**	**2,333,446**

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	CY 2017 Quarter					CY 2018 Quarter		
Total	**1**	**2**	**3**	**4**	**Total**	**1**	**2**	**3**
4,621,656	1,180,160	1,170,146	1,145,575	1,127,594	**4,623,475**	1,129,981	1,116,304	1,090,944
493,577	124,408	125,136	122,027	116,227	**487,798**	116,043	115,944	114,284
447,801	111,537	111,883	111,273	108,378	**443,071**	108,032	108,101	108,318
2,987	1,133	1,006	857	801	**3,797**	830	835	853
31,866	9,714	10,023	10,181	10,491	**40,409**	11,050	11,820	12,257
3,078,074	806,114	802,658	773,108	762,010	**3,143,890**	762,410	756,109	747,006
559,105	133,031	130,727	123,340	117,212	**504,310**	117,719	113,236	109,585
9,235,066	**2,366,097**	**2,351,579**	**2,286,361**	**2,242,713**	**9,246,750**	**2,246,065**	**2,222,349**	**2,183,247**

		CY 2019 Quarter					CY 2020	
4	Total	1	2	3	4	Total	1	2
1,085,709	**4,422,938**	1,078,873	1,078,079	1,079,775	1,077,555	**4,314,282**	1,080,558	1,120,593
113,559	**459,830**	112,788	112,385	112,000	111,740	**448,913**	112,193	112,364
108,264	**432,715**	108,143	108,169	108,315	108,103	**432,730**	107,716	106,873
789	**3,307**	754	751	746	734	**2,985**	723	1,130
12,311	**47,438**	12,167	12,421	12,828	13,353	**50,769**	14,031	14,301
753,639	**3,019,164**	759,193	766,481	768,268	778,607	**3,072,549**	784,159	814,750
111,810	**452,350**	113,954	111,658	112,486	115,492	**453,590**	118,778	113,926
2,186,081	**8,837,742**	**2,185,872**	**2,189,944**	**2,194,418**	**2,205,584**	**8,775,818**	**2,218,158**	**2,283,937**

Quarter

3	4	Total
		2,201,151
		224,557
		214,589
		1,853
		28,332
		1,598,909
		232,704
0	0	4,502,095

Table #9 - Waiver Year 6 Expenditures

Medicaid Eligibility Group (MEG)	Program Expenditures	Administrative Expenditures
Admin		**195,550,010**
MEG01 - TANF & Related	$ 1,729,346,476	$ -
MEG02 - SSI & Related - Medicaid Only	$ 859,395,663	$ -
MEG03 - SSI & Related - Dual Eligible	$ 555,333,887	$ -
MEG04 - "217 Like" Medicaid Only	$ 11,377,241	$ -
MEG05 - "217 Like" Dual Eligible	$ 143,835,175	$ -
MEG06 - VIII Group - Medicaid Expansion	$ 1,550,780,837	$ -
MEG07 - CHIP	$ 103,798,020	$ -
Uncompensated Care "UC" Pool	$ 68,889,316	N/A
Hospital Quality Improvement Incentive "HQII" Pool	$ 12,000,002	N/A
Grand Total	**$ 5,034,756,617**	**$ 195,550,010**

Source: New Mexico CMS 64 Submission, FFY 2020 Quarer 3, August 5, 2020.

Key Utilization / Cost per Unit Statistics by Major Population Group

Physical Health Population: TANF, Aged, Blind, Disabled, CYFD, Pregnant Women

	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2018 - March 2019	April 2019 - March 2020	April 2018 - March 2019	April 2019 - March 2020
Inpatient (Admissions)	99.6	92.7	$ 9,524	$ 8,552
Inpatient (Days)	444.1	394.9	$ 2,135	$ 2,008
Practitioner / Physician (Services)	8,489.5	7,749.4	$ 71	$ 78
Emergency Department (Visits)	587.9	563.8	$ 369	$ 405
Outpatient (Visits)	1,615.7	1,561.4	$ 280	$ 282
Pharmacy (Scripts)	4,828.4	4,790.6	$ 62	$ 64
Other (Services)1	9,068.2	8,413.7	$ 58	$ 59

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2018 - March 2019	April 2019 - March 2020	April 2018 - March 2019	April 2019 - March 2020
Brand	11.9%	10.1%	$ 384	$ 459
Generic	86.6%	87.8%	$ 17	$ 18
Other Rx2	1.5%	2.1%	$ 94	$ 61

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Adult Expansion: Other Adult Group

	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2018 - March 2019	April 2019 - March 2020	April 2018 - March 2019	April 2019 - March 2020
Inpatient (Admissions)	81.6	77.9	$ 14,526	$ 14,862
Inpatient (Days)	591.0	775.0	$ 2,005	$ 1,494
Practitioner / Physician (Services)	9,074.6	8,305.5	$ 82	$ 89
Emergency Department (Visits)	722.1	679.0	$ 524	$ 567
Outpatient (Visits)	2,330.5	2,190.3	$ 307	$ 331
Pharmacy (Scripts)	9,524.6	9,287.6	$ 78	$ 81
Other (Services)1	10,101.1	9,462.5	$ 66	$ 68

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2018 - March 2019	April 2019 - March 2020	April 2018 - March 2019	April 2019 - March 2020
Brand	10.4%	9.7%	$ 610	$ 671
Generic	87.8%	88.3%	$ 15	$ 17
Other Rx2	1.8%	2.0%	$ 95	$ 89

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Key Utilization / Cost per Unit Statistics by Major Population Group

Long Term Services and Supports: Dual Eligible - Nursing Facility Level of Care

Service Grouping	Utilization (per 1,000 Members) April 2018 - March 2019	Utilization (per 1,000 Members) April 2019 - March 2020	Cost per Unit April 2018 - March 2019	Cost per Unit April 2019 - March 2020
Inpatient (Admissions)	228.6	168.6	$ 2,963	$ 2,315
Inpatient (Days)	1,310.0	900.5	$ 517	$ 433
Nursing Home (Days)	321,673.3	238,116.2	$ 39	$ 47
Personal Care (Services / hr.)	751,019.2	678,162.1	$ 15	$ 17
Outpatient (Visits)	5,075.2	4,421.6	$ 153	$ 170
Pharmacy (Scripts)	1,016.8	762.9	$ 27	$ 9
HCBS (Services)	5,429.9	4,393.1	$ 158	$ 209
Other (Services)1	41,844.4	37,202.6	$ 47	$ 48

Pharmacy Classification	Script Utilization April 2018 - March 2019	Script Utilization April 2019 - March 2020	Script Cost per Unit April 2018 - March 2019	Script Cost per Unit April 2019 - March 2020
Brand	14.5%	10.6%	$ 136	$ 32
Generic	82.7%	80.7%	$ 7	$ 6
Other Rx2	2.8%	8.7%	$ 57	$ 15

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Long Term Services and Supports: Medicaid Only - Nursing Facility Level of Care

Service Grouping	Utilization (per 1,000 Members) April 2018 - March 2019	Utilization (per 1,000 Members) April 2019 - March 2020	Cost per Unit April 2018 - March 2019	Cost per Unit April 2019 - March 2020
Inpatient (Admissions)	336.2	331.5	$ 16,852	$ 15,623
Inpatient (Days)	2,405.6	2,278.4	$ 2,355	$ 2,273
Nursing Home (Days)	18,380.4	14,820.3	$ 178	$ 204
Personal Care (Services / hr.)	737,693.7	644,847.0	$ 16	$ 17
Outpatient (Visits)	7,825.7	7,686.3	$ 517	$ 505
Pharmacy (Scripts)	38,162.9	35,761.3	$ 82	$ 89
HCBS (Services)	11,904.7	9,671.4	$ 93	$ 134
Other (Services)1	62,407.5	60,918.8	$ 89	$ 94

Pharmacy Classification	Script Utilization April 2018 - March 2019	Script Utilization April 2019 - March 2020	Script Cost per Unit April 2018 - March 2019	Script Cost per Unit April 2019 - March 2020
Brand	11.3%	10.7%	$ 581	$ 666
Generic	86.4%	86.7%	$ 16	$ 18
Other Rx2	2.3%	2.6%	$ 92	$ 88

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Key Utilization / Cost per Unit Statistics by Major Population Group

Long Term Services and Supports: Self-Directed Population (Dual and Medicaid Only)

Service Grouping	Utilization (per 1,000 Members) April 2018 - March 2019	Utilization (per 1,000 Members) April 2019 - March 2020	Cost per Unit April 2018 - March 2019	Cost per Unit April 2019 - March 2020
Inpatient (Admissions)	187.2	160.9	$ 9,164	$ 7,044
Inpatient (Days)	1,153.8	844.6	$ 1,487	$ 1,342
Nursing Home (Days)	9,862.5	3,613.4	$ 17	$ 43
Personal Care (Services / hr.)	-	-	$ -	$ -
Outpatient (Visits)	6,970.1	6,331.4	$ 265	$ 278
Pharmacy (Scripts)	14,169.0	13,138.5	$ 142	$ 127
HCBS (Services)	302,702.4	291,406.3	$ 91	$ 90
Other (Services)1	52,799.4	46,183.4	$ 53	$ 55

Pharmacy Classification	Script Utilization April 2018 - March 2019	Script Utilization April 2019 - March 2020	Script Cost per Unit April 2018 - March 2019	Script Cost per Unit April 2019 - March 2020
Brand	14.4%	13.4%	$ 774	$ 755
Generic	82.6%	83.5%	$ 32	$ 28
Other Rx2	3.0%	3.1%	$ 133	$ 88

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Long Term Services and Supports: Dual Eligible - Healthy Dual Population

Service Grouping	Utilization (per 1,000 Members) April 2018 - March 2019	Utilization (per 1,000 Members) April 2019 - March 2020	Cost per Unit April 2018 - March 2019	Cost per Unit April 2019 - March 2020
Inpatient (Admissions)	73.6	61.0	$ 4,552	$ 4,161
Inpatient (Days)	471.2	359.8	$ 712	$ 706
Practitioner / Physician (Services)	8,811.6	8,201.0	$ 25	$ 26
Emergency Department (Visits)	730.8	652.0	$ 176	$ 193
Outpatient (Visits)	2,988.1	2,549.6	$ 138	$ 144
Pharmacy (Scripts)	1,330.1	1,237.4	$ 32	$ 17
Other (Services)1	8,937.3	8,135.7	$ 93	$ 95

Pharmacy Classification	Script Utilization April 2018 - March 2019	Script Utilization April 2019 - March 2020	Script Cost per Unit April 2018 - March 2019	Script Cost per Unit April 2019 - March 2020
Brand	21.3%	17.0%	$ 107	$ 58
Generic	76.7%	69.8%	$ 10	$ 8
Other Rx2	2.0%	13.2%	$ 62	$ 13

Notes:

1 - Other services include dental, transportation, vision.

2 - Other Rx includes diabetic supplies.

Key Utilization / Cost per Unit Statistics by Major Population Group

Behavioral Health Services - All Populations (PH, OAG, LTSS)				
	Utilization (per 1,000 Members)		Cost per Unit	
Service Grouping	April 2018 - March 2019	April 2019 - March 2020	April 2018 - March 2019	April 2019 - March 2020
Inpatient (Admissions)	44.1	37.9	$ 517	$ 589
Inpatient (Days)	95.3	85.8	$ 239	$ 260
BH Practitioner (services)	217.8	272.0	$ 135	$ 124
Core Service Agency (Services)	241.3	227.1	$ 142	$ 169
BH outpatient / clinic (Services)	3,630.4	3,571.2	$ 58	$ 62
Pharmacy (Scripts)	1,772.8	1,761.7	$ 58	$ 54
Residential Treatment Center (days)	63.0	36.4	$ 1,972	$ 2,927
Other (Services)1	30.1	23.5	$ 107	$ 110

	Script Utilization		Script Cost per Unit	
Pharmacy Classification	April 2018 - March 2019	April 2019 - March 2020	April 2018 - March 2019	April 2019 - March 2020
Brand	7.3%	4.5%	$ 468	$ 602
Generic	92.7%	95.5%	$ 26	$ 28
Other Rx2	0.0%	0.0%	$ -	$ -

Notes:

1 - Other services includes BMS, PSR and PES services.

2 - Other Rx includes diabetic supplies.