TURQUOISE CARE DEMONSTRATION

1115 Demonstration Quarterly Demonstration
Year: 13 (1/1/2025 – 3/31/2025)
Quarter 1 of the Demonstration Year

May 30, 2025

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INTRODUCTION

On July 1, 2024, the State of New Mexico launched the New Mexico Health Care Authority (HCA). The agency merged the New Mexico Human Services Department, the State Employee Benefits team from the General Services Department, and the Developmental Disabilities Supports Division and Division of Health Improvement from the New Mexico Department of Health, and the Health Care Affordability Fund from the Office of the Superintendent of Insurance. The New Mexico Health Care Authority will leverage purchasing power, partnerships and data analytics to create innovative policies and models of comprehensive coverage for New Mexicans.

The State of New Mexico primarily operates its Medicaid and Children's Health Insurance Program (CHIP) under a federal 1115 Demonstration Waiver authorized by the US Centers for Medicare & Medicaid Services (CMS). The demonstration authorizes the comprehensive managed care delivery system, the Home and Community-Based Services (HCBS) Community Benefit (CB) program and several transformative initiatives that serve most of the State's Medicaid beneficiaries. Following is the evolution of New Mexico's 1115 Demonstration Waiver:

- On July 12, 2013, CMS approved New Mexico's 1115 Demonstration Waiver under the name Centennial Care, January 1, 2014, through December 31, 2018, which created a comprehensive managed care delivery system offering the full array of Medicaid services, including acute care, pharmacy, behavioral health services, institutional services, and community-based long term services and supports. Other features included expanded care coordination for all beneficiaries and a member rewards program to provide incentives for members to pursue healthy behaviors.
- On December 14, 2018, CMS approved New Mexico's 1115 Demonstration Waiver extension under the name Centennial Care 2.0, effective January 1, 2019, through December 31, 2023, which featured an integrated, comprehensive Medicaid delivery system in which a member's Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care, pharmacy, behavioral health services, institutional services, and HCBS.
- On February 7, 2020, CMS approved New Mexico's 1115 Demonstration Waiver Amendment, effective February 7, 2020, through December 31, 2023. The amendment removed three authorities: co-payments for non-emergency use of the emergency room and non-preferred prescription drugs, monthly premiums for the

Adult Expansion Group, and limitations on retroactive eligibility beginning on February 8, 2020. Additionally, the amendment authorized the state to increase the number of CB slots and expand the Centennial Home Visiting pilot program by removing restrictions.

- On March 28, 2023, CMS approved New Mexico's 1115 Demonstration Waiver amendment, effective March 28, 2023, through December 31, 2023. The amendment provided expenditure authority for two initiatives: short-term stays in applicable Institutions for Mental Diseases (IMDs) for diagnoses of serious mental illness (SMI) and/or serious emotional disturbance (SED); and implementation of a High-Fidelity Wraparound (HFW) intensive care coordination benefit. The amendment also approved HCBS improvements, including increases to CB slots and specific benefit limits.
- On September 5, 2023, CMS approved a temporary extension of New Mexico's Centennial Care 2.0 demonstration extending the expiration date from December 31, 2023, to December 31, 2024, to allow New Mexico and CMS to continue negotiations over New Mexico's demonstration application submitted on December 15, 2022.
- On September 7, 2023, CMS approved a time-limited amendment to New Mexico's 1115 Demonstration Waiver, Centennial Care 2.0, effective May 11, 2023, to November 11, 2023, to provide expenditure authority for payments to Legally Responsible Individuals (LRIs) rendering personal care services (PCS).
- On December 15, 2023, CMS approved an amendment to New Mexico's Centennial Care 2.0 demonstration effective January 1, 2024, through December 31, 2024, for a number of initiatives included in the state's demonstration extension application submitted on December 15, 2022. The amendment included approval for the following: LRIs providing PCS to members receiving benefits under the CB and Early and Periodic Screening, Diagnostic and Treatment programs; increased enrollment limit for CB program from 6,789 to 7,789 slots; increased enrollment limit for supportive housing program from 180 to 450 members with SMI; continuous eligibility for children up to age six; and expansion of the Home Visiting program to incorporate additional evidence based models.
- On July 25, 2024, CMS approved New Mexico's 1115 Demonstration Waiver extension under the name Turquoise Care, July 25, 2024, through December 31, 2029. The extension approval time period incorporated a 6-month temporary extension period and New Mexico's request to align the demonstration years with the calendar year to reflect New Mexico's managed care contract schedule. The demonstration extension includes approval of longstanding authorities as well as new initiatives including the Reentry Demonstration initiative and the Health-Related Social Needs (HRSN) Services program, which includes Medical Respite and meals for pregnant members. The extension also approved expansions to Supportive

Housing and CB Home-Delivered Meals and phased out the Family Planning waiver authority and a Self-Directed CB healer benefit.
- On October 16, 2024, CMS approved an amendment to New Mexico's 1115 Demonstration Waiver providing expenditure authority for coverage of traditional health care practices effective October 16, 2024, through December 31, 2029.

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

With the launch of Turquoise Care, New Mexico contracted with different MCOs. HCA's quarterly and annual monitoring reports for Calendar Year (CY) 2024 will reflect data and information for the MCOs as specified below.

Demonstration Year (DY) 11 Quarter 1 (January – March) and 2 (April – June) CY2024 reports include data and information for the following Centennial Care 2.0 MCOs:
- BlueCross BlueShield of New Mexico (BCBS),
- Presbyterian Health Plan (PHP), and
- Western Sky Community Plan (WSCC).

DY12 Quarter 1 (July – September) and 2 (October – December) CY2024 reports, and DY13 CY2025 future reports will include data and information for the following Turquoise Care MCOs:
- BlueCross BlueShield of New Mexico (BCBS),
- Presbyterian Health Plan (PHP),
- Molina Health Care (MHC), and
- United Health Care (UHC).

An opportunity to provide public comment on the progress of the demonstration is provided at the quarterly MAC meetings and will be reported in the annual report.

HCA is refining its monitoring report structure to comply with the current Special Terms and Conditions (STCs) executed between New Mexico and CMS. Report refinements will continue to be made with a target completion date of DY13 CY2025 reporting.

This monitoring report streamlines previous reports based on New Mexico's STCs. Future demonstration reports will align with CMS guidance and direction provided in the upcoming overlay letter and technical assistance. The present report does not yet include certain new monitoring reporting metrics required in the state's updated STCs; however, HCA is actively working to finalize these metrics in partnership with CMS and will begin reporting them in a future report. Additional detail on these efforts is provided throughout the report.

This report does not include metrics related to the Reentry and HRSN initiatives (medically tailored meals and grocery boxes for pregnant members with diabetes and medical respite). HCA is working to finalize implementation of these programs and processes to enable reporting metrics as required by the STCs, and in collaboration with CMS, beginning in a future monitoring report. Narrative updates related to these programs are as follows:

- Justice-Involved Reentry Initiative
  HCA has been working closely with the New Mexico Corrections Department (NMCD), the New Mexico Children, Youth and Families Department (CYFD), and New Mexico counties on the implementation planning for the 1115 Reentry initiative and the Consolidated Appropriations Act (CAA) Section 5121 initiative for justice-involved youth. HCA intends to implement the Reentry initiative on July 1, 2025, in three NMCD state prisons, with a phase-in of the remaining state prisons by June 30, 2026. There are no expenditures or enrollment to report for DY13 Q1.

- Food is Medicine (FIM) Initiative for Pregnant Members with Diabetes
  HCA intends to implement the FIM benefit for pregnant members with diabetes on July 1, 2025. The Turquoise Care MCOs will be responsible for providing medically-tailored meals or medically tailored grocery boxes to eligible members, leveraging local food vendors and suppliers as much as possible. HCA will submit MCO contracts and capitation rates to CMS for review and approval by May 2, 2025. HCA will also make this benefit available to Fee-for-Service (FFS) Native American members who do not opt-in to managed care. There are no expenditures or enrollment to report for DY13 Q1.

- Medical Respite
  The first provider site in Albuquerque became operational in DY13 Q1. HCA is aiming to expand to at least one additional medical respite provider site by June 30, 2025. There are no expenditures or enrollment to report for DY13 Q1 (see Section 5, Operational and Policy Issues).

2024 Continuous Eligibility

Beneficiaries can make timely and accurate reports of any changes in circumstances that may affect their eligibility such as a change in state residency and income. Beneficiaries can report changes through any of the modes of submission available at application (online, in person, by telephone or by mail). To ensure there is an attempt to verify residency/contact information at least every 12 months, New Mexico implemented an email and text campaign during December 2024 specific to households with active Medicaid children up to age six. The volume of email and text messages sent and delivered to approximately 94,000 households is below. The results are 5,865 households confirmed their address using the link provided, 461 used the link provided to update their address, and 1,734 households updated their address but did not use the link provided on the text.

Table 1. 2024 Continuous Eligibility Initiatives

Lang	Channel	Campaign Name	Executed Date	Targeted	Sent	Sent %	Deliv'd	Deliv'd %
English	EMAIL	EN_EMAIL_ADDRESS_UPDATE_CHILDREN_12-12-24	12/12/24	62,064	56,378	91%	44,741	79%
Spanish	EMAIL	SP_EMAIL_ADDRESS_UPDATE_CHILDREN_12-12-24	12/12/24	5,306	4,276	81%	3,737	87%
English	Text	Dec2024ChildrenAddress	12/12/24	93,663	91,059	97%	76,301	84%

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ENROLLMENT AND BENEFITS INFORMATION

TURQUOISE CARE MANAGED CARE ENROLLMENT
Turquoise Care MCO enrollment and expenditure data by programs for January 2023 – December 2024 is available in Attachment A to this report.

MCO Enrollment
In aggregate, MCO enrollment decreased by 9% from the previous to current period. This decrease is comprised of the following:

- 12% decrease in Physical Health enrollment.
- 7% decrease in Long-Term Services and Supports enrollment.
- 4% decrease in Other Adult Group enrollment.

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ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

New Mexico is actively working to include additional performance measures required by STCs such as renewals, ex-parte renewals, primary and specialist provider participation, and the percent of beneficiaries enrolled in other public benefit programs (e.g., Supplemental Nutrition Assistance program (SNAP) and Women, Infants, and Children (WIC)).

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.

Table 2. DY13 Q1 Data

Demonstration Population		Total Number Demonstration Participants DY13 Q1 Ending Mar 2025	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY13 Q1 (Jan - Mar 2025)
	FFS	51,707	580,422	4,251
	Molina Healthcare	37,029	13,192	4,855
	Presbyterian	329,418	113,073	21,413
	United Healthcare	34,649	15,213	4,580
	Western Sky	-	4,925	-
	Blue Cross Blue Shield	243,668	84,115	17,053
	Summary	**696,471**	**810,940**	**52,152**

Source: Enrollee Counts Report

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OUTREACH/INNOVATIVE ACTIVITIES TO ASSURE ACCESS

Outreach and Training	
DY13 Q1	In DY13 Q1, HCA, Medical Assistance Division (MAD) launched a new learning management system (LMS) within the unified portal. The LMS is comprised of resources, tools, and computer-based training (CBT) modules for active and prospective Presumptive Eligibility Determiners (PEDs). The CBT modules provide an interactive learning experience for PE applicants and individuals wanting to become a PED for the New Mexico Medicaid program. Learners can engage in their training and can complete the CBTs at their own pace. A compression test is available after all modules are completed. PE applicants need to pass with a 90% or higher to become a certified PED. LMS provides PEDs a comprehensive training and outreach approach to assist their clients in the completion of PE and Medicaid eligibility applications. A quarterly “PED Medicaid” newsletter is sent by PE staff to active PEDs. The newsletter provides updates on HCA programs, benefits, policy changes, YESNM-PE system updates, tips and audit reminders for PEDs. HCA staff continue to provide Turquoise Care members with outreach and education about Turquoise Care and the MCO’s value-added benefits. During DY13 Q1, MAD staff attended the 2025 legislative session to provide outreach and education at the 10th Annual Public Health Day & Annual Conference and at two Senior Day events. MAD staff also attended the Unite Us Summit, a community forum in Albuquerque, NM, to discuss community issues and collaborate on collective resources.

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OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

OPERATIONAL & POLICY ISSUES

Medical Respite delay: HCA attended the ribbon-cutting ceremony of the first Medicaid medical respite site. Albuquerque Health Care for the Homeless (AHCH) is a Federally Qualified Health Center (FQHC) in Albuquerque and leads the Medical Respite Collaborative responsible for this first provider site. The site became operational in DY13 Q1 but has not yet begun billing Medicaid. HCA received CMS approval of the medical respite rate methodology on April 25, 2025, and is finalizing implementation guidance for an effective date of June 1, 2025. Once implemented, medical respite will be provided to managed care members on a non-risk basis and to fee-for-service (FFS) Native American members.

FISCAL ISSUES

There were no fiscal issues to report this quarter.

SYSTEM ISSUES

There were no system issues or concerns this quarter.

BEHAVORIAL HEALTH HIGH FIDELITY WRAPAROUND

The goal of the program is to provide intervention to individuals with the most complex behavioral health needs to reduce the occurrence of placement in higher levels of care, detention, hospitalization, or institutionalization. HFW was approved as a part of the New Mexico Section 1115 Medicaid Waiver effective March 28, 2023, and New Mexico is preparing performance metrics to propose to CMS. However, on May 14, 2025, CMS issued new guidance concerning monitoring requirements related to Medicaid section 1115 demonstrations and opportunities for monitoring redesign. In alignment with these efforts and STC requirements, New Mexico will collaborate with CMS on the performance metrics that will be required for HFW.

SUPPORTIVE HOUSING

The Medicaid-supportive housing services in Turquoise Care are delivered through the Linkages Permanent Supportive Housing Program and the Set Aside Housing Program.

Per STCs 6.22 and 6.23, HCA continues to work with CMS in DY13 Q1 to develop needs-based criteria and an HCBS Quality Strategy for this 1915(i)-like benefit. HCA may enroll up to 450 demonstration members annually.

Table 3: Medicaid Supportive Housing Utilization

MEDICAID SUPPORTIVE HOUSING UTILIZATION (January 1, 2024 – December 31, 2024)			
DY11 Q1	**DY11 Q2**	**DY12 Q1**	**DY12 Q2**
128	145	102	97
Unduplicated Total - 176			

Source: MCO Ad Hoc Quarterly Reports

SERIOUS MENTAL ILLNESS (SMI)/SEVERE EMOTIONAL DISTURBANCE (SED)

New Mexico's SMI/SED Implementation plan was submitted on June 26, 2023. CMS provided feedback to New Mexico on July 17, 2023, and New Mexico resubmitted its implementation plan on September 29, 2023, and October 18, 2023, respectively. CMS provided feedback to New Mexico on October 31, 2023. New Mexico resubmitted its implementation plan on February 20, 2024. CMS provided feedback to New Mexico on March 14, 2024. New Mexico resubmitted its implementation plan on April 11, 2024, and, following receipt of CMS feedback on August 21, 2024, and resubmission of the implementation plan on October 18, 2024, the implementation plan approval is pending

further CMS feedback. New Mexico also provides assurance that Federal Financial Participation (FFP) will not be claimed until CMS approves the State's SMI/SED Implementation Plan.

Per STC requirements, the SMI/SED Monitoring Protocol was due to CMS on August 25, 2023; however, on August 18, 2023, CMS extended the deadline to September 29, 2023. On September 1, 2023, CMS extended the deadline to January 31, 2024, and indicated that deadlines would continue to be extended until CMS develops and issues new monitoring templates and guidance to states. On December 22, 2023, CMS extended the deadline to May 31, 2024. On May 1, 2024, CMS extended the deadline to March 2025. New Mexico prepared, completed, and submitted its SMI/SED Monitoring Protocol on March 31, 2025, following receipt of new templates and guidance from CMS on December 16, 2024. New Mexico is preparing an updated monitoring protocol in response to CMS feedback at this time.

Moving forward, HCA intends to utilize CMS provided templates for SUD and SMI/SED to report narrative and metric updates. As such, this report will no longer include elements related to SUD. HCA will continue to report on SMI/SED in future reports until CMS approves the monitoring protocol.

MEDICAID HOME VISITING (MHV) PROGRAM

In DY13 Q1, the Medicaid Home Visiting (MHV) program served 951 families. The following is DY13 Q1 data for each model:

Nurse Family Partnership (NFP) Model

- University of New Mexico Center for Development and Disability (UNM CDD) NFP served a total of 70 unique families in DY13 Q1 in Bernalillo County and Valencia Counties.
- Youth Development Inc. (YDI) served 123 families in DY13 Q1 in Bernalillo, Rio Arriba, and Sandoval counties.

Parents as Teachers (PAT) Model

- UNM CDD PAT served 20 unique families in DY13 Q1 in Bernalillo County.
- ENMRSH served 26 unique families in DY13 Q1 in Curry and Roosevelt Counties.
- Taos Pueblo served 14 unique families in DY13 Q1 in Taos County.
- MECA Therapies served 308 unique families in DY13 Q1 in Chaves, Curry, Doña Ana, Roosevelt, and Lea Counties.
- Aprendamos served 247 unique families in DY13 Q1 in Doña Ana, Sierra, and Otero Counties.

- Community Action Agency of Southern New Mexico served 55 unique families in DY13 Q1 in Doña Ana and Otero Counties.
- Presbyterian Medical Services served 21 unique families in DY13 Q1 in San Juan County.
- Tresco served 42 unique families in DY13 Q1 in Bernalillo and Santa Fe Counties.
- Guidance Center of Lea County served 25 unique families in DY13 Q1 in Lea County.

HCA has been approved to add 4 MHV models to include Child First, Family Connect, Healthy Families America, and SafeCare Augmented.

HCA distributed a letter of direction (LOD) to the MCOs effective October 1, 2024. The LOD provided billing codes and modifiers to be used for each of the newly added MHV models, guidance on the service utilization criteria, and a minimum reimbursement rate sheet. HCA conducts monthly meetings with the Early Childhood Education and Care Department (ECECD) to address any barriers or concerns affecting member access to MHV services. In addition, the HCA and ECECD conduct monthly provider meetings to address provider issues and respond to provider questions.

HCA is aware of the STC requirement to establish metrics performance of the Home Visiting services including number of individuals eligible for these pilots, the counts of service utilization by type, and corresponding health outcomes, as applicable. HCA is actively working on finalizing these metrics for reporting in future monitoring reports.

JUST HEALTH PLUS PROGRAM

Approved in July 2024 under the 1115 Justice Re-entry demonstration waiver, JUST Health Plus (Justice Services for Re-Entry) program will provide Medicaid-covered services to eligible incarcerated youth and adults up to 90 days prior to release from prison, jail and or detention centers.

Why is this initiative important?

Through this initiative, New Mexico Medicaid aims to:

- Ensure Medicaid-eligible individuals receive re-entry services prior to release,
- Prepare people for a successful transition and reentry into their community and help them live their healthiest life,
- Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death,
- Support substance use disorder and recovery and target infectious diseases like Hepatitis C before a person’s release, and

- Stabilize and treat other conditions before a person's release so they can reenter their community as healthy as possible.

What services will the initiative provide?
Just Health Plus will support and fund the delivery of targeted pre-release services to Medicaid-eligible adults and youth in state prisons, jails, and youth carceral facilities. New Mexico Medicaid will require participating facilities to provide three mandatory services, and eight additional, optional services subject to state budget availability and facility readiness. The three mandatory services are:

- Case management,
- Medication Assisted Treatment (MAT), and
- 30-day supply of medications and medical supplies at release.

Additional, optional services (subject to state budget availability) include:

- Physical and behavioral clinical consultations,
- Medication and medication administration,
- Hepatitis C treatment,
- Laboratory and radiology services,
- Services by community health workers (CHWs) with lived experience,
- Peer Support services,
- Family Planning services, and
- Durable medical equipment and supplies.

Timeline for Implementation
New Mexico Medicaid has convened several targeted workgroups with state and county carceral facilities to prepare to enroll through a phased-in approach beginning in the summer of 2025 with New Mexico Corrections Department (NMCD) facilities. The JUST Health Plus program will require a series of milestones for the carceral facilities to complete to implement the program in their county. The first milestone will start with an Intent to Participate letter, followed by a capacity application. The readiness assessment will start milestone three and will end with an approval or denial to participate in the program. Capacity distribution will be based on the readiness requirements assessment. Following the approval to participate, each carceral facility will provide a post go-live progress report that will track the measures of the program in each carceral facility.

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HCBS REPORTING

Community Benefit

In DY13 Q1, Community Benefit (CB) related projects have included:

- Continued monitoring of MCO implementation of the CB program,
- Planning for implementation of the electronic visit verification (EVV) aggregator,
- Increasing CB allocations to fill approved slots,
- Implementation activities for the new CB meals benefit on 7/1/25, and
- Second response to CMS related to the on-site visit for the Final HCBS Settings Rule.

HCA continued to collaborate with providers, stakeholders, and state agencies to implement initiatives approved under its American Rescue Plan Act (ARPA) HCBS Spending Plan and Narrative.

HCA has identified that there are workforce shortages for Community Benefit Personal Care Services (PCS) caregivers for both Agency-Based and Self-Directed services. We are addressing this issue through the following remediations:

- Implementing rate increases for PCS and other CB services to coincide with state and local minimum wage increases.
    - HCA will establish a fee schedule for CB services in July 2025.
- Using ARPA funds for temporary economic relief payments to Community Benefit providers. HCA requires that providers attest that they are using the funding in accordance with the CMS approved ARPA spending plan before any payments are made.
- Approving higher rates for certain caregivers in rural areas on a case-by-case basis.
- One MCO issued grants to PCS agencies through the NM Association for Home Health and Hospice Care. These grants will continue in 2025.
- Another MCO convened an LTSS provider stakeholder group to obtain feedback and develop solutions to address workforce shortages.
- HCA, in collaboration with the NM Aging and Long-Term Services Department has been awarded a direct care workforce (DCW) TA opportunity through the ACL DCW Strategies Center. HCA has regular meetings with this workgroup to strategize for statewide improvements.
- HCA conducted a rate study for CB services. Some rates will be increased in CY

2025 based on funding awarded by the legislature.

Under New Mexico's 1115 Demonstration Waiver, CMS approved 6,789 CB slots for those who are not otherwise Medicaid eligible. The state may expand the number of slots by an additional 800 slots, bringing the total number of slots to 7,589, if the state finds it has sufficient funding. At the end of DY12 Q2, 5,957 of the 6,789 available slots were filled, leaving 832 available slots. HCA will report the total number of expanded slots that should be counted for ARPA to CMS as required.

Statewide Transition Plan

The MCOs audited all Community Benefit settings in DY12 and reported all findings to HCA. HCA completed an on-site review from CMS and New Editions in September 2024. HCA staff were in attendance during the site visits. For the 1115 CB program, two assisted living facilities and one adult day health facility were visited. On December 18, 2024, HCA received the report of findings from CMS. HCA responded to all concerns by the January 21, 2025 deadline. HCA responded to a second round of CMS questions in March 2025.

External Quality Review Organization (EQRO) NF LOC

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

Waiver Assurance Performance Measures

In accordance with New Mexico's 1115 Demonstration Waiver STCs and clarification received from CMS, HCA has removed the 1915(c)-like waiver assurance performance measures from this quarterly monitoring report. With guidance from CMS, HCA has addressed the waiver assurances by including performance measures in its Quality Improvement Strategy (QIS) that was submitted to CMS on February 25, 2025, and HCBS Performance Measure Reports that were submitted to CMS on February 28, 2025. These deliverables remain under CMS review.

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AI/AN REPORTING

Contracting between Managed Care Organizations and I/T/U Providers
The following are DY13 Q1 updates on contracting between MCOs and I/T/U providers.

MCO	
BCBSNM	Pueblo of San Ildefonso – BCBS reports they are waiting for the Governor of San Ildefonso Pueblo to review and sign their contract. BCBS will continue to reach out quarterly. Navajo Regional Behavioral Health – Navajo Regional BH-BCBSNM has requested W-9 and other pertinent information to start contract. They have not received the documentation yet. Pine Hill Health Center – BCBS is waiting for signed agreements to finalize from the provider. Southern Ute Tribe – BCBS is waiting for signed agreements to finalize from the provider. BCBS is open and willing to contract with I/T/U providers. They reach out regularly to determine if there is interest in entering into a formal contract/agreement,
MHC	MHC's Office of Native American Affairs has been engaging with IHS, Tribal 638s, and Urban Indian (I/T/U) providers for contracting. The key barrier is that ITUs are not required by federal law to contract with the MCOs. MHC is committed to building strong relationships with I/T/U providers through meaningful engagement and innovative health care solutions.
PHP	PHP is preparing new agreement templates for non-emergency transport and community health representative services. Laguna Rainbow Long Term Care Facility- This facility is loaded as participating with the non ITU nursing facility provider type. Payment is at the OMB rate. Mescalero Care Center – This facility is loaded as participating with the non-ITU nursing facility provider type. PHP is paying the OMB rate.

	Pueblo of Picuris – PHPs Native American Affairs is in discussion with the Pueblo for non-emergency medical transportation as well as behavioral health services. San Felipe Health Center – PHP is waiting for further direction from the clinical director and Pueblo administration. Four Directions Treatment and Recovery Center – This provider has been loaded to the network as a Tribal 638. Pueblo of Nambe/Tewa Roots Society – is successfully loaded in the PHP Provider Network and is successfully billing and active in their system.
UHC	UHC entered Turquoise Care 7/01/2024. They are working on building relationships with NM Tribes as well as IHS/Tribal 638s and Urban Indian Health Centers by listening to their needs and assisting with their priorities. UHC has not entered into any agreements with I/T/Us at this time.

Native American Technical Advisory Committee (NATAC) Issues and Recommendations:

At the DY13 Q1 NATAC meeting held on March 17, 2025 –

- Request for an updated list of all the MCO Tribal liaisons and the point of contact at each MCO for IHS/Tribal 638 claims billing. This list was sent out 5/20/2025.
- Request that the MCO Tribal Affairs programs provide NATAC with a list of dates the MCO went to tribal communities in the past 60 days and dates they are planning to be in tribal communities in the next 30 days. This request will be discussed at the next MCO Tribal liaison meeting on 6/09/2025.

The DY12 Native American Technical Advisory Committee (NATAC) Schedule

Date		Time	Location
March 17, 2025	1:00 p.m. – 4:00 p.m.	virtual	
June 16, 2025	1:00 p.m. – 4:00 p.m.	virtual	
September 15, 2025	1:00 p.m. – 4:00 p.m.	virtual	
December 15, 2025	1:00 p.m. – 4:00 p.m.	virtual	

Native American Advisory Board (NAAB) Issues and Recommendations

The following issues were raised at the DY13 Q1 NAAB meetings.

MCO	DATE	Issues/Recommendations
BCBS	February 27, 2025 Albuquerque, NM hybrid meeting	Since no one asked questions during the meeting, BCBS posed a couple of questions to the group. See the responses below. BCBS asked the audience what was one of their favorite experiences as a BCBS member. One member commented “Nurses are available and easily found.” Another member said, “Having meetings like this so we know all of our options.” Another member added “That access to Traditional Medicine is supported by BCBS.” The audience was asked to name one recommendation they would like to make to improve customer service. The answers were: • “Great customer service was provided every time I called.” • “Calling customer service, they were kind and did their best to find the information I was looking for.”

		• "I have a hard time finding a PCP, but (BCBS) helps me to get to providers." • "I have had a hard time with reimbursements for transportation, so I gave up." (After the meeting the BCBS staff assisted client with the mileage reimbursement form that was needed.) • A member asked if BCBS could have a demo at the next meeting on how to fill out the ModivCare mileage reimbursement form. (Minutes don't indicate the response from BCBS.)
MHC	March 17, 2025 virtual meeting	The following questions/comments were made at the Native American Advisory Board meeting: • A provider asked how many members there are on Molina and from what communities? Response: Molina staff will reach out to the provider with that information. • Another provider asked if on the same day transportation could be requested. Response: Superior Transportation will provide a reference guide to the provider. Superior does respond to critical care appointments if it is a high priority. • A member wanted to know if she could get cash as some traditional healers don't accept debit cards. • Response: Molina can't do it that way due to limitations of the Medicaid program for the pre-paid debit card. The member can use the funds for food or gas. The card is restricted to no cash back. • A provider asked if the dental benefit applies to adults and children. Response: Yes, but it does not include braces/orthodontia. • A member asked if the Activity Bucks were just for children. Response: Yes.
PHP	February 20, 2025 Santa Clara Pueblo, NM	The following questions/comments were made at the Native American Advisory Board meeting: • Does the Traditional Medicine benefit apply to Medicare? Response: No, it does not. Medicare

	hybrid meeting	and Medicaid are two separate programs. • Is the $300 stipend for Traditional Medicine a recurring thing? Response: You have to reapply for it every year. You can reapply beginning January 1, of each new year. • How would I know that I have the right traditional medicine form? Response: You will know if it is the right form via the fax number on the form. • Do you have a designated care coordinator that works with our tribal community? Response: We work with Title 14 then we get notified through CYFD or our roster the youth that are entering state custody. The Native American liaisons ensure the proper support for those children/families and answer questions that may arise. • How do we sign children up for Medicaid that are placed within tribal custody and need sports physicals or behavioral health? Response: If they are on Presbyterian Medicaid, then they can be enrolled with care coordination with our team.
UHC	March 5, 2025 virtual meeting	The following questions/comments were made at the Native American Advisory Board meeting: • The question was asked how many UHC staff speak Navajo. It was noted that UHC uses a translation line to connect members to Native speakers. UHC needs three-five days' notice to set that up. The recommendation was made for UHC Member Services to hire NM Native American speaking staff. • A guest from Anchorum Health Foundation attended the meeting. She is interested in connecting with community organizations working to improve health in San Juan, McKinley, Cibola, Guadalupe, Union, and Harding Counties, as well as the 23 Tribes and Pueblos in New Mexico. Response: The Tribal team will be following up with her regarding health priorities and

		partnership.

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ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE	Initially opened 3/26/21 – reopened 11/26/2024
COMPLETION DATE	Open
ISSUES	ModivCare has been placed on a corrective action plan for not meeting the contractual timeliness measures for certain Customer Service Call Center metrics and other additional contractual requirements.
RESOLUTION	Due to continued service level failures, the action plan remains open. The Plan of Action (POA) related to the non-emergency medical transportation (NEMT) call center remains open. For DY13 Q1, ModivCare did not meet all call metrics 90% of calls were not answered by a live voice within (30) seconds. BCBS continues to meet with ModivCare daily to discuss issues and/or concerns. BCBSNM meets with ModivCare weekly to monitor the on-time performance measures. ModivCare reports there were several challenges that impacted ModivCare's Service Level results that included ModivCare staffing. • ModivCare had a higher-than-expected call volume • ModivCare staffing ModivCare reports they hired individuals who completed 100% of their training at the end of February 2025 and are full time on the call center floor to take calls. ModivCare met all Call Center Metrics for quarter 1 of 2025 except for the SLA metric. ModivCare reports there were no concerns or issues with member experience and met the member satisfaction for quarter 1. HCA meets with BCBS regularly to review the progress of this POA.

PRESBYTERIAN	
ACTION PLAN	None in effect in DY13 Q1
IMPLEMENTATION DATE	
COMPLETION DATE	
ISSUES	

Molina Health Care	
ACTION PLAN	New Member Enrollment Requirements
IMPLEMENTATION DATE	10/30/2024
COMPLETION DATE	12/13/2024
ISSUES	Molina Health Care (MHC) identified issues of timeliness for PCP Auto Assignment, Member PCP Selection, and Member ID Card Replacement
RESOLUTION	Processes and controls that incorporate the correct logic have been re-designed for inbound file processing and outbound extracts to the appropriate vendor. Monitoring is in place to ensure timeliness.

Molina Health Care	
ACTION PLAN	Institution of Mental Disease (IMD) Claims Standard Operating Procedure not reflecting 15-day or less reimbursement
IMPLEMENTATION DATE	12/19/2004
COMPLETION DATE	12/30/2024
ISSUES	Molina Health Care (MHC) identified the need to re-program systems for timely payment of IMD. The system will identify claims billed for IMD with date spans greater than 15 days. MHC processed an upfront edit and is considering a custom solution for the tracking of these claims.
RESOLUTION	MHC to monitor to ensure consistent processing which meets contract requirements.

Molina Health Care	
ACTION PLAN	Standard and Expedited Prior Authorization timeliness challenges
IMPLEMENTATION DATE	12/19/2024
COMPLETION DATE	12/31/2024
ISSUES	Molina Health Care (MHC) identified issues of incorrect inputs for the calculation of timeliness in their Utilization Management (UM) automated system that resulted in reporting of some Standard and Expedited Authorizations as non-compliant, outside of the 7-business day and 24-hour respective requirement.
RESOLUTION	The MHC system has been updated, and MHC is monitoring compliance.

Molina Health Care	
ACTION PLAN	Delegation Oversight – DentaQuest Credentialing
IMPLEMENTATION DATE	12/30/2024
COMPLETION DATE	12/31/2024
ISSUES	Molina Health Care (MHC) reports that during an annual credentialing audit, it was determined that DentaQuest's Policies and Procedures did not reflect the required NM standards that require a 30-day timeline from application to committee review.
RESOLUTION	DentaQuest has updated Policies and Procedure and has educated their staff regarding the correct processing timeline. MHC continues oversight.

Molina Health Care	
ACTION PLAN	Clean Claim Processing Time
IMPLEMENTATION DATE	1/29/2025
COMPLETION DATE	Open
ISSUES	Molina Health Care (MHC) reports that their internal processes require that clean claims be processed at or above 95% within

	15 Calendars and that they identified claims for certain provider types were not processing within these time frames.
RESOLUTION	MHC will continue to monitor the processing of certain provider types and will review daily claims inventory and reach out to all areas that have aged claims.

Molina Health Care	
ACTION PLAN	Comprehensive Needs Assessment (CNA) Timeliness
IMPLEMENTATION DATE	2/11/2025
COMPLETION DATE	Open
ISSUES	Molina Health Care (MHC) reports that they identified possible delays in Care Needs Assessment (CNA) completion due to manual processes.
RESOLUTION	MHC has identified process improvements to ensure CNA timeliness and is continuing to monitor timeliness.

UnitedHealthcare	
ACTION PLAN	Critical Incidents
IMPLEMENTATION DATE	10/1/2024
COMPLETION DATE	Open
ISSUES	UnitedHealthcare (UHC) reports working to obtain Admissions, Discharges and Transfers (ADT) data feeds as it has not been receiving adequate data on Emergency Department (ED) visits for Critical Incident reporting. UHC reports that monthly Critical Incident audit results have been below 90%.
RESOLUTION	UHC reports that it has gained access to Point Click Care which provides almost real-time ADT data feeds on Admissions, Discharges, and Transfers. Additional UHC Critical Incidents staff

	have been hired, and UHC has developed a process for tracking all incidents within 24 hours to ensure they are up to date. UHC has implemented a process that requires a Clinical Administrative Coordinator to send weekly files of all incidents that have been reviewed to verify accuracy. UHC is engaged in Re-training of Care Coordination staff on Critical Incidents and ongoing monthly Personal Care Service (PCS) Agency training on Critical Incidents. UHC is continuing to monitor this for another quarter to ensure accuracy.

UnitedHealthcare	
ACTION PLAN	HEDIS Measure Improvement and Provider Outreach
IMPLEMENTATION DATE	10/1/2024
COMPLETION DATE	Open
ISSUES	UHC reports that as a new MCO entering the market on July 1, 2024, it has used the July through December timeframe to develop a baseline for their member population to understand HEDIS measure performance. UHC reports that they have limited data and that their denominators continued to grow through DY12 Q2. UHC has developed a level 1 provider incentive program to engage providers on improved HEDIS measure performance.
RESOLUTION	UHC reports that they have successfully contracted 12 provider groups through DY12 Q2 for inclusion in their CP-PCPi provider incentive program (VBP). UHC has targeted 40 additional groups in 2025. UHC is continuing to monitor this to ensure accuracy.

UnitedHealthcare	
ACTION PLAN	UHC Reporting Submission Quality Assurance
IMPLEMENTATION DATE	2/5/25
COMPLETION DATE	Open
ISSUES	UHC has experienced reporting submissions returns for incorrect naming formats, versions and submission routes.
RESOLUTION	UHC has placed an internal CAP to identify any potential or outstanding issues and will work internally to resolve issues identified. HCA continues to work with UHC to receive correct information.

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FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ ISSUES

There are no financial or budget neutrality issues to report in DY13 Q1. Turquoise Care continues to be budget neutral.

10
QUALITY ASSURANCE/ MONITORING ACTIVITY

ADVISORY BOARD ACTIVITIES

Under the terms of HCA's Turquoise Care 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. HCA specifies the frequency of board meetings. The MCOs report semi-annually on the activities of the Advisory Boards. Please reference the table below for 2025 MCO Advisory Board Meeting Schedules.

Table 3. 2025 MCO Advisory Board Meeting Schedule

BCBS 2025			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	03/13/2025	5:30 – 7:30 PM	Hybrid - Albuquerque - Metro
BCBS	04/12/2025	9:30 – 11:30 AM	Hybrid -Bernalillo County - Central
BCBS	06/11/2025	11:00 AM-1:00 PM	Hybrid - Carlsbad
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	03/13/2025	5:30- 7:30 PM	Hybrid – Farmington (San Juan County) – Regional
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/27/2025	12:00 PM – 2:00 PM	Cesar Chavez Community Center, Albuquerque
BCBS	5/15/2025	12:00 PM – 2:00 PM	Alamo Navajo Wellness Center, Alamo
BCBS	8/21/2025	12:00 PM – 2:00 PM	Northern NM College, Espanola
BCBS	10/23/2025	12:00 PM – 2:00 PM	Pueblo of Laguna, Old Laguna
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	See above	See above	All above locations (SDCB included in each meeting)

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

PHP 2025 SDCB Subcommittee Member Advisory Board Meetings are currently on hold. MEMBER ADVISORY BOARD MEETING SCHEDULE (CENTRAL AREA)			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	3/5/2025	12:00 PM – 1:00 PM	City of ABQ Westside Community Center, Albuquerque
PHP	6/6/2025	6:30 PM – 1:00 PM	Presbyterian Rust Medical Center, Rio Rancho
PHP	9/3/2025	6:30 PM – 7:30 PM	Atrisco Heritage Academy High School, Albuquerque
PHP	12/3/2025	5:30 PM – 6:30 PM	Goodwill Opportunity Center, Albuquerque
STATEWIDE MEETINGS			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	2/20/2025	11:00 AM – 1:00 PM	Presbyterian Storefront, Las Cruces
PHP	10/15/2025	1:00 PM – 2:00 PM	San Juan Center for Independence. Farmington
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	2/20/2025	11:00 AM – 1:00 PM	Santa Clara Behavioral Health Training Center, Santa Clara
PHP	5/8/2025	12:00 PM – 2:00 PM	Parent Resource Center, Pine Hill High School, Pine Hill
PHP	8/8/2025	1:00 PM – 3:00 PM	Empowerment Complex Conference Room, Mescalaro
PHP	11/6/2025	12:00 PM – 1:00 PM	Presbyterian Administrative Center, Albuquerque

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
PHP	03/11/2025	1:00 PM – 3:00 PM	Virtual Meeting (Zoom)
PHP	06/10/2025	3:00 PM – 5:00 PM	Virtual Meeting (Zoom)
PHP	09/9/2025	3:00 PM – 5:00 PM	Virtual Meeting (Zoom)
PHP	12/9/2025	3:00 PM – 5:00 PM	Virtual Meeting (Zoom)

MHC 2025			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
MHC	3/6/2025	12:00 PM – 1:30 PM	Molina Gallup Help Center, Gallup
MHC	4/23/25	12:00 PM – 1:30 PM	Virtual
MHC	5/14/2025	12:00 PM – 1:30 PM	Virtual
MHC	7/17/2025	5:30 PM – 7:00 PM	Physical Location TBD, Virtual
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
MHC	7/17/2025	5:30 PM – 7:00 PM	Physical Location TBD, Virtual
MHC	11/14/2025	12:00 PM – 1:30 PM	Physical Location TBD, Virtual
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
MHC	3/17/2025	11:00 AM – 12:30 PM	Virtual
MHC	6/25/2025	11:00 AM – 12:30 PM	Virtual
MHC	9/3/2025	11:00 AM – 12:30 PM	Physical Location TBD, Virtual
MHC	12/3/2025	11:00 AM – 12:30 PM	Virtual

UHC 2025			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
UHC	2/5/2025	5:30 PM – 6:30 PM	Virtual
UHC	4/16/2025	5:30 PM – 6:30 PM	Espanola
UHC	6/5/2025	5:30 PM – 6:30 PM	Hobbs
UHC	8/13/2025	5:30PM – 6:30PM	Albuquerque
UHC	11/12/2025	5:30 PM – 6:30 PM	Espanola
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
UHC	2/5/2025	5:30 PM – 6:30 PM	Virtual
UHC	12/10/2025	5:30 PM – 6:30 PM	Virtual

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
UHC	5/7/25	1:30 pm – 3:00 pm	Gallup
UHC	7/2/25	1:30 pm – 3:00 pm	Virtual
UHC	9/3/25	1:30 pm – 3:00 pm	Virtual
UHC	11/5/25	1:30 pm – 3:00 pm	Gallup

QUARTERLY QUALITY MEETING

HCA holds Quarterly Quality Meetings (QQMs) with the MCOs to provide HCA updates and guidance on required quality monitoring activities as well as relay HCA findings from the monthly, quarterly, and annual reports submitted by the MCOs.

MCOs were advised of HCA's reporting expectations, emphasizing that analyses must be clear, thorough and meaningful in a narrative paragraph format to explain the story behind their reported data and observations.

GRIEVANCES

HCA receives MCO Report 37 Grievances and Appeals quarterly. The report analyzes the MCOs' responses to ensure that grievances filed by members are addressed timely and appropriately. The report also provides information related to the summary of member grievance reason codes.

In DY12 Q2, Report 37 was suspended pending template and instructions updates. These updates are necessary due to data inconsistencies discovered by HCA in the MCOs' DY12 Q1 submissions. HCA conducted a technical assistance call with all MCOs in December 2024 and concluded the data inconsistencies were due to methodology errors in the report instructions. A draft reporting package was sent to the MCOs on 5/1/25. MCO responses have been received and are being incorporated into the documents. HCA anticipates that the updated reporting package will be implemented by DY13 Q2 and will have MCOs submit data retrospectively to July 1, 2024.

APPEALS

Report 37 appeals section provides monitoring to guarantee that member appeals are handled promptly and suitably. The report also provides data related to the summary of member appeals reason codes.

In DY12 Q2, Report 37 was suspended pending template and instructions updates. These

updates were necessary due to data inconsistencies discovered by HCA in the MCOs' DY12 Q1 submissions. HCA conducted a technical assistance call with all MCOs in December 2024 and concluded the data inconsistencies were due to methodology errors in Report 37 instructions. A draft reporting package was sent to the MCOs on 5/1/25. MCO responses have been received and are being incorporated into the documents. HCA anticipates that the updated reporting package will be implemented by DY13 Q2 and will have MCOs submit data retrospectively to July 1, 2024.

Performance Metrics

New Mexico uses performance metrics and robust monitoring activities to oversee quality of care, health outcomes, and utilization of services, and to ensure program-specific goals and milestones are achieved. On May 14, 2025, CMS issued new guidance concerning monitoring requirements related to Medicaid section 1115 demonstrations and opportunities for monitoring redesign. In alignment with these efforts and STC requirements, New Mexico has removed its performance metric reporting from this quarterly monitoring report and will be collaborating with CMS to strengthen future reporting in accordance with CMS' new guidance.

11
MANAGED CARE REPORTING REQUIREMENTS

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in the Turquoise Care Contract with the requirement that at least 90% of members having access to certain provider types in urban, rural, and frontier geographic areas within a defined distance. Geographic Access is collected, analyzed, and validated on a quarterly basis. HCA is working collaboratively with the MCOs to develop a template that will be easier to capture Geographic Access information. Distance requirements with the Turquoise Care contract are that a member should not have to travel more than 30 miles for Urban, 45 miles for Rural, or 60 miles for Frontier areas to a provider

Physical Health and Hospitals

In response to MCO feedback, the reporting template for Geographic Access to Physical Health and Hospitals is being updated. HCA is working collaboratively with the MCOs to develop a template that will be easier to capture Geographic Access information. Due to the change in template, DY13 Q1 information is not available. New Mexico intends to report DY13 Q1 information in the next demonstration report.

Transportation

Non-emergency medical transportation (NEMT) is a means for MCOs to ensure members have timely access to needed services, particularly for specialty services and provider shortage areas. HCA collects NEMT GeoAccess through our GeoAccess template. In Q4, HCA worked with the MCOs to revise the template to gather NEMT GeoAccess information. Due to the change in template, DY13 Q1 information is not available. New Mexico intends to report DY13 Q1 information in the next demonstration report.

12
DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY13 Q1	**Centennial Care 2.0** **DY13 Q1 (January 2025- March 2025)** The New Mexico Health Care Authority (HCA) and Health Services Advisory Group, Inc. (HSAG) worked together in DY13 Q1 (January 1, 2025, to March 31, 2025) to conduct the evaluation of New Mexico's Section 1115 Waiver Demonstration, Centennial Care 2.0, which concluded on July 24, 2024. In DY13 Q1, HSAG and HCA achieved the following accomplishments: HSAG in collaboration with HCA began developing the Summative Evaluation Report, which will evaluate Centennial Care 2.0 from January 1, 2019, to June 30, 2024, and is due to the Centers for Medicare & Medicaid Services (CMS) by December 31, 2025. The activities completed include preparing and collecting the data for the 71 measures across five aims, 21 hypotheses, and 57 research questions that will be assessed. HSAG worked with the New Mexico Behavioral Health Services Division (BHSD) and program subject-matter experts (SMEs) to receive Medicaid Management Information System (MMIS) and non-MMIS data required for the summative evaluation. HCA and HSAG continued to identify and resolve any issues and data gaps to ensure a complete and accurate analysis. HSAG and HCA collaborated with BHSD and program SMEs to finalize the summative evaluation analytic methodology to ensure that results are accurate, reliable, and comparable across time periods. HSAG conducted key informant interviews for the high-fidelity wraparound (HFW) program evaluation. State representatives from HCA and the Children, Youth, and Families Department (CYFD) discussed the implementation of the HFW program, including challenges encountered, successes, unintended consequences, and key lessons learned. In DY13 Q1, HSAG performed performance measure calculations and associated activities for the summative evaluation, which will assess Centennial Care 2.0 from January 1, 2019, through June 30, 2024, with a baseline period from January 1, 2018, through December 31, 2018, including:

	• Explored improvements to analytic methods and assessed statistical testing requirements. • Performed data validation and gap analysis on all MMIS and non-MMIS data extracts. • Began conducting propensity score matching for the Health Home analysis and creating participant models for the Centennial Rewards analysis. • Developed programming code and initiated performance measure calculations. • Developed programming code for cost-effectiveness and financial performance measure calculations. The summative evaluation will assess approximately ten cost-effectiveness measures evaluating cost per member and user trends as well as per-member per-month costs. HSAG participated in the following cost-effectiveness activities during the reporting period: • Explored improvements to financial analysis methods and assessed statistical testing requirements. • Developed programming code for cost-effectiveness and financial performance measure calculations. The summative evaluation will assess approximately ten cost-effectiveness measures evaluating cost per member and user trends as well as per-member per-month costs. During this reporting period, HCA and HSAG did not encounter any evaluation or technical challenges. HCA and HSAG will continue collaborating to finalize the data sources and analytic methodologies employed to complete the summative evaluation, including resolving any outstanding data gaps; complete the summative evaluation performance measure calculation, statistical analysis, validation, and output generation; and develop the Summative Evaluation Report, including the *Executive Summary*, *Methodology*, *Methodological Limitations*, *Results*, *Conclusions*, and *Lessons Learned and Recommendations* sections for submission to CMS by December 31, 2025. **Turquoise Care** **DY13 Q1 (January 2025- March 2025)** The New Mexico Health Care Authority (HCA) and Health Services Advisory Group, Inc. (HSAG) worked together in DY13 Q1 (January 1, 2025, to March 31, 2025) to evaluate New Mexico's Section 1115 Demonstration Waiver, Turquoise Care. In DY13 Q1, HSAG and HCA performed the following accomplishments: The Turquoise Care Evaluation Design was finalized for submission to the Centers for Medicare & Medicaid Services (CMS) on January 17, 2025. HCA and HSAG finalized a contract to develop the Traditional Health Care Practices (THCP)

	initiative Evaluation Design. The THCP Evaluation Design was developed in preparation for submission to CMS on April 14, 2025. The THCP initiative, approved by CMS on October 16, 2024, grants New Mexico the authority to provide Medicaid reimbursement for THCP provided through Indian Health Service facilities, facilities operated by Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act, and facilities operated by urban Indian organizations under Title V of the Indian Health Care Improvement Act. The amendment expands American Indian and Alaska Native (AI/AN) members' access to culturally appropriate care within the State, as determined by each Tribe, Pueblo, or Nation, which is intended to improve health outcomes and quality of care and reduce disparities among AI/AN members. HCA and HSAG met with tribal liaisons to gather tribal input and inform the development of the THCP Evaluation Design. Tribal liaisons provided insight into the history of THCP delivery, tribal organizations' evaluation preferences, and updates from THCP workgroup meetings in which State administrators and tribal organizations planned for the implementation and evaluation of the program. HCA and HSAG attended a THCP workgroup meeting to present an overview of its experience evaluating New Mexico's Section 1115 Demonstration Waivers, its experience collaborating with tribal organizations, the HCA-specified measures to evaluate THCP, and HSAG's data security processes. HSAG developed the one hypothesis, one research question, and two measures as directed by HCA that will evaluate THCP and determine if the evaluation aims are met. HCA, HSAG and program SMEs are continuing to work closely to determine the data sources that will be available to conduct the evaluation. HCA and HSAG determined a descriptive time series analytic technique would be appropriate to provide a descriptive analysis of trends identified in the data. The evaluation will employ claims and encounter data extracted quarterly from the Medicaid Management Information System (MMIS). HSAG did not conduct any performance metric calculations or participate in any cost-effectiveness activities during the reporting period. HSAG will calculate performance metrics for inclusion in the Interim Evaluation Report, which will evaluate Turquoise Care from July 1, 2024, to June 30, 2027, with a baseline period from July 1, 2021, through June 30, 2024. During this reporting period HCA and HSAG did not encounter any evaluation or technical challenges. The Turquoise Care Evaluation Design was submitted to CMS on January 17, 2025. HCA and HSAG will continue working together to finalize and submit the THCP Evaluation Design to CMS on April 14, 2025, receive and address CMS

	feedback on the January 17, 2025 submission, Turquoise Care Evaluation Design and collaborate with program subject matter experts to finalize the availability of data to limit potential data inconsistencies or gaps for the Turquoise Care Demonstration Evaluation.

13
ENCLOSURES / ATTACHMENTS

Attachment A: Statewide Dashboards
Attachment B: Key Utilization/cost per Unit Statistics by Major Population Group

14
STATE CONTACTS

HCA State Name and Title	Phone	Email Address
Dana Flannery Medicaid Director HCA/Medical Assistance	505-500-9237	Dana.Flannery@hca.nm.gov
Heidi Capriotti Deputy Director of Communication and Innovation HCA/Medical Assistance	505-629-2938	Heidi.Capriotti@hca.nm.gov
Elisa Walker-Moran Deputy Director of Finance HCA/Medical Assistance	505-470-9330	Elisa.Walker-Moran@hca.nm.gov
TBD Deputy Director of Systems HCA/Medical Assistance	TBD	TBD
Michal Hayes Senior Deputy Director HCA/Medical Assistance	505-699-5859	Michal.Hayes@hca.nm.gov
Alanna Dancis Chief Medical Officer HCA/Medical Assistance	505-470-9334	Alanna.Dancis@hca.nm.gov

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ADDITIONAL COMMENTS

MCO INITIATIVES

BCBS

BCBS has developed an initiative to outreach to BCBS Medicaid members not currently engaged or utilizing primary care services with the goal to engage 5%-10% of approximately 30,000 members in virtual primary care services. The initiative focuses on linking members to primary care services and improving access to care for BCBS members throughout NM and particularly in rural areas of the state.

PHP

PHP has developed and launched an internal training on value-based care that will soon be launched to external provider groups. The training provides ground level information on value-based care, how it differs from fee-for service health care, and what the different contributing components include: quality, total cost of care, Healthcare Effectiveness Data and Information Set (HEDIS) measures and data integrity.

MHC

MHC is providing physical health telehealth services for both pediatric and adult patients through asynchronous communication and video visits provided by Galileo telehealth. MHC is focusing on educating Members and the community about this service provider in different venues with the goal of impacting timely access to care for Member issues such as non-emergent needs and chronic condition management.

UHC

UHC is engaging in research on Social Drivers of Health, Behavioral Health and Emergency Rooms with UNM College of Population Health. This project will work to understand what needs to be addressed though social determinants of health within New Mexico emergency department visits. The study project will use Natural Language Processing (NLP) methods to analyze text data statewide data from syndromic surveillance emergency department data, which are two sources of information on emergency department visits.

MEMBER SUCCESS STORIES

BCBS

BCBS successfully worked with a 58-year-old member with a history of complicated medical health diagnoses and comorbid conditions exacerbated by many allergies and intolerances. The member is not able to use most medications and prescription injections. Through engagement in member care coordination, the member was educated about the use of chiropractic care which has been successful in relieving compressed nerves in the member's spine and thoracic outlet. The member has reported relief of chronic pain symptoms, muscle spasms and anxiety symptoms. The member also reported optimism that they will continue to experience relief and to eventually complete their remaining college semesters as well as return to the work force.

PHP

PHP successfully worked with a new Turquoise Care recipient with dementia to access for needed caregiver services. Caregiver services through Medicaid supported the member to remain healthy and safe in the community, while allowing the main primary unpaid caregiver to focus on her career and giving several younger family members valuable job experience as the member's paid caregivers.

MHC

MHC Care Coordination collaborated with the primary care physician (PCP) and the home medical equipment (HME) provider to secure the appropriate referrals to secure durable medical equipment (DME) for a 55-year-old member who had been hospitalized and in need of multiple pieces of DME to be healthy and safe in their home. Through the work of the care coordinator, the member received a wheelchair, hospital bed, oxygen equipment, continuous positive airway pressure (CPAP) machine, walker, shower chair, and blood sugar meter.

UHC

UHC Care Coordination successfully worked with a UHC member and personal care services (PCS) agency to secure an environmental modification (EMOD) for the member's home. The member and PCS agency had previously worked with six different care coordinators with previous MCOs and were not able to complete the EMOD. The UHC Care Coordinator was able to expedite the process and get the EMOD completed to support the member's health and safety in their home.

Program Changes Effective on or after 1/1/2023	
Expanded Mobile Crisis Initiatives	The Expanded Mobile Crisis Initiatives adjustment effective January 1, 2023 reflects the cost of implementing mobile crisis services in support of state initiatives related to 988.
EBP Rate Enhancements	The EBP Rate Enhancements effective January 1, 2023 reflect the cost of implementing enhanced behavioral health services and evidence-based practices (EBPs) available to all populations, including children in state custody.
Orthodontia Authorization Change	The Orthodontia Authorization Change adjustment effective January 1, 2023 reflects the increased orthodontia service utilization estimated due to changes in the clinical evaluation threshold requirements a member must meet in order to obtain approval for orthodontia services.
Silver Diamine Fluoride	The Silver Diamine Fluoride adjustment effective January 1, 2023 reflects the new benefit coverage of silver diamine fluoride billed as D1354 and D1355 provided to the Medicaid population.
Prenatal Genetic Screenings	The Genetic Screenings adjustment effective January 1, 2023 reflects the new benefit coverage of pre-natal genetic screenings for cystic fibrosis (CF), spinal muscular atrophy (SMA), and cell-free DNA for trisomy for pregnant members of the Medicaid population.
RTC Facility Closure	The RTC Facility Closure adjustment reflects the impacts of members transitioning from receiving behavioral health services at Bernalillo Academy residential treatment center to other providers, following the closure of the facility in December 2021.
NF Ventilator Services	The NF Ventilator Services adjustment was added effective January 1, 2023 reflects the opening of the in-state ventilator wing at the Rehabilitation Center of Albuquerque, at which reimbursement for Medicaid-eligible ventilator-dependent NF residents will include an additional $305.66 per day on top of the NF daily rate. The state plan amendment was approved by CMS in June 2022.

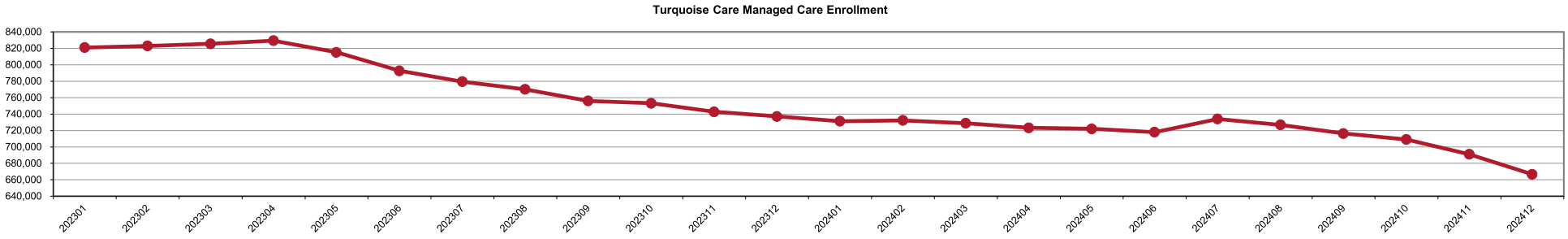
Program Changes Effective on or after 7/1/2023	
Long-Acting Reversible Contraception (1/1/2020)	The Long-Acting Reversible Contraception (LARC) fee schedule increase effective January 1, 2020 reflects the following additional rate increases: 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983 and 58301 and 152.0% to procedure code 58300.
Photo Screening	The Photo Screening adjustment effective January 1, 2020 reflects a rate increase of 250% to procedure code 99177 and a rate decrease of 12% to procedure code 99173.
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.
Adult Accredited Residential Treatment Center (ARTC)	Beginning in January 1, 2020, the Adult ARTC adjustment reflects the added benefit for adults to receive SUD services at adult ARTCs. This adjustment was revised effective January 1, 2023 to reflect updated provider information and emerging utilization experience.
Trauma Hospital Rate Increase	Beginning in January 1, 2021, the Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals: Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%. This adjustment was revised effective January 1, 2022 to reflect Sandoval Regional Medical Center classified as a Level III Trauma Center and Cibola General removed as a Level IV Trauma Center.
Pharmacists With Prescriptive Authority	Effective July 1, 2020, Pharmacists With Prescriptive Authority are allowed to bill naloxone and other additional services to procedure code 99213 at a rate of $65.66. The adjustment accounts for the increased rates from the incentive fees paid prior to July 1, 2020 to procedure code 99213.
Opioid Treatment Program (OTP) Adjustment	The OTP Adjustment reflects the removal of projected OTP expenses for Dual-eligible members effective October 1, 2020, as Medicare will become the primary payer for these services.
Rural Health Clinic (RHC) Prospective Payment System (PPS) Rate Rebase	The RHC PPS Rate Rebase reflects increasing the PPS rate for RHC to $169.77 for all RHC medical services effective October 1, 2020.
Addition of New Home Visiting Providers	The Addition of New Home Visiting Providers adjustment reflects two new providers offering Nurse Family Partnership and Parents as Teachers programs effective October 1, 2021 and five new providers will offer Parents as Teachers programs with effective dates between August 2022 and January 2023 under the Centennial Home Visiting program.
Air Ambulance Rate Increase	The air ambulance fee-for-service (FFS) fee schedule increase effective November 15, 2020 reflects the following additional rate increases: 28.56% to procedure code A0430, 35.51% to procedure codes A0431, and 68.13% to procedure code A0436.
Crisis Triage Center (CTC) Adjustment	Beginning in January 1, 2021, the CTC adjustment reflects the inclusion of CTC providers providing adult outpatient services. This adjustment was revised effective January 1, 2023 to reflect updated provider information and emerging utilization experience that illustrates slower ramp up than initial expectations.
Pasteurized Human Donor Milk	The PHDM adjustment effective January 1, 2023 reflects implementation of reimbursement changes to increase access and reimbursement for PHDM in inpatient and outpatient settings for high-risk Medicaid eligible infants up to 12 months old, effective for dates of service from July 1, 2022.
Community Health Worker Benefit	The Community Health Worker (CHW) Benefit adjustment effective July 1, 2023 reflects the new benefit and reimbursement structure for community health workers.
House Bill 2 Provider Reimbursement Increases	The House Bill 2 Provider Reimbursement Increases effective July 1, 2023 reflects the cost of implementing provider reimbursement rate increases for professional and institutional services pursuant to the passage of House Bill 2 in the 2023 New Mexico Legislative Session.
Revised BH Adjustments Effective Prior to July 1, 2023	The following rating adjustments were revised to reflect updated projected enrollment for July 2023-December 2023, but the total CY2023 projected cost assumption was unchanged: Adult Accredited Residential Treatment Center, Crisis Triage Center Adjustment, EBP Rate Enhancements, and Expanded Mobile Crisis Initiatives.

Program Changes Effective on or after 1/1/2024	
Addition of Centennial Home Visiting Models	Effective January 1, 2024, the State is expanding the Centennial Home Visting (CHV) program, an evidence-based, early childhood home visiting benefits that focus on prenatal care, post-partum care and early childhood development, to include additional evidence based practice models.
Gross Receipts Tax Reduction	Effective July 1, 2022, New Mexico House Bill 163 reduced the gross receipts tax rate from 5.125% to 5.000% through June 30, 2023, and subsequently reduced to 4.875% effective July 1, 2023.
Orthodontia Authorization Change	Effective January 1, 2023, the State is updating the clinical evaluation threshold requirements a member must meet in order to obtain approval for orthodontia services within the Medicaid program.
Prenatal Genetic Screenings	Effective January 1, 2023, the State is updating its reimbursement for prenatal genetic screening for Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA) and Fetal Chromosomal Aneuploidy for Medicaid eligible recipients.
NF Ventilator Services	On March 30, 2022, the State submitted a SPA 22-0012 to implement an add-on rate for NF ventilator services effective March 14, 2022, which was approved by CMS on June 7, 2022.
Silver Diamine Fluoride	Effective January 1, 2024, the State intends to reimburse for sliver diamine fluoride services for children under HCPCS D1354 and D1355. Mercer collaborated with the State on developing a reimbursement amount of $29.00 for this service and relied upon a variety of sources, including studies, reports, and articles to support utilization assumptions.
Chiropractic Services State Plan Amendment	Effective January 1, 2024, the State intends to submit a chiropractic services State Plan Amendment which will cover the full range of services allowed under the New Mexico Chiropractic Physicians Practice Act, with an annual benefit limit of $2,000.
Community Health Worker Benefit	Effective July 1, 2023, the State is implementing a new covered service with reimbursement for community health workers for Medicaid eligible recipients. The new benefit for community health workers will include self-management and training for an individual visit as well as training for individuals in a group visit.
House Bill 2 Provider Reimbursement Increases	On April 7, 2023, the General Appropriation Act of 2023 (House Bill 2) was signed by the Governor of New Mexico, requiring general appropriations and authorized expenditures from state agencies effective July 1, 2023. Among the appropriations outlined in House Bill 2, approximately $91 million of state general funds were designated for the purpose of implementing provider reimbursement increases.
Program Changes Effective on or after 7/1/2024	
Removal of For-Profit/Investor-Owned and Government-Owned Hospitals Rate Increase	Effective July 1, 2024, the State will no longer direct the Turquoise Care MCOs to provide a uniform percentage increase to their contracted rates with for-profit/investor-owned and government-owned community hospitals for inpatient and outpatient services. This payment increase was originally implemented to support the operations of these hospitals, aid these hospitals to invest in the health of their local communities, and support the adequacy of the rates to these hospitals to continue to participate as vital partners in providing statewide access to hospital services.
Removal of Not-For-Profit Community Hospitals Rate Increase	Effective July 1, 2024, the State will no longer direct the Turquoise Care MCOs to provide a uniform percentage increase to their contracted rates with not-for-profit community hospitals for inpatient and outpatient hospital services. This payment increase was originally implemented to support the operations of these hospitals, which generally have lower economies of scale, to aid these hospitals to invest in the health of their local communities, and to support the adequacy of the rates to these hospitals to continue to participate as vital partners in providing statewide access to hospital services.
Removal of Trauma Hospitals Rate Increase	Effective July 1, 2024, the State will no longer direct the Turquoise Care MCOs to provide a uniform percentage increase to their contracted rates with trauma hospitals for inpatient and outpatient hospital services.
Expansion of Centennial Home Visiting Models (Expanded Home Visits)	Effective January 1, 2024, the State expanded the Centennial Home Visting (CHV) program, an evidence-based, early childhood home visiting benefits that focus on prenatal care, post-partum care and early childhood development, to include additional evidence-based practice models.
Doulas	Effective July 1, 2024, the Turquoise Care program will offer Doula services for pregnant women.
CISC Reallocation Factors	Effective July 1, 2024, new CISC cohorts will be implemented for the TC-PH and TC-BH programs. CISC members have historically been covered under the existing physical health and behavioral health CYFD rate cells in Centennial Care 2.0. Effective with the start of Turquoise Care, coverage of CISC members will primarily be handled through a single contractor, although some members are able to opt out and remain with their current MCO, if desired.

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

Reported Eligibility for Members Enrolled as of December 31, 2024
Previous Period: January 1, 2023 to December 31, 2023
Current Period: January 1, 2024 to December 31, 2024

1. Total Turquoise Care Monthly Enrollment



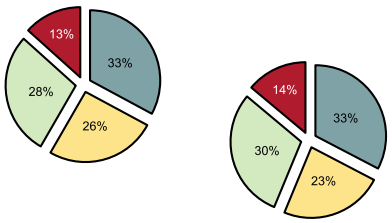
2. Total Turquoise Care Dollars and Member Months by Program

Aggregate Member Months by Program

Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	5,606,027	4,912,526	-12%
Long Term Services and Supports	630,616	586,793	-7%
Other Adult Group	3,208,753	3,087,384	-4%
Total Member Months	**9,445,396**	**8,586,703**	**-9%**

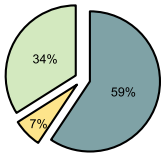
	Aggregate Medical Costs by Program			*Per Capita Medical Costs by Program (PMPM)*		
Programs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	$ 1,696,307,129	$ 1,831,570,981	8%	$ 302.59	$ 372.84	23%
Long Term Services and Supports	$ 1,314,481,122	$ 1,323,443,712	1%	$ 2,084.44	$ 2,255.38	8%
Other Adult Group Physical Health	$ 1,462,380,119	$ 1,673,829,925	14%	$ 455.75	$ 542.15	19%
Behavioral Health - All Members	$ 688,313,698	$ 780,315,143	13%	$ 72.87	$ 90.87	25%
Total Medical Costs	**$ 5,161,482,068**	**$ 5,609,159,761**	**9%**	**$ 546.45**	**$ 653.24**	**20%**
Aggregate Non-Medical Costs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	**% Change**
Admin, care coordination, Centennial Rewards	$ 430,366,282	$ 422,558,532	-2%	$ 45.56	$ 49.21	8%
NMMIP Assessment	$ 131,156,566	$ 146,192,886	11%	$ 13.89	$ 17.03	23%
Premium Tax - Net of NIMMP Offset	$ 359,766,868	$ 348,785,172	-3%	$ 38.09	$ 40.62	7%
Total Non-Medical Costs	**$ 921,289,716**	**$ 917,536,589**	**0%**	**$ 97.54**	**$ 106.86**	**10%**
Estimated Total Turquoise Care Costs	**$ 6,082,771,783**	**$ 6,526,696,350**	**7%**	**$ 643.99**	**$ 760.09**	**18%**

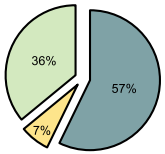
Turquoise Care Medical Expenditures



*See above for legend.

Turquoise Care Member Months





*See above for legend.

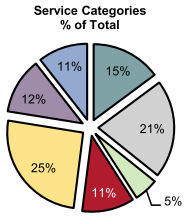
3. Total Program Medical/Pharmacy Dollars

	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	$ 4,616,174,106	$ 5,043,524,635	9%	$ 488.72	$ 587.36	20%
Pharmacy	$ 545,307,962	$ 565,635,126	4%	$ 57.73	$ 65.87	14%
Total	**$ 5,161,482,068**	**$ 5,609,159,761**	**9%**	**$ 546.45**	**$ 653.24**	**20%**

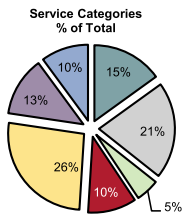
	Aggregate Costs by Service Categories			*Per Capita Medical Costs by Service Categories (PMPM)*		
Service Categories	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	$ 766,001,135	$ 844,329,343	10%	$ 81.10	$ 98.33	21%
Acute Outp/Phy	$ 1,078,941,568	$ 1,156,051,717	7%	$ 114.23	$ 134.63	18%
Nursing Facility	$ 266,045,966	$ 280,425,736	5%	$ 28.17	$ 32.66	16%
Community Benefit/PCO	$ 573,792,421	$ 578,971,783	1%	$ 60.75	$ 67.43	11%
Other Services	$ 1,317,608,835	$ 1,478,267,130	12%	$ 139.50	$ 172.16	23%
Behavioral Health	$ 613,784,180	$ 705,478,926	15%	$ 64.98	$ 82.16	26%
Pharmacy (All)	$ 545,307,962	$ 565,635,126	4%	$ 57.73	$ 65.87	14%
Total Costs	**$ 5,161,482,068**	**$ 5,609,159,761**	**9%**	**$ 546.45**	**$ 653.24**	**20%**

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

Previous (12 mon) service distribution



Current (12 mon) service distribution



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, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

State of New Mexico - All MCOs

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

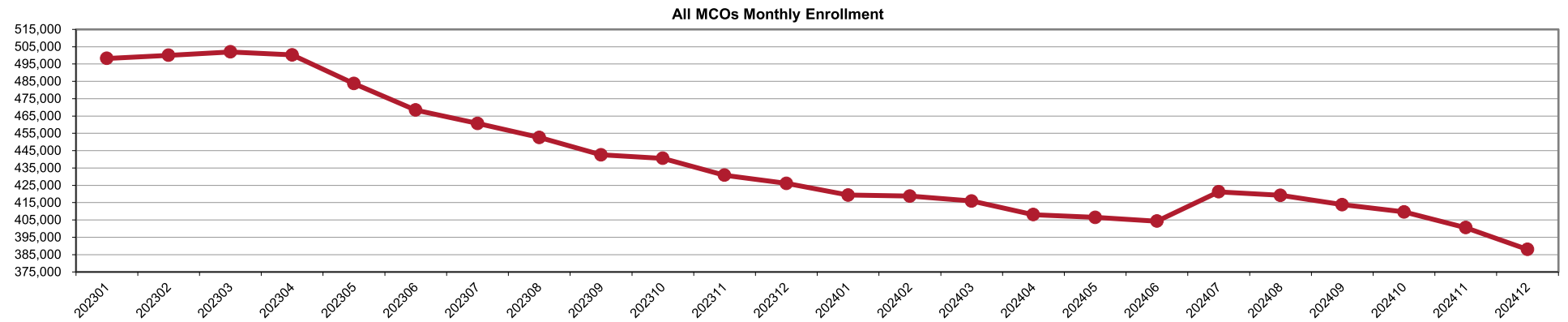
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of December 31, 2024

Previous Period: January 1, 2023 to December 31, 2023

Current Period: January 1, 2024 to December 31, 2024

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

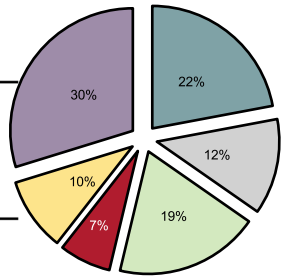
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 1,516,207,692	$ 1,654,444,374	9%
Pharmacy	$ 180,099,436	$ 177,126,608	-2%
Total	**$ 1,696,307,129**	**$ 1,831,570,981**	**8%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 360,175,555	$ 403,687,901	12%
Outpatient (OP)	$ 253,194,010	$ 231,510,048	-9%
Physician (PH)	$ 310,763,330	$ 348,961,985	12%
Emergency Department (ED)	$ 130,408,501	$ 125,054,432	-4%
Pharmacy (RX)	$ 180,099,436	$ 177,126,608	-2%
Other (OTH)	$ 461,666,296	$ 545,230,006	18%
Total Population Costs	**$ 1,696,307,129**	**$ 1,831,570,981**	**8%**
Per Capita Cost (PMPM)	**$ 302.59**	**$ 372.84**	**23%**
Total Member Months	**5,606,027**	**4,912,526**	**-12%**

Service Categories % of Cost



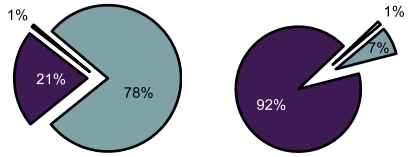
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

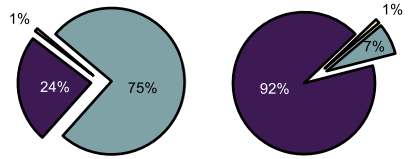
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 135,958,408	$ 138,312,290	2%
Generic	$ 42,811,637	$ 37,769,774	-12%
Other Rx	$ 1,329,390	$ 1,044,544	-21%
Total	**$ 180,099,436**	**$ 177,126,608**	**-2%**

% of Rx Spend **% of Scripts**

Current



Previous



** "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, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

TURQUOISECARE

State of New Mexico - All MCOs

Total Population

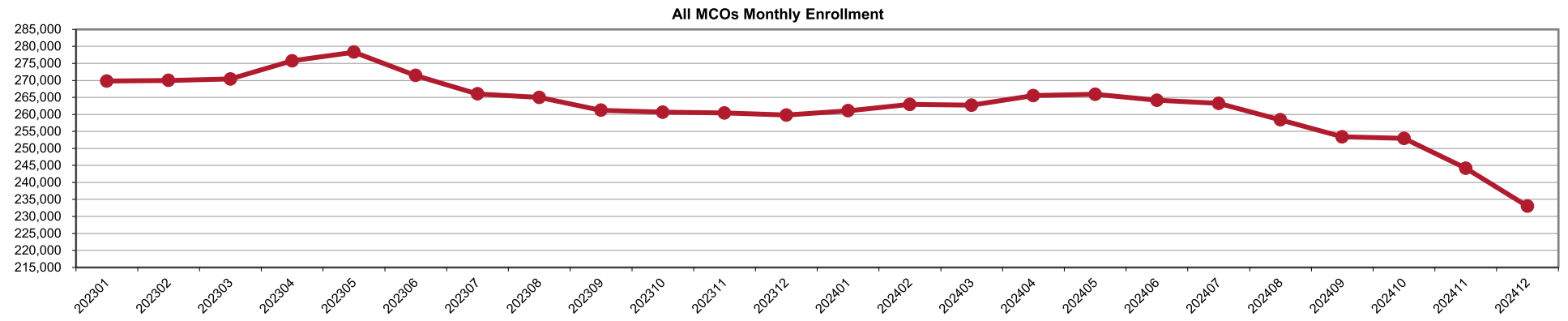
Other Adult Group Utilization and Cost Review

Reported Eligibility for Members Enrolled as of December 31, 2024

Previous Period: January 1, 2023 to December 31, 2023

Current Period: January 1, 2024 to December 31, 2024

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

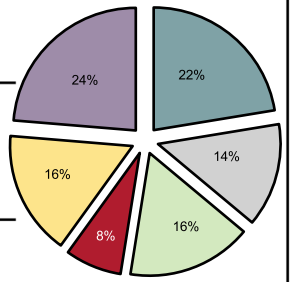
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 1,212,166,798	$ 1,400,192,048	16%
Pharmacy	$ 250,213,321	$ 273,637,877	9%
Total	**$ 1,462,380,119**	**$ 1,673,829,925**	**14%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 336,133,418	$ 375,060,945	12%
Outpatient (OP)	$ 216,938,839	$ 228,613,116	5%
Physician (PH)	$ 226,763,955	$ 275,264,672	21%
Emergency Department (ED)	$ 107,199,443	$ 124,749,066	16%
Pharmacy (RX)	$ 250,213,321	$ 273,637,877	9%
Other (OTH)	$ 325,131,143	$ 396,504,250	22%
Total Population Costs	**$ 1,462,380,119**	**$ 1,673,829,925**	**14%**
Per Capita Cost (PMPM)	**$ 455.75**	**$ 542.15**	**19%**
Total Member Months	**3,208,753**	**3,087,384**	**-4%**

Service Categories % of Cost



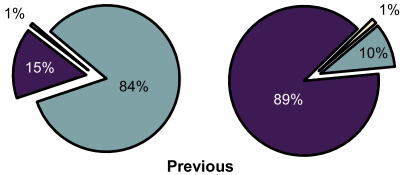
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

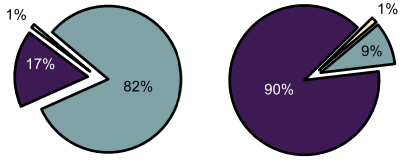
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	$ 205,690,073	$ 229,182,207	11%
Generic	$ 42,378,979	$ 42,596,746	1%
Other Rx	$ 2,144,270	$ 1,858,924	-13%
Total	**$ 250,213,321**	**$ 273,637,877**	**9%**

% of Rx Spend **% of Scripts**

Current



Previous



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

4. Notes

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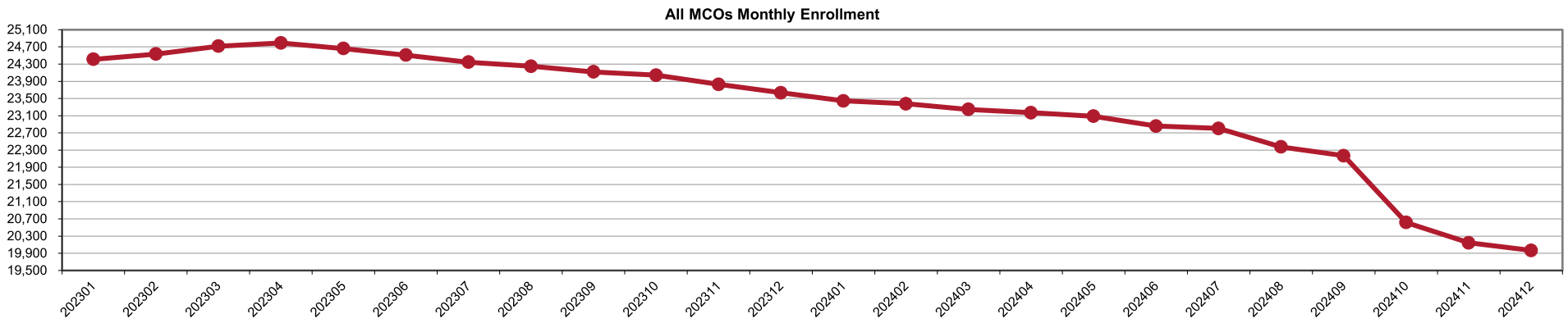
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

TURQUOISECARE

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

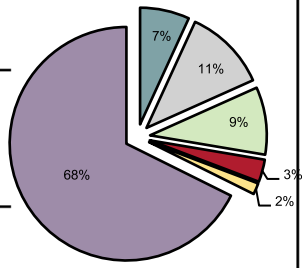
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 67,825,690	$ 76,122,453	12%
Pharmacy	$ 1,585,780	$ 1,214,398	-23%
Total	**$ 69,411,470**	**$ 77,336,851**	**11%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	$ 7,274,725	$ 5,297,540	-27%
Outpatient (OP)	$ 9,478,816	$ 8,858,766	-7%
Physician (PH)	$ 5,971,612	$ 7,232,785	21%
Emergency Department (ED)	$ 2,292,812	$ 2,405,132	5%
Pharmacy (RX)	$ 1,585,780	$ 1,214,398	-23%
Other (OTH)	$ 42,807,725	$ 52,328,230	22%
Total Population Costs	**$ 69,411,470**	**$ 77,336,851**	**11%**
Per Capita Cost (PMPM)	**$ 237.84**	**$ 289.37**	**22%**
Total Member Months	**291,840**	**267,256**	**-8%**

Service Categories % of Cost

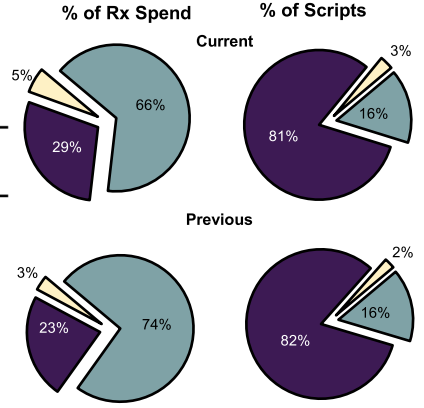


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 1,169,773	$ 797,984	-32%
Generic	$ 364,125	$ 348,675	-4%
Other Rx	$ 51,882	$ 67,739	31%
Total	**$ 1,585,780**	**$ 1,214,398**	**-23%**

% 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.
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State of New Mexico - All MCOs

LTSS - Nursing Facility Level of Care Dual Population

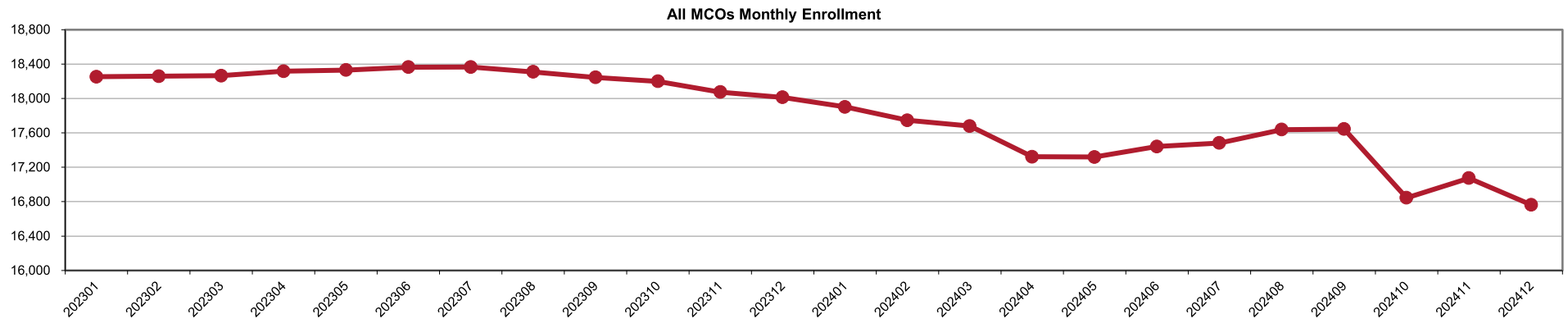
Utilization and Cost Review

Reported Eligibility for Members Enrolled as of December 31, 2024

Previous Period: January 1, 2023 to December 31, 2023

Current Period: January 1, 2024 to December 31, 2024

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

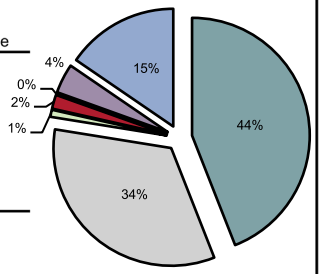
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 743,229,873	$ 727,288,360	-2%
Pharmacy	$ 337,940	$ 426,577	26%
Total	**$ 743,567,813**	**$ 727,714,937**	**-2%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 328,553,338	$ 320,465,501	-2%
Nursing Facility (NF)	$ 231,148,601	$ 243,802,719	5%
Inpatient (IP)	$ 7,595,279	$ 7,090,218	-7%
Outpatient (OP)	$ 12,659,543	$ 14,002,003	11%
Pharmacy (RX)	$ 337,940	$ 426,577	26%
HCBS	$ 23,271,846	$ 29,462,755	27%
Other (OTH)	$ 140,001,265	$ 112,465,164	-20%
Total Population Costs	**$ 743,567,813**	**$ 727,714,937**	**-2%**
Per Capita Cost (PMPM)	**$ 3,395.32**	**$ 3,484.26**	**3%**
Total Member Months	**218,998**	**208,858**	**-5%**

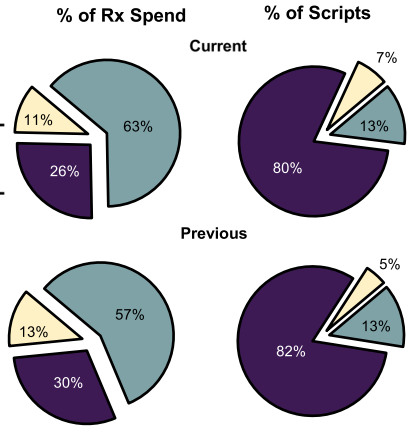
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 194,532	$ 271,234	39%
Generic	$ 100,531	$ 109,389	9%
Other Rx	$ 42,878	$ 45,954	7%
Total	**$ 337,940**	**$ 426,577**	**26%**



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

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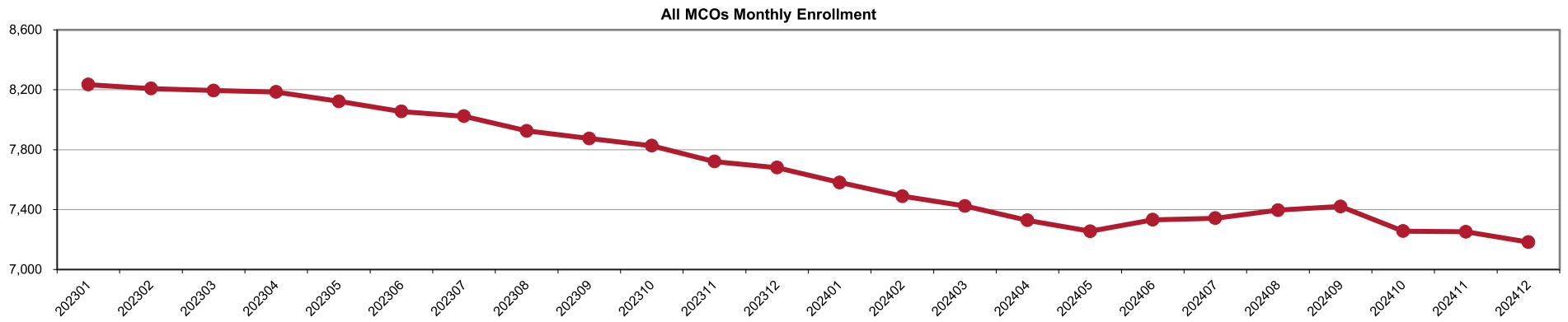
TURQUOISECARE

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

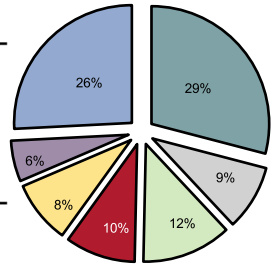
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 358,367,377	$ 368,872,407	3%
Pharmacy	$ 35,471,561	$ 34,750,423	-2%
Total	**$ 393,838,937**	**$ 403,622,830**	**2%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	$ 123,467,908	$ 117,314,816	-5%
Nursing Facility (NF)	$ 34,316,360	$ 36,163,807	5%
Inpatient (IP)	$ 51,919,385	$ 49,692,135	-4%
Outpatient (OP)	$ 39,982,255	$ 38,846,908	-3%
Pharmacy (RX)	$ 35,471,561	$ 34,750,423	-2%
HCBS	$ 14,834,962	$ 22,696,150	53%
Other (OTH)	$ 93,846,507	$ 104,158,589	11%
Total Population Costs	**$ 393,838,937**	**$ 403,622,830**	**2%**
Per Capita Cost (PMPM)	**$ 4,100.31**	**$ 4,573.16**	**12%**
Total Member Months	**96,051**	**88,259**	**-8%**

Service Categories % of Cost



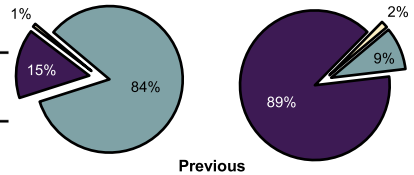
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

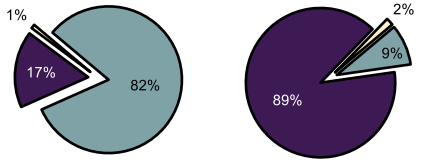
	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 29,168,387	$ 29,178,617	0%
Generic	$ 5,981,262	$ 5,306,448	-11%
Other Rx	$ 321,911	$ 265,359	-18%
Total	**$ 35,471,561**	**$ 34,750,423**	**-2%**

% of Rx Spend **% of Scripts**

Current



Previous



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

4. Notes

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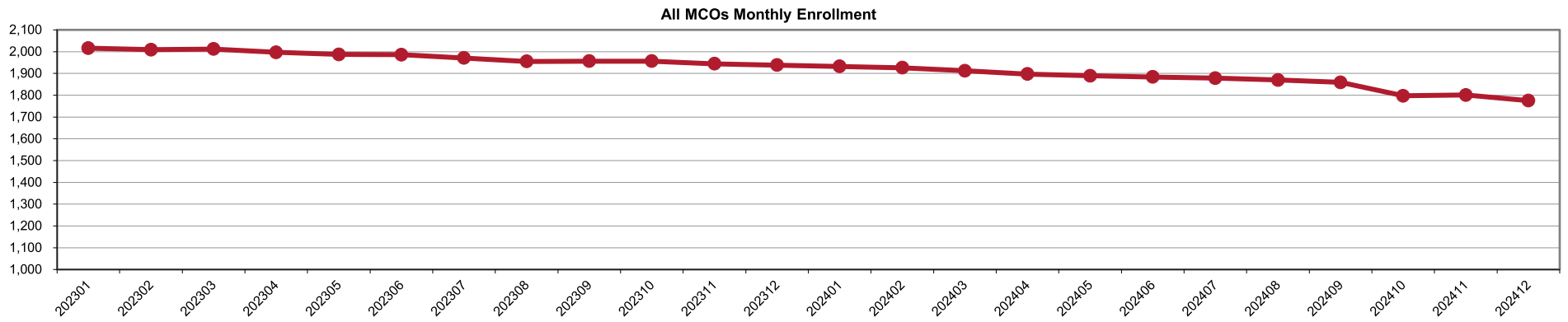
1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

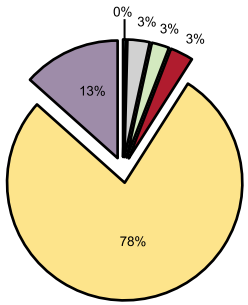
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 104,592,496	$ 111,126,067	6%
Pharmacy	$ 3,070,406	$ 3,643,027	19%
Total	**$ 107,662,902**	**$ 114,769,095**	**7%**

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	$ 581,006	$ 459,210	-21%
Inpatient (IP)	$ 2,902,772	$ 3,500,604	21%
Outpatient (OP)	$ 3,189,208	$ 2,761,433	-13%
Pharmacy (RX)	$ 3,070,406	$ 3,643,027	19%
HCBS	$ 83,664,367	$ 89,032,560	6%
Other (OTH)	$ 14,255,142	$ 15,372,261	8%
Total Population Costs	**$ 107,662,902**	**$ 114,769,095**	**7%**
Per Capita Cost (PMPM)	**$ 4,537.57**	**$ 5,119.05**	**13%**
Total Member Months	**23,727**	**22,420**	**-6%**

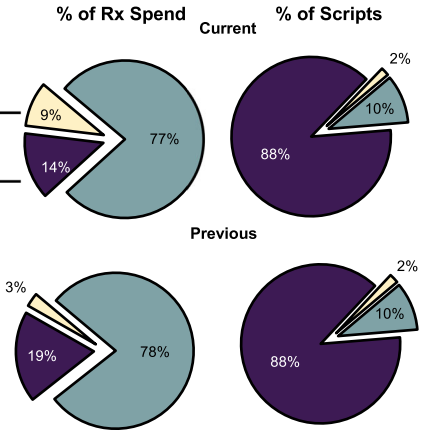
Service Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 2,403,115	$ 2,809,862	17%
Generic	$ 579,412	$ 497,775	-14%
Other Rx	$ 87,879	$ 335,391	282%
Total	**$ 3,070,406**	**$ 3,643,027**	**19%**



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

4. Notes

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State of New Mexico - All MCOs

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

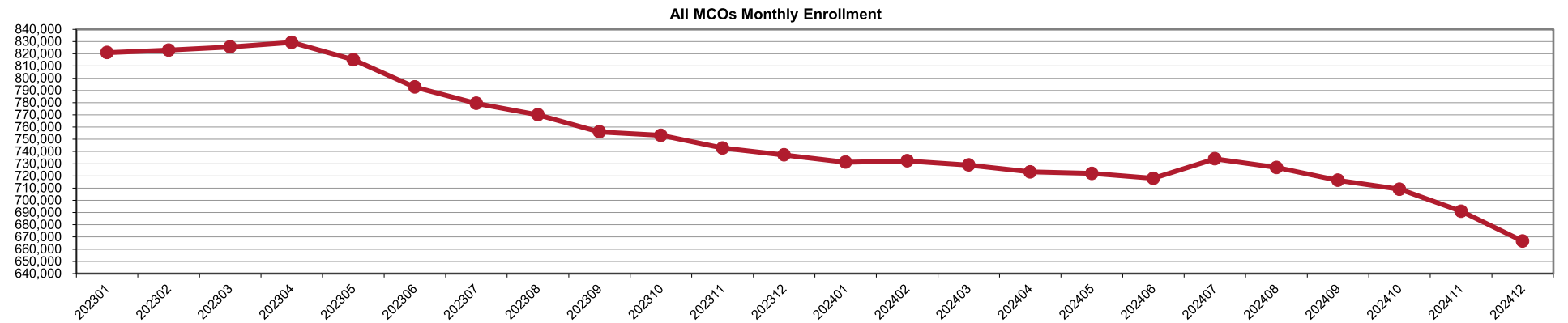
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of December 31, 2024

Previous Period: January 1, 2023 to December 31, 2023

Current Period: January 1, 2024 to December 31, 2024

1. Total Population Monthly Enrollment



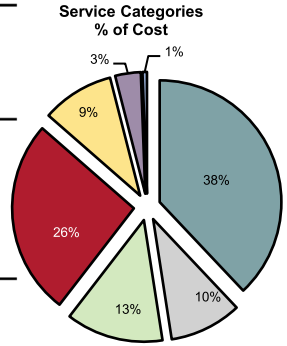
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	$ 613,784,180	$ 705,478,926	15%
Pharmacy	$ 74,529,518	$ 74,836,217	0%
Total	**$ 688,313,698**	**$ 780,315,143**	**13%**

Aggregate Costs by Service Categories

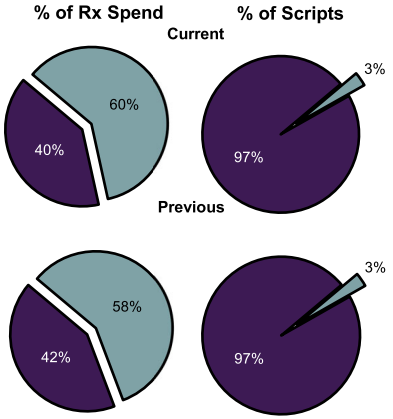
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	$ 272,258,631	$ 296,209,514	9%
Pharmacy (RX)	$ 74,529,518	$ 74,836,217	0%
Res. Treatment Ctr. (RTC)	$ 78,034,683	$ 100,734,786	29%
Behavioral Health Prov (BHP)	$ 168,755,381	$ 202,642,848	20%
Core Service Agencies (CSA)	$ 56,290,351	$ 74,792,474	33%
Inpatient (IP)	$ 34,328,842	$ 26,489,941	-23%
Other (OTH)	$ 4,116,292	$ 4,609,363	12%
Total Population Costs	**$ 688,313,698**	**$ 780,315,143**	**13%**
Per Capita Cost (PMPM)	**$ 72.87**	**$ 90.87**	**25%**
Total Member Months	**9,445,396**	**8,586,703**	**-9%**



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs Current (12 mon)	% Change
Brand	$ 43,337,256	$ 45,233,776	4%
Generic	$ 31,192,262	$ 29,602,441	-5%
Total	**$ 74,529,518**	**$ 74,836,217**	**0%**



4. Notes

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4. Amounts are reported based on dates of service within the previous and current periods.
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TURQUOISECARE