

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

July 22, 2025

Dana Flannery
Medicaid Director, Medical Assistance Division
New Mexico Human Services Department
State Capitol
Room 400
Santa Fe, NM 87501

Dear Director Flannery:

The Centers for Medicare & Medicaid Services (CMS) accepts the Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) Monitoring Protocol, which was required by the Special Terms and Conditions (STC), specifically, STC #15.5 “Monitoring Protocol” of New Mexico’s section 1115 demonstration, “Turquoise Care Medicaid 1115 Demonstration” (Project No: 11W 00285/6), effective through December 31, 2029. As noted in CMS’s letter to the state on June 25, 2025, CMS is redesigning its demonstration monitoring approach to reduce state burden, promote effective and efficient information sharing, and enhance CMS’s oversight of program integrity by reducing variation in information reported to CMS. As part of this redesign, CMS no longer requires the submission of Monitoring Protocols, as the relevant information will now be submitted as part of the Annual Monitoring Report. Therefore, CMS accepts the state’s submission from March 31, 2025 and revised on June 30, 2025. CMS appreciates the state’s commitment to monitoring expectations outlined in the STCs and will use the submitted Monitoring Protocol to support the state’s transition to Monitoring Redesign.

The Monitoring Protocol will be posted to Medicaid.gov under the demonstration’s administrative record. In accordance with STC #16.11, the approved SMI/SED Monitoring Protocol may now be posted to your state’s Medicaid website.

We look forward to our continued partnership on the New Mexico Turquoise Care Medicaid 1115 Demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**DANIELLE
DALY -S**  Digitally signed by
DANIELLE DALY -S
Date: 2025.07.22
08:54:02 -04'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Dana Brown, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

What follows are the planned metrics and reporting schedule tabs from the SMI/SED workbook (Part A)

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Metrics

[illegible]

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - Reporting schedule (Version 3.0)

State New Mexico
Demonstration Name New Mexico Turquoise Care

Instructions:

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring r should use the format MM/DD/YYYY with no spaces in the cell. The information entered in these cells will auto-populate the SMI/SED demonstration reporting sched reporting schedule to be accurately auto-populated.

(2) Review the state's reporting schedule in the SMI/SED demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, selec whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quart deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviation in measurement period from standard reporting schedule overwrite the standard schedule (column G). All other columns are locked for editing and should not be altered by the state.

Table 1. Serious Mental Illness and Serious Emotional Disturbance Reporting Periods Input Table

Demonstration reporting periods/dates	
Dates of first SM/SED demonstration year:	
Start date (MM/DD/YYYY)	3/1/2023
End date (MM/DD/YYYY)	2/28/2024
Dates of first quarter of the baseline period for CMS-constructed metrics:	
Reporting period (SM/SED DY and Q) (Format DY#Q#; e.g., DY1Q1)	DY1Q1
Start date (MM/DD/YYYY)*	3/1/2023
End date (MM/DD/YYYY)	5/31/2023
Broader section 1115 demonstration reporting period corresponding with the first SM/SED reporting quarter, if applicable. If there is no broader demonstration, fill in the first SM/SED reporting period. (Format DY#Q#; e.g., DY3Q1)	DY5Q2
First SM/SED monitoring report due date (per STCs) (MM/DD/YYYY)	7/30/2023
First SM/SED monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs):	
Baseline period for EQMs (Format CY#; e.g., CY2019)	CY2023
SM/SED DY and Q associated with monitoring report (Format DY#Q#; e.g., DY1Q1)	DY2Q1
SM/SED DY and Q start date (MM/DD/YYYY)	1/1/2023
SM/SED DY and Q end date (MM/DD/YYYY)	12/31/2023
Dates of last SM/SED reporting quarter:	
Start date (MM/DD/YYYY)	10/1/2029
End date (MM/DD/YYYY)	12/31/2029

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#: e.g., DY1Q3) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (If column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#: e.g., DY1Q3)
3/1/2023	5/31/2023	7/30/2023	DY5Q2	DY1Q1	Narrative information	DY1Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY1Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics				
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
6/1/2023	8/31/2023	10/30/2023	DY5Q3	DY1Q2	Narrative information	DY1Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY1Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY1Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
9/1/2023	11/30/2023	2/28/2024	DY5Q4	DY1Q3	Narrative information	DY1Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY1Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY1Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	DY1Q0-4			
					Other annual metrics				
12/1/2023	2/29/2024	4/29/2024	DY6Q1	DY1Q4	Narrative information	DY1Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY1Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY1Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment	AA1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2024	5/31/2024	7/30/2024	DY6Q2	DY2Q1	Narrative information	DY2Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY1Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
6/1/2024	8/31/2024	10/30/2024	DY6Q3	DY2Q2	Narrative information	DY2Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY2Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#: e.g., DY1Q3) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (If column H="N")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#: e.g., DY1Q3)
9/1/2024	11/30/2024	2/28/2025	DY6Q4	DY2Q3	Narrative information	DY2Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY2Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	DY2Q1-4			
					Other annual metrics				
12/1/2024	2/28/2025	4/29/2025	DY7Q1	DY2Q4	Narrative information	DY2Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY2Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment	AA2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2025	5/31/2025	7/30/2025	DY7Q2	DY3Q1	Narrative information	DY3Q1			
					Grievances and appeals	DY3Q1			
					Other monthly and quarterly metrics	DY2Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY2			
6/1/2025	8/31/2025	10/30/2025	DY7Q3	DY3Q2	Narrative information	DY3Q2			
					Grievances and appeals	DY3Q2			
					Other monthly and quarterly metrics	DY3Q1			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#: e.g., DY1Q3) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#: e.g., DY1Q3)
9/1/2025	11/30/2025	2/28/2026	DY7Q4	DY3Q3	Narrative information	DY3Q3			
					Grievances and appeals	DY3Q3			
					Other monthly and quarterly metrics	DY3Q2			
					Annual availability assessment				
					Annual metrics that are established quality measures	DY3Q1-4			
					Other annual metrics				
12/1/2025	2/28/2026	4/29/2026	DY8Q1	DY3Q4	Narrative information	DY3Q4			
					Grievances and appeals	DY3Q4			
					Other monthly and quarterly metrics	DY3Q3			
					Annual availability assessment	AA3			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2026	5/31/2026	7/30/2026	DY8Q2	DY4Q1	Narrative information	DY4Q1			
					Grievances and appeals	DY4Q1			
					Other monthly and quarterly metrics	DY3Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY3			
6/1/2026	8/31/2026	10/30/2026	DY8Q3	DY4Q2	Narrative information	DY4Q2			
					Grievances and appeals	DY4Q2			
					Other monthly and quarterly metrics	DY4Q1			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
9/1/2026	11/30/2026	2/28/2027	DY8Q4	DY4Q3	Narrative information	DY4Q3			
					Grievances and appeals	DY4Q3			
					Other monthly and quarterly metrics	DY4Q2			
					Annual availability assessment				
					Annual metrics that are established quality measures	DY4Q1-4			
					Other annual metrics				

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="N")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
12/1/2026	2/28/2027	4/29/2027	DY9Q1	DY4Q4	Narrative information	DY4Q4			
					Grievances and appeals	DY4Q4			
					Other monthly and quarterly metrics	DY4Q3			
					Annual availability assessment	AA4			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2027	5/31/2027	7/30/2027	DY9Q2	DY5Q1	Narrative information	DY5Q1			
					Grievances and appeals	DY5Q1			
					Other monthly and quarterly metrics	DY4Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY4			
6/1/2027	8/31/2027	10/30/2027	DY9Q3	DY5Q2	Narrative information	DY5Q2			
					Grievances and appeals	DY5Q2			
					Other monthly and quarterly metrics	DY5Q1			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
9/1/2027	11/30/2027	2/28/2028	DY9Q4	DY5Q3	Narrative information	DY5Q3			
					Grievances and appeals	DY5Q3			
					Other monthly and quarterly metrics	DY5Q2			
					Annual availability assessment				
					Annual metrics that are established quality measures	DY5Q1-4			
					Other annual metrics				

Table 2. Serious Mental Illness and Serious Emotional Disturbance Demonstration Reporting Schedule

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#: e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#: e.g., DY1Q3) ^a SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#: e.g., DY1Q3)
12/1/2027	2/29/2028	4/29/2028	DY10Q1	DY5Q4	Narrative information	DY5Q4			
					Grievances and appeals	DY5Q4			
					Other monthly and quarterly metrics	DY5Q3			
					Annual availability assessment	AA5			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2028	5/31/2028	7/30/2028	DY10Q2	DY6Q1	Narrative information	DY6Q1			
					Grievances and appeals	DY6Q1			
					Other monthly and quarterly metrics	DY5Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY5			
6/1/2028	8/31/2028	10/30/2028	DY10Q3	DY6Q2	Narrative information	DY6Q2			
					Grievances and appeals	DY6Q2			
					Other monthly and quarterly metrics	DY6Q1			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				

[Add rows for all additional demonstration reporting quarters]

^a **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the effective date listed in the state's STCs at time of SMI/SED demonstration approval. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration. To generate an accurate reporting schedule, the start date as listed in Table 1 of the "SMI/SED reporting schedule" tab should align with the first day of a month. If a state's SMI/SED demonstration begins on any day other than the first day of the month, the state should list its start date as the first day of the month in which the effective date occurs. For example, if a state's effective date is listed as January 15, 2020, the state should indicate "01/01/2020" as the start date in Table 1 of the "SMI/SED reporting schedule" tab. Please see Appendix A of the Monitoring Protocol Instructions for more information on determining demonstration quarter timing.

^b The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each SMI/SED demonstration year and quarter. However, the state is not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocol approval.

AA# refers to the Annual Assessment of the Availability of Mental Health Services ("Annual Availability Assessment") and the SMI/SED DY in which the Annual Availability Assessment will be submitted (for example, "AA1" refers to the Annual Availability Assessment that will be submitted with the state's annual monitoring report for SMI/SED DY1). Data in each Annual Availability Assessment should be reported as of the month and day indicated in the state's approved monitoring protocol. If the state cannot submit its Annual Availability Assessments when it submits its annual monitoring reports, it should propose and describe a reporting deviation in Columns G and H.

**Medicaid Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Protocol Template**

**1. Title page for the state’s serious mental illness and serious emotional disturbance
(SMI/SED) demonstration or the SMI/SED component of the broader demonstration**

The state should complete this title page as part of its SMI/SED monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

State	<i>New Mexico</i>
Demonstration name	<i>Medicaid Section 1115 SMI/SED Demonstration Monitoring Protocol</i>
Approval period for section 1115 demonstration	<i>03/28/2023-12/31/2029</i>
SMI/SED demonstration start date^a	<i>03/28/2023- 12/31/2029</i>
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date^b	<i>TBD</i>
SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives	<p>During the demonstration period, the state seeks to achieve the following SMI/SED goals:</p> <ol style="list-style-type: none"> 1. Reduced utilization and lengths of stay in emergency departments (Eds) among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings; 2. Reduced preventable readmissions to acute care hospitals and residential settings; 3. Improved availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs and psychiatric hospitals and residential treatment settings throughout the state; 4. Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI or SED including through increased integration of primary and behavioral health care; and 5. Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

^a **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at the time of SMI/SED demonstration approval. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021

for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SMI/SED demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Acknowledgement of narrative reporting requirements

- ☒ The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Annual Assessment of the Availability of Mental Health Services reporting

- ☒ The state will use data as of the following month and day of each calendar year to conduct its Annual Assessment of the Availability of Mental Health Services: *Insert month and day as of which the state will report availability data.*

4. Acknowledgement of budget neutrality reporting requirements

- ☒ The state has reviewed the Budget Neutrality Workbook and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

5. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters (Qs) of the section 1115 SMI/SED demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SMI/SED demonstration year (DY) of less than 12 months should include data for any baseline period Qs preceding the demonstration, as described in Part A of the state’s monitoring protocol. (See Appendix B of the Monitoring Protocol Instructions for further instructions on determining baseline periods for first SMI/SED DYs that are less than 12 months). If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its SMI/SED demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3. Narrative information on implementation, by milestone and

reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metrics changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for the state to provide context for its retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing an increase in the utilization of telehealth services for mental health (Metric #17) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its monitoring report (under Milestone 3) by briefly summarizing the trend and providing context that, during this period, the state implemented a grant to improve access to mental health treatment in rural areas through the use of telemedicine.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

- ☒ The state will report retrospectively for any Qs prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after protocol approval.
- ☐ The state proposes an alternative plan to report retrospectively for any Qs prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. Regardless of the proposed plan, retrospective reporting should include retrospective metrics data and a general assessment of metric trends for the period. The state should provide justification for its proposed alternative plan.*

Note: PRA Disclosure Statement to be added here

New Mexico Additions to Value Sets

#2, #7, #8, #10, #13, #21, #22, #23: BH Outpatient Value set: Added H0030, S9482, H2012, H2033, 90832, 90835, 90837, 90846, 90847, G0443, H0050, G0493, H0038, T1001, 90791

#7, #8, #10, #14, #15, #16, #17, #18, #19a, #19b, #20, #26, #32, #33, #39, #40: Mental Health Diagnosis: Added F01.5, F01.50, F01.51, F02, F02.8, F02.80, F02.81, F03, F04, F05, F06, F06.0, F06.1, F06.2, F06.3, F06.30, F06.31, F06.32, F06.34, F06.4, F06.8, F07, F07.0, F07.8, F07.81, F07.89, F07.9, F09, F20, F30.1, F31.1, F31.3, F31.6, F32, F33.4, F34, F40.2, F40.21, F40.23, F40.24, F40.29, F41, F43.2, F44.8, F45.4, F51.0, F54, F55, F55.0, F55.1, F55.21, F55.3, F55.4, F55.8, F60.8, F63, F63.8, F65, F65.5, F65.8, F68, F68.1, F70, F71, F72, F73, F78, F79, F81, F81.8, F84, F90, F91, F95, F98, F98.2, L98.1, N94.3

#7, #8, #15, #16, #18, #32, Mental Health Provider: Added provider type-specialty: 301-026, 301-47, 302 -026, 302-047, 431, 438, 444-244, 317-059, 316-097, 443, 436, 445-087, 445-086, 305, 433, 432, 446, 313-194, 313-193, 313-195

#9: IET Visits Group 1: Added 90846, H2019

#13: IP Stay: Added 1003

#14, Partial Hospitalization or Intensive OP: Added 97530

#14: BH Provider Group 1: Added codes, 433, 432, 446, 313, 201, 221, 203, 443, 431, 438, 435, 436, 444, 440, 316, 301-26, 302-28

#15, #18, #33: MPT Stand Alone Outpatient Group 1: Added H2012, H2033, 90832, 90834, 90837, 90846, 90847

#18, #32 MPT/IOP/PH Group 1: Added S0201, S9480

#33: Substituted “MPT Stand Alone Outpatient Group 1” for the instructions requesting “Stand Alone Outpatient Group 1”, as there was no Stand Alone OP Group 1 in either My 2021 HEDIS value sets or My 2016 HEDIS value set

#33: Added 4 revenue codes to instructions for residential in step 2: 0114, 0124, 0116, 0169