2020 Accountability Report

Medicaid

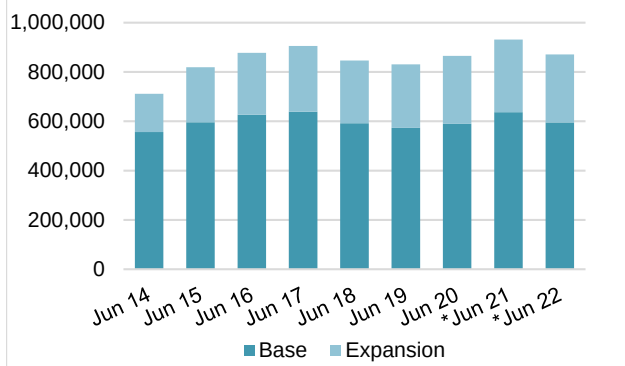
This annual Medicaid Accountability Report seeks to bolster the program's limited quarterly reporting by presenting annual audited National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) national and regional averages for Medicaid, along with information on program expenditures, healthcare access, and core program element trends, such as care coordination. In FY21, Medicaid in New Mexico surpassed $7 billion in spending, providing healthcare coverage to approximately 43 percent of the state's citizens. With so much at stake, LFC, legislators, and the public have an interest in understanding how well the state's Medicaid program is delivering healthcare services to New Mexicans, as well as the associated health outcomes.

Pandemic driven program growth. The Human Services Department (HSD) faced unprecedented challenges administering the Medicaid program during the Covid-19 pandemic. Medicaid enrollment in 2020 grew by nearly 9 percent, reflecting 82 thousand new beneficiaries. To put this into perspective, prior to the Covid-19 pandemic, HSD projected an enrollment growth rate of just over 1 percent, or 9,700 individuals, in 2020. Despite enrollment growth, the fiscal impact to the state in FY20 and FY21 is offset by increased federal financial support. In January 2021, HSD projected a $46 million general fund surplus for FY21. However, with uncertainty surrounding the length and extent of continued federal support, HSD projected an initial shortfall of $169.7 million in FY22, which assumed a Medicaid general fund appropriation of $996.4 million. The final FY22 Medicaid general fund appropriation was $1.016 billion.

Increased federal funding. The federal government matches state Medicaid expenditures at various rates depending on the Medicaid population served. Prior to Covid-19, the overall federal match rate for New Mexico was expected to be about 78.5 percent in FY21. However, in response to the pandemic, the federal government increased the federal medical assistance percentage (FMAP) by 6.2 percentage points through the duration of the public health emergency. The overall federal match rate for FY21 is now estimated at 82.5 percent, meaning the federal government contributes $4.72 to the Medicaid program for each $1 paid by the state. The Biden administration signaled in January 2021 it intends to extend the public health emergency through the end of 2021, which will keep the enhanced FMAP in place during the duration and increase federal revenues. The Covid-19 public health emergency was most recently extended on April 21, 2021.

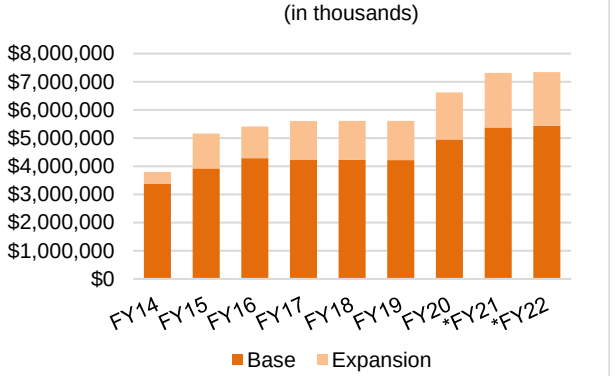
Medicaid program changes and trends. The state's Medicaid managed care program, which accounts for around 83 percent of all Medicaid enrollees, began its second iteration, known as Centennial Care 2.0, in January 2019. Two of the previous managed care organizations (MCOs) were not retained and one new MCO was selected. The three MCOs participating in Centennial Care 2.0 are Blue Cross Blue Shield, Presbyterian Health Plan, and Western Sky Community Care. An LFC program evaluation in November 2020, Centennial Care 2.0 – Implementation and Benchmarking, analyzed cost trends, rate setting, care coordination, and health outcome performance of the program. Notably, Medicaid member healthcare utilization decreased, yet capitation payments continue to increase.

Chart 1. Total Medicaid Enrollment



*2021 and 2022 are projections
Source: HSD 1/8/21 Medicaid projections

Chart 2. Total Medicaid Expenditures
(in thousands)

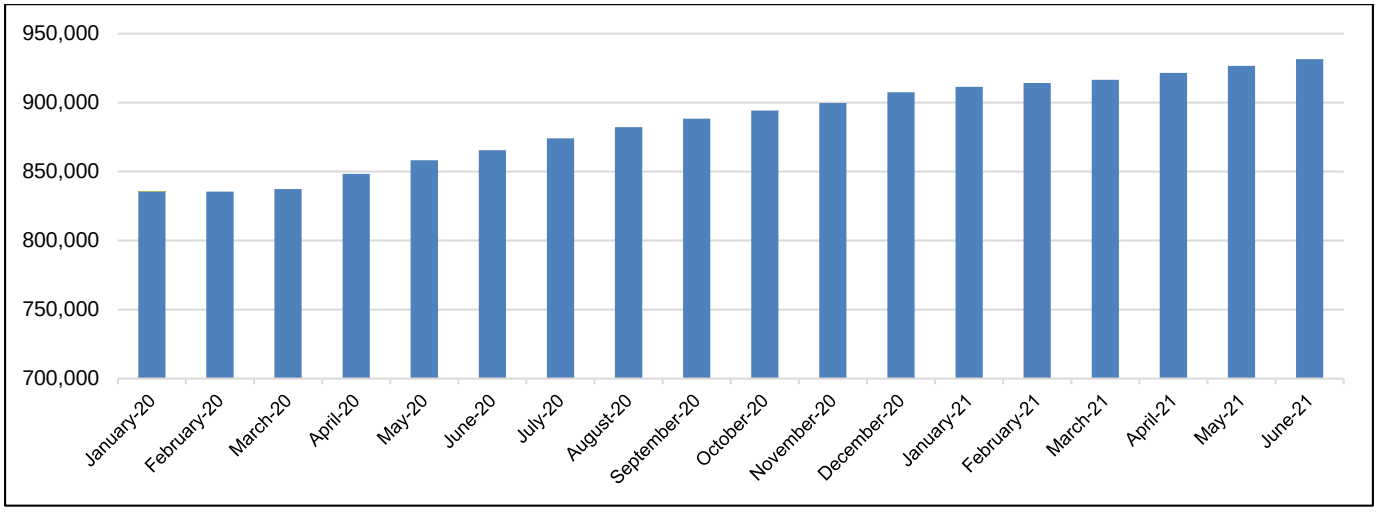


*FY21 and FY22 are projections
Source: HSD 1/8/21 Medicaid projections

Covid-19 Impact on Medicaid

Increased Medicaid enrollment. Covid-19, and the subsequent economic impact, led to an 8.6 percent increase in New Mexico's Medicaid enrollment in 2020. Adding to the increased Medicaid enrollment levels is the Human Services Department's (HSD) inability to disenroll Medicaid members while receiving the 6.2 percentage point increase in the federal Medicaid match during the public health emergency, which was declared in January 2020.

Chart 3. Medicaid Enrollment January 2020 – June 2021

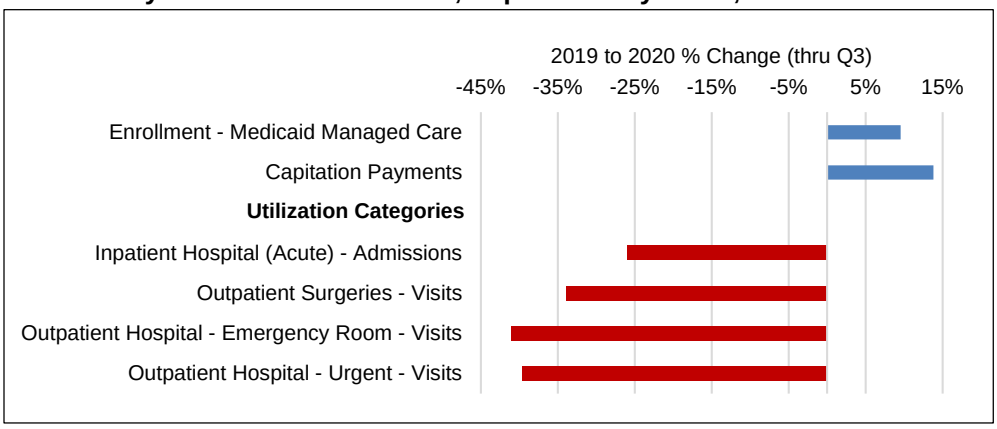


Source: HSD Medicaid projections 1/8/21

Decreased Medicaid member utilization of healthcare. In addition to increased Medicaid enrollment, capitation payments to managed care organizations (MCOs) also rose in 2020, but Medicaid member healthcare utilization was noticeably lower compared with the same period in 2019. For example, enrollment in the physical health program increased by 9.5 percent and capitation payments increased by 13.8 percent during the first through third quarters of 2020, compared with the same period in 2019. However, key utilization metrics decreased during the same period.[1] Inpatient hospital admissions decreased by 26 percent and emergency room visits decreased by 41 percent.

*For additional healthcare utilization metrics see Appendix C.

Chart 4. Physical Health Enrollment, Capitation Payments, and Utilization



Source: LFC analysis of MCO financial reports

Continued Uncertainty Surrounding Covid-19's Impact on Medicaid

- Will increased federal support continue beyond December 2021?
- How will HSD disenroll Medicaid members currently enrolled due to maintenance of effort requirements?
- What is the full impact of decreased healthcare utilization among Medicaid beneficiaries?
  - Pent-up demand for healthcare services
  - Longer term health consequences of forgone healthcare use

Additional federal support, medical provider relief funds. New Mexico healthcare providers have received $586.7 million in medical provider relief funds (not Medicaid provider specific amount) provided through the U.S. Department of Health and Human Services. At the end of 2020, 2,082 New Mexico healthcare providers had received provider relief funds, with amounts varying from over $100 million to below $50.

[1] Quarter three data from 2020 may not be completely reported due to a data lag. CMS notes Medicaid encounter data can take nearly 7 months for 90 percent to be reported.

Healthcare Effectiveness Data and Information Set (HEDIS) Measures

The chart below compares audited HEDIS data for calendar years 2017 through 2019. Benchmark ratings of *better*, *good*, or *worse* indicate state performance for calendar year 2019 compared with 2019 NCQA national averages.

Table 1. HEDIS Measures

		2017	2018	2019	NM Compared w/ US (2019)
Healthy Children	Newborns whose mothers had prenatal visit during first trimester (or within 42 days of enrollment)				**GOOD**
	NM	73%	77%	**87%**	
	Region			86%	
	US	81%	82%	87%	
	Infants who had six or more well-child visits during first 15 months				**GOOD**
	NM	64%	62%	**66%**	
	Region			66%	
	US	59%	63%	66%	
	Children ages 3 to 6 who had one or more well-child visits during the year				**WORSE**
	NM	61%	59%	**59%**	
	Region			75%	
	US	71%	72%	74%	
	Children ages 2 to 20 who had at least one dental visit during the year				**BETTER**
	NM	70%	72%	**69%**	
	Region			N/A	
	US	54%	56%	56%	
Care Coordination and Chronic Disease Management	Adults with diabetes who had a HbA1c test during the year				**WORSE**
	NM	86%	85%	**86%**	
	Region			86%	
	US	88%	88%	88%	
	Patients with persistent asthma prescribed and maintained on appropriate medication				**BETTER**
	NM	56%	60%	**66%**	
	Region			65%	
	US	61%	63%	64%	
	Rate of nonemergency ER visits per 1,000 members				N/A
	NM	476	517	**523**	
	Region			N/A	
	US	N/A	N/A	N/A	
	Hospital readmissions for adults within 30 days of discharge				N/A
	NM	6%	7%	**7%**	
	Region			N/A	
	US	N/A	N/A	N/A	
Behavioral Health	Adults with major depression who received continuous treatment with antidepressant medication				**WORSE**
	NM	33%	34%	**38%**	
	Region			40%	
	US	39%	38%	39%	
	Individuals discharged from inpatient facilities who received follow-up services at seven days				**WORSE**
	NM	38%	29%	**25%**	
	Region			31%	
	US	37%	36%	36%	
	Individuals discharged from inpatient facilities who received follow-up services at 30 days				**WORSE**
	NM	62%	47%	**40%**	
	Region			54%	
	US	58%	57%	57%	
	Readmissions for children/youth discharged from residential treatment centers and inpatient care				N/A
	NM	8%	7%	**6%**	
	Region			N/A	
	US	N/A	N/A	N/A	

Source: 2019 HEDIS report

Physical Health

ADULTS AND CHILDREN*	Centennial Care Physical Health Expenditures *(in billions)*	Physical Health Average Quarterly PMPM	Medicaid Expansion Physical Health Expenditures *(in billions)*	Medicaid Expansion Average Quarterly PMPM
2020 December	FY20	FY20	FY20	FY20
817,738	$1.76	$343	$1.51	$494
2019 738,102	FY19 $1.47	FY19 $307	FY19 $1.27	FY19 $447

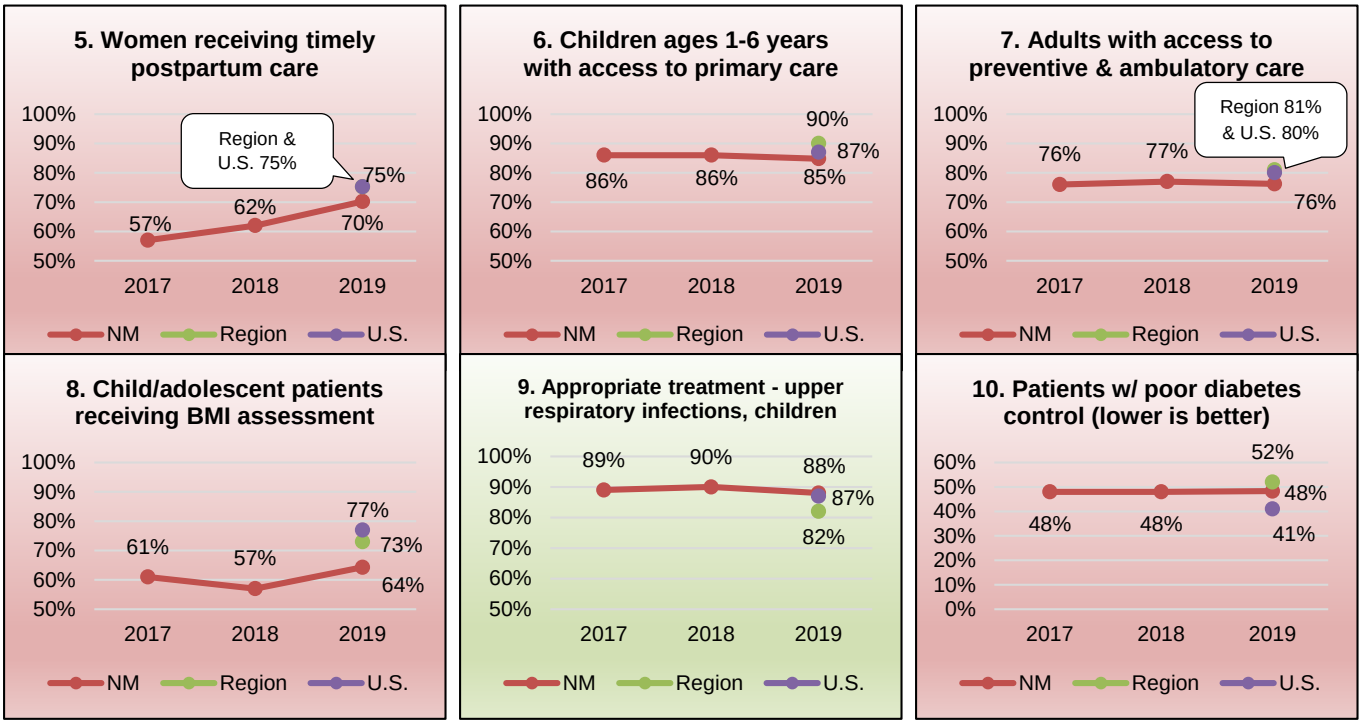
*Total Medicaid enrollment, managed care and full benefit FFS. Source: Medicaid enrollment reports. Expenditures are HSD capitation payments, not the actual MCO expenditures. Source: HSD Medicaid projection, 1/8/21.

The physical health program includes both the base Centennial Care population of children, parents, foster care children and other special populations, and the expansion population of adults. Services provided include preventive care, well-child visits, hospital services, emergency care, prenatal and maternity care, and various medical and surgical procedures.

HSD projects the base physical health population will grow by about 3.7 percent from December 2020 through June 2021, while the expansion physical health population is expected to grow by 2.8 percent over the same period. Medicaid members cannot be disenrolled during the Covid-19-related public health emergency, leading to increased enrollment. HSD projects FY21 physical health costs for both the base and expansion populations will be nearly 16 percent higher than FY20, rising from $3.3 billion to $3.8 billion. However, FY22 projected costs are expected to decrease by 0.4 percent once the Covid-19 public health emergency ends and members are disenrolled from the program.

Centennial Care 2.0 MCOs report on a variety of HEDIS measures that can be used to evaluate the cost, quality, and effectiveness of the healthcare they provide. In 2019, the most recent data, five measures showed improvement from the prior year while seven measures had worse outcomes. Among healthcare access measures, no New Mexico measure exceeded the regional or national average. The percentage of children and adolescents receiving body mass index (BMI) assessments improved in 2019 but remained 13 percentage points below the national average and 9 percentage points below the regional average. Two New Mexico measures exceeded the national average – children receiving appropriate treatment for upper respiratory infections was 88 percent, 1 percentage point higher than the national average, and patients at least 75 percent compliant with asthma medication was 1 percentage point higher than the national average at 40 percent.

Charts 5 – 10. HEDIS Measures – Physical Health



Note: *For the complete set of the 12 HEDIS measures annually tracked for physical health see Appendix A. Source: 2019 HEDIS report

Behavioral Health

Centennial Care Members Receiving BH Services	Centennial Care BH Expenditures *(in millions)*	Fee for Service Recipients Receiving BH Services	Fee for Service BH Expenditures *(in millions)*	Behavioral Health Average Quarterly PMPM
2020 (thru Q3)	FY20	CY20 (thru Q3)	FY20	FY20
199,107	$560.6	49,253	$35.5	$67
2019 130,681	FY19 $474.6	CY19 17,315	FY19 $37.4	FY19 $58

Note: Centennial Care expenditures are HSD capitation payments, not the actual MCO expenditures. Source: HSD Medicaid projection, 1/8/21. Source for people receiving behavioral health services: BHSD 1st quarter FY21 and 2nd quarter FY20 performance reports.

The behavioral health program provides a range of services, from outpatient counseling to inpatient treatment, to individuals with behavioral health conditions including mental illnesses and substance use disorders.

Spending on the Centennial Care behavioral health program increased by approximately 18 percent between FY19 and FY20, attributed to the increased number of Centennial Care members receiving behavioral health and the 15 percent increase in average per-member, per-month costs between FY19 and FY20. The behavioral health fee for service expenditures decreased by 3 percent between FY19 and FY20. Behavioral health expenditures are projected to increase by 15 percent for FY21, due to the projected continuation of Medicaid enrollment growth as a result of Covid-19. Behavioral health utilization decreased among inpatient services during the first three quarters of 2020, but telehealth visits significantly increased in response to the pandemic (see Telehealth and Appendix C). HSD expects behavioral health costs to decrease by 2 percent between FY21 and FY22, which assumes the expiration of the Covid-19 public health emergency.

Some behavioral health outcomes for New Mexicans are among the worst in the country. A concerning trend is seen among individuals discharged from inpatient facilities, as the percentage receiving follow-up services has decreased substantially in the last two years, and is well below the national and regional averages (see Page 3).

A 2020 study by the Centers for Disease Control and Prevention (CDC) found New Mexico had the highest age-adjusted alcohol-attributable deaths in the country between 2011 and 2015 with a value of 53.1 deaths per 100,000.[2] The percentage of Medicaid members with alcohol abuse or dependence initiating treatment within two weeks of diagnosis was 39 percent in 2019, three percentage points below the national average. However, the percentage of members receiving two or more additional visits within 30 days exceeded the national average.

As analyzed in a 2019 LFC Health Note, Status of Substance Abuse and Treatment Outcomes in New Mexico, the rate of overdose deaths involving nonfentanyl prescription opioids declined by nearly 30 percent between 2014 and 2018. Within the New Mexico Medicaid program, members with opioid abuse or dependence initiating treatment within two weeks of diagnosis and receiving additional visits within the month are better than national averages.

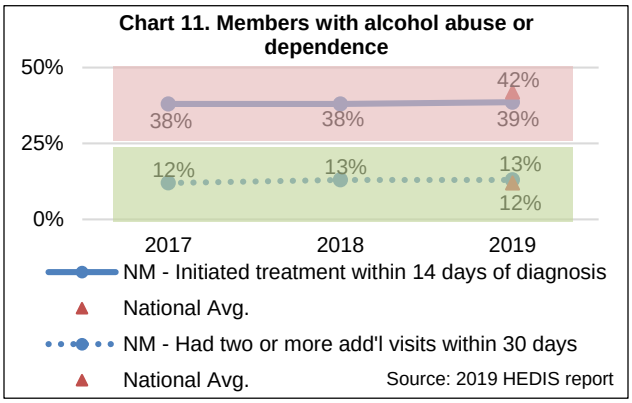


Table 2. Select Behavioral Health Services Access

	Community Mental Health Center	Multi-Systemic Therapy	Behavioral Management Services (BMS)
Top County % Access (# of Counties)	100% (9)	100% (4)	100% (6)
Bottom County % Access (Counties)	43% (Union)	0% (Hidalgo, Chaves, Grant)	8% (Hidalgo)

Source: MCO geo access report CY20 Q4

Access to behavioral health services for New Mexico Medicaid members is highly dependent on place of residence. For example, the behavioral health practitioner to Medicaid member ratio in 2020 ranged from 1:6 in Los Alamos County to 1:290 in McKinley County (see Appendix D). This geographic disparity is even more apparent for specific behavioral health providers and treatments, with rural communities frequently having limited access, if any at all.

[2] Esser, M., et. al. "Deaths and Years of Potential Life Lost From Excessive Alcohol Use – United States, 2011-2015." https://www.cdc.gov/mmwr/volumes/69/wr/mm6939a6.htm?s_cid=mm6939a6_w

Long-Term Services and Supports (LTSS)

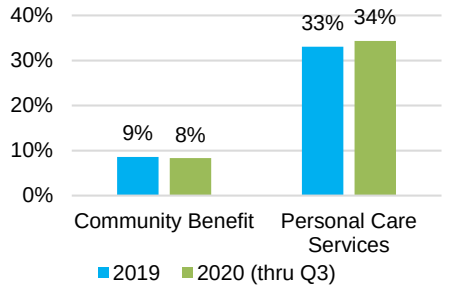
Centennial Care Enrollment	Managed Care LTSS Expenditures *(in billions)*	LTSS Waiver Expenditures *(in millions)*[1]	Centennial Care Average Quarterly PMPM
2020 December	FY20	FY20	FY20
50,495	$1.25	$443	$1,913
2019 48,738	FY19 $1.06	FY19 $409	FY19 $1,789

[1]Waiver expenditures include spending for the developmentally disabled, medically fragile, and Mi Via waivers. Enrollment is average annual members in CC LTSS, and does not include waiver population. Source: HSD Medicaid projection, 1/8/21.

The long-term services and supports (LTSS) program consists of care provided to older adults or people with disabilities whose limitations restrict their abilities to care for themselves. Care may be provided in nursing homes or similar facilities or – as allowed under the state's waiver – in home- or community-based settings.

Total spending for all LTSS, including both the Centennial Care population and the waiver population, grew 15 percent between FY19 and FY20 and is projected to increase by another 13 percent in FY21 and then slow its growth to 4 percent for FY22. Compared with the physical health and behavioral health programs, enrollment in the LTSS program was not impacted as dramatically by the Covid-19 pandemic. The LTSS population in Centennial Care grew by 3.6 percent in 2020, whereas HSD's last projection before the pandemic anticipated a growth rate of 1.5 percent. As New Mexico's adult population over the age of 65 continues to grow, it is likely the LTSS population will continue to grow as well. A shift is also being observed in the LTSS utilization; fewer nursing home days are used and the number of community-based and personal care services being used is increasing (see Appendix C).

Chart 12. % LTSS Healthcare Spending on Community Benefit and Personal Care Services



Source: MCO financial reports

As noted in the 2018 *Medicaid Accountability Report*, HSD discontinued all three LTSS performance measures beginning in FY18 and introduced only one new measure to replace them, significantly reducing accountability for performance for this important and costly program. The National Committee for Quality Assurance (NCQA) announced four new LTSS HEDIS measures in 2019 and four new non-HEDIS measures, including successful discharges and transitions back to the community from nursing facilities. The new measures are optional and none are required by the Center for Medicare and Medicaid Services (CMS). To date, there is no indication HSD adopted any of the measures or required MCOs to report on these measures.

Table 3. LTSS Quality Measures

LTSS Quality Measure	Members with a nursing facility level of care who are being served in the community	CAHPS fall risk questions	
		Did you fall in the past 6 months?	Has your health provider done anything to help prevent falls?
2019	86%	27% *about 89 respondents*	47% *about 130 respondents*
2018	86%	20% *about 265 respondents*	37% *about 388 respondents*
2017	*New Measure*	21% *about 292 respondents*	31% *about 367 respondents*
Not HEDIS measures, no national benchmarks.			

Sources: HSD Performance Report FY20 4th quarter, and 2020 annual CAHPS (based on responses to 2019 survey)

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey includes several questions about falls and problems with walking or balance. Survey results are limited to relatively few respondents and cannot be generalized across the whole Medicaid population. In the absence of meaningful performance measures, they provide a little more information about long-term care in the state. Similarly, the MCO network adequacy reports offer a glimpse into whether New Mexicans are able to access LTSS services when they need them.

Table 4. LTSS Access

Access to Care	LTC Community Benefit	LTC Facilities	Total	MCO with most LTC providers
2020 (thru Q3)	485	259	744	PHP = 332
2019	587	243	830	PHP = 329
2018	1,482	296	1,778	BCBS = 590

Note: CY2018 reported LTC Practitioners instead of LTC Community Benefit. Source: MCO network adequacy reports CY20 Q3, CY19, CY18

Care Coordination

Care coordination is a key aspect of the Centennial Care program, meant to achieve both better health outcomes and lower costs by assessing and coordinating care for recipients, particularly those with complex medical needs. Accurately and consistently tracking care coordination populations, tasks, and outcomes, however, has been challenging for the department. The MCO quarterly care coordination report, which was put on hold in mid-2017 so HSD and the MCOs could develop improved reporting processes, was renewed at the start of 2019.

Table 5. Care Coordination Summary Statistics, 2018 - 2020

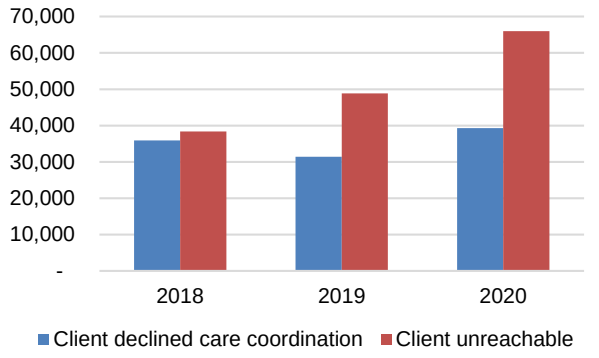
Care Coordination Levels	Level One (healthy individuals)	Level Two (nursing facility level of care; low to moderate care needs)	Level Three (nursing facility level of care; moderate to high care needs)	Client declined care coordination	Client unreachable
2020	707,470	38,216	2,999	39,316	65,981
2019	536,533	39,554	3,297	31,446	48,867
2018	568,889	39,687	4,510	35,929	38,388
MCO with highest proportion in CY20	WSCC = 96%	PHP = 5%	PHP = 0.4%	PHP = 9%	BCBS = 15%

Source: HSD MCO care coordination report

The percentage of Medicaid managed care members declining care coordination increased in 2020. In 2020, nearly 40 thousand members, or 5.3 percent of all managed care members, declined care coordination, up from 4.7 percent in 2019. An additional 66 thousand members were unreachable, representing 8.8 percent of all members.

Health risk assessments (HRAs) were initially required for all Medicaid recipients, but since 2016 MCOs have only been required to conduct HRAs for new Medicaid enrollees and existing recipients who have a change in health status. In 2020, about 54 thousand HRAs were required, higher than the 46 thousand reported in 2019. The HRA completion rate within 30 days in 2020 was 95 percent, a noticeable increase over the 2019 rate of 67 percent. Western Sky Community Care had the highest completion rate at 100 percent.

Chart 13. Client Declined Care Coordination or Client Unreachable



Source: HSD MCO care coordination reports

Table 6. Care Coordination Indicators, 2018 - 2020

Care Coordination Indicators	Number of HRAs required	HRAs completed within 30 days	Level 3 members who received quarterly in-person visits	ER visits for non-emergency conditions
2020	53,810	95%	76%	NOT REPORTED
2019	45,541	67%	60%	NOT REPORTED
2018	25,381	60%	41%	23%
MCO with highest proportion in CY20	n/a	WSCC = 100%	WSCC = 97%	NOT REPORTED

Source: HRA and quarterly visits; HSD MCO care coordination report CY20 and CY19; annual ad hoc report 2018; 2018 has data for BCBS and PHP only

The 2016 changes to the HRA requirements were meant to allow greater focus of MCO care coordination efforts on higher need members. Despite this, MCO reports indicate Medicaid recipients in the higher care coordination levels are not consistently receiving more focused MCO attention. In 2020, an average of 76 percent of the required quarterly in-home visits with care coordination level three members were completed, and 60 percent in 2019. MCOs began regularly reporting telephone contacts for care coordination in 2019. Overall in 2019, 66 percent of level 2 telephone contacts and 79 percent of level 3 telephone contacts were completed. Both of these measures increased in 2020 with 80 percent telephone contact for level 2 care coordination and 81 percent telephone contact for level 3 care coordination.

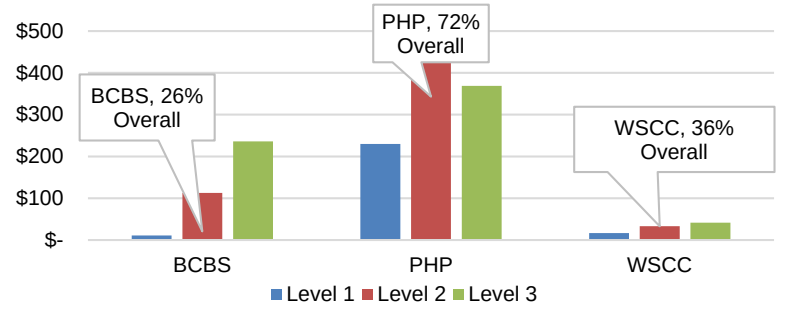
In 2019, HSD stopped routine quarterly reporting of emergency room (ER) visits for non-emergency conditions among care coordination members, along with other metrics providing insights into the over and under-utilization of certain healthcare services.

Value-Based Purchasing

Value-based purchasing (VBP) initiatives seek to improve health outcomes by realigning financial incentives to reward providers for coordinating care. Broadly defined, VBP is any activity undertaken by the MCOs to hold providers accountable for the costs and quality of the care they provide. Centennial Care 2.0 contracts established three VBP levels, with specific requirements for the MCOs to meet annually. Level one is a bonus and incentive fee schedule payable to providers when the outcome or quality scores meet agreed-upon targets. Level two is shared savings with providers when agreed upon outcome or quality scores are met, and may include downside risk, although rare. Level three is provider risk-sharing or capitated payments to providers with full risk.

All MCOs exceeded the required VBP overall spending target of 24 percent in 2019, totaling $1.5 billion expenditures. Presbyterian led all MCOs, with 72 percent of its healthcare expenditure in 2019 categorized as VBP and the VBP amount totaling $1.03 billion. Blue Cross Blue Shield had $359 million in VBP in 2019 (26 percent of total healthcare expenditure), and Western Sky had $92 million in VBP (36 percent of total healthcare expenditure).

Chart 14. 2019 Value-Based Purchasing by Level and MCO ($ in millions)



Source: MCO value-based purchasing

Pharmacy

In 2019, a new MCO pharmacy report was implemented by HSD. The report details pharmacy claims, generic versus brand name drug utilization, formulary versus nonformulary use, top prescribed drugs, and average claim amounts for select drugs. In 2019, a total of $436.5 million was paid in pharmacy claims by MCOs. A total of $9.6 million was paid by the MCOs for brand name drugs when a generic was available. On a prescription basis, no MCO had "a brand name with generic available" fill rate greater than 1 percent.

Table 7. Pharmacy Metrics

Pharmacy Metrics	Total Claims Paid (in millions)	Brand with Generic Available Claims Paid (in millions)	Nonformulary Claims Paid (in millions)	Average Amount Paid per Claim – Hepatitis C Drugs
2019	$436.5	$9.6	$31.1	$11,294
MCO with highest proportion in CY19	PHP = $223.2	PHP = $4.8	PHP = $30.9	Lowest – BCBS = $10,222

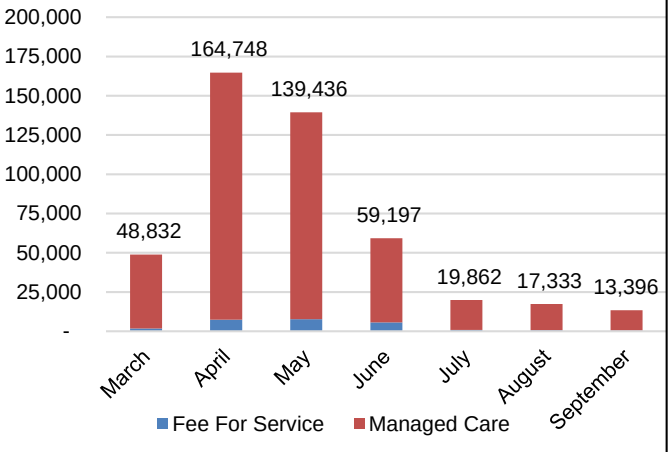
Source: HSD MCO pharmacy report.

Telehealth

In response to the Covid-19 pandemic, HSD directed providers to offer telehealth services in physical health, behavioral health, and long-term care settings. HSD added new telehealth codes to facilitate and encourage telehealth visits among providers. HSD analysis of Medicaid data found the number of telehealth claims between the first and second quarter of 2020 grew by 61 thousand claims, or 300 percent. This increased volume of telehealth service use equated to an increase of $6.5 million in telehealth claims within the New Mexico Medicaid program.

While telehealth use exploded amid the pandemic, it is unknown if the increased use of telehealth services will persist, because monthly utilization decreased after April. Data from July onwards is likely underreported due to the lag in Medicaid encounter data.

Chart 15. Telehealth Utilization During Covid-19, 2020



Note: July - September data may be underreported due reporting lag
Source: HSD Centennial Care quarterly reports

Appendix A. – Physical Health Metrics

Effectiveness of Care	**Adult patients receiving body mass index assessment**	**Child/adolescent patients receiving body mass index assessment**	**Patients with lower back pain who did not have an imaging study for diagnosis**	**Children receiving appropriate treatment for upper respiratory infections**
2019 New Mexico	85%	64%	74%	88%
2018 New Mexico	77%	57%	70%	90%
2017 New Mexico	80%	61%	71%	89%
2019 Regional Average	83%	73%	73%	82%
2019 National Average	89%	77%	75%	87%
MCO with best rating	PHP 85%	BCBS 69%	PHP 75%	PHP 88%
Disease Management	**Patients with poor diabetes control (lower is better)**	**Cardiovascular patients with controlled high blood pressure**	**Patients with COPD managed with corticosteroid medication**	**Patients 75% compliant with asthma medication**
2019 New Mexico	48%	52%	47%	40%
2018 New Mexico	48%	50%	50%	36%
2017 New Mexico	46%	50%	52%	31%
2019 Regional Average	52%	53%	64%	33%
2019 National Average	41%	61%	70%	39%
MCO with best rating	BCBS 43%	BCBS 55%	BCBS 52%	PHP 40%
Access to Care	**Children ages 1 – 6 years with access to primary care**	**Children screened for lead poisoning by their second birthday**	**Adults with access to preventive & ambulatory care**	**Women receiving timely postpartum care**
2019 New Mexico	85%	43%	76%	70%
2018 New Mexico	86%	41%	77%	62%
2017 New Mexico	86%	38%	80%	57%
2019 Regional Average	90%	57%	81%	75%
2019 National Average	88%	70%	80%	75%
MCO with best rating	BCBS 90%	BCBS 43%	BCBS 77%	PHP 75%

Source: 2019 HEDIS report.

Appendix B. – Behavioral Health Metrics

Substance abuse or dependence	Members with alcohol abuse or dependence who		Members with opioid abuse or dependence who		Individuals receiving opioids from four or more providers for 15 or more days
	initiated treatment within 14 days of diagnosis	had two or more additional visits within 30 days	initiated treatment within 14 days of diagnosis	had two or more additional visits within 30 days	
2019 New Mexico	39%	13%	58%	27%	19%
2018 New Mexico	38%	13%	57%	30%	19%
2017 New Mexico	38%	12%	48%	26%	22%
2019 Regional Average	42%	12%	56%	28%	21%
2019 National Average	42%	12%	52%	21%	22%

Access to Care	Individuals receiving substance abuse or mental health services, fee for service and managed care	Behavioral Health Providers (providers may be counted more than once if enrolled with multiple MCOs)			MCO with highest ratio of behavioral health providers to members
		Behavioral health practitioners	Behavioral health facilities	Total behavioral health providers	
2019	165,600	10,625	994	11,619	WSCC 1:20
2018	152,750	13,152	1,209	14,361	UHC 1:20
2017	159,297	12,660	1,235	13,895	UHC 1:19

Source: BHSD performance report FY20 Q2; MCO network adequacy reports CY19 Q4.

Consumer Satisfaction	Adults generally happy with the services they received	Families generally happy with the services provided to their child	Adults feel they can manage their daily activities better	Families feel their child is better able to do the things they want to do	Adults feel they have good access to the services they need
2019	90%	86%	79%	81%	86%
2018	87.5%	83%	72%	78%	80%
2017	89%	83%	74%	76%	82%
2019 US Average	90%	88%	76%	72%	87%

Source: 2019 HEDIS report; 2020 Behavioral Health Consumer Satisfaction Surveys (report data collected during prior calendar year).

Appendix C. – Healthcare Utilization Metrics

Physical Health Utilization Metrics

Category	Unit Description	CY17	CY18	CY19	CY19 (thru Q3)	CY20 (thru Q3)	% Change CY19 to CY20 (both thru Q3)
Inpatient Hospital - Acute	Days	158,949	165,871	181,032	145,873	90,458	-38.0%
Inpatient Hospital - Acute	Admits	34,015	35,719	43,026	33,626	24,907	-25.9%
Inpatient - Specialty Hospital	Days	6,337	4,711	10,158	8,386	4,047	-51.7%
Inpatient - Specialty Hospital	Admits	460	379	638	496	310	-37.5%
Non-Acute LTC/SNF/Respite	Days	16,171	8,445	19,437	15,052	11,797	-21.6%
Non-Acute LTC/SNF/Respite	Admits	692	477	1,109	866	667	-23.0%
Ambulatory Surgery Centers - Outpatient Surgeries	Visits	4,018	3,988	4,424	3,528	2,334	-33.8%
Outpatient Hospital - Emergency Room	Visits	203,363	181,954	219,487	174,938	103,230	-41.0%
Outpatient Hospital - Urgent Care	Visits	27,891	22,804	23,443	17,894	10,803	-39.6%
Ambulance - Ground	Trips - One Way	-	-	-	-	-	-
Non-Emergent Transportation - Non-Capitated	Trips - One Way	83,906	58,518	42,794	33,134	23,019	-30.5%
Prescribed Drugs - Brand Name	Scripts	254,442	243,473	256,410	186,195	814,897	337.7%
Prescribed Drugs - Generic	Scripts	1,800,748	1,803,500	1,830,195	1,377,448	1,309,931	-4.9%
Prescribed Drugs - Other	Scripts	3,833	2,417	140	107	97	-9.3%

Source: MCO financial reports, report 3

Physical Health Expansion Group Utilization Metrics

Category	Unit Description	CY17	CY18	CY19	CY19 (thru Q3)	CY20 (thru Q3)	% Change CY19 to CY20 (both thru Q3)
Inpatient Hospital - Acute	Days	96,797	99,624	105,947	83,357	58,377	-30.0%
Inpatient Hospital - Acute	Admits	18,885	19,284	21,744	17,063	12,417	-27.2%
Inpatient - Specialty Hospital	Days	10,405	10,219	31,003	27,862	7,779	-72.1%
Inpatient - Specialty Hospital	Admits	733	833	1,218	996	575	-42.3%
Non-Acute LTC/SNF/Respite	Days	43,824	65,977	60,580	47,135	45,674	-3.1%
Non-Acute LTC/SNF/Respite	Admits	2,186	2,609	3,390	2,631	2,450	-6.9%
Ambulatory Surgery Centers - Outpatient Surgeries	Visits	6,945	6,214	6,042	4,768	3,269	-31.4%
Outpatient Hospital - Emergency Room	Visits	162,650	138,302	165,334	133,181	90,856	-31.8%
Outpatient Hospital - Urgent Care	Visits	11,332	9,017	10,186	7,920	5,358	-32.3%
Ambulance - Ground	Trips - One Way	-	-	-	-	-	-
Non-Emergent Transportation - Non-Capitated	Trips - One Way	148,135	113,761	55,777	43,306	30,467	-29.6%
Prescribed Drugs - Brand Name	Scripts	301,593	299,807	315,988	230,535	881,616	282.4%
Prescribed Drugs - Generic	Scripts	2,088,752	2,020,412	2,020,163	1,514,750	1,561,391	3.1%
Prescribed Drugs - Other	Scripts	15,967	2,367	235	177	193	9.0%

Source: MCO financial reports, report 3

Appendix C Cont. – Healthcare Utilization Metrics

Behavioral Health Utilization Metrics

Category	Unit Description	CY17	CY18	CY19	CY19 (thru Q3)	CY20 (thru Q3)	% Change CY19 to CY20 (both thru Q3)
Residential Treatment Center, ARTC and Group Homes < 21	Days	124,069	113,764	93,882	80,579	58,937	-26.9%
Foster Care Therapeutic (TFC I & II) < 21	Day / Per Diem	118,401	111,447	97,734	77,659	61,950	-20.2%
Hospital Inpatient Facility (Psychiatric Hospitalization Services)	Days	37,593	37,397	30,099	24,783	18,817	-24.1%
Hospital Inpatient Facility (Psychiatric Hospitalization Services)	Admits	4,867	3,768	4,565	3,692	3,158	-14.5%
BH Pharmaceuticals - Brand Name	Scripts	53,918	51,521	52,870	39,686	201,657	408.1%
BH Pharmaceuticals - Generic	Scripts	590,976	538,797	559,925	421,664	407,716	-3.3%
BH Pharmaceuticals - Other	Scripts	497	1,604	-	-	-	-
Federally Qualified Health Centers (FQHC's)	Visit = Unique TCN Count	113,647	140,097	124,386	91,849	57,813	-37.1%
Methadone Treatment	Visits	97,237	168,208	283,931	206,729	244,147	18.1%

Source: MCO financial reports, report 3

Behavioral Health Expansion Group Utilization Metrics

Category	Unit Description	CY17	CY18	CY19	CY19 (thru Q3)	CY20 (thru Q3)	% Change CY19 to CY20 (both thru Q3)
Residential Treatment Center, ARTC and Group Homes < 21	Days	210	49	162	58	120	106.9%
Foster Care Therapeutic (TFC I & II) < 21	Day / Per Diem	-	-	1,271	1,148	-	-100.0%
Hospital Inpatient Facility (Psychiatric Hospitalization Services)	Days	20,096	23,217	17,984	14,582	12,306	-15.6%
Hospital Inpatient Facility (Psychiatric Hospitalization Services)	Admits	3,095	2,986	3,435	2,771	2,430	-12.3%
BH Pharmaceuticals - Brand Name	Scripts	49,917	49,520	47,331	36,289	195,591	439.0%
BH Pharmaceuticals - Generic	Scripts	558,705	499,697	507,014	381,460	427,230	12.0%
BH Pharmaceuticals - Other	Scripts	89	4,239	446	327	-	-100.0%
Federally Qualified Health Centers (FQHC's)	Visit = Unique TCN Count	72,711	79,606	74,706	55,560	39,745	-28.5%
Methadone Treatment	Visits	162,394	271,011	462,150	335,495	403,379	20.2%

Source: MCO financial reports, report 3

Appendix C Cont. – Healthcare Utilization Metrics

Long Term Services and Supports Utilization Metrics

Category	Unit Description	CY17	CY18	CY19	CY19 (thru Q3)	CY20 (thru Q3)	% Change CY19 to CY20 (both thru Q3)
Nursing Facility State Owned - High Level of Care	Days	4,887	3,658	2,599	2,158	2,738	26.9%
Nursing Facility State Owned - Low Level of Care	Days	88,183	75,924	48,167	38,819	46,528	19.9%
Nursing Facility Private - High Level of Care	Days	99,587	51,859	29,044	22,794	22,805	0.0%
Nursing Facility Private - Low Level of Care	Days	1,087,075	1,110,585	1,067,928	844,058	752,401	-10.9%
Hospital Swing Bed - High Level of Care	Days	-	-	30	30	-	-100.0%
Hospital Swing Bed - Low Level of Care	Days	-	27	84	84	37	-56.0%
Community Benefit - Respite	Unit = 15 Min	135,079	133,576	248,413	161,068	332,032	106.1%
Community Benefit - Adult Day Health	Unit = Day	195,213	214,592	163,132	129,307	38,312	-70.4%
Community Benefit - Assisted Living	Unit = Day	130,609	161,007	144,740	114,026	106,438	-6.7%
Community Benefit - Environmental Modifications	Unit = Modification	2,395	1,667	1,273	994	827	-16.8%
Community Benefit - Private Duty Nursing	Unit = 15 Min	3,196	3,151	1,568	1,324	769	-41.9%
Personal Care Option - T1019	Unit = 15 Min	44,192,339	46,241,772	34,405,588	26,568,747	25,536,712	-3.9%
Personal Care Option - 99509	Unit = 1 Hour	6,697,438	7,512,848	8,061,744	6,350,758	6,412,805	1.0%
Inpatient Hospital - Acute	Days	53,363	56,770	59,930	48,254	28,613	-40.7%
Inpatient Hospital - Acute	Admits	8,936	9,688	10,499	8,396	5,203	-38.0%
Inpatient - Specialty Hospital	Days	4,839	3,905	10,609	9,467	3,497	-63.1%
Inpatient - Specialty Hospital	Admits	212	235	387	337	207	-38.6%
Ambulatory Surgery Centers - Outpatient Surgeries	Visits	2,711	2,676	2,863	2,285	1,309	-42.7%
Outpatient Hospital - Emergency Room	Visits	42,199	36,838	44,530	36,578	25,542	-30.2%
Outpatient Hospital - Urgent Care	Visits	1,280	1,003	1,227	959	603	-37.1%
Ambulance - Ground	Trips - One Way	21,944	20,367	13,727	11,028	9,390	-14.9%
Non-Emergent Transportation - Non-Capitated	Trips - One Way	243,321	184,124	108,297	82,953	56,601	-31.8%
Prescribed Drugs - Brand Name	Scripts	64,111	55,905	69,600	41,822	245,330	486.6%
Prescribed Drugs - Generic	Scripts	398,578	382,235	445,471	267,121	344,694	29.0%
Prescribed Drugs - Other	Scripts	36,048	1,104	52	37	34	-8.1%

Source: MCO financial reports, report 3

Appendix D. – Behavioral Health Practitioner Ratios