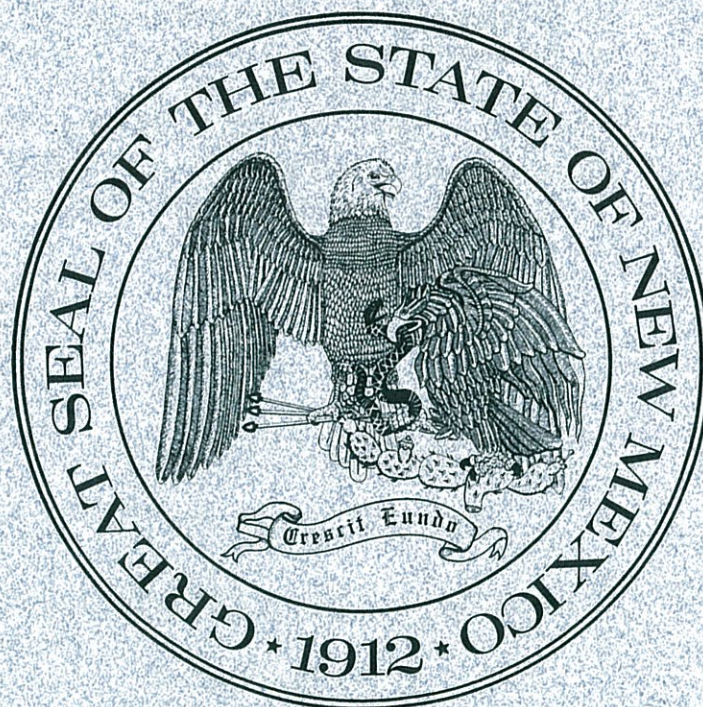


DEPARTMENTS OF HUMAN SERVICES AND HEALTH
Medicaid in the Schools Program
and
Public Health Division

October 27, 2000



Report to
the LEGISLATIVE FINANCE COMMITTEE

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HUMAN SERVICES DEPARTMENT
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October 26, 2000

Mr. Lou Gallegos, Acting Secretary
Ms. Robin Otten, Deputy Secretary
Human Services Department
Santa Fe, New Mexico 87504
and
Mr. Alex Valdez, Secretary
Department of Health
Santa Fe, New Mexico 87504

Dear Mr. Gallegos, Ms. Otten and Mr. Valdez:

On behalf of the Legislative Finance Committee (Committee), we are pleased to transmit the audit report of the Medicaid in the School's and the Public Health Division of the Department of Health.

The audit team interviewed key personnel, examined documents and prepared this report which will be presented at a public hearing of the Committee on October 27, 2000. The contents of this report were discussed with Human Services Department (department) staff at an exit conference held on October 5, 2000. The Public Health Division related findings and recommendations were discussed with the deputy division director of the Public Health Division. We appreciate the both departments cooperation and assistance.

We believe this report addresses the issues the Committee asked us to review and hope the Human Services Department will benefit from our efforts. Again, thank you for your cooperation and assistance.

Sincerely,

Dannette K. Burch
Deputy Director

DB:MP/ar

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Pursuant to a request from the Legislative Finance Committee (committee), the performance auditors have conducted a review of issues relating to the New Mexico Human Services Department (HSD) Medicaid in the Schools (MITS) program. This is the second report on MITS issues based on procedures performed from March through October 2000. The committee also requested auditors to conduct limited review of the Public Health Division of the Department of Health's (DOH) billing practices for services provided to Medicaid clients. The purpose of this review was to:

- Assess progress made by HSD to reimburse school districts for administrative activities associated with the MITS program that has caused unnecessary delays in payments;
- Assess the possibility of the state leveraging Medicaid funds by incorporating additional direct services into the Medicaid State Plan by HSD;
- Examine inefficiencies in the application process to become a New Mexico Medicaid provider;
- Assess timeliness of DOH billing practices; and
- Assess if DOH is being reimbursed for all Medicaid related services provided to Medicaid patients.

Results

This review includes the following observations:

- Increased scrutiny by HSD of school district invoices for reimbursement of costs associated with administering the Medicaid in the Schools program has created an estimated \$6.9 million backlog of unpaid invoices for school year 1999-2000.
- Potential \$15 million - \$20 million additional Medicaid revenue possible if additional direct services are incorporated into Medicaid State Plan by HSD.

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- HSD has generated over \$875,000 in less than two years via a five percent surcharge for administering MITS, but has failed to dedicate adequate and sufficient resources to administer the program;
- Federal regulations require that school districts obtain the signature of a physician, physician's assistant or nurse practitioner familiar with the child in need of services in order to claim Medicaid reimbursement. HSD requires that the signature **must** be that of the primary care provider (PCP) assigned to the child by Medicaid for schools to claim Medicaid reimbursement for services provided to Medicaid eligible children;
- The application process to become a New Mexico Medicaid provider is inefficient and takes from five to eight weeks from the date a properly completed application is received by HSD and has recently taken as long as 12 weeks for some applications to be processed;
- According to testimony at the August 18, 2000 Legislative Education Study Committee (LESC) hearing, HSD stated that the MITS program is not included in its current draft RFP for the managed care contracts. HSD, however, has stated that it "reserves the option" to incorporate the program into the MCO contract at a later time;
- Department of Health did not bill one managed care organization (MCO) for immunization and family planning services resulting in loss of revenues of \$82,000; and
- Department of Health does not bill for the lab, pharmacy, dental sealants, etc. Services provided to Medicaid patients resulting in a subsidization of MCOs Salud! cost with state resources.

Recommendations

Dedicate more resources to the MITS program and immediately commence partial payments of all outstanding invoices for the 1999-2000 school year. Open up effective lines of communication with all participants of the MITS program to resolve interpretation conflicts. Establish and implement more stringent review measures complete with standardized review methodology that ensure both fairness and accountability.

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Aggressively pursue leveraging federal money that is available to enhance health and health related services for the students of New Mexico by incorporating additional direct services into the Medicaid State Plan.

Continue the signature waiver until HSD can clearly demonstrate that the PCP signature requirement provides quality assurance. Clarify procedures and justify the basis of the requirement such as specific HCFA regulations before implementation to ensure complete understanding by all parties involved.

Immediately instruct Consultec to permanently dedicate more staff to processing Medicaid provider applications to increase the number and timeliness of applications processed; forward only those applications from sanctioned applicants to the department for review to eliminate an unnecessary second review and save processing time.

Consult with the Board of Medical Examiners to review methods that will increase the number of requests for license verifications performed weekly to reduce possible backlogs and expedite the application process.

Consult with legislators, school district representatives and any other major party associated with the MITS program before consideration of including the program in managed care.

Department of Health to devote sufficient resources to ensure that billings are prepared and submitted within contractually established time requirement of 60 days from date of services, including billing MCOs for all medical services provided to Medicaid clients.

HSD Responses

Everything we have done in terms of increased scrutiny of MITS claims and deferral of payment is consistent with the finding and recommendation of this same LFC Audit (2nd Report) from May 25th of this year. Some of the 2nd & 3rd quarter claims have since been adequately adjusted and paid.

Once we discovered the pattern of inappropriate and questionable billing, we were legally and ethically bound to defer payments until the bills were corrected. Perhaps districts that have repeatedly submitted unpayable bills simply do not want to reconcile themselves to the reality of reduced revenues. We have even offered to correct their claims for them.

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The balance of outstanding 2nd and 3rd quarter claims have been further imperiled by October 13 letters – through attorneys – on the part of APS and Gadsden stating that they would not accommodate a long discussed and much anticipated HCFA site visit. The response from HCFA was as stern as it was swift, and they are deferring reimbursement to the state of all administrative MITS claims, “until this issue is resolved.”

In terms of the increased potential of this program, we agree that an expansion is desirable (it really is a good program overall) and anticipate revisiting the state plan accordingly, just as soon as the districts demonstrate their willingness – and ability – to bill correctly under the existing plan. Expansion to include such things as nursing services will, after all, entail billing processes at least as complex as those relevant to the current plan. Further, we advise additional caution before figures like an extra \$15 million or more become conventional wisdom. This report cites states such as Michigan as a ‘how to’ example. Yet that state has just had \$103 million in MITS claims denied (not deferred, denied) by HCFA.

Though HSD has indeed generated increased MITS fees (as has the General Fund) the great preponderance has come at the tail – or most recent – end of the cited time frame due to the exponential increases in billing in just the last year. We recognize the need for more support of the program (particularly as it relates to training of districts), have taken steps to address this need, and will evaluate further.

We do not require that the PCP sign-off on a child’s IEP (Individual Education Plan) be from a physician. We do this because we believe very strongly that the provider who signs off on the treatment plan for the child should actually have seen the child. However, we recognize that there have been administrative and geographic obstacles, and have been working with districts relative to this requirement that make good faith efforts to achieve the desired result.

We will check with the BME about streamlining communications – perhaps e-mail – and will consult with Consultec about their turn-around times as well.

Yes, we explicitly reserve the option of resolving so many of these other thorny issues by reconsidering MITS for possible inclusion in managed care at some future date. And we again restate our pledge not to do so without exhaustive consultation with all stakeholders.

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DOH Responses

As of October 2000, Public Health Division (PHD) is billing MCOs within 60 days of services and billings are no longer being rejected due to the two month limit. DOH is also meeting the Medicaid fee-for-service 120 days requirements. Billing is occurring through Integrated Network for Public Health Official Records Management (INPHORM), the client data system, into which all local health office clients are registered which then produces data used to bill the MCOs.

Contract renegotiation is not finalized yet, but DOH is not likely to add a clause for fees for lab testing and pharmaceuticals to contracts.

REVIEW INFORMATION

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BACKGROUND

The Medicaid Program is a jointly funded federal- state program that provides medical assistance to certain low-income and moderate income persons. The Medicaid in the Schools Program (MITS) is established by Joint Powers Agreements between the Human Services Department (HSD), State Department of Public Education (SDE), and the Local Education Agency (School Districts) and/or Regional Center Cooperative (RCC). These agreements are entered into to provide services pursuant to Title XIX of *Social Security Act* and 42 CFR Section 432, State Personnel Administration. The purpose of agreements is to establish and enroll the School Districts or RCC with HSD as a Medicaid provider and to provide school-based screening and diagnostic services and other related health services and administrative activities in conformance with the approved Medicaid State Plan in order to improve health and developmental outcomes for children.

The Department of Health is created by Laws 1991, Chapter 25 (Sections 9-7-1 through 9-7-15 NMSA 1978) to serve the citizens of New Mexico through programs designed to prevent disease and disability, promote health and prevent or ameliorate problems of mental health, substance abuse, developmental disabilities and chronic disease.

The Public Health Division promotes healthy practices and disease prevention to minimize the rate of death and disability from injuries and illness. The division also is responsible for emergency medical services, primary care and epidemiology.

The division is organized into the following operational bureaus and offices:

- Health Systems oversees emergency medical services and primary medical care;
- The Field Operations Bureau provides direction and support for 45 public health field offices, and conducts vital statistics recording including registration of birth and death;
- Epidemiology, Evaluation and Planning provides surveillance and control of infectious disease;

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- Family Health provides preventive health services for women, infants and children, including prenatal care;
- Health Promotion Bureau provides prevention and health promotion programs related to injury prevention including motor vehicle safety and chronic disease prevention;
- Office of Administration and Program Support provides budgetary, personnel, general services, contracting, training and information systems support; and
- Infectious Disease provides programs to prevent and control infectious disease including sexually transmitted diseases and HIV/AIDS.

OBJECTIVE AND SCOPE

This audit was conducted in accordance with applicable *Government Auditing Standards* issued by the comptroller general of the United States. The audit report included July 1, 1999 through June 30, 2000. The audit was conducted to provide an independent and objective evaluation of:

- status of the administrative payments for the Medicaid in the schools made by HSD;
- leveraging Medicaid funds for other direct services provided by school districts to Medicaid eligible students;
- application approval process established by HSD;
- timeliness of the DOH's billing process; and
- Medicaid related services provided by DOH being reimbursed by MCOs and HSD.

PROCEDURES

Our procedures included:

- a review of federal and state statutes, regulations, policies and procedures;
- a review of Medicaid state plan and amendments to the plan;
- a review of payment process for the MITS Program;
- a compilation of an administrative time invoices submitted by school districts;

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- preparing schedules of payments processed by HSD for the administrative time invoices and direct Medicaid services provided by school districts;
- documenting provider application approval process established by HSD and Consultec;
- a review of Medicaid related services provided by the Department of Health and related billings submitted to MCOs and HSD;
- a review of contracts executed by DOH with MCOs for Medicaid relating services; and
- documenting on a limited basis type of Medicaid services being provided by DOH for which no reimbursement claims prepared; and
- a review and evaluation of other relevant data at HSD and DOH.

Exit Conference

Medicaid in the Schools related findings of this report were discussed with Robin Otten and Barry Bitzer, Deputy Secretaries and Rob Maruca, Director of the Medical Assistance Division on October 5, 2000. The Public Health Division related findings of this report were discussed with Mr. Toby Rosenblatt, Deputy Division Director.

Distribution of Report

This report is intended for the information of the Office of the Governor, Human Services Department, Department of Health, Department of Finance and Administration, Office of the State Auditor, and the Legislative Finance Committee. This restriction is not intended to limit distribution of this report, which is a matter of public record.



Manu Patel
Performance Audit Manager
Legislative Finance Committee

FINDINGS AND RECOMMENDATIONS

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MEDICAID REIMBURSEMENT FOR SCHOOL LINKED SERVICES. Increased scrutiny by the Human Services Department (HSD) of school district invoices for reimbursement of costs associated with administering the Medicaid in the Schools (MITS) program has resulted in a backlog of unpaid invoices.

HSD review of school district invoices for administrative costs is inefficient, ineffective and lacks standardized review criteria or methodology. Essentially, the reviewer visually inspects the administrative cost invoices and applies his own intuition and interpretation of the Health Care Financing Administration (HCFA) and HSD policies.

Although the extent of invoice review has increased, analytical procedures are limited and informal due to the lack resources and expertise. For example, procedures such as comparison of administrative costs to direct costs, analysis of costs in relation to the school district's Medicaid population and comparisons of a school district's costs with other school districts with similar medicaid population characteristics are not performed. Other observations include:

- Invoices received from the school districts by HSD are not logged in at the Benefit Services Bureau (BSB) for tracking and performance measurement purposes. Therefore, total liability of the indirect cost portion of the Medicaid in the Schools program is unknown at any given time. Information regarding the status of individual invoices is also not readily available;
- A master list of Medicaid in the Schools coordinators and contact phone numbers, which is essential for program administration, is not maintained by the department. Such a list is essential toward an amicable working relationship with the school districts participating in the MITS program;
- Currently only one FTE, the program manager, in BSB performs the initial review of over forty six-invoices submitted quarterly. According to BSB staff, the bureau is in the process of upgrading a management analyst III position to a medical care administrator position to assist in this area. HSD would be better served filling the position at a lesser grade with someone familiar with the fundamentals of accounts payable;

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- There appears to be a serious conflict between HSD and the majority of school districts and billing agents with regard to the interpretation of MITS claiming guidelines and the time study codes described in the "Brown Manual". This conflict is due to ineffective communication between HSD administrators and school district representatives. One example of such a problem in communication is evident in an exchange of correspondence between HSD and the Rio Rancho Public School district. See Exhibit A; and
- Invoices totaling \$4.3 million remain in dispute for the second and third quarters of school year 1999-2000. Although fourth quarter indirect cost figures have not yet been compiled they are estimated at \$2.6 million.

As a consequence of the increased scrutiny without standardized review methodology, the lack of resources, and conflicts over the interpretation of MITS guidelines and time study coding, a nine month backlog in payments has resulted. Administrative Cost invoices paid by each district are presented in Exhibit B. Direct Medicaid services payments processed by Consultec are presented in Exhibit C.

Recommendations:

Immediately dedicate more resources to the MITS program.

Immediately commence partial payments of all outstanding invoices for the 1999-2000 school year by using one of the following methods: **1)** use the method exercised by HCFA during its 1995 audit of the Las Cruces MITS program which included a hands-on examination of activities performed by individual participants, recommendation of new codes, training on the new codes, and performance of a new time study and subsequent invoicing. The new invoice amount was then averaged with the disputed amounts invoiced and that was the amount paid for those quarters; **or 2)** pay all claims in their entirety under the condition that monies paid for items later determined ineligible for reimbursement are immediately remitted to the department.

Open up lines of communication with all participants of the MITS program. If necessary, use third party mediation or other means to resolve interpretation conflicts and establish better working relationships to resolve all encoding issues.

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Establish and implement more stringent review measures complete with standardized review methodology that assure both fairness and accountability.

Provide adequate and effective training to all school districts participating in the MITS program, including encouraging school district and billing agent participation in the development of MITS training program.

Develop an effective invoice tracking mechanism that provides up-to-date status reports of individual invoices and cumulative liability to school districts at any given time.

Comply with the *Code of Federal Regulations* (CFR) 42, Section 447.45.d which requires the Medicaid agency to pay 90 percent of clean claims within 30 days and 99 percent within ninety days of receipt.

Implement recommendations defined in the May 25, 2000 LFC audit report for this area.

ADDITIONAL REVENUE STREAM. Potential \$15 million - \$20 million additional Medicaid revenue possible if additional direct services are incorporated into Medicaid State Plan by HSD.

Observations in this area include:

- Direct services billable to Medicaid per the New Mexico Medicaid State Plan are limited to physical, occupational and speech therapies, counseling, and sub-categories thereof. Together they generate \$12 million to \$14 million annually in Medicaid revenues;
- Michigan, Illinois and Texas have included billing for school nurses, transportation, case management, and full and partial EPSDTs (early periodic screenings, diagnosis and treatment) in addition to those direct services listed in the first bullet; and
- The State Department of Education (SDE) has provided data to the department on how the state can leverage Medicaid funds. HSD, however, has not added these additional direct services to the Medicaid State Plan.

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Recommendation:

Aggressively pursue leveraging federal money that is available to enhance health and health-related services for the students of New Mexico by incorporating those additional direct services mentioned above.

FIVE PERCENT SURCHARGE. HSD has generated over \$875,000 in less than two years via a five percent surcharge for administering MITS, yet has failed to dedicate adequate and sufficient resources to administer the MITS program.

Each fiscal quarter, HSD bills the school districts participating in the MITS program for the state share of Medicaid funds (currently 26.68 percent) on the program side (direct services). The department also bills a surcharge for the cost of administering the program pursuant to each joint powers agreement among HSD, SDE and the school district and/or regional cooperative center. The surcharge is equal to five percent of the gross dollar amount invoiced by the schools for reimbursement of both direct and indirect Medicaid services. Other Medicaid providers are not charged the five percent surcharge for providing services.

During school year 1998-1999, HSD billed the school districts participating in the MITS program over \$650,000. The majority of this amount has been collected by HSD. For school year 1999-2000 the five percent surcharge for direct and indirect charges has thus far totaled over \$225,000.

Revenues collected by the MITS program are deposited back into the Medicaid fund. They are, however, not directly used to support the MITS program.

Recommendation:

Devote additional resources from revenues generated by the MITS program to resolve backlog of unpaid invoices discussed in previous findings.

PRIMARY CARE PROVIDER APPROVAL. HSD contemplated requiring school districts to obtain primary care provider (PCP) signature for Medicaid reimbursement which exceeds current federal requirements.

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Federal regulations require that school districts obtain the signature of a physician, physician's assistant or nurse practitioner familiar with the child in need of services in order to claim Medicaid reimbursement. However, the Human Services Department requires that the signature *must* be that of the primary care provider (PCP) assigned to the child by Medicaid for schools to claim Medicaid reimbursement for services provided to Medicaid eligible children. As in the past, the department has waived this requirement for the current fiscal year.

The following observations and recommendations have been made regarding this issue:

- Some school districts claim that the PCP signature requirement is difficult and impractical. The situation is much worse in remote school districts where the distance between children and their PCPs is substantial. Other school districts have alleged that the provision is unclear and applied inconsistently among the districts;
- School districts have encountered PCPs who are reluctant or unwilling to approve services; the PCPs are confused with the schools' request. There is a lack of understanding and coordination of policies, procedures and the basis for the signature requirement among the department, schools, MCOs and providers of policies;
- The consequence of non-compliance is a reduction of funds available for health services for all students;
- HSD's position is that the PCP provides a mechanism for quality assurance in that there is proper coordination of activities for the child and an appropriate level of care. Additionally, it sees the PCP signature requirement as a method of further evaluating the service provided to determine if it is medically necessary; and
- HSD claims that a child's PCP can best determine the medical necessity of the services provided to the child and that it ensures non-duplication of services and payments for services. However, school districts claim that the signature alone will not provide assurance that a child's services have been properly prescribed, coordinated, administered or that they are medically necessary.

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Recommendations:

Continue the signature waiver until HSD can clearly demonstrate that the PCP signature requirement provides quality assurance. A signature alone will not provide assurance that a child's services have been properly prescribed, coordinated, administered or that they are medically necessary.

HSD clarify procedures and justify the basis of the PCP signature requirement such as specific HCFA regulation before implementation to ensure complete understanding by all parties involved.

PROVIDER CERTIFICATION DELAYS. The application process to become a New Mexico Medicaid provider is inefficient and takes anywhere from five to eight weeks from the date a properly completed application is received by the Human Services Department and has recently taken as long as 12 weeks for some applications to be processed.

Consultec, the primary processor of provider applications, receives an average of 65 applications per week. However, according to department staff, only two employees are dedicated to process applications. According to Consultec, verification of doctors' licenses at the Board of Medical Examiners (BME) delays application processing.

HSD staff claim the BME performs only 10 verifications per agency three days a week because of staffing shortages. This allows only 30 verifications per week. However, our inquiry indicated that BME will process 10 telephonic verification requests per agency per day three days a week but, if a written request for verifications is submitted by the agency via mail or fax, it will process as many verifications as requested. According to the BME Director, the reason for the telephonic limit is that it takes more time to verify phone requests than written requests. The BME Director also stated that a faster electronic system of verification is now under consideration and BME will work with the HSD to resolve any perceived backlog issues.

Upon completing its review of the application, Consultec forwards the application to the Benefit Services Bureau of HSD where it is essentially reviewed again. The main difference is that applications from sanctioned applicants are examined by the Quality Assurance Bureau (QAB). According to bureau staff, the number of sanctioned applications received is insignificant.

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Sanctions indicate that the provider has been reported by patients to the federal Office of Inspector General for various violations such as Medicaid fraud or operating without proper licensure the Attorney General or other providers. Sanctions mean the provider can no longer provide Medicaid or Medicare services. QAB verifies that sanctioned applicants have completed their period of prohibition or have acquired proper licensures and are now eligible to be Medicaid or Medicare providers in New Mexico.

After HSD's review and approval, the application is returned to Consultec, where information contained in the application is manually entered into the Medicaid Management Information System (MMIS). The applicant is then assigned a provider number, provided Medicaid billing instructions and a copy of the Medicaid Assistance Division (MAD) policy manual.

Recommendations:

Immediately instruct Consultec to permanently dedicate more staff to processing Medicaid provider applications to increase the number of applications processed.

Forward only those applications from sanctioned applicants to the HSD for review to eliminate an unnecessary second review and to save processing time.

Consult with the Board of Medical Examiners to review methods of increasing the number of requests for license verifications performed weekly to reduce possible backlogs and expedite the application process.

Suggest to Consultec that it consider developing and implementing a method to scan application information directly into the MMIS to eliminate data entry time which could be used for application review and hasten the application process.

MCO CONTRACTS. According to testimony at the August 18, 2000 Legislative Education Study Committee (LESC) hearing, the Human Services Department stated that the MITS program is not included in its current draft RFP for the managed care organization (MCO) contracts. HSD, however, has stated that it "reserves the option" to incorporate the program into the MCO contract at a later time.

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Currently the program is carved out of the MCO contracts. This ensures the flow of federal funds to school districts and students for health related services. The effect on the revenue stream of including MITS in managed care is uncertain at this time.

Recommendation:

Consult with legislators, school district representatives and other major party associated with the MITS program before including the program in managed care.

DEPARTMENT OF HEALTH DID NOT BILL TIMELY FOR SERVICES RENDERED.
Untimely billing practices for services rendered to MCO Medicaid clients result in loss of revenue to the Department of Health.

Presbyterian and Cimarron managed care organizations (MCOs) contracted with the Department of Health (DOH) for reimbursement of services rendered by DOH as of July 1, 1998. Lovelace contracted with DOH during April 1999. According to terms of these contracts, DOH's Public Health Division (PHD) is required to bill MCOs within 60 days from date of service provided to Medicaid managed care (Salud!) patients. However, PHD has not prepared and submitted billings within the 60 day requirement.

PHD has also not billed Presbyterian and Cimarron for the period June 1999 through February 2000. Since PHD did not bill within 60 days of service, Presbyterian and Cimarron would not be required to make payments. However, PHD negotiated with Presbyterian and Cimarron to pay bills that were submitted past the 60 day requirement. Lovelace did not agree to pay bills which do not meet the 60 day requirement. As indicated in Exhibit D, PHD billed Lovelace for immunizations (\$18,900) and family planning services (\$64,696) provided from November 1998 through February 2000. However, Lovelace only paid \$162 because billings were not submitted timely.

DOH is also required to submit claims to the Human Services Department under the Medicaid fee-for-service program within 120 days of the date of service. As of June 30, 2000, most of these claims do not meet the 120 day requirement. However, the Human Services Department is currently paying overdue billings submitted by PHD.

As of June 2000, it appeared that DOH's Office of Information Management (OIM) took too long to prepare the Health Care Financing Administration form 1500 (HCFA 1500) used to generate billings. This may be due to an OIM manpower shortage and/or

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technical difficulties. However, the department's Families FIRST program does prepare the HCFA 1500 manually and sends it to the MCOs without depending on the Integrated Network for Public Health Official Records Management (INPHORM) billing system. Consequently, Families FIRST did not have any problems billing the MCOs.

Recommendation:

Devote sufficient resources to ensure that billings are prepared and submitted within the contractually established time frame of 60 days from date of service. If there is a staffing shortage, the DOH Medicaid claims coordinator should be trained to prepare the HCFA 1500. If there is a technical problem, the DOH Medicaid claims coordinator should prepare a hard copy HCFA 1500 utilizing data from INPHORM system.

DOH Response:

As of October 2000, PHD is billing MCOs within 60 days of services. Billings are no longer being rejected due to the two month limit. DOH is also meeting the Medicaid fee-for-service 120 day requirement by submitting claims within 60 days of the date of service. Billing is occurring through INPHORM, the client data system, into which all local health office clients are registered which then produces data used to bill the MCOs.

A problem remains in that PHD billing staff does not have sufficient information that identifies in which MCO Salud! clients are enrolled. Thus this information must be retrieved from the Medicaid database which results in delays when PHD staff are unable to perform this function during a specific one month billing period.

LAB AND PHARMACY SERVICES TO MCOs. DOH does not bill for the lab and pharmacy services to MCOs resulting in a subsidization of MCOs Salud! cost with state resources. Similarly, DOH does not bill MCOs for the dental sealants or other services provided by school districts.

PHD utilizes the Scientific Laboratory Division (SLD) and Tricor Labs for all clients who need lab testing services. Tricor bills MCOs for the lab tests rendered to Salud! clients and the Department of Health for non-Salud! clients. SLD bills approximately \$312,000 annually for lab services for all PHD patients. However, Medicaid clients are not

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separated from non-Medicaid clients. Therefore, SLD does not receive any compensation from the managed care organizations for Salud! patients. It is not known how many Salud! patients received lab testing services from SLD.

PHD's Pharmacy Unit also provides medicinal drugs to Salud! clients, but does not identify costs of pharmaceuticals provided to them. Therefore, PHD does not bill MCOs for pharmaceutical costs. It is impossible to estimate how much PHD is subsidizing MCOs costs for these services. Current MCO contracts do not specifically provide for reimbursing PHD for lab testing and pharmaceutical services.

Recommendation:

Renegotiate contracts with MCOs to ensure that all medical services provided by DOH to Salud! clients are reimbursed. Require SLD and PHD Pharmacy Unit to maintain records of services provided to Medicaid clients for billing purposes.

DOH Response:

No change at this time. Contract renegotiation is not finalized yet, but DOH is unlikely to add a clause for fees for lab testing and pharmaceuticals to contracts.

LOVELACE DOES NOT REFER SALUD! PATIENTS TO DOH's FAMILIES FIRST PROGRAM FOR CASE MANAGEMENT. Unlike other MCOs, Lovelace does not refer and list the DOH's Families FIRST program as its preferred provider for prenatal case management services.

Lovelace has purchased services of program case management from the Families FIRST program. However, when Families FIRST providers identify high-risk Lovelace Medicaid clients, a majority of cases are denied while Presbyterian and Cimarron have accepted Families FIRST as their preferred provider. Presbyterian and Cimarron have also delegated all responsibility for provider licensure, claims management, and treatment decisions to Families FIRST.

Lovelace, on the other hand, does not list Families FIRST as a "preferred" provider in its member handbook and instead sends patients to a telephonic case management service. Lovelace states that Families FIRST prenatal services (particularly counseling services) do not meet the guidelines per Medical Assistance Division policy 606.1.1.33

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which states that Medicaid covers services which are medically necessary for the diagnosis and/or treatment of illness, injuries or conditions of recipients, as determined by the Medical Assistance Division (MAD).

Recommendation:

Add a specific clause to Lovelace contract being negotiated requiring Families FIRST to be listed as a preferred provider. Also, standardize contracts to provide more consistency between the services that the MCOs choose to cover.

DOH Response:

No change at this time. Although contract renegotiation is not finalized, DOH is unlikely to add a specific clause in the Lovelace contract to accept Families FIRST as a preferred provider.

FEES PAID BY MCOs TO DOH/PHD. Fees paid to PHD by MCOs are generally lower, especially by Lovelace.

Fees are generally low since the MCOs attempt to minimize costs and tend to pay PHD at usual and customary rates. PHD states that its costs are higher because higher quality services are provided than the MCOs provide because PHD's mission is to improve health, rather than be cost neutral. For example, Lovelace has purchased services of pregnant women case management (Procedure code 0082Y) from Families FIRST for \$190 (3.5 hours x \$12.50/15 minute units) while Presbyterian and Cimarron have purchased these services for \$250 (5 hours x \$12.50/15 minute units). Families FIRST covers eligible pregnant women and children. Families FIRST provides both physical and psycho-social rehabilitation services. In FY99, the program served one-third of the eligible New Mexico Medicaid population.

Also, Lovelace does not have a contract for children 0-3 case management services (Procedure code 0083Y) with Department of Health. Presbyterian and Cimarron have a contract to purchase such services for \$200 per case.

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Recommendation:

Propose that Lovelace increase the service time from 3.5 hours to 5 hours for pregnant women case management during contract negotiations. Also establish a contract with Lovelace for the Families FIRST children 0-3 case management services as Presbyterian and Cimarron have done.

DOH Response:

No change at this time. Although contract renegotiation is not finalized yet, DOH is unlikely to increase the service time in the Lovelace contract.

EXHIBITS

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Below is a chronological list of correspondence between the department and Rio Rancho Public Schools which depicts the stalemate due to breakdown in communication between the major players involved, coupled with failure to compromise.

- March 15, 2000 - Medicaid in the Schools invoice received for second quarter (Oct.- Dec. 1999) from Rio Rancho Public Schools (RRPS);
- April 15, 2000 - Invoice returned to school district outlining areas of concern and requesting it be resubmitted with corrections and clarifications;
- May 8, 2000 - RRPS responds to departments' request for corrections and clarification;
- May 26, 2000 - Department responds to RRPS response and again asks that the invoice be resubmitted with described corrections;
- May 25, 2000 - Medicaid in the Schools invoice received for **third** quarter (Jan.- Mar. 2000) from RRPS;
- May 26, 2000 - Department returns **third** quarter invoice to school district outlining areas of concern and requesting it be resubmitted with corrections and clarifications;
- June 6, 2000 - RRPS defends their invoice with explanations but still does not resubmit their second quarter invoice to the satisfaction of HSD;
- June 27, 2000 - RRPS responds to the HSD request for more information and clarification for their **third** quarter invoice;
- August 8, 2000 - department again asks RRPS to resubmit their second quarter invoice with department prescribed corrections; and
- September 26, 2000 - MITS invoices for the second and third quarter of RRPS remain unpaid.

Medicaid In The Schools Payment Tracking

School Year 1999-2000

Exhibit B

Administrative Time Study Invoices: Table 1 of 3.

Amounts in thousands (000's)

School District	1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		Total Invoiced	Total Paid	Unpaid Balance
	Jul. - Sep. 1999		Oct.-Dec. 1999		Jan. - Mar. 2000		Apr. - June 2000				
	Invoiced	Paid	Invoiced	Paid	Invoiced	Paid	Invoiced	Paid			
AlamogordoSchools(NOTE9)							32.5		32.5		32.5
Albuquerque Pub. Schools	472.8	472.8	659.9	4.0	637.7	4.0	448.6		1,746.2	7.9	1,738.3
Artesia Pub. Schools	11.7	11.7	8.2	8.2	11.8	1.6	15.0		34.9	9.8	25.2
Belen Cons. Schools	11.6	11.6	58.7		88.9		84.9		232.6		232.6
BernalilloPub. Schools	3.5	3.5	2.1	2.1		1.6			2.1	3.7	(1.6)
Carlsbad Municip.Schools	89.5	89.5	131.4	131.4	111.3	56.1	121.8		364.5	187.6	176.9
Central Consol. Schools	16.5	16.5	46.1		46.6		64.9		157.7		157.7
Chama Valley Indep.	7.5	7.5	12.7	12.7	7.4		17.6		37.7	12.7	24.9
Clovis Municip. Schools	21.5	21.5	55.5	55.5	63.1	0.9	99.8		218.4	56.4	162.0
Cobre Consol.Schools	20.4	20.4	33.3		30.6		45.3		109.2		109.2
Cuba Ind.Schools	0.8	0.8	13.2		5.9		8.5		27.6		27.6
Deming Public Schools	26.1	26.1	42.5		42.1		47.4		132.0		132.0
Gadsden Indep. Schools	56.8	56.8	84.2	5.8	79.9	4.8	79.2		243.3	10.6	232.7
Gallup Public Schools	90.7	90.7	115.8		128.2		169.3		413.4		413.4
Grants/Cibola Schools	8.1	8.1	33.7		25.3		18.1		77.0		77.0
JemezValleyIndep.Schools	3.0	3.0	3.9	3.9	5.2		6.3		15.4	3.9	11.5
Las Cruces Pub. Schools	174.0	174.0	138.4		144.2		138.6		421.2		421.2
Las Vegas City Schools	8.7	8.7	24.5		23.0		32.2		79.7		79.7
Los Lunas District	58.8	58.8	87.2		82.3		78.9		248.4		248.4
Lovington Munic.Schools	15.4	15.4	42.2	42.2	22.9	13.3	63.0		128.1	55.5	72.5

Administrative Time Study Invoices: Table 2 of 3.

Exhibit B

Amounts in thousands (000's)

School District	1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		Total Invoiced	Total Paid	Unpaid Balance
	Jul. - Sep. 1999		Oct.-Dec. 1999		Jan. - Mar. 2000		Apr. - June 2000				
	Invoiced	Paid	Invoiced	Paid	Invoiced	Paid	Invoiced	Paid			
Magdalena Mun. Schools	52.7	52.7	23.0	23.0	20.6		17.3		60.9	23.0	37.9
Mesa Vista Cons. Schools	4.2	4.2	16.4		4.4		12.8		33.6		33.6
Mora Indep. Schools	16.6	16.6	20.0		24.1		71.5		115.5		115.5
Moriarty Mun. Schools	73.4	73.4	64.1		61.7		66.2		192.0		192.0
Pecos Indep. Schools	12.3	12.3	24.2	5.9	20.1	8.1	31.4		75.7	13.9	61.8
Penasco Indep. Schools	7.4	7.4	8.7	8.7	11.4		7.3		27.4	8.7	18.8
Pojoaque Valley Schools	7.8	7.8	6.2		12.4		7.7		26.3		26.3
Questa Public Schools	2.3	2.3	3.6		14.5		19.3		37.4		37.4
RCC #1 (NOTE4&5)	15.3	15.3	47.2	7.7	12.2	7.9			59.5	15.6	43.9
High Plains REC#3 (NOTE2)	43.4	43.4	3.0	3.0	3.0		3.0		9.0	3.0	6.0
Raton			35.5	35.5	47.8		57.0		140.3	35.5	104.8
Cimarron			12.3	12.3	13.2		17.9		43.4	12.3	31.0
Maxwell			11.1	11.1	8.8		9.2		29.1	11.1	18.0
Roy			0.3	0.3	1.7				2.0	0.3	1.7
Mosquero			8.4	8.4	2.2		2.7		13.4	8.4	4.9
Clayton			27.7	27.7	31.7		48.9		108.4	27.7	80.7
Des Moines			3.7	3.7	5.9		5.9		15.4	3.7	11.8
Springer(NOTE3)			18.3	18.3					18.3	18.3	0.0
RCC #6 (NOTE8)	32.7	32.7	68.6		78.7	2.0	72.9		220.1	2.0	218.1
Lea RCC #7(NOTE10)Tatum	63.1	63.1	3.3	3.3	4.3		13.2		20.8	3.3	17.5

Administrative Time Study Invoices: Table 3 of 3.

Exhibit B

Amounts in thousands (000's)

School District	1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		Total Invoiced	Total Paid	Unpaid Balance
	Jul. - Sep. 1999		Oct.-Dec. 1999		Jan. - Mar. 2000		Apr. - June 2000				
	Invoiced	Paid	Invoiced	Paid	Invoiced	Paid	Invoiced	Paid			
Eunice			25.9	25.9	24.6		25.7		76.2	25.9	50.3
Hobbs			43.0	43.0	44.2		41.1		128.3	43.0	85.3
Jal			5.7	5.7	9.6		13.3		28.6	5.7	22.9
RCC #8 (NOTE11) Dexter	40.9	40.9	16.1		9.3		12.2		37.6		37.6
Hagerman			6.4		3.7		4.8		14.9		14.9
Lake Arthur			3.4		1.9		2.5		7.8		7.8
Loving			7.7		4.4		5.8		18.0		18.0
RCC #9 (NOTE6)	41.6	41.6	32.3	5.6	26.7	5.0	35.0		94.0	10.6	83.4
RCC #10(NOTE12) Animas			4.3	2.8	2.9	2.8	4.1		11.3	5.5	5.8
Lordsburg			10.4		8.2		8.5		27.2		27.2
Hatch			12.3		12.4		7.9		32.6		32.6
T or C			15.7		24.8		14.5		55.0		55.0
Rio Rancho Pub. Schools	43.1	43.1	45.4	1.9	47.8		49.4		142.6	1.9	140.7
Roswell Indep. Schools			39.5	39.5	72.0		44.5		156.1	39.5	116.6
Santa Fe Public Schools	8.5	8.5	28.0	2.3	18.6	2.3	36.7		83.3	4.7	78.7
Santa Rosa Cons. Schools	5.9	5.9	16.6		22.3		20.3		59.2		59.2
Silver Cons. Schools	26.5	26.5	66.9		63.1		89.6		219.6		219.6
Socorro Cons. Schools	11.1	11.1	20.0		17.2		24.2		61.4		61.4
Taos Pub. Schools	18.5	18.5	46.8		47.4		66.5		160.7		160.7
Tucumcari Pub. Schools	12.6	12.6	21.5		27.7		27.6		76.8		76.8
W. Las Vegas (NOTE7)					38.8	2.5	53.6		92.5	2.5	90.0
Zuni Public Schools	2.8	2.8	18.6		11.6		13.4		43.6		43.6
TOTALS	1,640.3	1,640.3	2,485.8	561.4	2,474.2	112.9	2,637.4	0.0	9,237.8	2,314.6	6,923.2

NOTES:

#1 Data unavailable for 4th qtr. For Cuba Ind. Schools

#2 Breakdown for 1st qtr. Unavailable. Data unavailable for 4th qtr.

#3 Springer commenced independent billing at the start of calendar year 2000

#4 Breakdown of participating schools not provided by RCC

#5 Data unavailable for RCC #1 for 4th qtr

#6 Includes Capitan, Carrizozo, Cloudcroft, Corona, Hondo, Ruidoso, Tularosa—breakdown not provided by RCC

#7 West Las Vegas began participating in the MITS program on January 1, 2000

#8 RCC did not provide amounts for individual district members which are Dora, Elida, Floyd, Ft. Sumner, Grady, House, Logan, Melrose, Portales, San Jon, Texico

#9 Alamogordo began billing for MITS during the 4th qtr.

#10 Breakdown unavailable for 1st qtr.

#11 Breakdown for 1st qtr. Unavailable

#12 Breakdown for 1st qtr. Unavailable

Medicaid In The Schools Payment Tracking**Exhibit C****School Year 1999-2000****Direct Services: Table 1 of 2****Amounts in thousands (000's)**

School District	1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		Total Invoiced	Total Paid
	Jul.- Sep. 1999		Oct.-Dec. 1999		Jan. - Mar. 2000		Apr. - June 2000			
	Invoiced	Paid Amt.	Invoiced	Paid Amt.	Invoiced	Paid Amt.	Invoiced	Paid Amt.		
Alamogordo Schools										
Albuquerque Pub. Schools	9.1	9.1	628.0	628.0	701.6	701.6	740.7	740.7	2,070.4	2,070.4
Artesia Pub. Schools	(0.1)	(0.1)	29.1	29.1	56.2	56.2	29.2	29.2	114.4	114.4
Belen Cons. Schools	2.1	2.1	90.4	90.4	73.8	73.8	63.8	63.8	228.0	228.0
Bernalillo Pub. Schools	6.0	6.0	102.0	102.0	44.0	44.0	85.4	85.4	231.4	231.4
Carlsbad Municip.Schools	61.7	61.7	8.4	8.4	99.1	99.1	81.7	81.7	189.2	189.2
Central Consol. Schools	0.2	0.2	75.4	75.4	119.3	119.3	114.0	114.0	308.7	308.7
Chama Valley Indep.	2.1	2.1	17.3	17.3	11.9	11.9	15.7	15.7	44.9	44.9
Clovis Municip. Schools			64.2	64.2	42.9	42.9	175.1	175.1	282.2	282.2
Cobre Consol.Schools					32.3	32.3	24.4	24.4	56.7	56.7
Cuba Ind. Schools			9.1	9.1	15.0	15.0	12.9	12.9	37.0	37.0
Deming Public Schools			6.4	6.4	12.8	12.8	13.2	13.2	32.4	32.4
Gadsden Indep. Schools	74.9	74.9	79.1	79.1	92.5	92.5	157.6	157.6	329.2	329.2
Gallup Public Schools	2.6	2.6	29.5	29.5	42.9	42.9	61.2	61.2	133.6	133.6
Grants/Cibola Schools			30.7	30.7	37.1	37.1	26.1	26.1	93.9	93.9
JemezValleyIndep.Schools										
Las Cruces Pub. Schools	151.6	151.6	236.6	236.6	234.5	234.5	317.4	317.4	788.5	788.5
Las Vegas City Schools										
Los Lunas District	3.7	3.7	106.2	106.2	112.4	112.4	85.6	85.6	304.2	304.2
Lovington Munic.Schools	5.0	5.0	40.9	40.9	36.8	36.8	24.9	24.9	102.5	102.5
Magdalena Mun. Schools	0.7	0.7	5.4	5.4	11.6	11.6	7.3	7.3	24.3	24.3
Mesa Vista Cons. Schools										
Mora Indep. Schools			9.9	9.9	9.6	9.6	9.9	9.9	29.3	29.3

Direct Services: Table 2 of 2**Exhibit C****Amounts in thousands (000's)**

School District	1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		Total Invoiced	Total Paid
	Jul.- Sep. 1999		Oct.-Dec. 1999		Jan. - Mar. 2000		Apr. - June 2000			
	Invoiced	Paid Amt.	Invoiced	Paid Amt.	Invoiced	Paid Amt.	Invoiced	Paid Amt.		
Moriarty Mun. Schools	19.8	19.8	50.0	50.0	30.4	30.4	126.1	126.1	206.6	206.6
Pecos Indep. Schools										
Penasco Indep. Schools			5.3	5.3	12.0	12.0	5.9	5.9	23.1	23.1
Pojoaque Valley Schools	3.3	3.3	9.7	9.7	16.0	16.0	14.4	14.4	40.1	40.1
Questa Public Schools										
RCC #1	0.2	0.2	11.4	11.4	51.9	51.9	25.9	25.9	89.1	89.1
High Plains REC #3			31.1	31.1	16.6	16.6	36.7	36.7	84.4	84.4
RCC #6	2.3	2.3	30.3	30.3	52.0	52.0	34.2	34.2	116.4	116.4
Lea RCC #7			87.6	87.6	68.9	68.9	62.7	62.7	219.2	219.2
PV RCC #8			52.2	52.2	42.3	42.3	32.1	32.1	126.6	126.6
RCC #9	1.4	1.4	41.7	41.7	164.6	164.6	98.7	98.7	305.0	305.0
SWRCC #10	17.5	17.5	36.4	36.4	45.9	45.9	53.1	53.1	135.4	135.4
Rio Rancho Pub. Schools										
Roswell Indep. Schools										
Santa Fe Public Schools	0.4	0.4	80.8	80.8	82.4	82.4	99.3	99.3	262.5	262.5
Santa Rosa Cons. Schools	1.2	1.2	18.6	18.6	5.4	5.4	5.4	5.4	29.5	29.5
Silver Cons. Schools	0.9	0.9	40.1	40.1	32.5	32.5	27.5	27.5	100.2	100.2
Socorro Cons. Schools	6.8	6.8	24.2	24.2	37.6	37.6	36.8	36.8	98.6	98.6
Taos Pub. Schools										
Tucumcari Pub. Schools	(0.0)	(0.0)	27.2	27.2	52.5	52.5	24.8	24.8	104.5	104.5
W. Las Vegas							34.2	34.2	34.2	34.2
Zuni Public Schools			20.0	20.0	24.9	24.9	23.2	23.2	68.1	68.1
TOTALS	373.3	373.3	2,135.2	2,135.2	2,521.9	2,521.9	2,787.0	2,787.0	7,817.5	7,817.5



