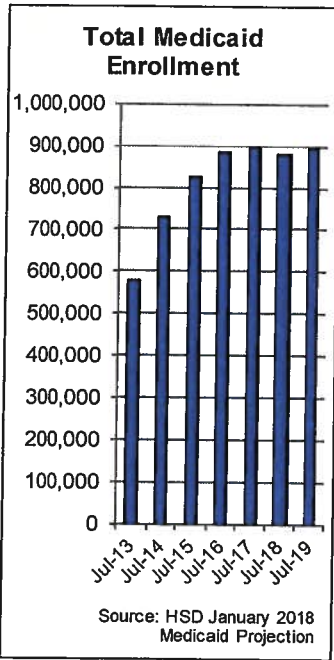




**ACTION PLAN**

- Submitted by agency? Yes
- Timeline assigned? Yes
- Responsibility assigned? Yes

HSD's quarterly performance report includes comments on each performance measure providing background and status information.



In FY18, the Medical Assistance Program was directed to pursue federal authority to establish a Medicaid-funded home-visiting program in collaboration with CYFD and DOH that will align home-visiting programs, avoid service duplication, and leverage general fund appropriations. HSD included home visiting in its Centennial Care 2.0 Medicaid waiver application.

**Human Services Department**

The Human Services Department (HSD) continues to see declining enrollment in the Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) programs. Much of the decrease is associated with administrative clearing of backlogged applications, some of which were not eligible for benefits. Concurrently, investigations and compliance issues continue to impact the department. The department has expended nearly \$1 million to support attorneys' fees, compliance efforts, special master costs, and other costs associated with the Debra Hatten-Gonzales consent decree. The consent decree mandates HSD comply with state and federal requirements, as well as the provisions of the decree itself pertaining to the administration of the SNAP and Medicaid programs. The recent special master's report indicated HSD has made progress in meeting requirements of the consent decree, but problems still remain including changing the managers in charge of oversight and operation of the programs.

The department increased service requirements for managed care organizations in an effort to improve Medicaid outcomes in areas including well-child visits and reduced emergency room use. However, HSD did not report on the status of emergency room visits, well-child visits, prenatal care, and several other performance measures for which the department says it only has annual data. It is concerning that a nationally standardized program of this size and importance is not requesting the managed care organizations (MCOs) maintain quarterly baseline reporting on standard performance measures.

**Medical Assistance Division**

For FY18, the program added three new measures, including the number of managed care members enrolled in a patient-centered medical home (PCMH). HSD requires MCOs to develop PCMH models of care that include standards for access, evidence-based medicine, quality improvement, and data management. Other new measures include the rate of short-term complication admissions for Medicaid managed care members with diabetes, and Medicaid managed care members with a nursing facility level of care being served in the community.

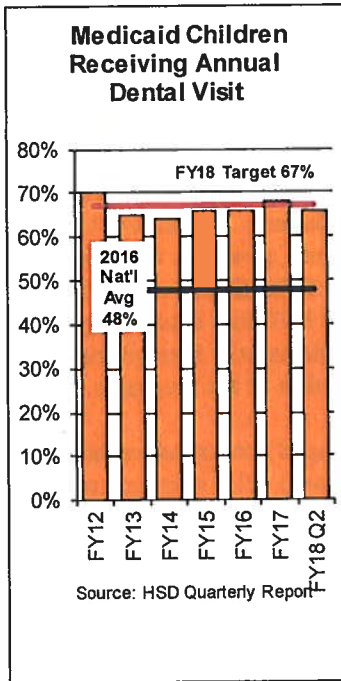
However, the department will only report annual data on seven baseline measures including individuals with diabetes who were tested during the year, emergency room visits per one thousand member months, justice-involved individuals determined eligible for Medicaid prior to release, numbers of well child visits and prenatal care visits, and Medicaid members receiving hepatitis C treatment. These are important standard measures for Medicaid programs across the country and MCOs and HSD should report quarterly trend data. HSD incorporated well child visits and other measures into MCO contracts as "tracking measures" to ensure MCOs focus on improving well-child visit outcomes. However, HSD indicates quarterly MCO data could under-report outcomes so only uses annual audited data.

MCOs provide incentives for patients to access prenatal care through the Centennial Care Member Rewards program which HSD reports has a 72 percent participation rate, in addition to incorporating quality improvement plans with a focus on the timeliness of prenatal care. HSD notes prenatal visit data is difficult to capture since the visits are often bundled with other pregnancy-related care when claims are submitted.



# PERFORMANCE REPORT CARD

Human Services Department  
Second Quarter, Fiscal Year 2018



Home and Community Based Services were opened up to any Medicaid member who met a nursing facility level of care (NFLOC) in 2014 and this allowed for more members to receive assistance in their homes or community. In the last four years, more than 80 percent of the total Medicaid members with a NFLOC have been receiving services in the community.

Medical Assistance		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$5,178,887.1    FTE: 184.5								
1	Children ages two to twenty-one enrolled in Medicaid managed care who had at least one dental visit during the measurement year	61%	68%	67%	65%	66%		G
2	Individuals in Medicaid managed care ages eighteen through seventy-five with diabetes (type 1 or type 2) who had a HbA1c test during the measurement year**	58%	60%	86%	Annual			
3*	Emergency room visits per one thousand Medicaid member months	51	45	N/A	Annual			
4	Rate of per capita use of emergency room categorized as non-emergent care	NEW	NEW	500	478	454		G
5	Hospital readmissions for children ages two to seventeen within thirty days of discharge	8%	7%	6%	6%	5%		G
6	Hospital readmissions for adults eighteen and over, within thirty days of discharge	13%	10%	<10%	10%	6%		G
7*	Justice-involved individuals determined eligible for Medicaid prior to release	NEW	NEW	N/A	No Report			
8	Rate of short-term complication admissions for Medicaid managed care members with diabetes, per one hundred thousand member months	NEW	NEW	350	150	160		G
9	Medicaid managed care members enrolled in a patient centered medical home and health homes, in thousands	NEW	NEW	215	346	333		G
10*	Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during the first fifteen months	43%	57%	N/A	Annual			
11	Children and youth in Medicaid managed care who had one or more well-child visits with a primary care physician during the measurement year	89%	85%	92%	Annual			
12	Newborns with Medicaid coverage whose mothers received a prenatal care visit in the first trimester or within forty-two days of enrollment in the managed care organization	71%	77%	85%	Annual			
13	Medicaid managed care members with a nursing facility level of care being served in the community	NEW	NEW	70%	86%	86%		G
14	Medicaid members that received hepatitis C treatment	NEW	NEW	1,200	Annual			
Program Rating		R	Y					Y

\*Explanatory measure are provided for information purposes and do not have a target.

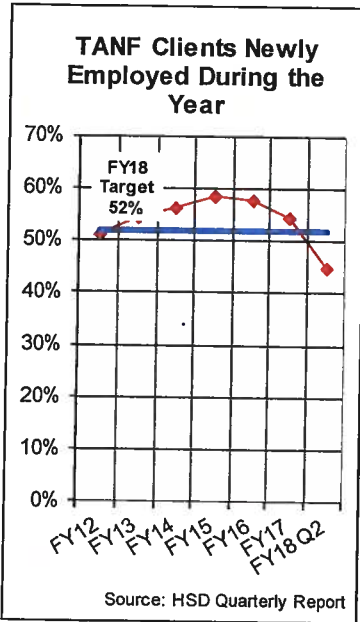
\*\*Final calendar year 2017 data audited by National Committee for Quality Assurance (NCQA) using administrative claims data and medical records.



# PERFORMANCE REPORT CARD

Human Services Department  
Second Quarter, Fiscal Year 2018

The table below provides per capita (per member per month) data for FY15 through FY17 on costs for various services provided under the Medicaid program.

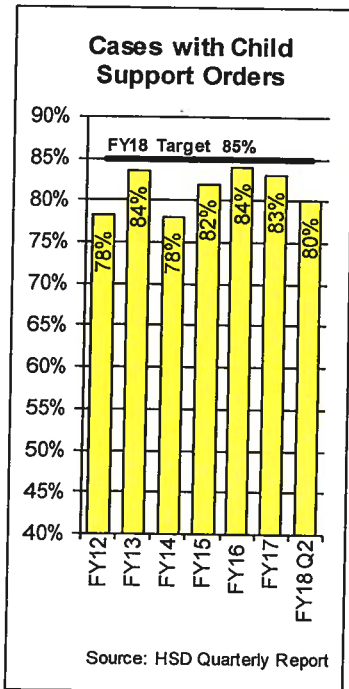


Medicaid Service Categories	Per Capita Medical Costs (PMPM)			Percentage Change		
	2015	2016	2017	2016/2015	2017/2016	2017/2015
Acute Inpatient	\$90.71	\$91.69	\$89.97	1.1%	-1.9%	-0.8%
Outpatient/Physician	\$92.29	\$93.12	\$90.82	0.9%	-2.5%	-1.6%
Nursing Facility	\$28.40	\$27.76	\$25.78	-2.2%	-7.0%	-9.2%
Community Benefit	\$47.85	\$47.46	\$46.12	-0.8%	-2.8%	-3.6%
Other Services	\$93.74	\$94.68	\$93.03	1.0%	-1.7%	-0.8%
Behavioral Health	\$32.96	\$32.94	\$32.06	-0.06%	-2.7%	-2.7%
Pharmacy	\$42.99	\$44.86	\$48.69	4.3%	8.5%	13.3%
<b>Total</b>	<b>\$428.94</b>	<b>\$432.51</b>	<b>\$426.47</b>	<b>0.6%</b>	<b>-1.4%</b>	<b>-0.8%</b>

## Income Support Division

Participation rates for families meeting temporary assistance for needy families (TANF) work requirements declined in the second quarter of FY18. ISD reports it increased its meeting frequency and monitoring of the New Mexico Works service provider who is training its employees on working with individuals with multiple barriers to employment and has implemented re-engagement teams to follow-up with clients with daily phone calls, letters and home and site visits.

In November 2016, a federal judge appointed a special master to provide objective assistance to the department to come into compliance with court orders for eligibility determination of SNAP and Medicaid benefits, and the percent of expedited SNAP cases appears to be improving.



Income Support		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$984,567.1      FTE: 1,075								
15	Temporary assistance for needy families two-parent recipients meeting federally required work requirements	63%	55%	62%	57%	58%		R
16	Temporary assistance for needy families recipients (all families) meeting federally-required work requirements	54%	52%	52%	52%	45%		R
17	Children eligible for supplemental nutrition assistance program participating in the program at one hundred thirty percent of poverty level	93%	92%	92%	Annual			
18	Temporary assistance for needy families clients who become newly employed during the fiscal year*	58%	55%	52%	Annual			
19	Expedited supplemental nutrition assistance program cases meeting federally-required timeline within seven days	98%	93%	98%	97%	98%		G
Program Rating		G	Y					Y

\*The most recent data available from the Department of Workforce Solutions was the first quarter of FY16.



**Child Support Enforcement**

The program is currently tracking behind FY18 targets. In FY17, the program did not meet targets. For FY18, HSD changed the collections measure to explanatory and so did not set a target for total child support enforcement collections, a critical measure of the program's success. HSD reports it is piloting a new business process model to provide more focused attention on collections and implement national best practices to increase performance, but no data was reported so the success of the pilot is indeterminate. The division reports a decline in the percent of cases with support orders and reports vacancy rates and IT system limitations are contributing factors.

In New Mexico, the total dollars collected in child support obligations for each dollar expended by the Child Support Enforcement Program are \$3.26. This compares to the federal fiscal year 2016 national average of \$5.22. The Child Support Enforcement Program reports it is working on improving its efficiency.

Child Support Enforcement		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$30,471.8    FTE: 383								
20	Child support cases having support arrears due, for which arrears are collected	62%	61%	67%	Annual			
21*	Total child support enforcement collections, in millions	\$141	\$140	N/A	No Data	No Data		R
22	Current child support owed that is collected	56%	56%	62%	55%	56%		R
24	Cases with support orders	84%	83%	85%	81%	80%		R
Program Rating		G	R					R

\* Explanatory measure are provided for information purposes and do not have a target.



**ACTION PLAN**

Submitted by agency?	No
Timeline assigned?	No
Responsibility assigned?	No

HSD reports the number of individuals served annually in substance abuse or mental health programs administered by the Behavioral Health Collaborative or Medicaid programs grew by 709 persons, or 4 percent, in FY17.

However, the number of clients in the Medicaid fee-for-service program receiving substance or mental health services is declining. This population includes 92 percent Native Americans.

**Behavioral Health Services Division**

With the expansion of Medicaid, the number of behavioral health clients and services increased in New Mexico. However, the Human Services Department (HSD) reports the number of clients in the Medicaid fee-for-service program is declining both in behavioral health and the physical health program. The decline in services in the Medicaid fee-for-service program disproportionately affects Native Americans who represent 92 percent of the full benefit fee-for-service program.

Concurrently, service gaps and access to care continue to remain issues in the wake of the reduction in behavioral health service providers that began in 2013.

Percent of youth on probation receiving behavioral health services is an annual measure; FY18 results can be expected November 2018. HSD notes in FY17, 63.1 percent of the youth on probation were served with behavioral health services across Medicaid and non-Medicaid programs. This represents a two percentage point increase over FY16 and exceeds the FY17 target of 60 percent.

Percent of individuals discharged from inpatient facilities who receive follow-up services within seven days is tracking with FY17, and is 2 percent below the FY18 target. Percent of individuals receiving follow-up services within 30 days is 2 percent above the target. The data for both of these targets changed and improved substantially from what HSD reported in the first quarter.

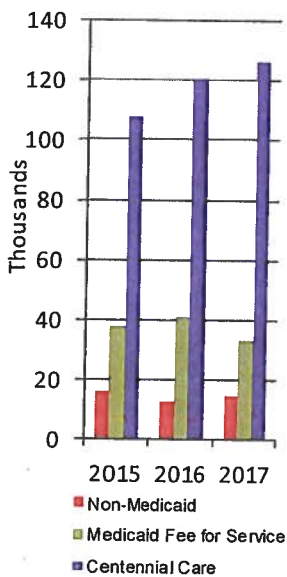
The trend is decreasing for members receiving services through telehealth. The second quarter data reflects 119 fewer persons served than the prior quarter. And it is notably lower, 20.5 percent or 524 persons, than the same period in the previous year. HSD reports this is likely due to delays in claims submission or processing by providers and managed care organizations. The number reported each quarter reflects an unduplicated count of persons served for the quarter.

The measure regarding people with a diagnosis of alcohol or drug dependency that initiated treatment and received additional services within 30 days is reported semi-annually. HSD noted the first quarter data represented an increase of 5.6 percentage points over the same quarter in the prior year indicating a positive trend. The data reflects performance across the four managed care organizations (MCOs), but does not include Medicaid fee-for-service clients or non-Medicaid clients.

The measure regarding the percentage of people with a diagnosis of alcohol or drug dependency that initiated treatment and received two or more additional services within 30 days of the initial visit is based on results that are calculated on a calendar year and received semi-annually. For the period of January through December 2017, 14.6 percent of Medicaid-only clients were engaged in care 30 days after treatment initiation. This compares with the previous six months data that indicated at the six month point, 15.4 percent of the individuals who initiated substance abuse treatment were still engaged in care 30 days after initiation. However, this number did include both Medicaid and non-Medicaid individuals.

This performance measure is part of the national Healthcare Effectiveness Data and Information Set (HEDIS), which are officially reported annually by the Medicaid MCOs. Fee-for-service Medicaid clients are not included in these counts since

**Number of Individuals in State-Funded Substance Abuse or Mental Health Programs**



Source: HSD



**PERFORMANCE REPORT CARD**

Behavioral Health Services Division  
Second Quarter, Fiscal Year 2018

The Human Services Department's Quality Improvement Committee is meeting with the Medicaid managed care organizations (MCOs) to learn more about successful strategies to improve performance.

Since 1981, New Mexico's alcohol-related death rate ranked 1st, 2nd, or 3rd in the U.S, nearly double the national rate for two decades. Additionally, the alcohol-related death rate in New Mexico is trending upward, increasing 34 percent between 2010 and 2016.

HEDIS measures are not available for that population at this time. The performance for non-Medicaid recipients was higher (30.1 percent) than for Medicaid members (13.7 percent). This pattern is similar to the full 12 months of data for 2016.

BHSD did not include the measure and data on youth suicide, consequently the measure received a red rating.

<b>Behavioral Health Services Division</b>		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$57,644.4 FTE: 45								
1	Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	10%	7%	5%	6%	6%		Y
2	Youth on probation served by a statewide entity	61%	63%	60%	Annual			N/A
3	Suicides among youth served by the Behavioral Health Collaborative and Medicaid programs	0	0	N/A	No Data			R
4	Individuals discharged from inpatient facilities who receive follow-up services at seven days	35%	43%	47%	41%	45%		Y
5	Individuals discharged from inpatient facilities who receive follow-up services at thirty days	54%	64%	67%	61%	69%		G
6	Persons served through telehealth in rural and frontier counties	3,682	4,890	2,900	2,152	2,033		R
7	People with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within thirty days of the initial visit	16%	16%	40%	15%	Semi-annual		Y
8	Reduction in the gap between children in school who are receiving behavioral health services and their counterparts in achieving age appropriate proficiency score in math (eighth grade)	2.2%	2.3%	2.2%	Annual			N/A
<b>Program Rating</b>		<b>Y</b>	<b>Y</b>					<b>Y</b>