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New Mexico Medicaid Managed Care Programs

Centennial Care 2.0

Turquoise Care

External Quality Review Report for Measurement Year 2024

April 2026

Prepared on behalf of:
The New Mexico Health Care Authority

ipro.org

Per *Title 42 Code of Federal Regulations 438.362(c)*, this *2024 External Quality Review Annual Technical Report* does not include Highly Integrated Dual Eligible Special Needs Plans offered by Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, Inc., or Centene Corporation (parent company of Western Sky Community Care).

Table of Contents

List of Tables **4**

State Medicaid Managed Care Program Changes that Occurred in 2024 ..... **7**
Program Renaming 7
Managed Care Organization Updates 7
Scope External Quality Review Activities 7
Impact on Oversight and Data 9
What This Means for Medicaid Members 9

About This Report **11**
External Quality Review and Annual Technical Report Requirements 11
2024 External Quality Review 12

New Mexico State Medicaid Managed Care Program and Medicaid Quality Strategy **15**
History of the New Mexico Medicaid Managed Care Program 15
New Mexico State Medicaid Quality Strategy 15
IPRO's Assessment of the New Mexico Medicaid Quality Strategy (2024) 18
Recommendations to the New Mexico Health Care Authority 19

Medicaid Managed Care Organization Profiles **20**
Centennial Care 2.0 20
Turquoise Care 20

Information Systems Capabilities Assessment – Technical Summary **21**
Objectives 21
Technical Methods of Data Collection and Analysis 21
Description of Data Obtained 22
Comparative Results 22

External Quality Review Activity 1. Validation of Performance Improvement Projects – Technical Summary **24**
Objectives 24
Technical Methods of Data Collection and Analysis 25
Description of Data Obtained 26
Comparative Results 27

External Quality Review Activity 2. Validation of Performance Measures – Technical Summary **80**
Objectives 80
Technical Methods for Data Collection and Analysis 85
Description of Data Obtained 89
Comparative Results 90

External Quality Review Activity 3. Review of Compliance with Medicaid and Children's Health Insurance Program Standards – Technical Summary **96**
Objectives 96
Technical Methods of Data Collection and Analysis 96
Description of Data Obtained 100
Comparative Results 100

External Quality Review Activity 4. Validation of Network Adequacy – Technical Summary **103**

Objectives 103
Technical Methods of Data Collection and Analysis 106
Description of Data Obtained 107
Comparative Results 108

External Quality Review Activity 6. Validation of Quality-of-Care Surveys – Technical Summary ... 146
Objectives 146
Technical Methods of Data Collection and Analysis 146
Description of Data Obtained 148
Comparative Results 148

NCQA Accreditation – Technical Summary 151
Objectives 151
Technical Methods of Data Collection and Analysis 152
Description of Data Obtained 153
Comparative Results 153

Managed Care Organization Response to the 2023 External Quality Review Recommendations ... 155

Strengths, Opportunities, and 2024 Recommendations Related to Quality, Timeliness, and Access 191

Appendix A: Mew Mexico Medicaid Managed Care Tracking Measures Program 204

Appendix B: Managed Care Organization Performance Improvement Project Indicator Tables 206
Centennial Care 2.0 Managed Care Organizations 206
Turquoise Care Managed Care Organizations 227

Appendix C: Map of New Mexico with Urban, Rural, and Frontier Designations 255

List of Tables

Table 1: External Quality Review Activity Descriptions and Applicable Protocols 13
Table 2: 2024 External Quality Review Timeline 14
Table 3: Centennial Care 2.0 Managed Care Organization Profiles 20
Table 4: Turquoise Care Managed Care Organization Profiles 20
Table 5: IPRO's Information Systems Capabilities Assessment Determination Levels 22
Table 6: MCO Information Systems Capabilities Assessment Results issued by IPRO, 2024–2025 23
Table 7: New Mexico Medicaid MCO Performance Improvement Project Topics, 2024 25
Table 8: IPRO's Performance Improvement Project Validation Scoring and Compliance Levels 26
Table 9: Centennial Care 2.0 Performance Improvement Project Validation Results, 2024 27
Table 10: BCBS's Centennial Care 2.0 Performance Improvement Project Summaries 28
Table 11: PHP's Centennial Care 2.0 Performance Improvement Project Summaries 31
Table 12: WSCC's Centennial Care 2.0 Performance Improvement Project Summaries 33
Table 13: Centennial Care 2.0 MCOs' Performance Improvement Project #1 Indicator Summary 35
Table 14: Centennial Care 2.0 MCOs' Performance Improvement Project #2 Indicator Summary 36
Table 15: Centennial Care 2.0 MCOs' Performance Improvement Project #3 Indicator Summary 38
Table 16: Centennial Care 2.0 MCOs' Performance Improvement Project #4 Indicator Summary 39
Table 17: Centennial Care 2.0 MCOs' Performance Improvement Project #5 Indicator Summary 40
Table 18: Turquoise Care Performance Improvement Project Validation Results, 2024-2025 42
Table 19: BCBS's Turquoise Care Performance Improvement Project Summaries 43
Table 20: MHC's Turquoise Care Performance Improvement Project Summaries 49
Table 21: PHP's Turquoise Care Performance Improvement Project Summaries 54
Table 22: UHC's Turquoise Care Performance Improvement Project Summaries 60
Table 23: Turquoise Care MCOs' Performance Improvement Project #1 Indicator Summary 64
Table 24: Turquoise Care MCOs' Performance Improvement Project #2 Indicator Summary 67
Table 25: Turquoise Care MCOs' Performance Improvement Project #3 Indicator Summary 70
Table 26: Turquoise Care MCOs' Performance Improvement Project #4 Indicator Summary 73
Table 27: Turquoise Care MCOs' Performance Improvement Project #5 Indicator Summary 77
Table 28: Turquoise Care MCO's Performance Improvement Project #6 Indicator Summary (PHP, only) 79
Table 29: Centennial Care 2.0 Performance Measure Descriptions, Measurement Year 2024 80
Table 30: Turquoise Care Performance Measure Descriptions, Measurement Year 2024 82
Table 31: MCO HEDIS Vendors and HEDIS Compliance Auditors, Measurement Year 2024 84
Table 32: NCQA's Information System Capabilities Standards 86

Table 33: NCQA's Performance Measure Designations 88
Table 34: NCQA Information System Capabilities Review Results by Managed Care Organization, Measurement Year 2024 90
Table 35: Centennial Care 2.0 – Performance Measure Rates for Q1-2024 and Q2-2024 92
Table 36: Centennial Care 2.0 – MCO Performance Measure Rates for Measurement Year 2024 (January 1, 2024–December 31, 2024) 93
Table 37: Turquoise Care – MCO Performance Measure Rates for Q3-2024 and Q4-2024 94
Table 38: Turquoise Care – Performance Measure Rates for Measurement Year 2024 (January 1, 2024–December 31, 2024) 95
Table 39: Federal and Turquoise Care Compliance Review Subjects, 2024-2025 97
Table 40: Review Determination Definitions 98
Table 41: Available Points Per Subject – Document Review 98
Table 42: Available Points Per Subject – File Review 99
Table 43: Compliance Level Definitions 100
Table 44: Summary of MCO Compliance Review Results, 2024-2025 100
Table 45: MCO Compliance with Federal Medicaid Standards, 2023-2024 101
Table 46: MCO Compliance with Turquoise Care Standards, 2024-2025 102
Table 47: New Mexico Access and Distance Standards for Medicaid Networks 103
Table 48: State-Established Appointment Wait Time Standards for Medicaid Managed Care Networks 104
Table 49: Required Reporting for New Mexico Medicaid Managed Care Organizations, 2024 107
Table 50: MCO Validation of Network Adequacy Results – 2024-2025 108
Table 51: Compliance Review Results – 2024 109
Table 52: Primary Care Provider to Member Ratios – 2024 109
Table 53: Members with At Least One Telemedicine Visit – 2024 110
Table 54: Members with At Least One Physical Health Telemedicine Visit – 2024 111
Table 55: Members with At Least One Behavioral Health Telemedicine Visit – 2024 112
Table 56: MCO Compliance with State Standards: Physical Health: Urban Access, 2024 113
Table 57: MCO Compliance with State Standards: Behavioral Health: Urban Access, 2024 117
Table 58: MCO Compliance with State Standards: Hospitals: Urban Access, 2024 120
Table 59: MCO Compliance with State Standards: Ancillary Providers: Urban Access, 2024 121
Table 60: MCO Compliance with State Standards: Long-Term Care Providers: Urban Access, 2024 122
Table 61: MCO Compliance with State Standards: Physical Health: Rural Access, 2024 123
Table 62: MCO Compliance with State Standards: Behavioral Health: Rural Access, 2024 127
Table 63: MCO Compliance with State Standards: Ancillary Providers: Rural Access, 2024 131

Table 64: MCO Compliance with State Standards: Hospitals: Rural Access, 2024 132
Table 65: MCO Compliance with State Standards: Long-Term Care Providers: Rural Access, 2024 133
Table 66: MCO Compliance with State Standards: Physical Health: Frontier Access, 2024 134
Table 67: MCO Compliance with State Standards: Behavioral Health: Frontier Access, 2024 138
Table 68: MCO Compliance with State Standards: Hospitals: Frontier Access, 2024 142
Table 69: MCO Compliance with State Standards: Ancillary Providers: Frontier Access, 2024 143
Table 70: Centennial Care 2.0 Appointment Wait Time Secret Shopper Survey Results, 2024 144
Table 71: Turquoise Care Appointment Wait Time Secret Shopper Survey Results, 2024 145
Table 72: CAHPS Technical Methods of Data Collection by Managed Care Organization, Measurement Year 2024 147
Table 73: CAHPS Categories and Response Options 148
Table 74: MCO CAHPS Adult Medicaid Results, Measurement Year 2024 149
Table 75: MCO CAHPS Child (General Population) Medicaid Results, Measurement Year 2024 150
Table 76: NCQA Accreditation Status Levels and Points 152
Table 77: NCQA Health Plan Star Rating Scale 153
Table 78: Managed Care Organization NCQA Rating by Category, Measurement Year 2024 154
Table 79: MCO Response to Recommendation Assessment Levels 155
Table 80: BCBS's Response to the 2023 External Quality Review Recommendations 156
Table 81: PHP's Response to the 2023 External Quality Review Recommendations 177
Table 82: BCBS's Strengths, Opportunities, and Recommendations, 2024 192
Table 83: MHC's Strengths, Opportunities, and Recommendations, 2024 192
Table 84: PHP's Strengths, Opportunities, and Recommendations, 2024 195
Table 85: WSCC's Strengths, Opportunities, and Recommendations, 2024 198

State Medicaid Managed Care Program Changes that Occurred in 2024

In 2024, New Mexico's Medicaid managed care program underwent several key changes affecting program structure and data reporting.

Program Renaming

The New Mexico Medicaid managed care program transitioned from *Centennial Care 2.0* to *Turquoise Care* on July 1, 2024. Centennial Care 2.0 remained active through June 30, 2024.

Managed Care Organization Updates

In July 2024, the managed care organizations participating in New Mexico's Medicaid managed care program changed. Western Sky Community Care, Inc. exited the program on June 30, 2024. However, legacy managed care organizations, Blue Cross and Blue Shield of New Mexico and Presbyterian Health Plan, Inc. continued their participation under the newly launched Turquoise Care program. Additionally, Molina Healthcare of New Mexico and UnitedHealthcare Community Plan of New Mexico joined the program starting July 1, 2024.

Scope External Quality Review Activities

External Quality Review Activity 1 – Validation of Performance Improvement Projects

In 2024, the Health Care Authority held Centennial Care 2.0 and Turquoise Care managed care organizations accountable for meeting federal and state performance improvement requirements.

Between January 1, 2024, and June 30, 2024, Centennial Care 2.0 managed care organizations were required to implement performance improvement projects in five areas: on long-term services and supports; prenatal and postpartum care; adult obesity; diabetes management and prevention; and clinical depression screening and follow-up.

Between July 1, 2024, and December 31, 2024, Turquoise Care managed care organizations were required to implement improvement projects in five areas: access to living facilities; substance use disorder enhanced services for 12 months for perinatal members; access to obstetrics/gynecology services in rural and frontier regions; well-child and adolescent care and immunizations; and access to hepatitis C treatment. A sixth performance improvement project—focused on children in state custody—is required only for Presbyterian Health Plan, Inc., which provides health coverage for most children in state custody.

External Quality Review Activity 2 – Validation of Performance Measures

In 2024, the New Mexico Health Care Authority required all managed care organizations to submit quarterly performance measure reports. This quarterly reporting applied to every managed care organization participating in the Medicaid managed care program, ensuring consistent and timely data collection across managed care organizations.

Annual NCQA HEDIS submissions, however, were required for the two legacy plans — Blue Cross and Blue Shield of New Mexico and Presbyterian Health Plan, Inc. For other managed care organizations, annual NCQA HEDIS reporting was not mandated for the 2024 measurement year.

Throughout the year, the New Mexico Health Care Authority maintained ongoing monitoring of all reported performance measures. This continuous oversight enabled the agency to track managed care organization performance, identify trends, and ensure that each organization remained focused on improving outcomes for members. The quarterly data submissions were used to evaluate performance, inform stakeholders, and guide quality improvement efforts.

By structuring the reporting requirements in this way, the New Mexico Health Care Authority ensured robust accountability and transparency, while also adapting to the evolving needs of the managed care systems.

The New Mexico Health Care Authority uses the NCQA HEDIS program as a mechanism to monitor the performance of Medicaid managed care organizations. The annual reporting of HEDIS performance measure data by each managed care organization is required by the agreement with the New Mexico Health Care Authority and by the NCQA Accreditation program which the managed care organizations are required to achieve and maintain.

External Quality Review Activity 3 – Review of Compliance with Medicaid and Children's Health Insurance Program Standards

In 2024, the Health Care Authority required each Centennial Care 2.0 managed care organization to participate in a partial review of its structure and operations for the period of January 1, 2023, to April 30, 2024. The partial review format called for the assessment of managed care organization compliance with the standards that the managed care organization did not "fully" meet during the most recent full compliance review. Between 2023 and 2024, the Health Care Authority required each managed care organization to participate in a full review of its structure and operations for the period of May 1, 2022, to December 31, 2022.

In 2025, the Health Care Authority continued to require each Turquoise Care managed care organization to participate in a full review of its structure and operations for the period of July 1, 2024 to June 30, 2025.

External Quality Review Activity 4 – Validation of Network Adequacy

In 2024, the New Mexico Health Care Authority required all managed care organizations to submit quarterly network adequacy data. This reporting requirement applied to every managed care organization participating in the Medicaid managed care program and was established to support consistent, standardized, and timely data collection across all participating managed care organizations.

Beginning in the fourth quarter of 2024 (October 1, 2024-December 31, 2024), the New Mexico Health Care Authority implemented a revised reporting approach by consolidating two previously distinct reporting requirements *Report #55* and *Report #3*, which addressed network adequacy and geographic access into a newly developed pilot reporting structure designated as *Report #78*. This consolidation and modification of reporting methodologies and instructions were undertaken to reduce duplication of data, improve data accuracy, identify potential gaps in care, mitigate reporting errors, and lessen administrative burden on managed care organizations.

External Quality Review Activity 6 – Validation of Quality-of-Care Surveys

In 2025, the New Mexico Health Care Authority required all Turquoise Care managed care organizations to sponsor a member experience survey using NCQA's CAHPS survey instruments for adult and child enrollees. The surveys administered in 2025 evaluated member experiences during measurement year 2024.

Blue Cross and Blue Shield of New Mexico, Molina Healthcare of New Mexico, Inc., Presbyterian Health Plan, Inc., and UnitedHealthcare Community Plan of New Mexico independently contracted with NCQA-certified survey vendors to administer the 2025 CAHPS Adult Medicaid Survey and 2025 CAHPS Child Medicaid Survey with Chronic Conditions for measurement year 2024.

Impact on Oversight and Data

The New Mexico Health Care Authority's oversight of the Medicaid managed care program was not interrupted. All managed care organizations were required to comply with the requirements of the external quality review program. Oversight and accountability were maintained through this ongoing, structured reporting process.

What This Means for Medicaid Members

These changes did not affect Medicaid managed care members' eligibility or benefits. Members continued to receive care through the available managed care organizations.

Figure 1 summarizes the operational status and reporting periods for the managed care organizations under Centennial Care 2.0 and Turquoise Care in 2024, along with descriptions of activities included in this report.

Figure 1: Summary of Managed Care Organization Operational Status and External Quality Review Activities – 2024

Managed Care Organization	Centennial Care 2.0 January 1, 2024–June 30, 2024	Turquoise Care July 1, 2024–December 31, 2024	Information Systems Capabilities Assessment	Validation of Performance Improvement Projects	Validation of Performance Measures	Review of Compliance with Medicaid and Children's Health Insurance Standards	Validation of Network Adequacy	Validation of Quality-of-Care Survey
Blue Cross and Blue Shield of New Mexico	Operational	Operational	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report
Molina Healthcare of New Mexico	Not Operational	Operational	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report
Presbyterian Health Plan, Inc.	Operational	Operational	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report
UnitedHealthcare Community Plan of New Mexico	Not Operational	Operational	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report	Included in this Report
Western Sky Community Care, Inc.	Operational	Not Operational	Most Recent Results Included in the 2023 Annual Technical Report	Included in this Report	Included in this Report	Most Recent Results Included in the 2023 Annual Technical Report	Included in this Report	Most Recent Results Included in the 2022 Annual Technical Report

About This Report

External Quality Review and Annual Technical Report Requirements

The *Balanced Budget Act of 1997* requires state Medicaid agencies that contract with Medicaid managed care organizations (hereafter referred to as MCOs) to arrange for an annual, external, independent review of the quality of, timeliness of, and access to the services included in contracts between the state agency and the MCOs. *Title 42 of the Code of Federal Regulations § 438.350(a)–(f)*, sets forth the requirements for conducting an annual external quality review of contracted MCOs. States are required to contract with an external quality review organization to perform this review for each Medicaid MCO.

States must also ensure that the external quality review organization has sufficient information to conduct the external quality review, that such information is obtained through external quality review–related activities, and that the information provided to the external quality review organization is collected using methods consistent with protocols established by the Centers for Medicare & Medicaid Services.

For purposes of external quality review, "quality" is defined in *42 Code of Federal Regulations § 438.320* as "the degree to which a managed care plan, prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics; (2) the provision of services that are consistent with current professional, evidence-based knowledge; and (3) interventions for performance improvement."

Title 42 Code of Federal Regulations § 438.364(a)–(d) further requires that the results of the annual external quality review be summarized in a detailed technical report that aggregates, analyzes, and evaluates information on the quality of, timeliness of, and access to health care services furnished by MCOs to Medicaid recipients. The report must also include an assessment of the strengths and weaknesses of the MCOs with respect to health care quality, timeliness, and access, as well as recommendations for improvement.

To comply with *42 Code of Federal Regulations § 438.364(a)–(d)* and *42 Code of Federal Regulations § 438.358 Activities Related to External Quality Review*, the New Mexico Health Care Authority (hereafter referred to as the Health Care Authority) contracted with Island Peer Review Organization, Inc. (doing business as IPRO), an external quality review organization, to conduct the 2024 external quality review of the MCOs participating in New Mexico's Centennial Care 2.0 and Turquoise Care programs.

Specifically, this report presents IPRO's independent evaluation of services provided from January 1 through June 30, 2024, by Blue Cross and Blue Shield of New Mexico (hereafter referred to as BCBS), Presbyterian Health Plan, Inc. (hereafter referred to as PHP), and Western Sky Community Care, Inc. (hereafter referred to as WSCC) under Centennial Care 2.0. This report also evaluates services provided from July 1 through December 31, 2024, by BCBS, Molina Healthcare of New Mexico (hereafter referred to as MHC), PHP, and UnitedHealthcare Community Plan of New Mexico (hereafter referred to as UHC) under Turquoise Care.

This report evaluates the quality of, timeliness of, and access to health care services provided by MCOs to for Medicaid managed care and Children's Health Insurance Program enrollees.

2024 External Quality Review

The 2024 external quality review encompassed federally required external quality review activities specified in *42 Code of Federal Regulations § 438.358* and applicable optional activities elected by the state. For measurement year 2024, IPRO conducted five external quality review activities: validation of performance improvement projects, validation of performance measures, review of compliance with Medicaid standards, validation of network adequacy, and validation of quality of care surveys.

All external quality review activities were conducted in accordance with the Centers for Medicare & Medicaid Services *External Quality Review Protocols* issued in February 2023. Each activity was performed using the applicable Centers for Medicare & Medicaid Services–required protocol to ensure methodological consistency, reliability, and comparability across managed care organizations.

Table 1 summarizes the external quality review activities conducted for measurement year 2024, the corresponding Centers for Medicare & Medicaid Services *External Quality Review Protocols*, and the scope of each review.

Table 2 presents the 2024 external quality review timeline. The results of IPRO's external quality review are reported under each activity section.

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Table 1: External Quality Review Activity Descriptions and Applicable Protocols

External Quality Review Activity	Applicable External Quality Review Protocol	Activity Description
Activity 1. Validation of Performance Improvement Projects (Required)	Protocol 1	IPRO reviewed each MCO's performance improvement projects to assess whether project design, implementation, and reporting were conducted in accordance with the Centers for Medicare & Medicaid Services' *External Quality Review Protocol 1* and whether the projects were reasonably expected to result in improvements in care and services. The review also evaluated the validity and reliability of reported improvement outcomes.
Activity 2. Validation of Performance Measures (Required)	Protocol 2	IPRO reviewed Healthcare Effectiveness Data and Information Set (HEDIS®) audit results and reported performance rates submitted by MCOs and their NCQA-licensed HEDIS Compliance Audit Organizations to validate that measures were calculated and reported in accordance with Health Care Authority specifications and Centers for Medicare & Medicaid Services requirements.
Activity 3. Review of Compliance with Medicaid and Children's Health Insurance Program Standards (Required)	Protocol 3	IPRO assessed MCO compliance with applicable Medicaid and Children's Health Insurance Program requirements, including *42 Code of Federal Regulations Part 438*, the *Medicaid Managed Care Services Agreement*, and the *New Mexico Administrative Code*.
Activity 4. Validation of Network Adequacy (Required)	Protocol 4	IPRO evaluated MCO compliance with provider network standards specified in the *Medicaid Managed Care Services Agreement* and the *New Mexico Administrative Code* for selected provider types, as well as each MCO's ability to maintain a sufficient provider network to meet the needs of its Medicaid enrolled population.
Activity 6. Validation of Quality of Care Surveys (Optional)	Protocol 6	IPRO validated the administration, sampling methodology, data collection, analysis, and reporting of quality of care surveys to assess whether survey processes and results were conducted in accordance with the Centers for Medicare & Medicaid Services' *External Quality Review Protocol 6* and were sufficiently reliable and valid for use in evaluating enrollee experiences with care.

Table 2: 2024 External Quality Review Timeline

Timeline of External Quality Review Activities for Measurement Year 2024					
Activity	**New Mexico Medicaid Managed Care Program Included in Activity**	**Managed Care Organization Performance Period Under Review**	**Frequency of Managed Care Organization Reporting**	**Date Range of Managed Care Organization Reporting**	**Date Range of IPRO's External Quality Review**
Activity 1. Validation of Performance Improvement Projects	Centennial Care 2.0	1/1/2024 – 6/30/2024	Quarterly and Annually	January 2024 – July 2025	January 2024 – April 2026
	Turquoise Care	7/1/2024 – 12/31/2024		July 2024 – July 2025	
Activity 2. Validation of Performance Measures	Centennial Care 2.0	1/1/2024 – 6/30/2024	Quarterly and Annually	7/30/2025	August 2025 – January 2026
	Turquoise Care	7/1/2024 – 12/31/2024			
Activity 3. Review of Compliance with Medicaid and Children's Health Insurance Program Standards	Turquoise Care	7/1/2024 – 6/30/2026	At Least Once or As Needed During the Reporting Period	7/11/2025 – 3/31/2026	July 2025 – April 2026
Activity 4. Validation of Network Adequacy – Managed Care Organization Monitoring & Reporting	Centennial Care 2.0	1/1/2024 – 6/30/2024	Quarterly and Annually	2025 (Quarter 3)	June 2025 – March 2026
	Turquoise Care	7/1/2024 – 12/31/2024		2026 (Quarter 1)	
Activity 4. Validation of Network Adequacy – IPRO Administered Secret Shopper Surveys	Centennial Care 2.0	1/1/2024 – 6/30/2024	Varies (Reporting Via Online Provider Directories)	Not Applicable	January 2024 – December 2024
	Turquoise Care	7/1/2024 – 12/31/2024			
Activity 6. Validation of Quality of Care Survey – Member Experience Survey Administered by Managed Care Organization	Turquoise Care	7/1/2024 – 12/31/2024	Annually	7/30/2025	Validated During the Production of the External Quality Review Report
Information Systems Capabilities Assessment – IPRO Administered	Turquoise Care	1/1/2022 – 12/31/2024	As Needed During the Activity	Not Applicable	December 2025 – September 2025
Production of Annual External Quality Review Technical Report for Measurement Year 2024	Centennial Care 2.0	1/1/2024 – 6/30/2024	Varies by Activity, See Above	Varies by Activity, See Above	November 2025 – April 2026
	Turquoise Care	7/1/2024 – 12/31/2024			

New Mexico State Medicaid Managed Care Program and Medicaid Quality Strategy

History of the New Mexico Medicaid Managed Care Program

New Mexico's Medicaid managed care program, Salud, was initiated in 1997. Salud provided coverage for acute, primary, and specialty care; pharmacy; dental care; and transportation services for children, low-income adults, and non-dual-eligible aged adults. Since its inception, Medicaid managed care in New Mexico has evolved to include a comprehensive array of services delivered through an integrated model of care.

Section 1115 of the Social Security Act authorizes the Secretary of Health and Human Services to approve demonstration projects that allow states to implement programmatic changes beyond routine medical care and to focus on evidence-based interventions that improve quality of care and health outcomes. Through a Section 1115 Demonstration Waiver, the Secretary may waive certain Medicaid statutory requirements to provide states with additional flexibility to design and improve their Medicaid programs.

In July 2013, the Centers for Medicare & Medicaid Services approved New Mexico's Section 1115 Demonstration Waiver application, permitting the state to establish the Centennial Care managed care program and to require mandatory enrollment of Medicaid members. The Centennial Care waiver was approved for an initial five-year demonstration period from January 1, 2014, through December 31, 2018. Centennial Care consolidated nine existing waiver programs into a single, comprehensive Medicaid managed care delivery system and became operational on January 1, 2014.

In December 2018, New Mexico received approval for a second five-year extension of the Section 1115 Demonstration Waiver, effective January 1, 2019, through December 31, 2023. As of January 2019, the Medicaid managed care program was rebranded as Centennial Care 2.0. In June 2019, New Mexico submitted an amendment application that was approved on February 7, 2020, with an effective period from February 8, 2020, through December 31, 2023. In September 2023, the Centers for Medicare & Medicaid Services approved a temporary extension of Centennial Care 2.0, extending the demonstration period through December 31, 2024.

In 2024, the New Mexico Health Care Authority contracted with three MCOs to administer health care benefits under Centennial Care 2.0 from January 1 through June 30, 2024: Blue Cross and Blue Shield of New Mexico, Presbyterian Health Plan, Inc., and Western Sky Community Care, Inc. From July 1 through December 31, 2024, the Health Care Authority contracted with four MCOs to administer benefits under the Turquoise Care program: Blue Cross and Blue Shield of New Mexico, Molina Healthcare of New Mexico, Presbyterian Health Plan, Inc., and UnitedHealthcare Community Plan of New Mexico. Profiles of these MCOs are provided in the **Medicaid Managed Care Organization Profiles** section of this report.

New Mexico State Medicaid Quality Strategy

New Mexico's Medicaid Quality Strategy establishes the framework through which the New Mexico Health Care Authority oversees, monitors, and improves the quality, timeliness, and accessibility of services delivered to Medicaid and Children's Health Insurance Program enrollees. The Quality Strategy was updated in 2024 to reflect the transition from Centennial Care 2.0 to Turquoise Care, the approval of the Section 1115 Demonstration renewal, and significant programmatic and organizational changes, including the establishment of the New Mexico Health Care Authority.

The 2024 Quality Strategy is grounded in a continuous quality improvement model and is designed to promote accountability, transparency, and measurable improvement across MCOs. It emphasizes data-driven decision-making, systematic monitoring, and the use of validated quality measures to assess

performance and inform targeted interventions. The strategy integrates requirements across federal regulations, managed care contracts, accreditation standards, and waiver authorities to ensure a coordinated and comprehensive approach to quality oversight.

Quality Strategy Focus Area

Consistent with the updated Quality Strategy, New Mexico prioritizes improvement efforts across several core domains:

Access to Care and Network Adequacy: Ensuring timely access to primary care, specialty care, behavioral health services, long-term services and supports, and culturally responsive care through defined network adequacy standards and ongoing monitoring.

Clinical Quality and Outcomes: Advancing performance on standardized quality measures, including Healthcare Effectiveness Data and Information Set measures, with an emphasis on preventive care, maternal and child health, chronic disease management, and behavioral health outcomes.

Care Coordination and Transitions of Care: Strengthening person-centered care coordination models, particularly for individuals with complex needs, long-term services and supports, justice-involved populations, and individuals transitioning between care settings.

Health Equity and Disparities Reduction: Addressing health disparities through stratified data analysis, targeted population health management strategies, culturally and linguistically appropriate services, and initiatives addressing health-related social needs under the Section 1115 Demonstration.

Payment Reform and Value-Based Purchasing: Supporting delivery system transformation through value-based purchasing arrangements and directed payments that link provider reimbursement to quality and outcome-based performance.

Accountability and Compliance: Enforcing performance standards, accreditation requirements, utilization management standards, and corrective actions to ensure MCO compliance with state and federal requirements.

Key Quality Strategy Initiatives

To advance the goals of Turquoise Care and improve outcomes for Medicaid enrollees, New Mexico implements several interrelated quality initiatives that are monitored through the external quality review process.

Performance Measurement and Monitoring: New Mexico uses a defined set of performance measures to evaluate MCO performance related to access, quality, and outcomes. Measures are selected based on identified gaps in care, statewide priorities, and alignment with national standards. Performance is monitored on a quarterly and annual basis to assess trends, identify risks, and inform corrective actions or targeted improvement strategies. Measures that do not meet established performance expectations may be subject to enhanced monitoring, penalty assessments, and implementation of required interventions.

Performance Improvement Projects and Targeted Interventions: MCOs are required to implement performance improvement projects to address priority health topics in effort to close gaps in care. The topic areas include maternal and child health, chronic disease management, behavioral health, long-term services and supports, and access to care in underserved areas. These projects are intended to produce measurable improvement through structured interventions, defined performance indicators, and ongoing evaluation. Results of performance improvement projects are validated annually and used to inform statewide quality priorities.

Care Coordination and Transitions of Care: The Quality Strategy emphasizes person-centered care coordination to support members with complex needs, including individuals receiving long-term services and supports, members with serious mental illness or substance use disorder, justice-involved individuals, and members transitioning between care settings. Care coordination initiatives focus on comprehensive needs assessments, individualized care planning, continuity of services, and effective transitions from institutional or carceral settings to community-based care.

Health Equity and Disparities Reduction: Reducing health disparities is a central focus of the Quality Strategy. New Mexico targets improvement efforts for populations that have been historically underserved or experience disproportionate health outcomes, including pregnant and postpartum individuals, individuals with behavioral health conditions, Native American members, members with long-term services and supports needs, and justice-involved populations. Stratified data analysis, population health management plans, culturally and linguistically appropriate services, and initiatives addressing health-related social needs are all used to inform meaningful targeted interventions and monitor progress toward equity goals.

Network Adequacy and Access Oversight: New Mexico monitors MCO provider networks to ensure adequate access to primary care, specialty care, behavioral health services, and long-term services and supports. Network adequacy standards include time-and-distance requirements, provider capacity expectations, and cultural and linguistic accessibility. Ongoing monitoring, reporting, and validation activities are used to assess compliance and identify access gaps requiring corrective action.

Payment Reform and Value-Based Purchasing: The Quality Strategy supports delivery system transformation through value-based purchasing arrangements and directed payments that align provider reimbursement with quality and outcome-based performance. These initiatives are intended to incentivize improvements in care delivery, promote health equity, and strengthen provider participation in the Medicaid program while maintaining fiscal accountability.

Accreditation, Compliance, and Accountability: MCOs are required to meet accreditation standards and comply with utilization management, quality management, and reporting requirements. The Quality Strategy establishes enforcement mechanisms, including corrective action plans, sanctions, and penalties, to address noncompliance. Accreditation status, compliance review results, and corrective actions are monitored and incorporated into the overall assessment of MCO performance.

Alignment With External Quality Review

The Quality Strategy is evaluated annually through the external quality review process. The external quality review organization assesses whether MCO performance, validation activity results, quality of care survey findings, and compliance determinations align with the goals and initiatives outlined in the Quality Strategy. Findings and recommendations from the external quality review are used by the New Mexico Health Care Authority to assess the effectiveness of the Quality Strategy and to inform updates, refinements, and future quality improvement priorities.

IPRO's Assessment of the New Mexico Medicaid Quality Strategy (2024)

The New Mexico Medicaid Quality Strategy was updated in 2024 to reflect significant programmatic and organizational changes, including the transition to Turquoise Care, approval of the Section 1115 Demonstration renewal, and the establishment of the New Mexico Health Care Authority. The updated strategy establishes the framework through which the state oversees, monitors, and improves the quality, timeliness, and access to services delivered to Medicaid and Children's Health Insurance Program enrollees. The external quality review organization assessed the Quality Strategy to evaluate its alignment with federal managed care requirements, its internal coherence, and its capacity to support measurable improvement across MCOs.

Strengths

1) **Alignment with federal managed care requirements** – The Quality Strategy demonstrates strong alignment with federal Medicaid managed care requirements, including expectations related to quality assessment and performance improvement, network adequacy, care coordination, utilization management, and accountability. The strategy clearly articulates the state's approach to managed care oversight and establishes a comprehensive framework that supports consistent implementation across MCOs.

2) **Comprehensive and integrated scope** – The Quality Strategy addresses a broad range of quality domains, including access to care, clinical quality, member experience, care coordination, health equity, provider network adequacy, and payment reform. By integrating requirements across managed care contracts, accreditation standards, and waiver authorities, the strategy reflects a coordinated approach to quality management and oversight rather than a collection of isolated initiatives.

3) **Emphasis on continuous quality improvement** – The strategy is grounded in a continuous quality improvement model that emphasizes routine monitoring, performance measurement, and iterative improvement. The use of standardized performance measures, required performance improvement projects, and structured monitoring processes supports early identification of gaps in care and facilitates timely corrective action or targeted intervention.

4) **Explicit focus on health equity and priority populations** – A notable strength of the updated Quality Strategy is its explicit focus on reducing health disparities and advancing health equity. The strategy identifies priority populations and incorporates stratified data analysis, population health management planning, culturally and linguistically appropriate services, and initiatives addressing health-related social needs. These elements support a more nuanced understanding of disparities and position the state to target improvement efforts for populations at greatest risk.

5) **Clear alignment with external quality review activities** – The structure of the Quality Strategy supports meaningful evaluation through the external quality review process. Core initiatives—such as performance improvement projects, performance measurement, compliance monitoring, network adequacy oversight, and quality-of-care surveys—are directly evaluated through external quality review activities. This alignment enhances transparency and allows external quality review findings to be used effectively to assess both implementation and impact of the Quality Strategy.

Overall Assessment

Overall, the updated New Mexico Medicaid Quality Strategy provides a strong and comprehensive framework for overseeing managed care quality under Turquoise Care. The strategy reflects thoughtful integration of federal requirements, managed care contract expectations, and waiver-related initiatives, with particular strengths in continuous quality improvement and health equity. The Quality Strategy is well positioned to support meaningful evaluation through the external quality review process and to guide ongoing improvements in quality, timeliness, and access to care.

Continued attention to outcome linkage, accountability for cross-cutting initiatives, and systematic use of external quality review findings will further strengthen the Quality Strategy and enhance its effectiveness over time.

Recommendations to the New Mexico Health Care Authority

Per *Title 42 Code of Federal Regulations 438.364 External quality review results (a)(4)*, this report is required to include a description of how the Health Care Authority can target the goals and the objectives outlined in its Medicaid Quality Strategy to better support improvement in the **quality** of, **timeliness** of, and **access** to health care services furnished to Medicaid managed care enrollees. IPRO's recommendations to the Health Care Authority are to:

1) **Strengthen linkage between initiatives and measurable outcomes –** While the Quality Strategy clearly describes statewide priorities and initiatives, the state may benefit from further strengthening the explicit linkage between individual initiatives and expected measurable outcomes. Clearly articulating how specific initiatives are intended to drive improvement in defined performance measures or member experience domains would enhance evaluability and support clearer interpretation of results in the Annual Technical Report.

2) **Clarify accountability for cross-cutting initiatives –** Several initiatives—particularly those related to health equity, care coordination, and health-related social needs—span multiple program areas and oversight mechanisms. Further clarification of roles, responsibilities, and accountability across state entities and MCOs would support more consistent implementation and reduce the potential for variation in execution.

Formalize use of external quality review findings in strategy refinement – The Quality Strategy appropriately identifies external quality review as a mechanism for annual evaluation. The state may benefit from more explicitly formalizing how external quality review findings and recommendations are incorporated into Quality Strategy updates, priority setting, and refinement of oversight activities. Strengthening this feedback loop would reinforce the role of external quality review as a driver of system-level improvement.

Medicaid Managed Care Organization Profiles

Centennial Care 2.0

Table 3 displays profiles for each Centennial Care 2.0 MCO.

Table 3: Centennial Care 2.0 Managed Care Organization Profiles

Managed Care Organization	Medicaid Managed Care Start Date	Medicaid Enrollment as of 6/2024	2025 NCQA Accreditation Status
Blue Cross and Blue Shield of New Mexico (BCBS)	01/01/2014	262,799	Accredited
Presbyterian Health Plan, Inc. (PHP)	01/01/2014	905,664	Accredited
Western Sky Community Care, Inc. (WSCC)	01/01/2019	85,763	No Longer Operational in New Mexico (as of 6/30/2024)

2025 NCQA Accreditation Status is as of September 2025, and reflects measurement year 2024 performance.
Accredited means that NCQA standards were met and sufficient audited performance data were available for reporting.
Enrollment Data Source: Health Care Authority Medicaid Enrollment Dashboard Website: https://www.hca.nm.gov/2025-data-book-medicaid-enrollment-reports/

Turquoise Care

Table 4 displays profiles for each Turquoise Care MCO. Achievement of NCQA Accreditation for the New Mexico Medicaid managed care program must be achieved by each MCO no later than 1.5 years after the first date of operation. For more information see the **NCQA Accreditation – Technical Summary** section.

Table 4: Turquoise Care Managed Care Organization Profiles

Managed Care Organization	Medicaid Managed Care Start Date	Medicaid Enrollment as of 12/2024	2025 NCQA Accreditation Status
Blue Cross and Blue Shield of New Mexico (BCBS)	01/01/2014	258,193	Accredited
Molina Healthcare of New Mexico (MHC)	07/01/2024	39,930	Accredited
Presbyterian Health Plan, Inc. (PHP)	01/01/2014	350,398	Accredited
UnitedHealthcare Community Plan of New Mexico (UHC)	07/01/2024	37,817	Interim

2025 NCQA Accreditation Status is as of September 2025, and reflects measurement year 2024 performance.
Accredited means that NCQA standards were met and sufficient audited performance data were available for reporting, whereas **Interim** means that NCQA standards were met but sufficient audited performance data were not yet available for reporting.
Enrollment Data Source: Health Care Authority Medicaid Enrollment Dashboard Website: https://www.hca.nm.gov/2025-data-book-medicaid-enrollment-reports/

Information Systems Capabilities Assessment – Technical Summary

Objectives

The Centers for Medicare & Medicaid Services' *External Quality Review Protocols* (February 2023) identify an Information Systems Capabilities Assessment as a required component of external quality review activities conducted under *External Quality Review Protocols 1*, *2*, *3*, and *4*. The objective of the Information Systems Capabilities Assessment is to evaluate whether MCOs maintain information systems capable of supporting accurate, complete, timely, and reliable data for quality measurement, quality improvement, compliance monitoring, and oversight of health care service delivery.

For the 2024–2025 review cycle, the Information Systems Capabilities Assessment was conducted to assess each MCO's capacity to effectively manage the health care of its enrollees; adjudicate and review claims data; submit complete and accurate encounter data to the state; calculate and report performance measures, including HEDIS measures, Centers for Medicare & Medicaid Services' Adult and Child Core Set measures, and state-specific measures; conduct quality assessment and improvement activities; operate grievance and appeal systems; and maintain provider directories and processes that support compliance with state network adequacy standards.

The assessment also evaluated whether MCO information systems are sufficiently integrated and governed to support reliable reporting across multiple data sources and to ensure that data used for external quality review, performance measurement, and oversight activities accurately reflect services furnished to Medicaid enrollees.

Technical Methods of Data Collection and Analysis

IPRO conducted the 2024–2025 Information Systems Capabilities Assessment in accordance with *Appendix A* of the Centers for Medicare & Medicaid *Services External Quality Review Protocols* published in February 2023. *External Quality Review Protocol 2* specifies the activities to be undertaken by an external quality review organization for purposes of validating MCO–reported performance measure rates.

Consistent with *External Quality Review Protocol 2*, the Information Systems Capabilities Assessment evaluated each managed care organization's ability to support accurate, complete, and reliable data collection, integration, validation, and reporting. Specifically, the assessment included evaluation of the managed care organization's capacity to:

- manage the delivery of health care services to its enrollees;
- adjudicate and review claims data received from multiple internal and external sources;
- submit encounter data to the state and ensure the completeness and accuracy of encounter data;
- calculate and submit performance measures, including HEDIS measures, Centers for Medicare & Medicaid Services' Adult and Child Core Set measures, and state specific measures;
- conduct quality assessments and quality improvement initiatives and link to other relevant information sources;
- operate grievance systems and accurately track and report grievances and appeals; and
- maintain provider directories and processes to ensure provider network adequacy in accordance with state travel time and distance standards.

The MCOs submitted completed Information Systems Capabilities Assessment tools to IPRO on December 10, 2024, and provided supplemental documentation on January 31, 2025.

For each MCO, IPRO conducted a two-hour virtual meeting to review the submitted assessment materials, discuss information systems capabilities, and conduct interviews with MCO staff. Virtual meetings were held on April 1, 2025, for BCBS; April 3, 2025, for UHC; April 8, 2025, for PHP; and April 9, 2025, for MHC.

In accordance with Centers for Medicare & Medicaid Services requirements, IPRO compiled and analyzed information obtained through document review and MCO interviews. Based on this analysis, IPRO developed formal statements of findings regarding each MCO's information systems capabilities. The assessment determination levels applied by IPRO are presented in **Table 5**, and the assessment results for each managed care organization are presented in **Table 6**.

Table 5: IPRO's Information Systems Capabilities Assessment Determination Levels

Assessment Levels	Definition
Met	MCO met or exceeded standards.
Partially Met	MCO met some of the standards and demonstrates opportunities for improvement.
Not Met	MCO did not meet the standards, and a corrective action plan is required.
Not Applicable	Standard does not apply.

MCO: managed care organization

Description of Data Obtained

For the 2024 external quality review, IPRO reviewed the *2024–2025 Turquoise Care Information Systems Capabilities Assessment Report*, which documented IPRO's assessment results and detailed MCO information related to data integration and systems architecture; enrollment systems and processes; claims and encounter data systems; provider data systems and processes; grievance and appeal tracking systems; provider directory maintenance and network adequacy monitoring; and oversight of contracted vendors.

Supporting documentation was reviewed to assess how data are collected, validated, integrated, stored, and used to support quality assessment, quality improvement, and external reporting.

Comparative Results

At the conclusion of the 2024-2025 Information Systems Capabilities Assessment, IPRO determined that the MCOs met or exceeded the standards reviewed. **Table 6** displays the assessment topics reviewed and the assessment levels achieved for each topic by each MCO. In this table, 'met' means that the MCO met or exceeded standards. (WSCC was no longer participating in the New Mexico Medicaid managed care program at the time of the 2024–2025 Information Systems Capabilities Assessment.)

Table 6: MCO Information Systems Capabilities Assessment Results issued by IPRO, 2024–2025

Information Systems Capabilities Assessment Topic	BCBS	MHC	PHP	UHC	WSCC
Ability of the information system to oversee and manage the delivery of health care to the MCO's enrollees	Met	Met	Met	Met	Not Reviewed
Adjudication and review of claims data received from multiple sources	Met	Met	Met	Met	Not Reviewed
Validation and/or calculation of performance measures	Met	Met	Met	Met	Not Reviewed
Utility of the MCO's information system for linking to other information sources for quality related reporting	Met	Met	Met	Met	Not Reviewed
Identification and reporting of NCQA's and the Centers for Medicare & Medicaid Services' race and ethnicity categories	Met	Met	Met	Met	Not Reviewed
Ability of the information system to conduct MCO quality assessment and improvement initiatives	Met	Met	Met	Met	Not Reviewed
Completeness and accuracy of tracking of member and provider grievances and appeals	Met	Met	Met	Met	Not Reviewed
Validation and/or calculation of network adequacy reports	Met	Met	Met	Met	Not Reviewed
Ability of the information system to generate complete, accurate and timely Transformed Medicaid Statistical Information System data	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Reviewed
Completeness and accuracy of encounter data collected and submitted to the state	Met	Met	Met	Met	Not Reviewed

Met means that the MCO met or exceeded standards.

MCO: managed care organization; BCBS: Blue Cross and Blue Shield of New Mexico; MHC: Molina Healthcare of New Mexico; PHP: Presbyterian Health Plan, Inc.; UHC: UnitedHealthcare Community Plan of New Mexico; WSCC: Western Sky Community Care, Inc.

External Quality Review Activity 1. Validation of Performance Improvement Projects – Technical Summary

Objectives

Title 42 of the Code of Federal Regulations § 438.330(d), Performance Improvement Projects, requires states to mandate that contracted MCOs conduct performance improvement projects that address both clinical and non-clinical areas. According to the Centers for Medicare & Medicaid Services, the purpose of a performance improvement project is to assess and improve the processes and outcomes of health care services provided by an MCO.

MCOs are required to design performance improvement projects that achieve significant and sustained improvement in health outcomes and that include the following elements:

- measurement of performance using objective quality indicators;
- implementation of interventions to improve access to care and quality of care;
- evaluation of the effectiveness of interventions based on performance measures; and
- planning and initiation of activities to increase or sustain improvement.

Centennial Care 2.0

As required by Section 4.12.2.10 of the Medicaid Managed Care Services Agreement and Subsection 18.1 of the Centennial Care Policy Manual, New Mexico Medicaid MCOs are required to conduct at least five performance improvement projects on priority topic areas identified by the New Mexico Health Care Authority and consistent with federal requirements.

Between January 1, 2024, and June 30, 2024, MCOs continued performance improvement projects in the following areas:

1) long-term services and supports;
2) prenatal and postpartum care;
3) adult obesity;
4) diabetes management and prevention; and
5) clinical depression screening and follow-up.

Turquoise Care

As required by Section 4.12.2.10 of the Medicaid Managed Care Services Agreement and Subsection 18.1 of the Centennial Care Policy Manual, New Mexico Medicaid MCOs are required to conduct at least five performance improvement projects on priority topic areas identified by the New Mexico Health Care Authority and consistent with federal requirements.

Between July 1, 2024, and December 31, 2024, MCOs implemented performance improvement projects in the following areas:

1) access to assisted living facilities;
2) substance use disorder enhanced services for 12 months for prenatal and postpartum members;
3) access to obstetrical and gynecological services in rural and frontier regions;
4) well-child and adolescent care and immunizations;
5) access to hepatitis C treatment; and
6) children in state custody.

Title 42 of the Code of Federal Regulations § 438.356(a)(1) State Contract Options for External Quality Review and *Code of Federal Regulations §* 438.358(b) *Activities Related to External Quality Review* require states to contract with an external quality review organization to perform annual validation of performance improvement projects. To meet these federal requirements, the New Mexico Health Care Authority contracted with IPRO, an external quality review organization, to validate performance improvement projects conducted by the three Centennial Care MCOs and the four Turquoise Care MCOs.

Table 7 presents the performance improvement project topics that were underway during calendar year 2024.

Table 7: New Mexico Medicaid MCO Performance Improvement Project Topics, 2024

Centennial Care 2.0 Performance Improvement Project Topics	Turquoise Care Performance Improvement Project Topics
January 1, 2024-June 30, 2024	**July 1, 2024-December 31, 2024**
1) Long-term Services and Supports – **All MCOs** 2) Prenatal and Postpartum Care – **All MCOs** 3) Adult Obesity – **All MCOs** 4) Diabetes Management and Prevention – **All MCOs** 5) Clinical Depression Screening and Follow-up – **All MCOs**	1) Access to Assisted Living Facilities – **All MCOs** 2) Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Members – **All MCOs** 3) Access to Obstetrics/Gynecological Services in Rural and Fronter Regions – **All MCOs** 4) Well-Child & Adolescent Care and Immunizations – **All MCOs** 5) Access to Hepatitis C Treatment – **All MCOs** 6) Children in State Custody – **PHP, only**

Technical Methods of Data Collection and Analysis

The Centers for Medicare & Medicaid Services' *External Quality Review Protocol 1: Validation of Performance Improvement Projects*, was used as the framework to assess the quality of each performance improvement project and to evaluate compliance with federal and state requirements. IPRO's validation included review of the following elements:

1) relevance of the selected study topic to the MCO's enrolled population;
2) clarity of the study question(s);
3) appropriateness and representativeness of the identified study population;
4) selection of objective, clearly defined, and meaningful study indicators;
5) validity of sampling methods, when applicable;
6) adequacy of data collection procedures to ensure complete and accurate data;
7) appropriateness of data analysis and interpretation of results;
8) appropriateness of improvement strategies;
9) likelihood that reported improvement represented real improvement; and
10) achievement of sustained improvement.

Following review of these elements, validation findings were used to determine whether performance improvement project results were valid and reliable. For New Mexico, each performance improvement project was scored based on MCO compliance with Elements 1 through 8. Each element was rated as "met" or "not met." Projects received one point for each element met, for a maximum possible score of eight points. Compliance levels were assigned based on the percentage of points achieved.

Table 8 presents the compliance levels and associated score ranges.

Table 8: IPRO's Performance Improvement Project Validation Scoring and Compliance Levels

Compliance Level	Compliance Score Range
Full	90%–100%
Moderate	80%–89%
Minimal	50%–75%
Non-compliant	< 50%

An overall determination of the credibility of each performance improvement project's results was assigned using one of the following categories:

- no validation findings indicated that the credibility of results was at risk;
- validation findings indicated that results were not at risk, but should be interpreted with caution due to identified process limitations; or
- one or more validation findings indicated bias or inconsistency that placed the credibility of results at risk.

The following categories are used throughout this report to summarize performance improvement project indicator results, with color-coding applied in tables and figures to facilitate consistent interpretation of performance trends relative to established targets.

IPRO assessed indicator performance using the following categories:

1) Performance improvement demonstrated and the target was met or exceeded (denoted by green highlight).
2) Performance decline demonstrated but the target was met or exceeded (denoted by green highlight).
3) Performance improvement demonstrated but the target was not met (denoted by yellow highlight).
4) Performance decline demonstrated and the target was not met (denoted by red highlight).
5) Unable to evaluate performance at the time of review (denoted by gray highlight).

IPRO provided standardized performance improvement project report templates to each MCO for submission of project proposals, interim updates, and final results. All data required to conduct validation were obtained through these submissions.

Description of Data Obtained

For the 2024 external quality review, IPRO utilized quarterly performance improvement project reports submitted by MCOs during 2024 to conduct this external quality review activity. Information reviewed included:

- project rationale;
- aims and goals;
- target populations;
- performance indicator definitions;
- baseline, interim, and final performance rates;
- performance measure calculation methodologies;
- targets and benchmarks;
- planned and implemented interventions;
- intervention tracking measures and results;
- identified barriers and limitations; and
- planned next steps for continuous quality improvement.

Comparative Results

Centennial Care 2.0

IPRO's evaluation of the MCOs' performance improvement project methods found no validation issues that would compromise the credibility of the project results. A summary of the validation assessments is in **Table 9**. In this table, 'full' means that the MCO received a validation score that was between 90% and 100%; and 'moderate' means that the MCO received a validation score that was between 80% and 89%.

BCBS and PHP achieved a "full" validation determination for each of their five performance improvement projects. WSCC achieved a "full" validation determination for three performance improvement projects. Full compliant performance improvement projects were conducted in a manner consistent with the external quality review organization performance improvement project process. WSCC achieved a "moderate" validation determination for two performance improvement projects. Issues resulting in the "moderate" determinations are indicated and enumerated in each respective MCO's section of this report.

Table 9: Centennial Care 2.0 Performance Improvement Project Validation Results, 2024

Medicaid MCO Performance Improvement Project Validation Results			
Topic Area	**BCBS**	**PHP**	**WSCC**
Long-Term Services and Supports	Full	Full	Full
Prenatal and Postpartum Care	Full	Full	Full
Adult Obesity	Full	Full	Full
Diabetes Management and Prevention	Full	Full	Moderate
Clinical Depression Screening and Follow-up	Full	Full	Moderate

Full means that the MCO received a validation score that was between 90% and 100%. **Moderate** means that the MCO received a validation score that was between 80% and 89%.

Performance improvement project summaries, including aim, interventions, and validation findings are reported in **Table 10**, **Table 11** and **Table 12** for BCBS, PHP and WSCC, respectively. **Table 13**, **Table 14**, **Table 15**, **Table 16**, and **Table 17** display summaries of IPRO's improvement assessment for each project indicator by performance improvement project topic by MCO. MCO project indicator trends are in **Appendix B** of this report.

Table 10: BCBS's Centennial Care 2.0 Performance Improvement Project Summaries

BCBS Centennial Care 2.0 Performance Improvement Project Summaries
Title: Long-Term Care Services – Urinary Tract Infection **Initiation Year:** 2021 **End Year:** 2024 **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: BCBS aimed to implement sustainable interventions that improve services and member outcomes by decreasing the occurrences of urinary tract infections as rate per 1,000 days for the total long-term care residents by 10 percent overall in long-term care residents among BCBS Centennial Care community adults ages 18 years and older from 4.78 to 4.30 by the end of June 2024. **Member-Level Interventions in 2024:** ▪ BCBS published an article on the prevention of urinary tract infections in the member newsletter. **Provider-Level Interventions in 2024:** ▪ BCBS continued to identify providers for direct engagement based on urinary tract infections occurrences.
Title: Timeliness of Prenatal and Postpartum Care **Initiation Year:** 2021. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: BCBS aimed to increase baseline rates of timeliness of prenatal care (58.98%) and postpartum care (51.21%) to the goal of 84.75% and 67.26%, respectively, by 2024, for mothers who have had a live birth during the measurement year. **Member-Level Interventions in 2024:** ▪ BCBS continued to promote to members the Special Beginnings Program, a voluntary maternity program that helps members better understand and manage their pregnancy through prenatal and postpartum health education and guidance. ▪ BCBS continued to collaborate with the Families First (vendor) program, which offers Care Coordination services, educational materials, teaches safe and healthy delivery techniques, and support for breast feeding. ▪ BCBS continued to offer blood pressure cuffs to members. ▪ BCBS outreached members through text messages to encourage maintaining prenatal and postpartum appointments with providers. ▪ BCBS continued to track benefit usage of the Centennial Rewards Program and certain value-added services targeted at eligible pregnant members. **Provider-Level Interventions in 2024:** ▪ BCBS offered assistance to providers with outreaching to patients with reminders and appointment scheduling help. ▪ BCBS published an article on supporting maternal quality care in the provider newsletter. ▪ BCBS implemented the Community Doula Value-Based Care Pilot. The pilot program incentivized providers to hire a community doula. **MCO-Level Interventions in 2024:** ▪ BCBS initiated a collaboration with the Rhodes Group to improve early identification of pregnant members. ▪ BCBS collaborated with a local hospital group to promote breast feeding and infant health. Through a grant, BCBS and the local hospital group purchased six hospital grade breast pumps and two waterless milk warmers.

BCBS Centennial Care 2.0 Performance Improvement Project Summaries
Title: Adult Obesity **Initiation Year:** 2021. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: BCBS aimed to improve member health outcomes by decreasing the prevalence of adult members diagnosed with obesity by two percentage points from 4.79% to 4.69%; and by increasing the hybrid and administrative blood pressure control rates among members diagnosed with hypertension from 51.09% to 55.09% and from 7.52% to 25.00%, respectively, by the end of June 2024. **Member-Level Interventions in 2024:** ▪ BCBS continued its texting campaign to members to promote blood pressure screenings, weight assessments, and A1c testing with a health care provider for diabetic members. ▪ BCBS published an article on the importance of making and keeping appointments in the member newsletter. ▪ BCBS conducted targeted outreach via flyer to members with obesity or overweight.
Title: Diabetes Management and Short-Term Complications Admissions Rate and HbA1c Testing **Initiation Year:** 2021. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: BCBS aimed to improve services and member outcomes through interventions focused on decreasing the rate of hospital admissions by four points per 100,000 member months among adult members with diabetes-related short-term complications by the end of June 2024. **Member-Level Interventions in 2024:** ▪ BCBS outreached to members with diabetes and a missing HbA1c test with text messages including reminders for screening, education on diabetic resources, and how to access appointment scheduling assistance. **Provider-Level Interventions in 2024:** ▪ BCBS continued to notify providers of members who had a short-term complications admission event.
Title: Screening and Management for Clinical Depression **Initiation Year:** 2021. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: BCBS aimed to increase the antidepressant medication adherence for members ages 18 to 64 years to 56.7% for the acute phase and to 39.4% for the continuation phase, and for members ages 65 years and older to 84.0% for the acute phase and to 64.0% for the continuation phase over the next two years. BCBS aimed to increase the rate of depression screening for members ages 18 to 64 years to 10.6% and for members ages 65 years and older to 11.4% over the next two years. **Member-Level Interventions in 2024:** ▪ BCBS continued to conduct member engagement telephone calls prior to the member's medication refill date to encourage the member to refill their prescription for antidepressant medication. During the calls, members were assessed for Care Coordination and support services. ▪ BCBS continued to conduct outreach calls with a behavioral health care coordinator to members who had a positive depression screening to ensure appropriate follow-up.

BCBS Centennial Care 2.0 Performance Improvement Project Summaries
Provider-Level Interventions in 2024: ▪ BCBS continued to provide educational materials on the HEDIS *Antidepressant Medication Management* measure and on depression screening to providers through the BCBS website and an online seminar. **MCO-Level Interventions in 2024:** ▪ BCBS continued to alert community pharmacies when members fell out of compliance with antidepressant medication management.

Table 11: PHP's Centennial Care 2.0 Performance Improvement Project Summaries

PHP's Centennial Care 2.0 Performance Improvement Project Summaries
Title: Success Within the Self-Directed Community Benefit Program **Initiation Year:** 2022. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: PHP aimed to support the Self-Directed Community Benefit population, such that less than 5% of self-directed community benefit members transition from the Self-Directed Community Benefit to the Agency Based Community Benefit model by the end of June 2024. **MCO-Level Interventions in 2024:** ▪ PHP initiated coordination with the member's support broker to schedule the comprehensive needs assessment and annual self-directed care plan together to reduce meetings and improve engagement for the member and employer of record. ▪ PHP continued to collaborate with the Financial Management Agency to reduce escalations associated with enrollment and payroll processing, meeting weekly to discuss payment and enrollment escalations, providing the Financial Management Agency with biweekly spreadsheets of tier III escalations that require assistance outside of the standard escalations received, and conducting a re-evaluation of the audit tool used by the Financial Management Agency to improve audit outcomes.
Title: Decreasing Pregnancy Risks for Members in New Mexico **Initiation Year:** 2023. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: PHP aimed to improve perinatal care outcomes for members who are identified with a high-risk pregnancy through engagement in community and MCO based pregnancy programs. **Member-Level Interventions in 2024:** ▪ Deployed a population health engagement tool (NeuroFlow) for women of childbearing age to provide tailored education and resources related to substance use disorder during the preconception and perinatal periods. ▪ PHP continued to refer members to its Community Health Workers Department for outreach. **Provider-Level Interventions in 2024:** ▪ PHP continued to educate providers on available member resources and prenatal care reward programs.
Title: Adult Obesity **Initiation Year:** 2022. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: PHP aimed to reduce the proportion of adult members with obesity by 2 percentage points from the prior year. **Member-Level Interventions in 2024:** ▪ PHP continued its member communication campaign to inform members about obesity-related support resources and programs. ▪ PHP continued proactive identification, monthly outreach, and engagement of at-risk members through the Diabetes Prevention Program, Healthy Weight Program, and NeuroFlow.

PHP's Centennial Care 2.0 Performance Improvement Project Summaries
Title: Native American Diabetes Prevention and Management **Initiation Year:** 2022. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: PHP aimed to decrease the rate of admissions related to diabetes short-term complications by 1% annually and increase the percentage of members with controlled HbA1c by 1% annually through the coordination of activities that address healthy food needs for members with diabetes. **Member-Level Interventions in 2024:** ▪ PHP continued targeted telephonic education and outreach to members identified by the MCO as non-adherent diabetes for diabetes-related screenings and diabetes management.
Title: Diagnosing Depression for Improved Behavioral and Physical Health Outcomes **Initiation Year:** 2022. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: PHP aimed to increase depression screening among adult members by 20% from the baseline and meet or exceed regional Medicaid benchmarks for the HEDIS *Antidepressant Medication Management* measure. **Member-Level Interventions in 2024:** ▪ PHP mailed educational flyers on the drug benefit to members. **Provider-Level Interventions in 2024:** ▪ PHP sent an educational newsletter on the topic of depression to providers who submitted claims with depression screening codes. ▪ PHP published an article on suicide, depression, and detection in the provider newsletter.

Table 12: WSCC's Centennial Care 2.0 Performance Improvement Project Summaries

WSCC's Centennial Care 2.0 Performance Improvement Project Summaries Long-Term Care Services and Supports
Title: Fall Risk and Prevention Program **Initiation Year:** 2019. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: WSCC aimed to decrease the rate of fall-related hospitalization claims by 2% from baseline for long-term services and supports members ages 60 years or older living in the community, by the end of June 2024. **Member-Level Interventions in 2024:** ▪ None. **Provider-Level Interventions in 2024:** ▪ None.
Title: Addiction in Pregnancy Program **Initiation Year:** 2019. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: WSCC aims to increase the HEDIS *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure rate among pregnant members by 2% from the baseline by the end of June 2024. **Member-Level Interventions in 2024:** ▪ WSCC continued to assign pregnant members who had indicators of substance abuse to a high-risk obstetrics care coordinator. Care Coordination included motivational interviewing, prenatal and postpartum education and support, primary care provider assignment, education on medication-assisted treatment, and initiation of a pregnancy substance use disorder journal. **Provider-Level Interventions in 2024:** ▪ WSCC continued to conduct provider engagement visits to deliver education on the importance of notification of pregnancy communications and the WSCC Obstetrics/Gynecology Incentive Program.
Title: Adult Weight Management Program **Initiation Year:** 2019. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: WSCC aimed to decrease the percentage of members ages 19 years and older whose documented body mass index was equal to or greater than 30 kg/m by 1% from baseline by the end of June 2024. **Member-Level Interventions in 2024:** ▪ WSCC continued to promote its weight management program to members with body mass indices of 25 kg/m and higher. Under the weight management program, members received educational materials, nutritional coaching, and access to self-management tools. **Provider-Level Interventions in 2024:** ▪ WSCC continued outreach to educate providers on appropriate billing for body mass index assessments and the importance of documenting body mass index.

WSCC's Centennial Care 2.0 Performance Improvement Project Summaries Long-Term Care Services and Supports
Title: Diabetes Prevention and Management **Initiation Year:** 2019. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: WSCC aimed to increase the HbA1c testing rate by 3% from baseline and decrease the rate of admissions related to diabetes short-term complications by 2 points or meet the Centers for Medicare & Medicaid Services' Core Set of Adult Health Care Quality Measures benchmark by the end of June 2024. **Member-Level Interventions in 2024:** ▪ WSCC continued to collaborate with community health workers and peer support workers to conduct member coaching for diabetes management. **Provider-Level Interventions in 2024:** ▪ WSCC continued to outreach to educate providers on appropriate billing for lab results, medication adherence, diabetes medications, and diabetic screening guidelines.
Title: Management for Clinical Depression **Initiation Year:** 2019. **End Year:** 2024. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: WSCC aimed to increase the rates of effective acute and continuous phase treatment of antidepressant medication management by 2% from baseline or meet the current NCQA regional Medicaid benchmark for the HEDIS *Antidepressant Medication Management* measure by the end of June 2024. **Member-Level Interventions in 2024:** ▪ WSCC continued to outreach to members who had a history of mediation non-adherence. **Provider-Level Interventions in 2024:** ▪ WSCC continued to conduct outreach to educate providers on appropriate depression screening tools and the requirement to implement a follow-up plan for members diagnosed with depression. **MCO-Level Interventions in 2024:** ▪ WSCC continued to collaborate with pharmacies to implement 90-day refills and to contact prescribing providers when a request for an updated prescription was needed.

Table 13, **Table 14**, **Table 15**, **Table 16**, and **Table 17** display summaries of IPRO's improvement assessment for each project indicator by performance improvement project topic by MCO. In these tables, IPRO's assessment of indicator performance was based on the following categories:

1) Performance improvement demonstrated and the target was met or exceeded (denoted by green highlight).
2) Performance decline demonstrated but the target was met or exceeded (denoted by green highlight).
3) Performance improvement demonstrated but the target was not met (denoted by yellow highlight).
4) Performance decline demonstrated and the target was not met (denoted by red highlight).
5) Unable to evaluate performance at the time of review (denoted by gray highlight).

Table 13: Centennial Care 2.0 MCOs' Performance Improvement Project #1 Indicator Summary

Centennial Care 2.0 MCOs' Performance Improvement Project #1 Indicators – Long-Term Services and Supports Topic		
MCO	**Indicator Description**	**Assessment of Performance Between Baseline to Measurement Year 2024**
BCBS	**Indicator #1 –** Rate of urinary tract infection events per 1,000 days for the total long-term care resident population *(Lower rate indicates better performance.)*	Performance improvement demonstrated and the target was exceeded.
	Indicator #2 – Percentage of members 18 years of age and older who response is "9" or "10" for *Rating of All Health Care* on the CAHPS Health Plan Survey for Medicaid Adults	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
PHP	**Indicator #1 –** Volume of members who successfully remained eligible within the Self-Directed Community Benefit program	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Volume of members who were voluntarily terminated from the Self-Directed Community Benefit program *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #3 – Volume of members for whom PHP did not receive a grievance related to their experience within the Self-Directed Community Benefit program	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
WSCC	**Indicator #1 –** Rate of members who experienced a fall-related hospitalization via claims in the population of long-term services and supports members ages 60 years and older living in the community during the measurement year *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

Table 14: Centennial Care 2.0 MCOs' Performance Improvement Project #2 Indicator Summary

Centennial Care 2.0 MCOs' Performance Improvement Project #2 Indicators – Prenatal and Postpartum Care Topic		
MCO	**Indicator Description**	**Assessment of Performance Between Baseline to Measurement Year 2024**
BCBS	**Indicator #1 –** Percentage of deliveries that received a prenatal care visit as a member of the contractor's MCO in the first trimester or within 42 calendar days of enrollment in the MCO	Performance improvement demonstrated but the target was not met.
	Indicator #2 – Percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery	Performance improvement demonstrated and the target was exceeded.
	Indicator #3 – How satisfied are you with the help you received to coordinate your care in the last 6 months? (Satisfied or Very Satisfied)	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
PHP	**Indicator #1 –** Percentage of deliveries that received a prenatal care visit as a member of the contractor's MCO in the first trimester or within 42 calendar days of enrollment in the MCO	Performance decline demonstrated and the target was not met.
	Indicator #2 – Percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery	Performance decline demonstrated but the target was met. PHP's performance to the target rate should be considered with caution. PHP selected a target rate for improvement that is lower than baseline performance.
	Indicator #3 – Percentage of high-risk pregnant women who engage in any community service program and had timely prenatal and postpartum care	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters
	Indicator #4 – Percentage of high-risk pregnant women who engage in any community service program	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters
	Indicator #5 – Percentage of high-risk pregnant women who engage in community health worker services or care coordination services	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters
WSCC	**Indicator #1 –** Percentage of pregnant members ages 13 years and older who have experienced a new episode of alcohol and other drug abuse or dependence as of December 31 of the measurement year who were initiated for treatment for alcohol and other substances 14 days within diagnosis	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

Centennial Care 2.0 MCOs' Performance Improvement Project #2 Indicators – Prenatal and Postpartum Care Topic		
	Indicator #2 – Percentage of pregnant members ages 13 years and older who have experienced a new episode of alcohol and other drug abuse or dependence as of December 31 of the measurement year who engaged in treatment for alcohol and other substances within 34 days of initial treatment	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #3 – Percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

Table 15: Centennial Care 2.0 MCOs' Performance Improvement Project #3 Indicator Summary

Centennial Care 2.0 MCOs' Performance Improvement Project #3 Indicators – Adult Obesity Topic		
MCO	**Indicator Description**	**Assessment of Performance Between Baseline to Measurement Year 2024**
BCBS	**Indicator #1 –** Percentage of members ages 18 to 74 years who had at least one claim with an obesity diagnosis during the measurement year *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Number of members ages 18 to 85 years who had a diagnosis of hypertension with blood pressure control (less than 140/90) in the most recent blood pressure reading during the measurement year (hybrid review)	Performance decline demonstrated and the target was not met.
	Indicator #3 – Number of members ages 18 to 85 years who had a diagnosis of hypertension with blood pressure control (less than 140/90) in the most recent blood pressure reading during the measurement year (administrative review)	Performance improvement demonstrated and the target was exceeded.
	Indicator #4 – Percentage of members ages 18 to 75 years with diabetes (type 1 and type 2) who had an HbA1c test during the measurement year that is greater than 9% *(Lower rate indicates better performance.)*	Performance improvement demonstrated but the target was not met.
	Indicator #5 – Percentage of members 18 years of age and older who received material from the MCO about good health and how to stay healthy	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
PHP	**Indicator #1 –** Percentage of members ages 18 to 74 years who had an outpatient visit and whose body mass index was documented during the measurement year or the year prior to the measurement year	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Percentage of members ages 19 and older with a primary diagnosis of obesity in the measurement year *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
WSCC	**Indicator #1 –** Percentage of members ages 18 to 74 years who had an outpatient visit and whose body mass index was documented during the measurement year or the year prior to the measurement year	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Percentage of members ages 19 years and older with a documented body mass index of greater than 30 kg/m *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

Table 16: Centennial Care 2.0 MCOs' Performance Improvement Project #4 Indicator Summary

Centennial Care 2.0 MCOs' Performance Improvement Project #4 Indicators – Diabetes Prevention and Management Topics		
MCO	**Indicator Description**	**Assessment of Performance Between Baseline to Measurement Year 2024**
BCBS	**Indicator #1 –** Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members, ages 18 to 64 years *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members, ages 65 years and older *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #3 – Percentage of members ages 18 to 75 years with diabetes during the measurement year who complete an HbA1c test	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
	Indicator #4 – Percentage of providers satisfied with the timeliness of discharge information received	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
	Indicator #5 – Percentage of providers indicating having received adequate information about medication at discharge	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
	Indicator #6 – Percentage of members indicating ease of getting necessary care, tests or treatment needed (Always or Usually)	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
PHP	**Indicator #1 –** Short-term complications rate for Native Americans in the northwest part of New Mexico state per 100,000 members *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Percentage of Native Americans residing in the northwestern region of New Mexico state with a hemoglobin A1c rate that is lower than 8%	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
WSCC	**Indicator #1 –** Rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members ages 18 years and older *(Lower rate indicates better performance.)*	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Percentage of members ages 18 to 75 years with diabetes during the measurement year who completed an HbA1c test	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

Table 17: Centennial Care 2.0 MCOs' Performance Improvement Project #5 Indicator Summary

Centennial Care 2.0 MCOs' Performance Improvement Project #5 Indicators – Clinical Depression Screening and Follow-up Topics		
MCO	**Indicator Description**	**Assessment of Performance Between Baseline to Measurement Year 2024**
BCBS	**Indicator #1 –** Percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #3 – Percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #4 – Percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #5 – Percentage of patients ages 18 to 64 years screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #6 – Percentage of patients ages 65 years and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
PHP	**Indicator #1 –** Percentage of members aged 18 years older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	Performance improvement demonstrated and the target was exceeded. PHP's performance to the target rate should be considered with caution. PHP selected a target rate for improvement that is lower than baseline performance.

Centennial Care 2.0 MCOs' Performance Improvement Project #5 Indicators – Clinical Depression Screening and Follow-up Topics		
	Indicator #2 – Percentage of members aged 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days	Performance improvement demonstrated and the target was exceeded. PHP's performance to the target rate should be considered with caution. PHP selected a target rate for improvement that is lower than baseline performance.
	Indicator #3 – Percentage of members aged 18 years older who had an outpatient visit with a physical or behavioral health provider and a diagnosis of major depression during the measurement year	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #4 – Percentage of members aged 18 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan documented on the date of the qualifying encounter	Unable to evaluate performance now. Data for measurement year 2024 were not available.
WSCC	**Indicator #1 –** Percentage of members ages 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #2 – Percentage of members ages 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 180 days	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
	Indicator #3 – Percentage of members ages 18 years and older with an outpatient visit in the measurement year that are screened for clinical depression using a standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

Turquoise Care

IPRO's evaluation of the MCOs' performance improvement project methods found no validation issues that would compromise the credibility of the project results.

Each MCO achieved a "full" validation determination for each of their performance improvement projects. Full compliant performance improvement projects were conducted in a manner consistent with the external quality review organization performance improvement project process. A summary of the validation assessments is in **Table 18**. In this table, 'full' means that the MCO received a validation score that was between 90% and 100%.

Table 18: Turquoise Care Performance Improvement Project Validation Results, 2024-2025

Medicaid MCO Performance Improvement Project Validation Results				
Topic Area	**BCBS**	**MHC**	**PHP**	**UHC**
Access to Assisted Living Facilities	Full	Full	Full	Full
Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Members	Full	Full	Full	Full
Access to Obstetrics/Gynecological Services in Rural and Fronter Regions	Full	Full	Full	Full
Well-Child & Adolescent Care and Immunizations	Full	Full	Full	Full
Access to Hepatitis C Treatment	Full	Full	Full	Full
Children in State Custody: Oral Evaluation and Dental Services	Not Applicable	Not Applicable	Full	Not Applicable

Full means that the MCO received a validation score that was between 90% and 100%. **Moderate** means that the MCO received a validation score that was between 80% and 89%.

Performance improvement project summaries, including aim, interventions, and validation findings are reported in **Table 19**, **Table 20**, **Table 21**, and **Table 22** for BCBS, MHC, PHP, and UHC, respectively. **Table 23**, **Table 24**, **Table 25**, **Table 26**, **Table 27**, and **Table 28** display summaries of IPRO's improvement assessment for each project indicator by performance improvement project topic by MCO. MCO project indicator trends are in **Appendix B** of this report.

Table 19: BCBS's Turquoise Care Performance Improvement Project Summaries

BCBS's Turquoise Care Performance Improvement Project Summaries
Title: Expanding Access to Assisted Living Facilities for BCBS New Mexico Medicaid Members **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2026, BCBS will increase the percentage of Medicaid members residing in urban counties who have access to at least one assisted living facility within the state-defined mileage standard by 6 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the percentage of Medicaid members residing in rural counties who have access to at least one assisted living facility within the state-defined mileage standard by 6 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the percentage of Medicaid members residing in frontier counties who have access to at least one assisted living facility within the state-defined mileage standard by 6 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the CAHPS Adult Medicaid survey rate for the measure "Ease of Getting Necessary Care, Tests, or Treatment" by 2 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the percentage of BCBS Medicaid members who indicate interest in assisted living services and who are subsequently admitted to an assisted living facility by 3 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the percentage of in-network assisted living facilities that receive at least one provider representative visit focused on cultural competency training by 50 percentage points, compared to the baseline measurement year. ▪ By December 31, 2026, BCBS will increase the percentage of assisted living facilities located in urban counties that are contracted as in-network providers by 6.12 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the percentage of assisted living facilities located in rural counties that are contracted as in-network providers by 13.33 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the percentage of assisted living facilities located in frontier counties that are contracted as in-network providers by 100 percentage points, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ Provide education to members and their families who indicate interest in assisted living facilities through the Community Benefits Services Questionnaire, explaining eligibility requirements, potential costs, and available services, with support from a care coordinator. **Provider-Level Interventions (Planned):** ▪ Assess in-network assisted living facilities to determine their ability to serve diverse and cultural populations by confirming completion of cultural competency training. **MCO-Level Interventions (Planned):** ▪ Expand the assisted living facility network by contracting with additional providers in urban, rural, and frontier counties. ▪ Coordinate with the New Mexico Health Care Authority and partner MCOs to support the implementation of assisted living facility rate increases.

BCBS's Turquoise Care Performance Improvement Project Summaries
Title: Expand and Enhance Services for 12 Months for Prenatal and Postpartum Members with Substance Use Disorder **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:

- By December 31, 2026, BCBS will increase the percentage of rural community clinics and opioid treatment programs that have access to Milagro Clinic telehealth services for prenatal and postpartum Medicaid members with substance use disorder by 10 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the HEDIS *Initiation of Alcohol and Other Drug Dependence Treatment* (IET) rate by 5 percentage points for prenatal and postpartum Medicaid members ages 13 years and older who have a new episode of substance use disorder and who receive a qualifying initiation treatment service within 14 days of the diagnosis, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the HEDIS *Engagement of Alcohol and Other Drug Dependence Treatment* (IET) rate by 5 percentage points for prenatal and postpartum Medicaid members ages 13 years and older who initiated treatment for a new substance use disorder episode and who receive two or more qualifying treatment services within 34 days following initiation, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the percentage of prenatal and postpartum Medicaid members who disclose substance use (via self-report or identification through an internal HEDIS gap list) and who receive a Deterra medication disposal bag and/or Rx-locking cap by 25 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):

- Conduct outreach to rural community clinics and opioid treatment programs through a dedicated Peer Support Specialist to expand the BCBS network by increasing access to Milagro Clinic telehealth services.
- Provide doula support to prenatal members during hospitalization through a dedicated Peer Support Specialist to deliver individualized support during initiation of buprenorphine treatment, promote maternal and fetal health, and offer non-traditional supportive services.
- Conduct outreach to prenatal and postpartum members through Transition of Care Specialists, Recovery Support Assistants, and Comprehensive Addiction and Recovery Act staff, and distribute medication safety and disposal supplies, including a Deterra medication disposal bag and/or prescription locking cap, to members who disclose substance use concerns.
- Collaborate with Comprehensive Addiction and Recovery Act staff and delegated Care Coordination providers to ensure members receive appropriate emotional support, education, and physical support during delivery and throughout the postpartum period.
- Distribute a member newsletter article to educate members on the importance of integrated treatment, reduce stigma related to substance use during pregnancy, and describe available resources through delegated Care Coordination entities and the Comprehensive Addiction and Recovery Act program.

Provider-Level Interventions (Planned):

- Distribute provider education materials to increase awareness of the needs and vulnerabilities of the prenatal and postpartum population, encourage increased screening through telehealth modalities, and support delivery of comprehensive care for pregnant members with substance use

disorder.
- Conduct provider training sessions to educate providers on best practices and HEDIS measures that support improved care for prenatal and postpartum members.

MCO-Level Interventions (Planned):
- Conduct staff training to educate staff on the performance measure and improve their ability to assist members effectively.
- Distribute staff email communications at least twice per year to educate behavioral health and physical health staff on HEDIS measures and available resources that can be offered to members.

Title: Expanding/Enhancing the State's OB/GYN Provider Network OB Deserts in the Rural and Frontier Regions
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By December 31, 2026, BCBS will increase the percentage of adolescents and adult women, including those who are pregnant, residing in rural and frontier counties who had one or more visits to an obstetrician/gynecologist during the measurement year by 5 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the percentage of adolescents and adult women, including those who are pregnant, residing in rural and frontier counties who are within the state-defined mileage access standards for obstetrics/gynecology providers by 5 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the CAHPS Adult Medicaid survey rate for the measure "Getting Appointments with a Specialist as Soon as Needed" by 5 percentage points, compared to the measurement year 2024 CAHPS baseline rate of 72.3%.
- By December 31, 2026, BCBS will increase the HEDIS *Prenatal and Postpartum Care* (PPC): *Timeliness of Prenatal Care* rate, defined as the percentage of deliveries in which women received a prenatal care visit in the first trimester or within 42 days of enrollment, by 5 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the HEDIS *Prenatal and Postpartum Care* (PPC): *Postpartum Care* rate, defined as the percentage of deliveries in which women received a postpartum visit on or between 7 and 84 days after delivery, by 5 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the percentage of Native American and Hispanic adolescents and adult women, including those who are pregnant, residing in rural and frontier counties who had one or more visits to an obstetrician/gynecologist during the measurement year by 5 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):
- Educate members through delegated Care Coordination entities on ModivCare® transportation availability and access to closer obstetrics and gynecology facilities, providers, and service locations.
- Send targeted SMS text messages and/or emails to members to promote the importance of timely prenatal and postpartum care.

Provider-Level Interventions (Planned):
- Conduct quarterly outreach to obstetrics and gynecology providers via email and mailed

communications to offer Medicaid managed care contracts.
- Engage obstetrics and gynecology providers through BCBS Network Representatives to discuss opportunities to expand the geographic scope of their practice to serve rural and frontier counties, including educational components provided during these engagements.
- Engage hospitals serving rural and frontier counties through BCBS Network Representatives to identify and address barriers to establishing obstetrics and gynecology service units.
- Educate providers through emails, written guides, and one-on-one trainings delivered by BCBS Provider Network Representatives, including training on language line services to support access for diverse populations.

MCO-Level Interventions (Planned):
- None.

Title: Improving Well Visits and Immunizations for Children and Adolescents
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By December 31, 2026, BCBS will increase the HEDIS *Child and Adolescent Well-Care Visits (WCV)* rate, defined as the percentage of members ages 3–21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN during the measurement year, by 4 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the *HEDIS Immunizations for Adolescents (IMA)* rate, defined as the percentage of members who turn 13 years of age during the measurement year and who received one dose of meningococcal vaccine, one dose of Tdap, and completed the HPV vaccine series by their 13th birthday, by 4 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the HEDIS *Childhood Immunization Status (CIS): Combination 3* rate, defined as the percentage of members who turn 2 years of age during the measurement year and who received all required vaccines by their second birthday, by 4 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the CAHPS Child Survey rate for the measure "How often was it easy to get the care, tests, or treatment your child needed?" by 4 percentage points, compared to the measurement year 2024 baseline, among members from birth through age 17.
- By December 31, 2026, BCBS will increase the HEDIS *Well-Child Visits in the First 15 Months of Life (W15)* rate, defined as the percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care practitioner during their first 15 months of life, by 4 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the HEDIS *Well-Child Visits for Children Age 15–30 Months (W30)* rate, defined as the percentage of members who turned 30 months old during the measurement year and who had two or more well-child visits with a primary care practitioner between 15 and 30 months of age, by 4 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):
- Conduct targeted outreach calls to parents and guardians through BCBS Wellness Education Specialists, in coordination with QMS, to encourage scheduling and completion of well-child visits and timely immunizations. Outreach will include assistance with ModivCare® transportation, as

needed.
- Send targeted email and enhanced SMS text reminders to parents and guardians to reinforce the importance of completing recommended immunizations and well-child visits.
- Promote Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) clinical practice guidelines and the American Academy of Pediatrics Bright Futures Periodicity Schedule through abbreviated Tot-to-Teen posters placed in School-Based Health Centers, highlighting recommended screenings for children and adolescents.
- Provide Children's Wellness Guidelines educational presentations focused on American Academy of Pediatrics recommendations for immunizations, screenings, and preventive services to reduce gaps in care.
- Mail monthly "Happy Birthday" well-child and immunization reminder postcards (including adolescent-specific versions) to parents and guardians of members turning 1, 2, 3, and ages 12–17, outlining when visits or immunizations may be due and what to expect during the visit.
- Engage members through Member Advisory Board and Native American Advisory Board meetings to promote children's services and transportation benefits, with ModivCare® participation. Beginning January 1, 2025, BCBS will emphasize CAHPS survey participation and member feedback.

Provider-Level Interventions (Planned):
- Hold monthly Joint Operating Committee meetings with value-based contracted providers to review well-child visit and immunization performance, share gap lists, and collaborate with BCBS clinical consultants to close care gaps.
- Incentivize providers to offer extended hours for well-child and well-care visits, including evenings and weekends, through enhanced reimbursement tied to appropriate claim modifiers.
- Promote EPSDT clinical practice guidelines among providers by distributing Tot-to-Teen posters to School-Based Health Centers and primary care practices to reinforce Bright Futures screening recommendations.
- Expand value-based contracting with provider groups effective January 1, 2025, with ongoing review of HEDIS *Child and Adolescent Well-Care Visits (WCV)* performance scorecards and dashboards during Joint Operating Committee meetings. BCBS will provide gap lists and member outreach support through Wellness Education Specialists to reduce provider administrative burden.

MCO-Level Interventions (Planned):
- Train BCBS Care Coordination staff through Quality Management–led sessions on immunizations, annual well-child visits, and EPSDT requirements, including guidance on discussing immunizations with parents and guardians.
- Engage additional provider groups in the development of value-based contracts that promote well-child visits, well-care visits, and immunizations for children and adolescents.

Title: Hepatitis C Medication Treatment (Access to Medications)
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By December 31, 2026, BCBS will increase the percentage of hepatitis C–positive adult Medicaid members who receive a full course of direct-acting antiviral treatment dispensed on the first prescription fill by 2 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2026, BCBS will increase the percentage of newly or previously hepatitis C–

BCBS's Turquoise Care Performance Improvement Project Summaries
positive adult Medicaid members who are dispensed an initial hepatitis C direct-acting antiviral treatment prescription by 2 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will decrease the percentage of adult Medicaid members with a positive hepatitis C screening result who do not initiate hepatitis C treatment by 2 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2026, BCBS will increase the CAHPS Adult Medicaid survey rate for the measure "*Ease of Getting Necessary Care, Tests, or Treatment*" by 2 percentage points, compared to the measurement year 2024 baseline rate of 82%, among adult members ages 18 years and older. ▪ By December 31, 2026, BCBS will increase the percentage of adult Medicaid members ages 18 years and older who had a preventive visit during the measurement year and who received a hepatitis C screening by 2 percentage points, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ Remove prior authorization requirements for Mavyret and sofosbuvir/velpatasvir to allow dispensing of a full course of direct-acting antiviral treatment on the first prescription fill. ▪ Develop and disseminate hepatitis C educational postcards to justice-involved individuals during care transitions and at points of care to promote treatment initiation and reduce injection drug use. ▪ Distribute hepatitis C educational postcards through Delegated Care Coordination Entities for use with pregnant members. ▪ Disseminate hepatitis C educational postcards through BCBS Tribal Liaisons to community partners and Indian Health Service/Tribal/Urban facilities for member distribution. **Provider-Level Interventions (Planned):** ▪ Promote clinical practice guidelines related to hepatitis C screening prevalence and treatment recommendations across the provider community. **MCO-Level Interventions (Planned):** ▪ Authorize select community pharmacies located in areas with high hepatitis C incidence to dispense hepatitis C medications to improve member access to treatment.

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Table 20: MHC's Turquoise Care Performance Improvement Project Summaries

MHC's Turquoise Care Performance Improvement Project Summaries
Title: Expanding Access to Assisted Living for Medicaid Members **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2025, MHC will increase the percentage of assisted living facilities contracted as in-network providers serving low-income seniors and members with disabilities statewide by 2 percentage points, compared to the baseline period of quarter 3 2024 through quarter 1 2025. ▪ By December 31, 2025, MHC will increase the percentage of contracted assisted living facilities that participate in an assisted living value-based payment incentive program by at least 10 percent, compared to the baseline period of quarter 3 2024 through quarter 1 2025. ▪ By December 31, 2025, MHC will increase the percentage of contracted assisted living facilities eligible for Gold Card prior authorization program status by 2 percentage points, compared to the baseline period of quarter 3 2024 through quarter 1 2025. ▪ By December 31, 2025, MHC will increase the percentage of MHC's Medicaid members who are eligible for assisted living services and who engage with assisted living resources or options by 2 percentage points, compared to the baseline period of quarter 3 2024 through quarter 1 2025. **Member-Level Interventions (Planned):** ▪ Develop and deliver informational sessions for Medicaid members and their families to increase awareness of the benefits, eligibility, and availability of assisted living services in New Mexico. **Provider-Level Interventions (Planned):** ▪ Offer assisted living providers participation in a value-based payment program that includes enhanced payments and/or incentive opportunities. ▪ Provide education and training to eligible contracted assisted living providers on MHC's Gold Card prior authorization program. **MCO-Level Interventions (Planned):** ▪ Identify and engage potential assisted living facilities to expand the in-network provider base.
Title: Enhanced Services for 12 Months for Prenatal and Postpartum Mothers with Substance Use Disorder **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2025, MHC will increase the percentage of pregnancy care providers who report screening pregnant members for substance use disorder during pregnancy by 2 percentage points, compared to the baseline period established through a provider survey conducted in quarter 1 2025. ▪ By December 31, 2025, MHC will increase the percentage of infants born to mothers with substance use disorder who have a documented Comprehensive Addiction and Recovery Act Plan of Safe Care by 5 percentage points, compared to the baseline period of quarter 3 2024 through quarter 1 2025. ▪ By December 31, 2025, MHC will reduce the rate of maternal deaths among prenatal and postpartum Medicaid members with substance use disorder who are included in the Comprehensive Addiction and Recovery Act population, compared to the baseline period of

quarter 3 2024 through quarter 1 2025, with the goal of achieving zero preventable maternal deaths during the measurement period.
- By December 31, 2025, MHC will increase the HEDIS *Prenatal and Postpartum Care (PPC): Postpartum Care* rate, defined as the percentage of deliveries in which women received a postpartum visit on or between 7 and 84 days after delivery, by 2 percentage points, compared to the baseline period of quarter 3 2024 through quarter 1 2025.

Member-Level Intervention (Planned):
- Develop and implement member educational materials.

Provider-Level Interventions (Planned):
- Offer provider training informed by survey findings that promotes Screening, Brief Intervention, and Referral to Treatment practices consistent with American College of Obstetricians and Gynecologists best practices.
- Develop partnerships with hospital discharge planning teams to share information on community resources, MCO benefits, and Care Coordination services in support of joint Comprehensive Addiction and Recovery Act Plans of Safe Care.
- Support provider training and certification in Medication-Assisted Treatment to expand access to Medication-Assisted Treatment services.

MCO-Level Interventions (Planned):
- Develop and implement comprehensive care coordinator training focused on Comprehensive Addiction and Recovery Act Plans of Safe Care, treatment options for pregnant members with substance use disorder, available programs (including value-added services), and closed-loop referrals for social drivers of health and other supports.
- Develop standardized Care Coordination processes to support informed member decision-making regarding available treatment options.
- Establish partnerships with hospital discharge planning teams to align MCO Care Coordination services with community resources and Comprehensive Addiction and Recovery Act Plans of Safe Care implementation.
- Develop partnerships and delegated agreements with outreach and engagement entities, including vendors, providers, community-based organizations, and shelters, to support in-home and community-based engagement, education, and member support.

Title: Expanding/Enhancing the State's OB/GYN Provider Network, Targeting OB Deserts in Rural and Frontier Regions
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By June 30, 2027, MHC will increase the percentage of women ages 15–49 residing in rural and frontier areas who utilize telehealth services for gynecological care, family planning, or preconception health consultations by 2 percentage points, compared to the baseline period of quarter 3 2024.
- By June 30, 2027, MHC will increase the percentage of obstetrics/gynecology providers who demonstrate increased knowledge of women's health needs, as measured through participation in and completion of structured educational activities (e.g., OB/GYN Project ECHO sessions), by 2 percentage points, compared to the baseline period of quarter 3 2024.
- By June 30, 2027, MHC will increase the percentage of eligible women of reproductive age who

utilize doula program services, as measured by total doula program visits, by 2 percentage points, compared to the baseline period of quarter 3 2024.
- By June 30, 2027, MHC will increase the percentage of obstetrics/gynecology providers who complete a structured women's health education activity focused on gynecological care, family planning, preconception health, and pregnancy-related services by 2 percentage points, compared to the baseline period of quarter 3 2024.

Member-Level Interventions (Planned):
- Expand access to telehealth services to enable women in rural and frontier areas to consult with obstetrics and gynecology providers.
- Partner with doulas to support members in navigating the healthcare system and understanding available care options.

Provider-Level Interventions (Planned):
- Offer monthly OB/GYN Extension for Community Healthcare Outcomes sessions to support provider participation in case-based learning.
- Develop and distribute comprehensive care gap lists in collaboration with the Provider Service Team to providers participating in value-based purchasing.

MCO-Level Interventions (Planned):
- Identify and contract with telehealth providers to expand access to obstetrics and gynecology services for rural and frontier members, including access to specialists in urban centers.
- Coordinate and support monthly OB/GYN Extension for Community Healthcare Outcomes sessions to promote provider education and engagement.
- Establish and maintain partnerships with doulas to support culturally responsive care and improve member navigation of services.
- Train Care Coordination staff on the availability and benefits of birthing option programs and services to support members' cultural preferences.
- Develop and manage care gap lists and coordinate distribution with the Provider Service Team for providers participating in value-based purchasing.

Title: Improving Well Visits and Immunizations for New Mexico Children and Adolescents
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By December 31, 2025, MHC will improve the HEDIS *Well-Child Visits in the First 15 Months of Life* rate, defined as the percentage of children who had six or more well-child visits with a primary care practitioner during their first 15 months of life, by 2 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, MHC will improve the *HEDIS Well-Child Visits for Children Age 15–30 Months* rate, defined as the percentage of children who had two or more well-child visits with a primary care practitioner between 15 and 30 months of age, by 2 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, MHC will improve the *HEDIS Child and Adolescent Well-Care Visits* rate for children ages 3–11 years, defined as the percentage of children who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN during the measurement year, by 2 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, MHC will improve the HEDIS *Child and Adolescent Well-Care Visits* rate for

adolescents ages 12–17 years, defined as the percentage of adolescents who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN during the measurement year, by 2 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, MHC will improve the HEDIS *Childhood Immunization Status – Combination 3* rate, defined as the percentage of children who turned two years of age during the measurement year and who received all required vaccines by their second birthday (DTaP, IPV, MMR, Hib, HepB, VZV, and PCV), by 2 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, MHC will improve the HEDIS *Immunizations for Adolescents* rate, defined as the percentage of members who turned 13 years of age during the measurement year and who received one dose of meningococcal vaccine, one dose of Tdap, and completed the HPV vaccine series by their 13th birthday, by 2 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):
- Implement member health reminders and gap alerts (SMS, email, mail, and phone) to promote timely well-child visits and immunizations, including information on vaccine safety and member benefits.
- Identify members with transportation needs and engage Care Coordination to support access to transportation assistance.

Provider-Level Interventions (Planned):
- Establish value-based contracts with pediatric providers that include two-way data exchange, gap lists, and performance incentives.
- Distribute provider education materials clarifying that comprehensive well-child visits—not sports physicals—count toward well-visit measures.
- Partner with providers to support after-hours and weekend clinic events, including use of incentives to expand access.

MCO-Level Interventions (Planned):
- Use data mining and predictive analytics to identify members at risk for missed visits or delayed immunizations.
- Oversee value-based contracting activities, including management of gap lists, data exchange, and provider education.
- Develop programs with school-based health clinics to increase access to immunizations and well-child visits.
- Collaborate with local health departments, school-based health clinics, and community organizations to coordinate community outreach events.

Title: Improving Access to Hepatitis C Virus Treatments
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By December 31, 2025, MHC will increase the percentage of Medicaid members ages 18–79 years and all pregnant members who receive a hepatitis C virus screening by 3 percentage points, compared to the baseline measurement year.
- By December 31, 2025, MHC will increase the percentage of Medicaid members ages 18–79 years with a positive hepatitis C virus screening result who initiate hepatitis C virus treatment by 2

percentage points, compared to the baseline measurement year.

Member-Level Interventions (Planned):

- Develop and deploy member-facing educational materials using multiple modalities (mail, text, email, social media, and community events).
- Conduct care management outreach to support initiation of treatment for members diagnosed with hepatitis C virus.
- Implement a member incentive program to encourage completion of hepatitis C virus treatment.
- Partner with vendors to provide hepatitis C virus screening test kits for at-home use and distribution at community events, shelters, drop-in centers, and other community-based programs.
- Partner with community clinics and substance use treatment facilities to conduct hepatitis C virus screening and provide treatment.

Provider-Level Interventions (Planned):

- Conduct provider outreach and education on hepatitis C virus screening guidelines and best practices using multiple communication channels (telephone, mail, email, fax, and provider meetings).
- Implement a hepatitis C virus screening incentive program for primary care providers.
- Conduct provider outreach and education on hepatitis C virus pharmaceutical treatment options and best practices using multiple communication channels.
- Implement a hepatitis C virus treatment incentive program for primary care providers.

MCO-Level Interventions (Planned):

- Develop and implement standardized training and scripting for care coordinators and member outreach teams to support consistent member engagement.
- Partner with vendors to support distribution of hepatitis C virus screening test kits through home-based and community-based settings.
- Partner with community clinics and substance use treatment facilities to support hepatitis C virus screening and treatment access.

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Table 21: PHP's Turquoise Care Performance Improvement Project Summaries

PHP's Turquoise Care Performance Improvement Project Summaries
Title: Expand Access to Assisted Living Facilities for Medicaid Members **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2025, the MCO will increase the percentage of Medicaid members residing in urban counties who qualify for an assisted living level of care and who have access to at least one assisted living facility within the state-defined distance standard from 83% to 90%, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will increase the percentage of Medicaid members residing in rural counties who qualify for an assisted living level of care and who have access to at least one assisted living facility within the state-defined distance standard from 67% to 90%, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will maintain the percentage of Medicaid members residing in frontier counties who qualify for an assisted living level of care and who have access to at least one assisted living facility within the state-defined distance standard at 94%, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will increase the number of assisted living facilities located within the state-defined distance standard for Medicaid members residing in urban counties who qualify for an assisted living level of care by 10 percent, from 40 to 44 facilities, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will increase the number of assisted living facilities located within the state-defined distance standard for Medicaid members residing in rural counties who qualify for an assisted living level of care by 15 percent, from 13 to 15 facilities, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will maintain the number of assisted living facilities located within the state-defined distance standard for Medicaid members residing in frontier counties who qualify for an assisted living level of care, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will maintain the number of unique Medicaid members who qualify for an assisted living level of care and who utilize assisted living facility services, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ None. **Provider-Level Interventions (Planned):** ▪ None. **MCO-Level Interventions (Planned):** ▪ Conduct outreach to non-participating assisted living facilities to identify and address contracting barriers, including rate negotiation. ▪ Add room and board as a Medicaid benefit, pending New Mexico Health Care Authority notification of the Centers for Medicare & Medicaid Services' approval. ▪ Incorporate room and board payments into assisted living facility contracts, as applicable. ▪ Hold quarterly meetings with assisted living facilities to review members receiving services, address barriers, and assess facility capacity.

PHP's Turquoise Care Performance Improvement Project Summaries
Title: Increasing Screening and Treatment for Substance Use Disorder in the Maternal Population **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:

- By June 30, 2025, PHP will improve the timeliness of prenatal care rate, defined as the percentage of deliveries in which pregnant members ages 15–49 with a substance use disorder diagnosis received a prenatal care visit in the first trimester or within 42 days of enrollment, by 8.55 percentage points, from 48.69% to 57.24%, compared to the measurement year 2024 baseline.
- By June 30, 2025, PHP will improve the postpartum care rate, defined as the percentage of deliveries in which members ages 15–49 with a substance use disorder diagnosis received a postpartum visit on or between 7 and 84 days after delivery, by 3.47 percentage points, from 45.29% to 48.76%, compared to the measurement year 2024 baseline.
- By June 30, 2025, PHP will improve the treatment initiation rate, defined as the percentage of pregnant or postpartum members ages 15–49 with a substance use disorder diagnosis who initiated substance use disorder treatment during pregnancy or within 12 months following delivery, by 4.79 percentage points, from 51.96% to 56.75%, compared to the measurement year 2024 baseline.
- By June 30, 2025, PHP will improve the treatment engagement rate, defined as the percentage of pregnant or postpartum members ages 15–49 with a substance use disorder diagnosis who engaged in substance use disorder treatment following initiation, by 2.22 percentage points, from 23.01% to 25.23%, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):

- Continue use of a population health engagement tool, developed by NeuroFlow, for women of childbearing age to provide tailored education and resources related to substance use disorder during the preconception and perinatal periods.
- Implement a telehealth solution to provide postpartum care, substance use disorder follow-up visits (including prescribing capability for medications for opioid use disorder), and behavioral health services throughout the first 12 months after delivery.
- Delegate member outreach to community-based organizations for pregnant and postpartum members to provide education on PHP services and support transition of Care Coordination to Comprehensive Addiction and Recovery Act delegates when substance use disorder is identified.
- Delegate outreach to community-based organizations for Comprehensive Addiction and Recovery Act -eligible mothers who are unable to reach or decline Care Coordination, leveraging community-based support to improve engagement.

Provider-Level Interventions (Planned):

- Implement value-based program incentives to promote early notification of pregnancy and participation in substance use disorder provider training.
- Provide education to maternal care providers, delegates, and community health workers on workflows for scheduling telehealth postpartum, substance use disorder follow-up, and behavioral health visits during the first year after delivery.
- Implement value-based program incentives for timely postpartum visits.

MCO-Level Interventions (Planned):

- Establish workflows to receive timely notification of positive substance use disorder screenings from Presbyterian emergency department encounters for women ages 15–49 and connect

PHP's Turquoise Care Performance Improvement Project Summaries
members to services, including prenatal appointment scheduling when applicable. ▪ Provide training and education to Care Coordination staff and delegates on universal substance use disorder screening for women of childbearing age (preconception through postpartum). ▪ Delegate outreach to community-based organizations for pregnant and postpartum members to provide education on PHP services and support transition to Comprehensive Addiction and Recovery Act Care Coordination when substance use disorder is identified. ▪ Delegate outreach to community-based organizations for Comprehensive Addiction and Recovery Act -eligible mothers who are unable to reach or decline Care Coordination, using community-based engagement to improve participation.
Title: Expanding/Enhancing the States OB/GYN Provider Network **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2025, the MCO will increase access to prenatal and postpartum care in rural and frontier counties with historically low performance by improving the prenatal and postpartum care rate by 3 to 5 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, the MCO will improve appointment timeliness for obstetrics and gynecological services for women residing in rural and frontier counties, as measured through secret shopper appointment timeliness assessments, by 20 percent, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ Provide access to the Ouma Tele-OB program to support obstetric and gynecological care for members in rural and frontier regions. ▪ Facilitate access to primary care, doula, and public health office services for members with limited access to obstetrics and gynecology care. **Provider-Level Interventions (Planned):** ▪ None. **MCO-Level Interventions (Planned):** ▪ None.

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PHP's Turquoise Care Performance Improvement Project Summaries
Title: Improving Well Visits and Immunizations for Children and Adolescents in New Mexico **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By June 30, 2025, PHP will increase the well-care visit rate for children ages 3–11 years, defined as the percentage of members ages 3–11 who received at least one comprehensive well-care visit during the measurement year, by 1.58 percentage points, compared to the measurement year 2024 baseline. ▪ By June 30, 2025, PHP will increase the well-care visit rate for adolescents ages 12–17 years, defined as the percentage of members ages 12–17 who received at least one comprehensive well-care visit during the measurement year, by 0.28 percentage points, compared to the measurement year 2024 baseline. ▪ By June 30, 2025, PHP will increase the adolescent immunization rate, defined as the percentage of members who turn 13 years of age during the measurement year and who received all age-appropriate immunizations, to meet the New Mexico Health Care Authority Turquoise Care performance goal, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ Deploy virtual care options (telehealth) for well-child visits, including after-hours availability. ▪ Deploy mobile health clinics to provide well-care visits and immunizations in areas with high transportation insecurity and low well-care compliance. ▪ Implement an adolescent-focused communication campaign to deliver health education to parents and adolescents through social media and community events. **Provider-Level Interventions (Planned):** ▪ None. **MCO-Level Interventions (Planned):** ▪ Implement system and process improvements to proactively identify members ages 3–11 and 12–17 without an assigned provider and connect them to a provider for assignment.
Title: Hep C (Access to Medications) **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By June 30, 2025, PHP will increase the treatment rate, defined as the percentage of unique Medicaid members diagnosed with hepatitis C who initiate hepatitis C treatment, by at least 5 percentage points, compared to the measurement year 2024 baseline. ▪ By June 30, 2025, PHP will increase the provider participation rate, defined as the percentage of contracted providers who prescribe or manage hepatitis C treatment for Medicaid members, by at least 5 percentage points, compared to the measurement year 2024 baseline. ▪ By June 30, 2025, PHP will increase the facility participation rate, defined as the percentage of contracted facilities that provide hepatitis C treatment services to Medicaid members, by at least 5 percentage points, compared to the measurement year 2024 baseline. ▪ By June 30, 2025, PHP will increase the treatment adherence rate, defined as the percentage of Medicaid members receiving hepatitis C treatment who pick up their second prescription fill, by at least 5 percentage points, compared to the measurement year 2024 baseline.

PHP's Turquoise Care Performance Improvement Project Summaries

Member-Level Interventions (Planned):

- Remove the requirement to fill hepatitis C formulary medications (Mavyret and sofosbuvir/velpatasvir) at Presbyterian Specialty Pharmacy.
- Educate members, providers, and pharmacies on the removal of the specialty pharmacy fill requirement.
- Provide a $50 member incentive for each hepatitis C prescription pickup.
- Identify members who do not pick up a second prescription fill and refer them for outreach by the Community Health Worker hepatitis C outreach team.
- Generate data and analytics reports to identify members with recent or current hepatitis C diagnoses.
- Assess member engagement with primary care, including annual history, physical, and wellness visits.
- Assist members, facilities, and providers with referrals and appointment coordination for gastrointestinal specialty care.
- Conduct Change in Condition Health Risk Assessments to support Care Coordination and member engagement.
- Identify and address barriers to treatment adherence for members engaged in Care Coordination, including transportation and caregiver or attendant support needs.

Provider-Level Interventions (Planned):

- Educate providers and pharmacies on the removal of the Presbyterian Specialty Pharmacy fill requirement for hepatitis C medications.
- Offer facility-level treatment incentives: $650 per member treated for physical health facilities ($350 first fill; $300 second fill); and $825 per member treated for opioid treatment facilities ($625 first fill; $200 second fill).
- Offer a one-time $50 incentive per provider for participation in University of New Mexico Project ECHO hepatitis C telehealth education and case presentations.
- Provide clinical pharmacist outreach and support to facilities with providers not trained to treat hepatitis C, including navigation to treatment-capable facilities.
- Use SYNCRONYS data to identify Medicaid members with hepatitis C and distribute MCO-specific lists.
- Apply claims-based attribution logic to associate members with likely treating facilities.
- Generate and distribute monthly facility-specific member lists via the secure PROVIDERConnect portal.
- Provide Health Care Authority-approved educational materials (English and Spanish) to facilities to support member education on hepatitis C and treatment.
- Support gastrointestinal specialty referrals and appointment coordination for members, providers, and facilities.

MCO-Level Interventions (Planned):

- Leverage SYNCRONYS statewide laboratory data to identify Medicaid members diagnosed with hepatitis C and distribute MCO-specific lists.
- Enhance claims-based attribution algorithms to align members with likely affiliated facilities.
- Generate analytics reports identifying prescription reversals, including medications returned to stock due to non-pickup.

PHP's Turquoise Care Performance Improvement Project Summaries
Title: Oral Evaluation, Dental Services **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: ▪ By December 31, 2025, PHP will increase the HEDIS *Oral Evaluation, Dental Services* rate for children in state custody by 9.3 percentage points, from 55.7% to 65.0%, defined as the percentage of children in state custody who receive at least one comprehensive oral evaluation by a licensed dentist during the measurement year, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ Ensure transportation and scheduling accommodations. ▪ Outreach to members and/or case workers to schedule annual appointments well ahead of deadline. ▪ Establish a dental home for Children In State Custody members. ▪ PHP will have a Children In State Custody specific Engagement Coordinator to help with engagement and collaboration with the Children, Youth and Families Department, Children In State Custody members, and community stakeholders. **Provider-Level Interventions (Planned):** ▪ Value-based arrangements with local pediatric groups. **MCO-Level Interventions (Planned):** ▪ PHP will have a Children In State Custody specific Engagement Coordinator to help with engagement and collaboration with Children, Youth and Families Department, Children In State Custody members, and community stakeholders. ▪ Arrange flags to warn care coordinators of approaching deadlines and work to send out materials and schedule appointments. ▪ Quarterly monthly meeting with Protective Service leadership to focus on communication and practice improvement. ▪ Quarterly meetings with data and accountability office at Protective Services. ▪ Investigate real-time scheduling for oral evaluation and or dental services once the Care Coordinator or community health worker makes contact. ▪ Implement data sharing and data entry challenges with Children, Youth and Families Department. ▪ Explore potential barriers to access in certain rural and frontier communities, or those with limited scheduling windows. ▪ Identify children who may have trauma related to dental care, assess strategies on a case-by-case basis.

Table 22: UHC's Turquoise Care Performance Improvement Project Summaries

UHC's Turquoise Care Performance Improvement Project Summaries
Title: Expand Access to Assisted Living Facilities for Medicaid Members **Initiation Year:** 2024 **End Year:** Not determined **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2025, UHC will increase the percentage of contracted assisted living facilities located in rural counties by 3 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, UHC will increase the percentage of Medicaid members who choose assisted living facilities as their setting of care, as measured by the percentage of eligible members residing in an assisted living facility, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, UHC will increase the percentage of Medicaid members engaged in Care Coordination for home- and community-based services by 3 percentage points, compared to the measurement year 2024 baseline. **Member-Level Interventions (Planned):** ▪ Conduct Care Coordination outreach to assess members' long-term services and supports needs and educate members on assisted living facility costs, limitations, and available home- and community-based services in their area. ▪ Educate members on the benefits of home- and community-based services to support remaining in their preferred setting of care when appropriate. **Provider-Level Interventions (Planned):** ▪ Continue provider network outreach to nursing facilities statewide to expand the number of contracted facilities. **MCO-Level Interventions (Planned):** ▪ None.
Title: Enhanced Services for 12 Months of Prenatal and Postpartum Care for Mothers with Substance Use Disorder **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aims: ▪ By December 31, 2025, UHC will increase the HEDIS *Prenatal and Postpartum Care – Timeliness of Prenatal Care* rate, defined as the percentage of Medicaid maternal members ages 18 years and older who received a prenatal care visit in the first trimester or within 42 days of enrollment, by 3 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, UHC will increase the *HEDIS Prenatal and Postpartum Care – Postpartum Care* rate, defined as the percentage of Medicaid maternal members ages 18 years and older who received a postpartum visit on or between 7 and 84 days after delivery, by 3 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, UHC will increase the *HEDIS Well-Child Visits in the First 15 Months of Life* rate, defined as the percentage of Medicaid members who turned 15 months of age during the measurement year and who completed the recommended well-child visits during the first 15 months of life, by 3 percentage points, compared to the measurement year 2024 baseline. ▪ By December 31, 2025, UHC will reduce the rate of infants born exposed to substances, defined as

the percentage of newborns identified as Comprehensive Addiction and Recovery Act members, by 3 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):

- Prenatal care management outreach for pregnant members, with dedicated care coordinators providing education on the importance of prenatal and postpartum care and available supports, including maternity delegation to Galileo, virtual behavioral health services, virtual centering classes (Wellhop), and virtual doula support through 12 months postpartum.
- Postpartum care management outreach for postpartum members, with education on the importance of completing recommended well-child visits and the American Academy of Pediatrics preventive care Periodicity Schedule.
- Care management outreach for pregnant members with substance use disorder, delivered by dedicated Comprehensive Addiction and Recovery Act Care Coordinators to promote engagement in substance use disorder treatment during pregnancy.

Provider-Level Interventions (Planned):

- None.

MCO-Level Interventions (Planned):

- None.

Title: Expand/Enhancing OB/GYN Provider Network in OB Deserts
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:

- By December 31, 2025, the UHC will increase the prenatal care rate, defined as the percentage of maternity population members who received a prenatal care visit in the first trimester or within 42 days of enrollment, compared to the measurement year 2024 baseline.
- By December 31, 2025, the UHC will increase the postpartum care rate, defined as the percentage of maternity population members who received a postpartum visit on or between 7 and 84 days after delivery, compared to the measurement year 2024 baseline.
- By December 31, 2025, the UHC will increase the doula utilization rate, defined as the percentage of pregnant and postpartum members who utilize doula services, by 5 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):

- Expand access to obstetrics/gynecology care through telemedicine, using Galileo's virtual obstetrics/gynecology services to bridge care gaps for pregnant and postpartum members, with coordination to local providers when in-person services are needed.
- Conduct proactive outreach to pregnant and postpartum members in obstetric desert counties to assist with scheduling appointments with the nearest accessible obstetrics/gynecology provider, including telehealth options, to support improved prenatal and postpartum care rates.
- Increase access to maternal health services in rural and frontier communities through a grant to La Clínica de Familia to expand maternal care capacity in Southern New Mexico.
- Educate members on virtual doula services through targeted member materials and inclusion in maternity outbound call campaigns to increase awareness and utilization.

Provider-Level Interventions (Planned):

- Distribute provider education materials to obstetrics/gynecology and primary care providers on

virtual doula services to encourage appropriate referrals.
- Partner with the New Mexico Doula Association to support doulas serving Medicaid members and ensure readiness to bill for covered doula services.

MCO-Level Interventions (Planned):
- Support expansion of the doula workforce statewide through a grant to the New Mexico Doula Association to increase access to doula services for Medicaid members.

Title: Improve Well Visits and Immunizations for Children and Adolescents
Initiation Year: 2024. **End Year:** Not determined.
Validation Summary: There are no validation findings indicating the credibility of the performance improvement project results was at risk.

Aims:
- By December 31, 2025, UHC will increase the HEDIS *Well-Child Visits in the First 15 Months of Life* rate, defined as the percentage of Medicaid members who turned 15 months of age during the measurement year and who completed the required well-child visits during the first 15 months of life, by 3 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, UHC will increase the HEDIS *Well-Child Visits in the First 30 Months of Life* rate, defined as the percentage of Medicaid members ages 15–30 months who completed the required well-child visits during the first 30 months of life, by 3 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, UHC will increase the HEDIS *Child and Adolescent Well-Care Visits* rate for children ages 3–11 years, defined as the percentage of Medicaid members ages 3–11 who had at least one comprehensive well-care visit during the measurement year, by 3 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, UHC will increase the HEDIS *Child and Adolescent Well-Care Visits* rate for adolescents ages 12–17 years, defined as the percentage of Medicaid members ages 12–17 who had at least one comprehensive well-care visit during the measurement year, by 3 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, UHC will increase the HEDIS *Child and Adolescent Well-Care Visits* rate for young adults ages 18–21 years, defined as the percentage of Medicaid members ages 18–21 who had at least one comprehensive well-care visit during the measurement year, by 3 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, UHC will increase the HEDIS *Childhood Immunization Status* rate, defined as the percentage of Medicaid members who turned 2 years of age during the measurement year and who received all required age-appropriate immunizations, by 3 percentage points, compared to the measurement year 2024 baseline.
- By December 31, 2025, UHC will increase the HEDIS *Immunizations for Adolescents* rate, defined as the percentage of Medicaid members who turned 13 years of age during the measurement year and who received all required age-appropriate immunizations, by 3 percentage points, compared to the measurement year 2024 baseline.

Member-Level Interventions (Planned):
- Expand access to school-based care through a partnership with Goodside Health, delivering telehealth and on-site well-care visits and immunizations at select school-based health centers to reduce transportation and scheduling barriers.
- Promote access to free immunizations by collaborating with providers participating in the *Got Shots?* campaign, in partnership with the New Mexico Department of Health and the New Mexico Immunization Coalition, using Vaccines for Children and community clinics.

UHC's Turquoise Care Performance Improvement Project Summaries
▪ Conduct quarterly Care Coordination outreach to schedule due well-child visits and immunizations, educate families on available transportation benefits (including support for caregivers or parents), and promote statewide immunization initiatives and Turquoise Rewards to encourage vaccine completion. **Provider-Level Interventions (Planned):** ▪ Collaborate with provider offices to support participation in *the Got Shots?* campaign and expand access to no-cost back-to-school immunization clinics. ▪ Implement the Community Plan Primary Care Professional Incentive Program to incentivize provider groups to improve preventive care performance, close gaps in care, and enhance engagement through performance dashboards, targeted materials, and high-touch provider meetings. **MCO-Level Interventions (Planned):** ▪ Support preventive care improvement through the Community Plan Primary Care Professional Incentive Program, leveraging incentives, reporting tools (dashboards), and structured provider engagement to improve well-visit and immunization rates across the network.
Title: Hepatitis C Treatment Access to Medication **Initiation Year:** 2024. **End Year:** Not determined. **Validation Summary:** There are no validation findings indicating the credibility of the performance improvement project results was at risk.
Aim: ▪ By December 31, 2025, UHC will increase the hepatitis C treatment initiation rate, defined as the percentage of Medicaid members diagnosed with hepatitis C who initiate hepatitis C drug therapy, by 5 percentage points, compared to the measurement year 2024 baseline. **Member-level Interventions (Planned):** ▪ Identify members diagnosed with hepatitis C using claims data and conduct Care Coordination outreach to educate members on the importance of treatment and the steps to initiate therapy. ▪ Support access to testing and treatment by identifying local treatment locations, assisting with appointment scheduling, arranging UHC-covered transportation, and providing adherence support and medication reminders through care coordinators or community health workers. Members may obtain hepatitis C medications through a local pharmacy or by mail from a specialty pharmacy, as specialty pharmacy requirements have been removed. ▪ Offer a $200 member incentive for completion of hepatitis C drug therapy and achievement of sustained virologic response at 12 weeks. **Member, Provider, and MCO Intervention (Planned):** ▪ Enable broader treatment of hepatitis C by removing prior authorization requirements and supporting use of simplified treatment regimens. ▪ Expand prescriber capacity by encouraging primary care providers, in addition to infectious disease specialists, gastroenterologists, and hepatologists, to treat hepatitis C, with access to clinical support through the University of New Mexico Project ECHO. ▪ Offer a $300 prescriber incentive for each patient who completes hepatitis C drug therapy and achieves sustained virologic response at 12 weeks.

Table 23, **Table 24**, **Table 25**, **Table 26**, **Table 27**, **Table 28** display summaries of IPRO's improvement assessment for each project indicator by performance improvement project topic by MCO. In these tables, IPRO's assessment of indicator performance was based on the following categories:

1) Performance improvement demonstrated and the target was met or exceeded (denoted by green highlight).
2) Performance decline demonstrated but the target was met or exceeded (denoted by green highlight).
3) Performance improvement demonstrated but the target was not met (denoted by yellow highlight).
4) Performance decline demonstrated and the target was not met (denoted by red highlight).
5) Unable to evaluate performance at the time of review (denoted by gray highlight).

Table 23: Turquoise Care MCOs' Performance Improvement Project #1 Indicator Summary

Turquoise Care MCOs' Performance Improvement Project #1 Indicators – Access to Assisted Living Facilities		
MCO	**Indicator Description**	**Assessment of Performance**
BCBS	**Indicator #1 –** The percentage of members living in urban counties who have access to at least 1 assisted living facility within a 30-mile radius	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – The percentage of members living in rural counties who have access to at least 1 assisted living facility within a 60-mile radius	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – The percentage of members living in frontier counties who have access to at least 1 assisted living facility within a 90-mile radius	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – The percentage of adult members reporting "usually" or "always" to *Getting Needed Care* (Adult Medicaid CAHPS Survey question)	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – The percentage of assisted living facility admissions among Medicaid members interested in receiving assisted living facility services	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #6 – The percentage of assisted living facilities in urban counties that are in the BCBS network	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Turquoise Care MCOs' Performance Improvement Project #1 Indicators – Access to Assisted Living Facilities		
MCO	**Indicator Description**	**Assessment of Performance**
	Indicator #7 – The percentage of assisted living facilities in rural counties that are in the BCBS network	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #8 – The percentage of assisted living facilities in frontier counties that are in the BCBS network	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
MHC	**Indicator #1 –** Percent of available assisted living facilities that are contracted	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of assisted living providers in a quality-based value-based payment contract	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percent of providers who meet Gold Card Authorization status	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Assisted living facility service utilization rate	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
PHP	**Indicator #1 –** Percentage of members residing in urban counties with access to assisted living facilities	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of members residing in rural counties with access to assisted living facilities	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of members residing in frontier counties with access to assisted living facilities	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

Turquoise Care MCOs' Performance Improvement Project #1 Indicators – Access to Assisted Living Facilities		
MCO	**Indicator Description**	**Assessment of Performance**
		available, and results will be included in the next cycle.
	Indicator #4 – Number of urban county assisted living facilities in network.	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – Number of rural county assisted living facilities in network	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #6 – Number of frontier county assisted living facilities in network	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #7 – Number of unique members utilizing assisted living facilities	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
UHC	**Indicator #1 –** Percentage of contracted assisted living facilities across the State of New Mexico	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of long-term services and supports eligible members residing in assisted living facilities	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of home and community-based services members who are engaged in Care Coordination	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Table 24: Turquoise Care MCOs' Performance Improvement Project #2 Indicator Summary

Turquoise Care MCOs' Performance Improvement Project #2 Indicators – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Care		
MCO	**Indicator Description**	**Assessment of Performance**
BCBS	**Indicator #1 –** Percentage of telehealth network providers in rural areas offering services through Milagro clinic	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of prenatal and postpartum members with a substance use disorder diagnosis/indication that receives a Deterra medication disposal bag and/or Rx locking cap	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of prenatal and postpartum members with a new substance use disorder episode that result in treatment initiation through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percentage of prenatal and postpartum members with a new substance use disorder episode that have evidence of treatment engagement through outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 34 days of initiation	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
MHC	**Indicator #1 –** Percentage of obstetric providers who self-report screening pregnant patients for substance use disorder	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of eligible babies born to members with a substance use disorder with a Comprehensive Addiction and Recovery Act Plan of Safe Care	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of eligible pregnant members with substance use disorder with a Comprehensive Addiction and Recovery Act Plan of Safe Care	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percentage of maternal deaths among members who meet	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

Turquoise Care MCOs' Performance Improvement Project #2 Indicators – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Care		
MCO	**Indicator Description**	**Assessment of Performance**
	specifications under the Comprehensive Addiction and Recovery Act	available, and results will be included in the next cycle.
	Indicator #5 – Percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
PHP	**Indicator #1 –** Percentage of deliveries in which women age 15-49 with a substance use disorder diagnosis had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of deliveries in which women age 15-49 with a substance use disorder diagnosis had a postpartum visit on or between 7 and 84 days after delivery	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percent of pregnant or postpartum women age 15-49 with a new substance use disorder episode that results in treatment initiation through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percent of pregnant or postpartum women age 15-49 with a new substance use disorder episode that have evidence of treatment engagement within 34 days of initiation	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
UHC	**Indicator #1 –** Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

Turquoise Care MCOs' Performance Improvement Project #2 Indicators – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Care		
MCO	**Indicator Description**	**Assessment of Performance**
	October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	available, and results will be included in the next cycle.
	Indicator #3 – Percentage of members who had six or more well-child visits with a primary care provider who turned 15 months old during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Number of Comprehensive Addiction and Recovery Act members reported by New Mexico hospitals	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Table 25: Turquoise Care MCOs' Performance Improvement Project #3 Indicator Summary

Turquoise Care MCOs' Performance Improvement Project #3 Indicators – Access to Obstetrical/Gynecological Services in Rural and Frontier Regions		
MCO	**Indicator Description**	**Assessment of Performance**
BCBS	**Indicator #1 –** The percentage of adolescents and women, including those who are pregnant, in rural and frontier counties ages 12 and older with at least one or more visits to an obstetrics/gynecological provider during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – The percentage of women and adolescents in rural and frontier counties that are within the mileage access standards for obstetrics/gynecological services	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of responders who rate for getting appointments with a specialist as soon as needed (CAHPS Adult Medicaid Survey).	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #6 – The percentage of Native American and Hispanic adolescents and women, including those who are pregnant who have had one or more visits to an obstetrician/gynecologist in during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
MHC	**Indicator #1 –** Number of new telehealth obstetrics/gynecology provider contracts	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of women in rural and frontier areas utilizing telehealth for	Unable to evaluate performance now. An assessment of improvement will be

Turquoise Care MCOs' Performance Improvement Project #3 Indicators – Access to Obstetrical/Gynecological Services in Rural and Frontier Regions		
MCO	**Indicator Description**	**Assessment of Performance**
	prenatal and women's health care consultations	conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Number of newsletters sent to healthcare providers regarding Project ECHO	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Total number of visits in the Doula program by individuals seeking assistance in navigating the healthcare system related to women's health, pregnancy, and childbirth	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – Percentage of MHC staff members who completed training on availability and options for MHC members to receive women's health services	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
PHP	**Indicator #1 –** The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – The median appointment wait time for "symptomatic" care with an obstetrics/gynecological specialist	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
UHC	**Indicator #1 –** Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Turquoise Care MCOs' Performance Improvement Project #3 Indicators – Access to Obstetrical/Gynecological Services in Rural and Frontier Regions		
MCO	**Indicator Description**	**Assessment of Performance**
	a postpartum visit on or between 7 and 84 days after delivery	
	Indicator #3 – Number of unique members with a doula claim or invoice during measured time period	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

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Table 26: Turquoise Care MCOs' Performance Improvement Project #4 Indicator Summary

Turquoise Care MCOs' Performance Improvement Project #4 Indicators – Well-Child and Adolescent Care and Immunizations		
MCO	**Indicator Description**	**Assessment of Performance**
BCBS	**Indicator #1 –** The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – CAHPS Health Plan Survey: *In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?* (CAHPS Child Medicaid Survey)	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – Percentage of BCBS members who turned 15 months old during the measurement year and who had 6 or more visits with a primary care provider during the first 15 months of life	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #6 – The percentage of BCBS members who turned 30 months old during the measurement year and who had 2 or more visits with a primary care provider during the first 30 months of life	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
MHC	**Indicator #1 –** Percentage of members who had 6 or more well-child visits with a primary care provider who turned 15 months old during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

Turquoise Care MCOs' Performance Improvement Project #4 Indicators – Well-Child and Adolescent Care and Immunizations		
MCO	**Indicator Description**	**Assessment of Performance**
		available, and results will be included in the next cycle.
	Indicator #2 – Percentage of members who had two or more well-child visits with a primary care provider who turned 30 months old during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #6 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
PHP	**Indicator #1 –** Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

Turquoise Care MCOs' Performance Improvement Project #4 Indicators – Well-Child and Adolescent Care and Immunizations		
MCO	**Indicator Description**	**Assessment of Performance**
	obstetrics/gynecological practitioner during the measurement year	available, and results will be included in the next cycle.
	Indicator #3 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
UHC	**Indicator #1 –** Percentage of members who had 6 or more well-child visits with a primary care provider who turned 15 months old during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of members who had two or more well-child visits with a primary care provider who turned 30 months old during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – Percentage of members 18–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Turquoise Care MCOs' Performance Improvement Project #4 Indicators – Well-Child and Adolescent Care and Immunizations		
MCO	**Indicator Description**	**Assessment of Performance**
	obstetrics/gynecological practitioner during the measurement year	
	Indicator #6 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #7 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Table 27: Turquoise Care MCOs' Performance Improvement Project #5 Indicator Summary

Turquoise Care MCOs' Performance Improvement Project #5 Indicators – Access to Hepatitis C Treatment		
MCO	**Indicator Description**	**Assessment of Performance**
BCBS	**Indicator #1 –** The percentage of hepatitis C virus positive adults who receive the full course hepatitis C direct-acting antiviral treatment on their first prescription fill	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – The percentage of new or previous hepatitis C virus positive adult members who are dispensed and utilize initial hepatitis C virus direct-acting antiviral treatment	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #3 – The percentage of adult BCBS Medicaid members who had a positive hepatitis C virus screening and did not start treatment	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – The percentage of adult members who respond to CAHPS Health Plan Survey 5.1H, Adult Version: *In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?*	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #5 – Percentage of members 18 years and over who had a preventive visit and were screened for hepatitis C virus	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
MHC	**Indicator #1 –** Percentage of eligible members aged 18 to 79 years and all pregnant members who have been screened for hepatitis C virus during the measurement period	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of eligible members aged 18 to 79 years diagnosed with hepatitis C virus who have initiated pharmaceutical treatment	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
PHP	**Indicator #1 –** Percentage of unique members treated for hepatitis C virus	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #2 – Percentage of providers treating hepatitis C virus	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

Turquoise Care MCOs' Performance Improvement Project #5 Indicators – Access to Hepatitis C Treatment		
MCO	**Indicator Description**	**Assessment of Performance**
		available, and results will be included in the next cycle.
	Indicator #3 – Percentage of facilities treating hepatitis C virus	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
	Indicator #4 – Percentage of members picking up their 2nd prescription for hepatitis C virus treatment	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
UHC	**Indicator #1 –** The percentage of hepatitis C virus positive members who initiated hepatitis C virus drug therapy	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Table 28: Turquoise Care MCO's Performance Improvement Project #6 Indicator Summary (PHP, only)

Turquoise Care MCOs' Performance Improvement Project #6 Indicators – Children in State Custody		
MCO	**Indicator Description**	**Assessment of Performance**
PHP	**Indicator #1 –** Percentage of children in state custody who receive a comprehensive oral evaluation by a dentist within the calendar year	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

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External Quality Review Activity 2. Validation of Performance Measures – Technical Summary

Objectives

The New Mexico Health Care Authority selects a set of performance measures to evaluate the quality of care delivered by MCOs to Medicaid members. Performance measures required under the Centennial Care 2.0 Performance Measure Program are presented in **Table 29**, while the required measures for Turquoise Care are presented in **Table 30**.

The Centennial Care 2.0 Performance Measure Program

Table 29 displays performance measure names and definitions, steward, and method of data collection.

Table 29: Centennial Care 2.0 Performance Measure Descriptions, Measurement Year 2024

Performance Measures (PM)	Indicator Description	Steward	Data Collection Method[1]
PM 1 Well-Child Visits in the First 30 Months of Life (W30)	**First 15 Months:** The percentage of members who turned 15 months old during the measurement year and had six or more well-child visits.	NCQA	Administrative
PM 2 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	**Counseling for Physical Activity:** The percentage of members 3–17 years of age who had an outpatient visit with a primary care provider or obstetrician/ gynecologist and who had evidence of counseling for physical activity during the measurement year.	NCQA	Hybrid
PM 3 Prenatal and Postpartum Care (PPC)	**Timeliness of Prenatal Care:** The percentage of deliveries of live births that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the MCO.	NCQA	Hybrid
PM 4 Prenatal and Postpartum Care (PPC)	**Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	NCQA	Hybrid
PM 5 Childhood Immunization Status (CIS)	**Combination 3:** The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.	NCQA	Hybrid

Performance Measures (PM)	Indicator Description	Steward	Data Collection Method[1]
PM 6 Antidepressant Medication Management (AMM)	**Effective Continuation Phase Treatment:** The percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days (6 months).	NCQA	Administrative
PM 7 Initiation and Engagement of Substance Use Disorder Treatment (IET)	**Initiation of Substance Use Disorder Treatment:** The percentage of new substance use disorder episodes that result in treatment initiation through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.	NCQA	Administrative
PM 8 Follow-Up After Hospitalization for Mental Illness (FUH)	**30 Days:** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner provider within 30 days after discharge.	NCQA	Administrative
PM 9 Follow-Up After Emergency Department Visit for Mental Illness (FUM)	**30 Days:** The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the emergency department visit (31 total days).	NCQA	Administrative
PM 10 Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	NCQA	Administrative

[1] Administrative rates are calculated from claims data. Hybrid rates are calculated from claims data and medical record documentation.
NCQA: National Committee for Quality Assurance.

The Turquoise Care Performance Measure Program

Table 30 displays performance measure names and definitions, the measure steward, and the method of data collection.

Table 30: Turquoise Care Performance Measure Descriptions, Measurement Year 2024

Performance Measure (PM)	Indicator Description	Steward	Data Collection Method[1]
PM 1 Well-Child Visits in the First 30 Months of Life (W30)	**First 15 Months:** The percentage of members who turned 15 months old during the measurement year and had six or more well-child visits with a primary care provider	NCQA	Administrative
	15 Months–30 Months: The percentage of members who turned 30 months old during the measurement year and had two or more well-child visits with a primary care provider	NCQA	Administrative
PM 2 Child and Adolescent Well-Care Visits (WCV)	**3–11 Years:** The percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrician/gynecologist practitioner during the measurement year	NCQA	Administrative
	12–17 Years: The percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrician/gynecologist practitioner during the measurement year	NCQA	Administrative
	18–21 Years: The percentage of members 18–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrician/ gynecologist practitioner during the measurement year	NCQA	Administrative
PM 3 Prenatal and Postpartum Care (PPC)	**Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.	NCQA	Hybrid
	Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery	NCQA	Hybrid
PM 4 Oral Evaluation, Dental Services (OED)	The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year	NCQA	Administrative

Performance Measure (PM)	Indicator Description	Steward	Data Collection Method[1]
PM 5 Follow-Up After Hospitalization for Mental Illness (FUH)	**7 Days**: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider with 7 days.	NCQA	Administrative
PM 6 Breast Cancer Screening (BCS-E)	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer	NCQA	Electronic Clinical Data Systems
PM 7 Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	**Initiation Phase:** The percentage of children newly prescribed attention-deficit/hyperactivity disorder medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase	NCQA	Electronic Clinical Data Systems
PM 8 Immunizations for Adolescents (IMA)	**Combination 2:** The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	NCQA	Hybrid
PM 9 Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of opioid use disorder pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of opioid use disorder and a new opioid use disorder pharmacotherapy event	NCQA	Administrative
PM 10 Glycemic Status Assessment for Patients With Diabetes (GSD)	**Glycemic Status >9.0%:** The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c or glucose management indicator) was >9% during the measurement year. *(A lower rate indicates better performance.)*	NCQA	Hybrid
PM 11 Eye Exam for Patients With Diabetes (EED)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam	NCQA	Hybrid
PM 12 Kidney Health Evaluation for Patients With Diabetes (KED)	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate	NCQA	Administrative

Performance Measure (PM)	Indicator Description	Steward	Data Collection Method[1]
	(eGFR) *and* a urine albumin-creatinine ratio (uACR), during the measurement year		
PM 13 Lead Screening in Children (LSC)	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday	NCQA	Hybrid

[1] Administrative rates are calculated from claims data. Hybrid rates are calculated from claims data and medical record documentation. Electronic Clinical Data Systems rates are calculated using data from electronic health records, health information exchanges, case management systems, and claims processing systems.
NCQA: National Committee for Quality Assurance.

To ensure compliance with the reporting requirements for HEDIS 2024 and the 2024 New Mexico Health Care Authority Performance Measure Program, BCBS, MHC, and PHP contracted with an NCQA-certified HEDIS vendor and an NCQA-certified HEDIS compliance auditor. The HEDIS vendors collected data and calculated performance measure rates on behalf of the MCOs, while the HEDIS compliance auditors determined whether appropriate information processing capabilities were in place to support accurate and automated performance measurement.

UHC contracted with an NCQA-certified HEDIS vendor but the Health Care Authority did not require UHC to report HEDIS rates during for measurement year 2024. **Table 31** displays the NCQA-certified HEDIS vendors and compliance auditors for each MCO.

Table 31: MCO HEDIS Vendors and HEDIS Compliance Auditors, Measurement Year 2024

MCO	NCQA-Certified HEDIS Vendor	NCQA-Certified HEDIS Compliance Auditor
BCBS	Inovalon, Inc.	Attest Health Care Advisors
MHC	Cognizant TriZetto Software Group, Inc.	Advent Advisory Group, LLC
PHP	Inovalon, Inc.	Healthy People
UHC	Inovalon, Inc.	Not Applicable
WSCC	Not Applicable	Not Applicable

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance.

Title 42 Code of Federal Regulations §438.358(b)(1)(ii) mandates that the state or an external quality review organization validate the performance measures calculated during the preceding 12 months. IPRO conducted this activity on behalf of the New Mexico Health Care Authority for measurement year 2024.

The Centers for Medicare & Medicaid Services' *External Quality Review (EQR) Protocols* published in February 2023 state that an information systems capabilities assessment "is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4." The information systems capabilities assessment data collection tool allows the state or external quality review organization to evaluate the strength of each MCO's information systems to meet regulatory requirements for quality assessment and reporting. Knowledge of an MCO's information systems capabilities is essential to effectively and efficiently perform the following activities:

- assessment of an MCO's information systems;
- validation of an MCO's encounter data;
- calculation or validation of an MCO's performance measures;
- assessment of an MCO's capacity to manage the health care of its enrollees; and
- review of an MCO's encounter data submission and reconciliation processes.

Although the Centers for Medicare & Medicaid Services' *External Quality Review Protocols* (February 2023) identify the information systems capabilities assessment as a required component of mandatory external quality review activities, the Centers for Medicare & Medicaid Services later clarified that systems reviews conducted as part of the HEDIS audit may be substituted for this assessment. While BCBS, MHC, and PHP underwent an information systems audit by an NCQA-certified HEDIS auditor for measurement year 2024, the New Mexico Health Care Authority contracted with IPRO to conduct a full information systems capabilities assessment for each MCO during the 2024–2025 period. The results of the HEDIS measurement year 2024 compliance audits and the 2024–2025 information systems capabilities assessments are presented in this report.

Technical Methods for Data Collection and Analysis

Information Systems Capabilities Assessment

IPRO conducted the 2024–2025 information systems capabilities assessment in accordance with *Appendix A* of the Centers for Medicare & Medicaid Services' *External Quality Review (EQR) Protocols* (February 2023). *External Quality Review Protocol 2* specifies the activities undertaken by an external quality review organization to validate MCO-reported performance measure rates, including:

- assessment of the MCO's capacity to manage the health care of its enrollees;
- adjudication and review of claims data received from multiple sources;
- submission of encounter data to the state and assurance of completeness and accuracy;
- calculation and submission of performance measures, including HEDIS, the Centers for Medicare & Medicaid Services' Adult and Child Core Set, and state-specific measures;
- conduct of quality assessments and improvement initiatives and linkage to other information sources;
- review of grievance systems; and
- maintenance of provider directories and processes to ensure network adequacy based on state travel time and distance standards.

The MCOs submitted completed information systems capabilities assessments to IPRO on December 10, 2024, and supplemental documentation on January 31, 2025.

IPRO hosted a two-hour virtual meeting with each MCO to discuss the assessment submissions and review systems. BCBS's meeting was held on April 1, 2025; UHC's on April 3, 2025; PHP's on April 8, 2025; and MHC's on April 9, 2025.

At the conclusion of the review, the Centers for Medicare & Medicaid Services requires the external quality review organization to compile and analyze information gathered from document review and MCO staff interviews and to issue a statement of findings regarding each MCO's information systems. IPRO's assessment determination levels are shown in **Table 4**, and the assessment results for each MCO are presented in **Table 5**.

Performance Measure Calculation and Compliance Audit

BCBS, MHC, and PHP each contracted with an NCQA-certified HEDIS vendor to collect data and calculate performance measure rates for measurement year 2024. The NCQA-certified HEDIS vendor calculated rates using NCQA's *HEDIS 2024 Volume 2 Technical Specifications for Health Plans*.

BCBS, MHC, and PHP each contracted with an NCQA-certified HEDIS auditor to validate the MCO's adherence to the technical specifications and reporting requirements. The NCQA-certified HEDIS compliance auditor evaluated the MCO's information practices and control procedures, sampling methods and procedures, compliance with technical specifications, analytic file production, and reporting and documentation in two parts:

1) Information System Capabilities
2) HEDIS Specifications Standards

Auditors considered MCO compliance with the Information System standards and HEDIS Determination standards to fully assess the organization's HEDIS reporting capabilities.

Information System Capabilities

As part of the NCQA HEDIS Compliance Audit™, HEDIS compliance auditors assessed the MCO's compliance with NCQA's four information system capabilities standards for collecting, storing, analyzing, and reporting medical, service, member, practitioner, and vendor data. The standards specify the minimum requirements that information systems should meet and criteria that are used in HEDIS data collection. Compliance with the NCQA information system capabilities standards ensures that the MCO has effective systems, practices, and control procedures for core business functions and for HEDIS reporting. **Table 32** displays these standards as well as the elements audited for the standard.

Table 32: NCQA's Information System Capabilities Standards

Information System Standard Categories	Elements Audited
IS R: Data Management and Reporting	Transfer, Consolidation, and Control Procedures that Support Measure Reporting Integrity
IS C: Clinical and Care Delivery Data	Capture, Transfer, and Entry
IS M: Medical Record Review	Training, Sampling, Abstraction, and Oversight
IS A: Administrative Data	Sound Coding Methods, Data Capture, Transfer, and Entry

NCQA: National Committee for Quality Assurance; IS: information system.

The information system capabilities evaluation included the computer and software environment, data collection procedures, abstraction of medical records for hybrid measures, as well as the review of any manual processes used for HEDIS reporting. The HEDIS compliance auditor determined the extent to which the MCO had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

An MCO meeting all Information System standards required for successful HEDIS reporting and submitting HEDIS data to the Health Care Authority according to contractual requirements were considered strengths during IPRO's external quality review. An MCO not meeting an Information System standard was considered an opportunity for improvement during IPRO's review.

HEDIS Determination Standards

Auditors use the HEDIS Determination standards to assess the MCO's compliance with conventional reporting practices and HEDIS technical specifications. These standards describe required procedures for specific information such as proper identification of denominators, numerators and verifying algorithms and rate calculations.

Performance Measure Validation

Each MCO's calculated rates for the HEDIS measure set were validated as part of the NCQA HEDIS Compliance Audit and assigned one of NCQA's outcome designations. **Table 33** presents these outcome designations and their definitions. Performance measure validation activities included but were not limited to:

- confirmation that rates were produced with certified code or automated source code review approved logic;
- medical record review validation;
- review of supplemental data sources;
- review of system conversions/upgrades, if applicable;
- review of vendor data, if applicable; and
- follow-up on issues identified during documentation review or previous audits.

Table 33: NCQA's Performance Measure Designations

NCQA Performance Measure Outcome Designation	Outcome Designation Definition
R	**Reportable**. A reportable rate was submitted for the measure.
NA	**Small Denominator.** The organization followed the specifications, but the denominator was too small (e.g., less than 30) to report a valid rate. a. For Effectiveness of Care and Effectiveness of Care-like measures, when the denominator is less than 30. b. For utilization measures that count member months, when the denominator is less than 360 member months. c. For all risk-adjusted utilization measures, when the denominator is less than 150. d. For electronic clinical data systems measures, when the denominator is less than 30.
NB	**No Benefit.** The organization did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).
NR	**Not Reported.** The organization chose not to report the measure.
NQ	**Not Required.** The organization was not required to report the measure.
BR	**Biased Rate.** The calculated rate was materially biased.
UN	**Unaudited.** The organization chose to report a measure that is not required to be audited. This result only applies when permitted by NCQA.

NCQA: National Committee for Quality Assurance.

Each MCO's HEDIS compliance auditor produced a final audit report and audit review table at the conclusion of the audit. Together, these documents present a comprehensive summary of the audit activities and performance measure validation results. The MCOs submitted these documents, as well as final validated performance measure rates to the Health Care Authority and IPRO.

IPRO reviewed each MCO's final audit report and audit review table to confirm that all performance measures were deemed reportable by the HEDIS auditor, and that calculation of these performance measures aligned with Health Care Authority expectations. To assess the accuracy of the reported rates, IPRO:

- Recalculated performance measure rates using denominator and numerator member-level data and compared these recalculated rates to the rates reported by the MCO to NCQA via the Interactive Data Submission System tool;
- Compared performance measure rates reported by the MCO to NCQA's Quality Compass regional Medicaid benchmarks; and
- Analyzed performance-measure-rate–level trends to identify drastic changes in performance.

As part of the measurement year 2024 performance measure validation activity, IPRO reviewed MCO quality improvement program descriptions and work plans to assess the impact of MCO-directed improvement activities on health outcomes related to the performance measures in **Table 29** and **Table 30**.

Description of Data Obtained

To conduct the validation of performance measure activity, IPRO reviewed *the 2024–2025 Turquoise Care Information Systems Capabilities Assessment Report,* each MCO's final audit report and a locked copy of the audit review table, which were produced by the HEDIS compliance auditor.

The *2024–2025 Turquoise Care Information Systems Capabilities Assessment Report* included the results of IPRO's assessments and MCO-detailed information regarding data integration and systems architecture; enrollment systems and process; claims/encounter data systems; provider data systems and processes; and oversight of contracted vendors.

The Final Audit Report included key audit dates, product lines audited, audit procedures, vendors, data sources including supplemental data sources (e.g., immunization registries, care management files, laboratory result files), descriptions of system queries used by the auditor to validate the accuracy of the data, results of the medical record reviews, results of the information systems capabilities assessment, and rate status. Rates were determined to be reportable or not reportable (small denominator, benefit not offered, not reported, not required, biased, or unaudited; **Table 33**).

The Audit Review Table displayed performance-measure–level detail including data collection methodology (administrative or hybrid), eligible population count, exclusion count, numerator event count by data source (administrative, medical record, supplemental), and reported rate. When applicable, the following information was also displayed in the Audit Review Table: administrative rate before exclusions; minimum required sample size, and minimum required sample size numerator events and rate; oversample rate and oversample record count; exclusions by data source; count of oversample records added; denominator; numerator events by data source (administrative, medical records, supplemental); and reported rate.

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Comparative Results

Performance Measure Validation

BCBS, MHC, and PHP's NCQA-certified HEDIS auditor determined that the HEDIS rates reported by the MCO for measurement year 2024 were all "reportable," indicating that the rates were calculated in accordance with the required technical specifications. There were no data collection or reporting issues identified for BCBS, MHC, and PHP. **Table 34** displays the results of Information System Capabilities review for the MCOs that underwent a HEDIS 2024 Compliance Audit.

While UHC did not undergo an NCQA HEDIS® Compliance Audit for measurement year 2024, IPRO's 2024–2025 Information Systems Capabilities Assessment included a review of the MCO's information systems. Based on the results of the assessment, IPRO determined that UHC's information systems were capable of producing valid and reliable performance measure data. No information system, data collection, or reporting deficiencies were identified.

Table 34: NCQA Information System Capabilities Review Results by Managed Care Organization, Measurement Year 2024

Information System Standard Categories	BCBS	MHC	PHP	UHC	WSCC
IS R: Data Management and Reporting	Met	Met	Met	Not Applicable	Not Applicable
IS C: Clinical and Care Delivery Data	Met	Met	Met	Not Applicable	Not Applicable
IS M: Medical Record Review	Met	Met	Met	Not Applicable	Not Applicable
IS A: Administrative Data	Met	Met	Met	Not Applicable	Not Applicable

Met means that the MCO met or exceeded the standards reviewed.
NCQA: National Committee for Quality Assurance; IS: information system.

At the conclusion of the 2024-2025 Information Systems Capabilities Assessment, IPRO determined that BCBS, MHC, PHP, and UHC met or exceeded the standards reviewed. **Table 6** displays the assessment topics reviewed and the assessment levels achieved for each topic by each MCO. (WSCC was no longer participating in the New Mexico Medicaid managed care program at the time of the 2024–2025 Information Systems Capabilities Assessment.)

Performance Measure Results

Centennial Care 2.0

Table 35 displays Centennial Care 2.0 performance measures and rates reported to the New Mexico Health Care Authority by BCBS, PHP, and WSCC for the first quarter (January 1, 2024–March 31, 2024) and the second quarter (April 1, 2024–June 30, 2024). The quarterly rates presented in this table were used by the Health Care Authority for internal tracking and monitoring of MCO performance.

Table 36 presents Centennial Care 2.0 performance measures, annual HEDIS rates reported to NCQA by BCBS and PHP, and aggregate rates calculated by IPRO. The annual rates presented in this table reflect performance for measurement year 2024 (January 1, 2024–December 31, 2024). WSCC exited the New Mexico Medicaid managed care program on June 30, 2024, and was not required to submit annual HEDIS rates for measurement year 2024 to the Health Care Authority.

Turquoise Care

Table 37 presents Turquoise Care performance measures and rates reported to the New Mexico Health Care Authority by BCBS, MHC, PHP, and UHC for the third quarter (July 1, 2024–September 30, 2024) and the fourth quarter (October 1, 2024–December 31, 2024). The quarterly rates presented in this table were used by the New Mexico Health Care Authority for internal tracking and monitoring of MCO performance.

Table 38 presents Turquoise Care performance measures, HEDIS rates reported to NCQA by BCBS, MHC, and PHP, and aggregate rates calculated by IPRO. The BCBS and PHP rates presented in this table reflect performance for measurement year 2024 (January 1, 2024–December 31, 2024), while the rates presented for MHC reflect performance for July 1, 2024–December 31, 2024. MHC and UHC joined the New Mexico Medicaid managed care program on July 1, 2024, and were not required to submit annual HEDIS rates for measurement year 2024 to the Health Care Authority or NCQA. MHC voluntarily submitted HEDIS rates for measurement year 2024 to the New Mexico Health Care Authority and NCQA; however, MHC data are not included in the aggregated rates.

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Table 35: Centennial Care 2.0 – Performance Measure Rates for Q1-2024 and Q2-2024

Performance Measure (PM)	BCBS Q1 2024 Rate	BCBS Q2 2024 Rate	BCBS Performance Between Q1 and Q2	PHP Q1 2024 Rate	PHP Q2 2024 Rate	PHP Performance Between Q1 and Q2	WSCC Q1 2024 Rate	WSCC Q2 2024 Rate	WSCC Performance Between Q1 and Q2
PM 1 W30 First 15 Months	36.90%	51.27%		34.73%	42.87%		33.54%	59.48%	
PM 2 WCC Physical Activity	15.65%	21.45%		15.46%	20.27%		13.78%	40.00%	
PM 3 PPC Prenatal Care	59.83%	59.49%		65.12%	64.98%		52.98%	52.90%	
PM 4 PPC Postpartum Care	44.46%	49.90%		54.39%	60.94%		44.93%	53.70%	
PM 5 CIS Combination 3	33.96%	37.62%		36.94%	38.43%		18.69%	36.44%	
PM 6 AMM Continuation	33.43%	37.02%		45.98%	50.17%		34.83%	46.60%	
PM 7 IET Initiation	45.47%	47.26%		54.75%	46.83%		47.34%	49.79%	
PM 8 FUH 30 Days	43.47%	51.06%		48.24%	53.00%		46.37%	49.31%	
PM 9 FUM 30 Days	49.16%	52.52%		39.55%	44.65%		41.18%	42.42%	
PM 10 SSD	43.66%	63.26%		47.61%	65.16%		43.15%	66.67%	

Green sparklines indicate that performance improved between Q1 and Q2. **Red** sparklines indicate that performance declined between Q1 and Q2.

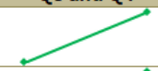
Table 36: Centennial Care 2.0 – MCO Performance Measure Rates for Measurement Year 2024 (January 1, 2024–December 31, 2024)

Performance Measure (PM)	BCBS Measurement Year 2024 Rate	PHP Measurement Year 2024 Rate	WSCC Measurement Year 2024 Rate	Centennial Care 2.0 Measurement Year 2024 Aggregate Rate
PM 1 W30 First 15 Months	60.26%	66.50%	Not Required	63.92%
PM 2 WCC Physical Activity	59.12%[1]	26.18%[1]	Not Required	38.64%[1]
PM 3 PPC Prenatal Care	81.02%	72.27%	Not Required	77.19%
PM 4 PPC Postpartum Care	72.99%	71.34%	Not Required	72.27%
PM 5 CIS Combination 3	63.99%[1]	66.31%[1]	Not Required	65.34%[1]
PM 6 AMM Continuation	42.09%	58.83%	Not Required	52.15%
PM 7 IET Initiation	50.01%	50.77%	Not Required	50.48%
PM 8 FUH 30 Days	51.75%	56.47%	Not Required	54.55%
PM 9 FUM 30 Days	59.44%	48.53%	Not Required	52.75%
PM 10 SSD	82.30%	82.74%	Not Required	82.56%

Note: The reporting of annual HEDIS rates for measurement year 2024 was required for legacy MCOs (BCBS and PHP). Quarterly reporting for the January 1, 2024–June 30, 2024 period was required of all MCOs (see **Table 35**).

[1] The BCBS rate was calculated using the hybrid methodology; the PHP rate was calculated using the administrative methodology; and the **Centennial Care 2.0 aggregate rate represents a weighted average.**

Table 37: Turquoise Care – MCO Performance Measure Rates for Q3-2024 and Q4-2024

Performance Measure (PM)	BCBS Q3 2024 Rate	BCBS Q4 2024 Rate	BCBS Performance Between Q3 and Q4	MHC Q3 2024 Rate	MHC Q4 2024 Rate	MHC Performance Between Q3 and Q4	PHP Q3 2024 Rate	PHP Q4 2024 Rate	PHP Performance Between Q3 and Q4	UHC Q3 2024 Rate	UHC Q4 2024 Rate	UHC Performance Between Q3 and Q4
PM 1 W30 First 15 Months	59.22%	59.69%		Denominator=0	Denominator=0	No Data	59.99%	65.55%		22.56%	25.95%	
PM 1 W30 15–30 Months	68.15%	67.70%		Denominator=0	Denominator=0	No Data	67.15%	70.24%		25.55%	26.37%	
PM 2 WCV 3–11 Years	42.17%	53.29%		Denominator=0	Denominator=0	No Data	38.43%	53.06%		11.40%	22.48%	
PM 2 WCV 12–17 Years	37.76%	46.75%		Denominator=0	Denominator=0	No Data	35.54%	47.80%		10.12%	20.44%	
PM 2 WCV 18–21 Years	16.58%	22.95%		Denominator=0	Denominator=0	No Data	15.01%	20.61%		4.42%	7.73%	
PM 3 PPC Prenatal Care	59.07%	60.22%		69.05%	41.94%		64.88%	65.02%		50.00%	71.43%	
PM 3 PPC Postpartum Care	51.57%	57.90%		11.90%	62.90%		63.46%	67.95%		0.00%	31.43%	
PM 4 OED	35.48%	40.90%		0.00%	0.00%		46.67%	53.71%		16.88%	24.05%	
PM 5 FUH 7 Days	32.14%	30.11%		25.35%	25.17%		26.95%	34.63%		15.09%	16.87%	
PM 6 BCS-E	43.52%	47.04%		66.67%	66.67%		38.98%	41.78%		17.43%	19.35%	
PM 7 ADD-E Initiation Phase	48.64%	49.45%		Denominator=0	Denominator=0	No Data	38.47%	38.56%		Denominator=0	Denominator=0	No Data
PM 8 IMA Combination 2	32.85%	33.36%		Denominator=0	Denominator=0	No Data	35.03%	35.80%		2.90%	2.97%	
PM 9 POD	13.47%	16.90%		Denominator=0	Denominator=0	No Data	21.05%	26.38%		Denominator=0	Denominator=0	No Data
PM 10 GSD [1] >9.0%	69.27%	66.15%		0.00%	20.00%		65.07%	53.59%		4.07%	9.20%	
PM 11 EED	33.80%	38.53%		100.00%	20.00%		43.05%	49.69%		14.99%	23.12%	
PM 12 KED	27.16%	32.65%		0.00%	40.00%		28.82%	35.63%		21.52%	28.45%	
PM 13 LSC	45.05%	45.29%		Denominator=0	Denominator=0	No Data	39.28%	39.57%		24.64%	24.80%	

Green sparklines indicate that performance improved between Q3 and Q4. **Red** sparklines indicate that performance declined between Q3 and Q4. **Blue** sparklines indicate no change in performance. [1] A lower rate indicates better performance.

Table 38: Turquoise Care – Performance Measure Rates for Measurement Year 2024 (January 1, 2024–December 31, 2024)

Performance Measure (PM)	BCBS Measurement Year 2024 Rate	MHC Measurement Year 2024 Rate	PHP Measurement Year 2024 Rate	UHC Measurement Year 2024 Rate	Turquoise Care Measurement Year 2024 Aggregate Rate
PM 1 W30 First 15 Months	60.26%	Denominator=0	66.50%	Not Required	63.92%
PM 1 W30 15–30 Months	67.83%	Denominator=0	70.82%	Not Required	69.58%
PM 2 WCV 3–11 Years	54.58%	Denominator=0	54.55%	Not Required	54.57%
PM 2 WCV 12–17 Years	47.99%	Small Sample	49.50%	Not Required	48.97%
PM 2 WCV 18–21 Years	23.31%	Small Sample	21.61%	Not Required	22.17%
PM 3 PPC Prenatal Care	81.02%	91.9%	72.27%	Not Required	77.19%
PM 3 PPC Postpartum Care	72.99%	62.9%	71.34%	Not Required	72.27%
PM 4 OED	49.46%	33.1%	55.03%	Not Required	52.86%
PM 5 FUH 7 Days	30.78%	29.1%	36.34%	Not Required	34.08%
PM 6 BCS-E	47.31%	Small Sample	42.15%	Not Required	43.99%
PM 7 ADD-E Initiation Phase	49.56%	Denominator=0	43.81%	Not Required	46.27%
PM 8 IMA Combination 2	37.23%	Denominator=0	36.74%	Not Required	36.98%
PM 9 POD	17.26%	Denominator=0	23.51%	Not Required	20.89%
PM 10 GSD[1] >9.0%	47.45%	Small Sample	41.12%	Not Required	44.28%
PM 11 EED	43.80%	Small Sample	52.31%	Not Required	48.05%
PM 12 KED	33.65%	Small Sample	35.93%	Not Required	35.07%
PM 13 LSC	45.31%[2]	Denominator=0	42.09%[2]	Not Required	43.44%[2]

Note: The reporting of annual HEDIS rates for measurement year 2024 was required for legacy MCOs (BCBS and PHP). Quarterly reporting for the July 1-December 31,2024 period was required of all MCOs (see **Table 37**).

Small Sample means that the denominator is less than 30, and therefore not suitable for public reporting.

[1] A lower rate indicates better performance.

[2] The BCBS rate was calculated using the administrative methodology; the PHP rate was calculated using the hybrid methodology; and the **Turquoise Care aggregate rate represents a weighted average.**

External Quality Review Activity 3. Review of Compliance with Medicaid and Children's Health Insurance Program Standards – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.358 Activities related to external quality review (b)(1)(iii) establishes that a review of an MCO's compliance with federal Medicaid and Children's Health Insurance Program standards is a mandatory external quality review activity. Further, the state, its agent, or the external quality review organization must conduct this review within the previous 3-year period.

The Health Care Authority conducts a variety of oversight activities to ensure that the MCOs are in compliance with both federal and state Medicaid and Children's Health Insurance Program standards. These activities include the compliance review, which is conducted annually. The annual compliance review centers on the provision of Medicaid services and is conducted for all MCOs participating in New Mexico's Medicaid managed care program.

Title 42 Code of Federal Regulations 438.358 Activities related to external quality review (a)(1) mandates that the state, its agent, or an external quality review organization must perform the review to determine managed care compliance with federal Medicaid and Children's Health Insurance Program standards. To meet this federal regulation, the Health Care Authority contracted with IPRO to conduct the 2023 Centennial Care 2.0 compliance review and the 2024 Turquoise Care MCO compliance reviews.

The 2023 Centennial Care 2.0 review activity took place between May 2024 and June 2024, and covered the review period of January 1, 2023, to April 30, 2024.

The 2024 Turquoise Care review activity took place between September 2025 and April 2026, and covered the review period of July 1, 2024, to June 30, 2025.

Technical Methods of Data Collection and Analysis

IPRO's methodology for the 2024-2025 compliance review aligned with the CMS Protocol 4.

The compliance review included a comprehensive evaluation of MCO policies and procedures, member handbooks, provider handbooks, member files and other documents as needed to demonstrate compliance with the regulatory and/or contractual subject areas outlined in **Table 39**.

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Table 39: Federal and Turquoise Care Compliance Review Subjects, 2024-2025

Federal Medicaid and Children's Health Insurance Program Subjects Under Review	Turquoise Care Contract Subjects Under Review	Document Review Included	File Review Included
438.56 Disenrollment Requirements and Limitations	4.2 Enrollment	Yes	No
438.100 Enrollee Rights and Requirements (including 438.10)	4.8 Provider Network, 4.15 Member Materials, 4.16 Member Services	Yes	No
438.114 Emergency and Poststabilization Services	4.5 Benefits/Service Requirements and Limitations, 4.10 Provider Payments	Yes	No
438.206 Availability of Services	4.2 Enrollment, 4.5 Benefits/Service Requirements and Limitations, 4.8 Provider Network, 4.9 Provider Agreements	Yes	No
438.207 Assurance of Adequate Capacity and Services	4.8 Provider Network, 7.17 Records and Audit	Yes	No
438.208 Coordination and Continuity of Care	4.4 Care Coordination, 4.8 Provider Network	Yes	Yes
438.210 Coverage and Authorization of Services	4.5 Benefits/Service Requirements and Limitations, 4.10 Provider Payments	Yes	Yes
438.214 Provider Selection	4.8 Provider Network, 4.9 Provider Agreements	Yes	Yes
438.224 Confidentiality	7.27 Disclosure and Confidentiality of Information	Yes	No
438.228 Grievance and Appeal System (including 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424)	4.17 Grievances and Appeal System, 7.14 Major Subcontractors and Subcontractors	Yes	Yes
438.230 Subcontractual Relationships and Delegation	7.14 Major Subcontractors and Subcontractors	Yes	No
438.236 Practice Guidelines	4.12 Population Health Management and Quality Assurance	Yes	No
438.242 Health Information Systems	4.15 Member Materials, 4.20 Claims Management	Yes	No
438.330 Quality Assessment and Performance Improvement	4.12 Population Health Management and Quality Assurance	Yes	No
438.608 Program Integrity	4.10 Provider Payments, 4.18 Program Integrity, 7.17 Records and Audit	Yes	No
Not Applicable	3.5 Cultural and Linguistic Competence (including related requirements under 3.3 Personnel Requirements)	Yes	No
Not Applicable	4.6 Self-Directed Community Benefit	Yes	Yes
Not Applicable	4.9 Provider Agreements	Yes	No
Not Applicable	4.11 Provider Services	Yes	No
Not Applicable	4.13 Patient Centered Initiatives	Yes	No
Not Applicable	4.24 CISC Scope of Work	Yes	No
Not Applicable	7.17 Records and Audit	Yes	No

For this review, each regulatory element is allocated one point, and assigned a determination of "met" or "not met." Definitions of these review determinations are presented in **Table 31**.

Table 40: Review Determination Definitions

Review Determination	Definition
Met	The MCO has met or exceeded the standard.
Not Met	The MCO has not met the standard.

While the number of document elements reviewed was generally consistent across MCOs, the number of file elements reviewed was MCO specific. Variations in the number of file elements reviewed derive from the final sample sizes and not applicable elements. The Available Points Per MCO column in **Table 41** displays the points that the MCOs could achieve for document review by subject; while **Table 42** displays the points that each MCO could achieve for file review by subject. The difference in available points across the MCOs was driven by the number of elements determined to be not applicable, and the total number of files reviewed for that subject.

Table 41: Available Points Per Subject – Document Review

Federal Medicaid and Children's Health Insurance Program Subjects Under Review	Turquoise Care Contract Subjects Under Review	Available Points
438.56 Disenrollment Requirements and Limitations	4.2 Enrollment	16
438.100 Enrollee Rights and Requirements (including 438.10)	4.8 Provider Network, 4.15 Member Materials, 4.16 Member Services	96
438.114 Emergency and Poststabilization Services	4.5 Benefits/Service Requirements and Limitations, 4.10 Provider Payments	17
438.206 Availability of Services	4.2 Enrollment, 4.5 Benefits/Service Requirements and Limitations, 4.8 Provider Network, 4.9 Provider Agreements	37
438.207 Assurance of Adequate Capacity and Services	4.8 Provider Network, 7.17 Records and Audit	7
438.208 Coordination and Continuity of Care	4.4 Care Coordination, 4.8 Provider Network	16
438.210 Coverage and Authorization of Services	4.5 Benefits/Service Requirements and Limitations, 4.10 Provider Payments	22
438.214 Provider Selection	4.8 Provider Network, 4.9 Provider Agreements	8
438.224 Confidentiality	7.27 Disclosure and Confidentiality of Information	80
438.228 Grievance and Appeal System (including 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424)	4.17 Grievances and Appeal System, 7.14 Major Subcontractors and Subcontractors	77
438.230 Subcontractual Relationships and Delegation	7.14 Major Subcontractors and Subcontractors	10
438.236 Practice Guidelines	4.12 Population Health Management and Quality Assurance	7

Federal Medicaid and Children's Health Insurance Program Subjects Under Review	Turquoise Care Contract Subjects Under Review	Available Points
438.242 Health Information Systems	4.15 Member Materials, 4.20 Claims Management	36
438.330 Quality Assessment and Performance Improvement	4.12 Population Health Management and Quality Assurance	17
438.608 Program Integrity	4.10 Provider Payments, 4.18 Program Integrity, 7.17 Records and Audit	34
Not Applicable	3.5 Cultural and Linguistic Competence (including related requirements under 3.3 Personnel Requirements)	33
Not Applicable	4.6 Self-Directed Community Benefit	46
Not Applicable	4.9 Provider Agreements	35
Not Applicable	4.11 Provider Services	86
Not Applicable	4.13 Patient Centered Initiatives	29
Not Applicable	4.24 CISC Scope of Work	30
Not Applicable	7.17 Records and Audit	1

Table 42: Available Points Per Subject – File Review

File Review Subjects	Available Points Per MCO			
	BCBS	MHC	PHP	UHC
Adverse Benefit Determinations, Standard & Expedited	200	200	200	199
Care Coordination, Continuous	328	Not Applicable	346	Not Applicable
Care Coordination, New Members	48	460	460	475
Care Coordination, Transition of Care	33	80	80	107
Credentialing	100	96	96	105
Recredentialing	76	82	82	90
Member Appeals, Standard	383	353	396	374
Member Appeals, Expedited	428	345	349	416
Member Grievances	240	165	180	165
PCP/Pharmacy Lock-Ins - New	44	17	36	45
PCP/Pharmacy Lock-Ins - Continuing	49	Not Applicable	65	28
Self-Directed Community Benefit	383	383	376	363

Final scores were calculated using the following method:

1. Each regulatory element had a specific set of review criteria to be scored on a met/not met basis by the compliance officer. There were discreet review criteria for the policy documentation review and for the file reviews.
2. An evaluation of "met" for any given criteria was awarded one point. In the file review's case, the total points available would be equal to the total number of criteria multiplied by the number of files reviewed.
3. Total points awarded for each element were calculated by dividing the number of met criteria by the number of total criteria. This result was the raw score for the element.
4. The sums of the scores for each element were totaled to produce a final score for the review area.
5. The overall scores for document review and file were averaged to determine the compliance level achieved.

During this review period, there were four compliance levels: full, moderate, minimal and non-compliance. **Table 43** displays the compliance levels, score ranges and definitions.

Table 43: Compliance Level Definitions

Compliance Levels	Score Range	Definition
Full Compliance	90%-100%	MCO met or exceeded standard
Moderate Compliance	80%-89%	MCO met requirements of the standard but had deficiencies in certain areas
Minimal Compliance	50%-79%	MCO met some requirements of the standard but has significant deficiencies requiring corrective action
Non-Compliance	<50%	MCO did not meet standard and requires corrective action

Description of Data Obtained

To conduct the 2024 external quality review, IPRO utilized the *2024-2025 Compliance Review Report* and the final audit review tools. These sources included detailed descriptions of the review methodology, scoring, and results.

Comparative Results

All MCOs achieved full compliance with *overall compliance average* scores exceeding the 90% threshold. **Table 44** displays each MCO's compliance level achieved; while **Table 45** displays the results of the compliance review by federal Medicaid standard for each MCO; and **Table 46** displays the results of the compliance review by Medicaid standards specific to Turquoise Care for each MCO.

Table 44: Summary of MCO Compliance Review Results, 2024-2025

	BCBS	MHC	PHP	UHC
2024-2025 Compliance Level Achieved	Full Compliance	Full Compliance	Full Compliance	Full Compliance

Full means that the MCO met or exceeded standard, and achieved an overall compliance score in the range of 90% to 100%.

Table 45: MCO Compliance with Federal Medicaid Standards, 2024-2025

Subject Area Under Review	BCBS Achievement Level	MHC Achievement Level	PHP Achievement Level	UHC Achievement Level
438.56 Disenrollment Requirements and Limitations	Full	Full	Full	Moderate
438.100 Enrollee Rights and Requirements	Full	Full	Full	Full
438.114 Emergency and Poststabilization Services	Full	Full	Full	Full
438.206 Availability of Services	Full	Full	Full	Full
438.207 Assurance of Adequate Capacity and Services	Moderate	Moderate	Moderate	Moderate
438.208 Coordination and Continuity of Care	Full	Full	Full	Full
438.210 Coverage and Authorization of Services	Full	Full	Full	Full
438.214 Provider Selection	Full	Full	Full	Full
438.224 Confidentiality	Full	Full	Full	Full
438.228 Grievance and Appeal System	Full	Full	Full	Full
438.230 Subcontractual Relationships and Delegation	Full	Full	Full	Full
438.236 Practice Guidelines	Full	Full	Full	Full
438.242 Health Information Systems	Full	Full	Full	Full
438.330 Quality Assessment and Performance Improvement	Full	Full	Full	Full
438.608 Program Integrity	Full	Full	Full	Full

Full means that the MCO met or exceeded standard (score range = 90% to 100%). **Moderate** means that the MCO met requirements of the standard but had deficiencies in certain areas (score range = 80% to 89%).

Table 46: MCO Compliance with Turquoise Care Standards, 2024-2025

Subject Area Under Review	BCBS Achievement Level	MHC Achievement Level	PHP Achievement Level	UHC Achievement Level
Document Review				
3.5 Cultural and Linguistic Competence	Full	Full	Full	Full
4.6 Self-Directed Community Benefit	Full	Full	Full	Full
4.9 Provider Agreements	Full	Full	Full	Full
4.11 Provider Services	Full	Full	Full	Full
4.13 Patient Centered Initiatives	Full	Full	Full	Full
4.24 CISC Scope of Work	Not Applicable	Not Applicable	Full	Not Applicable
7.16 Medical Records	Full	Full	Full	Full
File Review				
Adverse Benefit Determinations, Standard and Expedited	Full	Full	Full	Full
Care Coordination, Continuing Members	Full	Not Applicable	Full	Not Applicable
Care Coordination, New Members	Full	Full	Full	Full
Care Coordination, Transitions of Care	Full	Full	Full	Full
Credentialing	Full	Full	Full	Full
Recredentialing	Full	Full	Full	Full
Member Appeals, Standard	Full	Full	Full	Full
Member Appeals, Expedited	Full	Full	Full	Full
Member Grievances	Full	Full	Full	Full
Primary Care Provider/Pharmacy Lock-Ins, New Members	Full	Not Applicable	Full	Full
Primary Care Provider/Pharmacy Lock-Ins, Continuing Members	Full	Full	Full	Full
Self-Directed Community Benefit	Full	Full	Full	Moderate

Full means that the MCO met or exceeded standard. **Moderate** means that the MCO met requirements of the standard but had deficiencies in certain areas.

External Quality Review Activity 4. Validation of Network Adequacy – Technical Summary

Objectives

Title 42 Code of Federal Regulations § 438.68 Network Adequacy Standards requires states that contract with an MCO, prepaid inpatient health plan, or prepaid ambulatory health plan to **develop and enforce quantitative network adequacy standards**, other than appointment wait times, for specified provider types, including adult and pediatric primary care, obstetrics/gynecology, adult and pediatric mental health and substance use disorder services, adult and pediatric specialists (as designated by the state), hospitals, pharmacies, pediatric dental providers, and long-term services and supports, if covered under the contract.

The State of New Mexico has codified Medicaid access standards based on these federal requirements. The Health Care Authority enforces MCO adoption of these standards through the Centennial Care 2.0 Medicaid Managed Care Services Agreement, Section 4.8.7, Access to Services (January 1, 2024–June 30, 2024), and the Turquoise Care Medicaid Managed Care Services Agreement, Section 4.8.8, Access to Services (July 1, 2024–December 31, 2024).

The Health Care Authority has established access, distance, and appointment wait time standards for New Mexico's three geographic regions: urban, rural, and frontier. **Table 47** presents the access and distance standards applicable to the Medicaid managed care program throughout 2024, while **Table 48** presents the corresponding appointment wait time standards.

Table 47: New Mexico Access and Distance Standards for Medicaid Networks

Standard	Applicable Under Centennial Care 2.0	Applicable Under Turquoise Care
Access Standards		
Member caseload, or panel, of any primary care provider should not exceed 2,000	Yes	No
Member caseload, or panel, of any primary care provider should not exceed 1,500	No	Yes
Members have adequate access to specialty providers	Yes	Yes
The MCO shall increase the number of unique members with a telemedicine visit by 20% annually, in rural, frontier, and urban areas for physical health specialists and behavioral health specialists[1]	Yes	Yes
Distance Standards for Primary Care Providers[1] and Pharmacies		
90% of urban members shall travel no farther than 30 miles	Yes	Yes
90% of rural members shall travel no farther than 45 miles	Yes	Yes
90% of frontier members shall travel no farther than 60 miles	Yes	Yes
Distance Standards for Physical Health Specialists[2], Behavioral Health Providers, Long-Term Care Providers, Hospitals, Ancillary Providers, and Transportation Providers		
90% of urban members shall travel no farther than 30 miles	Yes	Yes
90% of rural members shall travel no farther than 60 miles	Yes	Yes
90% of frontier members shall travel no farther than 90 miles	Yes	Yes

[1] Primary Care Providers in this section apply to internists, family practitioners, and generalists.

[2] Pediatricians are included in the Physical Health Specialty group.

Table 48: State-Established Appointment Wait Time Standards for Medicaid Managed Care Networks

Wait Time Standards for New Mexico Medicaid Managed Care Networks		
Appointment Wait Time Standard	**Applicable Under Centennial Care 2.0**	**Applicable Under Turquoise Care**
For routine, asymptomatic, member-initiated, outpatient appointments for primary medical care, the request-to-appointment time shall be no more than **thirty (30) calendar days**, unless the member requests a later time.	Yes	Yes
For routine asymptomatic member-initiated dental appointments, the request to appointment time shall be no more than **sixty (60) calendar days** unless the member requests a later date.	Yes	Yes
For routine, symptomatic, member-initiated, outpatient appointments for non-urgent primary medical and dental care, the request-to-appointment time shall be no more than **fourteen (14) calendar days**, unless the Member requests a later time.	Yes	Yes
For non-urgent behavioral health care, the request-to-appointment time shall be no more than **fourteen (14) calendar days**, unless the member requests a later time.	Yes	No
For non-urgent behavioral health care, the request-to-appointment time for an initial assessment shall be no more than **seven (7) calendar days**, unless the member requests a later time.	No	Yes
The request-to-appointment time for behavioral health care following an initial assessment shall be no more than **seven (7) calendar days**, unless the member requests a later time.	No	Yes
All non-urgent behavioral health care follow-up appointment shall be available within **thirty (30) calendar days** of the request.	No	Yes
Primary medical, dental and behavioral health care outpatient appointments for urgent conditions shall be available within **twenty-four (24) hours**.	Yes	Yes
For specialty outpatient referral and consultation appointments, excluding behavioral health, the request-to-appointment time shall generally be consistent with the clinical urgency, but no more than **twenty-one (21) calendar days**, unless the member requests a later time.	Yes	No
For specialty outpatient referral and consultation appointments, excluding behavioral health, the request-to-appointment time shall be consistent with the clinical urgency, but no more than **twenty-four (24) hours** for urgent appointments.	No	Yes
For specialty outpatient referral and consultation appointments, excluding behavioral health, the request-to-appointment time shall be consistent with the clinical urgency, but no more than **fourteen (14) calendar days** for symptomatic appointments.	No	Yes
For specialty outpatient referral and consultation appointments, excluding behavioral health, the request-to-appointment time shall be consistent with the clinical urgency, but no more than **forty-five**	No	Yes

Wait Time Standards for New Mexico Medicaid Managed Care Networks		
Appointment Wait Time Standard	**Applicable Under Centennial Care 2.0**	**Applicable Under Turquoise Care**
(45) calendar days for routine asymptomatic appointments, unless the Member requests a later time.		
For maternity care appointments, the request-to-appointment time shall be no more than **twenty-four (24) hours** for urgent appointments.	No	Yes
For routine prenatal care appointments, within **fourteen (14) calendar days** of the request during the first trimester.	No	Yes
For routine prenatal care appointments, within **seven (7) calendar days** of the request during the second trimester.	No	Yes
For routine prenatal care appointments within **three (3) business days** of the request during the third trimester.	No	Yes
For routine outpatient diagnostic laboratory, diagnostic imaging and other testing appointments, the request-to-appointment time shall be consistent with the clinical urgency, but no more than **fourteen (14) calendar days**, unless the member requests a later time.	Yes	Yes
For outpatient diagnostic laboratory, diagnostic imaging and other testing, if a "walk-in" rather than an appointment system is used, the member wait time shall be consistent with severity of the clinical need.	Yes	Yes
For urgent outpatient diagnostic laboratory, diagnostic imaging and other testing, appointment availability shall be consistent with the clinical urgency, but no longer than **forty-eight (48) hours**.	Yes	Yes
The in-person prescription fill time (ready for pickup) shall be no longer than **forty (40) minutes**. A prescription phoned in by a practitioner shall be filled within **ninety (90) minutes**.	Yes	Yes
The timing of scheduled follow-up outpatient visits with practitioners shall be consistent with the clinical need.	Yes	Yes
For behavioral health crisis services, face-to-face appointments shall be available within **two (2) hours**.	Yes	No
For behavioral health crisis services, face-to-face appointments shall be available within **ninety (90) minutes** of the request.	No	Yes

The Medicaid Managed Care Program Quality Strategy (2024) defines New Mexico's standards for network adequacy and service availability, as well as the evidence-based practice guidelines applicable to the Medicaid managed care program. Consistent with the Quality Strategy, the New Mexico Health Care Authority requires MCOs to coordinate health care services and maintain provider networks that are sufficient to ensure timely access to all covered services for Medicaid members.

The Health Care Authority's network adequacy and availability standards require MCOs to:

- Coordinate health care services for members.
- Maintain a provider network sufficient to provide timely access to covered services.
- Maintain written policies and procedures that align with the Provider Network Standards outlined in the Medicaid Managed Care Services Agreement and the Managed Care Policy Manual. These policies and procedures must describe how access to services is ensured, including prior authorization and referral requirements for medical and surgical services, emergency room services, behavioral health services, and long-term services and supports.
- Maintain written policies and procedures that comply with National Committee for Quality Assurance (NCQA) standards and applicable state and federal requirements for the credentialing and re-credentialing of contracted providers.
- Submit a Network Adequacy Report that summarizes compliance with established standards, including provider panel capacity, geographic access requirements, and timeliness standards.
- Establish mechanisms to monitor ongoing compliance with provider network standards.

Medicaid managed care MCOs are required to meet these standards to achieve and maintain network adequacy.

In accordance with *Title 42 Code of Federal Regulations* § 438.356 and § 438.358 and the Centers for Medicare & Medicaid Services' *External Quality Review Protocol 4: Validation of Network Adequacy*, states are required to ensure that network adequacy is validated through external quality review. *External Quality Review Protocol 4* permits state agencies to analyze network data submitted by managed care plans and allows the external quality review organization to validate network adequacy using the results of the state's analyses. To meet these federal requirements and the expectations outlined in the Quality Strategy, the New Mexico Health Care Authority contracted with IPRO to conduct the validation of network adequacy for Centennial Care 2.0 and Turquoise Care MCOs.

Technical Methods of Data Collection and Analysis

Information Systems Capabilities Assessment

IPRO conducted the 2024–2025 information systems capabilities assessment in accordance with *Appendix A* of the Centers for Medicare & Medicaid Services' *External Quality Review (EQR) Protocols* (February 2023). See the **Information Systems Capabilities Assessment – Technical Summary** section for more information on objectives, technical methods of data collection and analysis, description of data of obtained, and comparative results.

Network Adequacy Assessment

IPRO's assessment of the adequacy of each MCO's provider network was based on participating provider data, secret shopper survey methodologies and results, provider directory information, and policies and procedures submitted by the MCOs to the Health Care Authority for 2024. Relevant information collected during the 2024–2025 compliance review was also incorporated into this assessment.

IPRO's analysis included a comparison of each MCO's distance analyses, by specialty and by geographic region, to standards established in the New Mexico Administrative Code. A determination of whether each applicable standard was met or not met was made.

In addition, IPRO reviewed each MCO's online provider directory to validate the accuracy of published information and to assess member access to timely appointments with listed providers.

Description of Data Obtained

One method used by the Health Care Authority to monitor MCO compliance with the previously described standards is routine contractual reporting. **Table 49** presents selected reports relevant to network adequacy that MCOs are required to submit to the Health Care Authority and that were used in IPRO's assessment of network adequacy.

Table 49: Required Reporting for New Mexico Medicaid Managed Care Organizations, 2024

Reporting Requirements for New Mexico Medicaid Managed Care Networks			
Report Number and Title	**Report Objective**	**Centennial Care 2.0 Reporting Period**	**Turquoise Care Reporting Period**
#3 Network Adequacy	To monitor, quarterly, MCO's compliance in maintaining an adequate and efficient provider network, tracking new and terminated providers and single-case agreements.	1/1/2024-6/30/2024	7/1/2024-9/30/2024 (Consolidated with Report #55 into Report #78)
#48 Patient-Centered Medical Homes Report	To track, quarterly, (i) the number of patient-centered medical homes established; (ii) the number of members that were referred to and joined a patient-centered medical home; (iii) outcomes, including emergency room utilization and hospital admission and readmission; and (iv) patient-centered medical home National Committee for Quality Assurance recognition and other accreditation.	1/1/2024-6/30/2024	Not Applicable (Discontinued)
#49 Provider Network Development, Management Plan and Evaluation	To monitor and review, annually, the MCO's plans for developing and managing its provider network to ensure all medically necessary services are accessible and available.	1/1/2024-6/30/2024	7/1/2024-12/31/2024 (BCBS and PHP)
#55 Geographic Access Report	To monitor, quarterly, access to services by county and across urban, rural, and frontier counties.	1/1/2024-6/30/2024	7/1/2024-9/30/2024 (Consolidated with Report #3 into Report #78)
#TEL Delivery System Improvement Performance Target Telemedicine Report	To monitor, quarterly, unduplicated physical health and behavioral health telemedicine visits across urban, rural, and frontier counties.	1/1/2024-6/30/2024	7/1/2024-12/31/2024

Reporting Requirements for New Mexico Medicaid Managed Care Networks			
Report Number and Title	**Report Objective**	**Centennial Care 2.0 Reporting Period**	**Turquoise Care Reporting Period**
#78 Network Adequacy and Geo Access	To monitor, quarterly, MCOs' compliance in maintaining an adequate and efficient provider network, including tracking new and terminated providers and single-case agreements, and to monitor access to services by county across urban, rural, and frontier areas.	Not Applicable	10/1/2024-12/31/2024

The data and information obtained from the MCOs were related to provider counts, member geographical access, provider panel status, primary care provider to member ratios, distance analysis, and MCO narrative on improvement activities. These data were generally reported by region (rural, urban, and frontier).

Comparative Results

Validation of Network Adequacy

IPRO's 2024-2025 information systems capabilities assessment included a review of MCO processes for collecting, storing, analyzing, and reporting network adequacy data. **Table 50** displays IPRO's assessment findings for each MCO. There were no issues noted with provider network adequacy validation and calculation processes for any MCO.

Table 50: MCO Validation of Network Adequacy Results – 2024-2025

Information Systems Capabilities Assessment Results Issued by IPRO				
Topic Under Review	**BCBS**	**MHC**	**PHP**	**UHC**
Validation of Network Adequacy Data Collection and Reporting	Met	Met	Met	Met

Met means that the MCO met or exceeded standards.
Data Source: *Turquoise Care Program, New Mexico State Medicaid Managed Care, Information Systems Capabilities Assessment, 2024-2025 Report.*

Compliance with Federal Access Requirements

The Health Care Authority's assessment of MCO compliance with provider access standards is performed during the annual administrative compliance review conducted by the state's external quality review organization. In November 2025, IPRO concluded the compliance review of 2024-2025 for the Turquoise Care MCOs. Results of related standards for each MCO are displayed in **Table 51**.

Table 51: Compliance Review Results – 2024

MCO Compliance Results with Federal Medicaid Standards Related				
Federal Medicaid Standard	**BCBS**	**MHC**	**PHP**	**UHC**
438.206 Availability of Services	Full Compliance	Full Compliance	Full Compliance	Full Compliance
438.207 Assurances of Capacity and Services	Moderate Compliance	Moderate Compliance	Moderate Compliance	Moderate Compliance

Full Compliance represents an achievement score between 90% and 100%.
Moderate Compliance represents an achievement score between 80% and 89%.
Data Source: *2024-2025 Turquoise Care Compliance Review Report*.

Compliance with State Access Requirements

Availability standards established by the state required that no Centennial Care 2.0 network primary care provider be assigned to more than 2,000 members, and no Turquoise Care 1,500 assigned members was established for the Turquoise Care program. At the end of 2023, BCBS, PHP, and WSCC reported that there were no providers with more than 2,000 assigned members.

Each quarter, the MCOs are required to calculate and report the primary care provider to member ratio to the Health Care Authority. IPRO validates the MCO-calculated ratios reported for the fourth quarter of the calendar year. **Table 52** displays the validated MCO ratios for 2024. All MCOs met the provider-member ratio standard in 2024.

Table 52: Primary Care Provider to Member Ratios – 2024

Primary Care Provider to Member Ratios by Managed Care Organization						
Managed Care Program	**Quarter Period**	**BCBS**	**MHC**	**PHP**	**UHC**	**WSCC**
Centennial Care 2.0	January 2024-March 2024	1:112	Not Applicable	1:97	Not Applicable	1:21
	April 2024-June 2024	1:113	Not Applicable	1:98	Not Applicable	1:20
Turquoise Care	July 2024-September 2024	1:110	1:7	1:97	1:24	Not Applicable
	October 2024-December 2024	1:103	1:5	1:94	1:10	Not Applicable

Data Sources: Health Care Authority Report #3, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Telemedicine Utilization

As part of the Delivery System Improvement Performance Target, MCOs focus on increasing telemedicine availability and utilization to achieve the Health Care Authority–established goal of a 20% increase from the prior year. Specifically, MCOs are required to increase the number of unique members with at least one telemedicine visit by 20% across rural, frontier, and urban areas for physical health and behavioral health specialists. Telemedicine may include virtual visits, e-visits, and asynchronous or store-and-forward services, and includes telemedicine visits conducted at Indian Health Service, Tribal, and Urban Indian facilities.

Data representing the period from July 1, 2024 through December 31, 2024 serve as the baseline for the Turquoise Care program, and were used by the Health Care Authority to establish the measurement year 2025 increase. For each subsequent measurement year, the baseline will be the total number of unique members with a telemedicine visit at the end of the prior measurement year. If telemedicine utilization reaches at least 7% of total membership as of November 30 of a measurement year, the MCO must maintain that utilization level through the end of the measurement year to meet the performance target.

As part of its monitoring system, the Health Care Authority collects quarterly MCO counts of unduplicated members served via telemedicine in rural, frontier, and urban areas. **Table 53** displays the counts of unique Centennial Care 2.0 and Turquoise Care members that received telemedicine services in 2024, as well as a determination of whether the MCO met the 7% utilization target. **Table 54** and **Table 55** display the 2024 counts by visit type (physical or behavioral) by MCO for Centennial Care 2.0 and Turquoise Care.

Table 53: Members with At Least One Telemedicine Visit – 2024

Members who Received at Least One Telemedicine Visit by Managed Care Organization						
Managed Care Program	**Quarter Period**	**BCBS**	**MHC**	**PHP**	**UHC**	**WSCC**
Centennial Care 2.0	January 2024-March 2024	23,088	Not Applicable	34,927	Not Applicable	5,765
	April 2024-June 2024	9,440	Not Applicable	15,339	Not Applicable	2,159
Turquoise Care	July 2024-September 2024	9,368	1,505	13,412	1,052	Not Applicable
	October 2024-December 2024	6,254	1,249	7,727	999	Not Applicable
	MCO Performance Towards 7% Threshold	**Met**	**Not Met**	**Met**	**Not Met**	**Not Applicable**

Met means that by December 31, 2024, at least 7% of the MCO's total enrollment on November 30, 2024 had at least one (1) telehealth service between July 1, 2024 and December 31, 2024.
Not Met means that the by December 31, 2024, less than 7% of the MCO's total enrollment on November 30, 2024 did not have at least one (1) telehealth service between July 1, 2024 and December 31, 2024.
Data Sources: Health Care Authority Report #TEL, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 54: Members with At Least One Physical Health Telemedicine Visit – 2024

Members who Received at Least One Physical Health Telemedicine Visit by Managed Care Organization							
Managed Care Program	**Quarter Period**	**Region**	**BCBS**	**MHC**	**PHP**	**UHC**	**WSCC**
Centennial Care 2.0	January 2024-March 2024	Urban	4,271	Not Applicable	10,153	Not Applicable	1,105
		Rural	3,255	Not Applicable	6,624	Not Applicable	880
		Frontier	629	Not Applicable	2,035	Not Applicable	192
	April 2024-June 2024	Urban	2,638	Not Applicable	6,580	Not Applicable	613
		Rural	1,916	Not Applicable	4,092	Not Applicable	495
		Frontier	363	Not Applicable	1,256	Not Applicable	99
Turquoise Care	July 2024-September 2024	Urban	2,394	265	5,567	191	Not Applicable
		Rural	1,924	209	4,076	128	Not Applicable
		Frontier	363	68	1,222	30	Not Applicable
	October 2024-December 2024	Urban	1,826	227	3,042	305	Not Applicable
		Rural	1,566	203	2,381	238	Not Applicable
		Frontier	246	53	702	75	Not Applicable

Data Sources: Health Care Authority Report #TEL, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 55: Members with At Least One Behavioral Health Telemedicine Visit – 2024

Members who Received at Least One Behavioral Health Telemedicine Visit by Managed Care Organization							
Managed Care Program	**Quarter Period**	**Region**	**BCBS**	**MHC**	**PHP**	**UHC**	**WSCC**
Centennial Care 2.0	January 2024-March 2024	Urban	9,542	Not Applicable	10,605	Not Applicable	2,226
		Rural	5,529	Not Applicable	6,507	Not Applicable	1,366
		Frontier	1,257	Not Applicable	1,729	Not Applicable	283
	April 2024-June 2024	Urban	3,258	Not Applicable	3,200	Not Applicable	714
		Rural	2,097	Not Applicable	2,241	Not Applicable	411
		Frontier	480	Not Applicable	574	Not Applicable	83
Turquoise Care	July 2024-September 2024	Urban	3,492	571	3,140	415	Not Applicable
		Rural	2,220	359	2,073	243	Not Applicable
		Frontier	460	91	501	45	Not Applicable
	October 2024-December 2024	Urban	2,144	507	1,917	228	Not Applicable
		Rural	1,340	373	1,141	115	Not Applicable
		Frontier	315	76	347	38	Not Applicable

Data Sources: Health Care Authority Report #TEL, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Compliance with State Distance Requirements

The Health Care Authority requires that at least 90% of an MCO's membership has access to providers within the established distance standards. IPRO analyzed the *Health Care Authority Report #55* produced for the fourth quarter of 2024 by the MCOs to determine if the MCOs were compliant with state distance standards. MCO performance in meeting the 90% threshold for distance are displayed in **Table 56** through **Table 69**.

Urban Access

Table 56: MCO Compliance with State Standards: Physical Health: Urban Access, 2024

Urban Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cardiology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Midwives	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Nurse Practitioner	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Dental	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Dermatology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Ear, Nose, and Throat	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Endocrinology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met

Urban Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Federally Qualified Health Center	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Federally Qualified Health Center – Primary Care Providers, Only	BCBS	Met	Met	Not Applicable	Not Applicable
	MHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	PHP	Met	Met	Not Applicable	Not Applicable
	UHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	WSCC	Met	Met	Not Applicable	Not Applicable
Gastroenterology	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Hematology/ Oncology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Home Infusion Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Indian Health Services/ Tribal 638/Urban Indian Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Nephrology	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Neurology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Neurosurgeons	BCBS	Met	Met	Met	Met

Urban Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Obstetrics/Gynecology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Optometry	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Orthopedics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Primary Care Providers (Internal Medicine, General Practice, Family Practice)	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Pediatrics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Pharmacies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Physician Assistant	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Urban Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Podiatry	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Rural Health Clinic	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Rheumatology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Surgeons	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Urology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 57: MCO Compliance with State Standards: Behavioral Health: Urban Access, 2024

Urban Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Accredited Residential Treatment Centers	BCBS	Met	Met	Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Met	Not Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Assertive Community Treatment	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Behavioral Management Services	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Community Behavioral Health Clinics	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Community Mental Health Centers	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Core Service Agencies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Day Treatment Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Federally Qualified Health Centers providing Behavioral Health Services	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Urban Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Freestanding Psychiatric Hospitals	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
General Hospitals with Psychiatric Units	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Indian Health Service and Tribal 638s providing Behavioral Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Inpatient Psychiatric Hospitals	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Intensive Outpatient Services	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Methadone Clinics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Mobile Crisis Services	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Multi-Systemic Therapy	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Non-Accredited Residential	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met

Urban Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Treatment Center & Group Homes	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Other Licensed Independent Behavioral Health Practitioners	BCBS	Met	Met	Met	
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Outpatient Provider Agencies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Partial Hospital Programs	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Psychiatrists	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Psychologists	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Rural Health Clinics providing Behavioral Health Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Treatment Foster Care I & II	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 58: MCO Compliance with State Standards: Hospitals: Urban Access, 2024

Urban Member Access to Long-Term Care Providers by Managed Care Organization					
		Centennial Care 2.0		Turquoise Care	
Specialty	MCO	Quarter 1	Quarter 2	Quarter 3	Quarter 4
General Hospitals	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

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Table 59: MCO Compliance with State Standards: Ancillary Providers: Urban Access, 2024

Urban Member Access to Ancillary Providers by Managed Care Organization					
Ancillary Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Lab	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Occupational Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Outpatient Dialysis	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Physical Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Speech Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
X-Rays	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 60: MCO Compliance with State Standards: Long-Term Care Providers: Urban Access, 2024

Urban Member Access to Managed Long-Term Care Providers by Managed Care Organization					
Managed Long-Term Care Providers	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assisted Living Facilities	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Home Health Agencies	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Nursing Facilities	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Personal Care Service Agencies	BCBS	Met	Met	Not Applicable	Not Applicable
	MHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	PHP	Met	Met	Not Applicable	Not Applicable
	UHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	WSCC	Met	Met	Not Applicable	Not Applicable
Personal Care Service Agencies - Delegated	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Personal Care Service Agencies - Directed	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Private Duty Nursing Agencies	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Rural Access

Table 61: MCO Compliance with State Standards: Physical Health: Rural Access, 2024

Rural Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cardiology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Midwives	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Nurse Practitioner	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Dental	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Dermatology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Ear, Nose, and Throat	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Met	Not Met	Not Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Endocrinology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Federally Qualified Health Centers	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Rural Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Federally Qualified Health Centers – Primary Care Providers	BCBS	Met	Met	Not Applicable	Not Applicable
	MHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	PHP	Not Met	Not Met	Not Applicable	Not Applicable
	UHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	WSCC	Met	Met	Not Applicable	Not Applicable
Gastroenterology	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Hematology/ Oncology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Home Infusion Therapy	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Indian Health Services/ Tribal 638/Urban Indian Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Nephrology	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Neurology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Neurosurgeons	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Rural Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Obstetrics/ Gynecology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Optometry	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Orthopedics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
PCP (Internal Medicine, General Practice, Family Practice)	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Pediatrics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Pharmacies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Physician Assistant	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Podiatry	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Rural Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Rural Health Center	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Not Met	Not Applicable	Not Applicable
Rheumatology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Surgeons	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Urology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 62: MCO Compliance with State Standards: Behavioral Health: Rural Access, 2024

Rural Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Accredited Residential Treatment Centers	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Assertive Community Treatment	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Behavioral Management Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Community Behavioral Health Clinics	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Community Mental Health Centers	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Core Service Agencies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Day Treatment Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Rural Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
FQHCs providing Behavioral Health Services	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Freestanding Psychiatric Hospitals	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
General Hospitals with Psychiatric Units	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Indian Health Service and Tribal 638s providing Behavioral Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Inpatient Psychiatric Hospitals	BCBS	Not Applicable	Not Applicable	Not Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Intensive Outpatient Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Methadone Clinics	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Rural Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Mobile Crisis Services	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Multi-Systemic Therapy (MST)	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Non-Accredited Residential Treatment Center & Group Homes	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Other Licensed Independent Behavioral Health Practitioners	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Outpatient Provider Agencies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Partial Hospital Programs	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Psychiatrists	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Rural Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Psychologists	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Rural Health Clinics providing Behavioral Health Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Not Met	Not Applicable	Not Applicable
Treatment Foster Care I & II	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

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Table 63: MCO Compliance with State Standards: Ancillary Providers: Rural Access, 2024

Rural Member Access to Ancillary Providers by Managed Care Organization					
Ancillary Provider Types	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Lab	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Occupational Therapy	BCBS	Not Applicable	Not Applicable	Not Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Outpatient Dialysis	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Physical Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Speech Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
X-Rays	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 64: MCO Compliance with State Standards: Hospitals: Rural Access, 2024

Rural Member Access to Long-Term Care Providers by Managed Care Organization					
		Centennial Care 2.0		Turquoise Care	
Specialty	MCO	Quarter 1	Quarter 2	Quarter 3	Quarter 4
General Hospitals	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

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Table 65: MCO Compliance with State Standards: Long-Term Care Providers: Rural Access, 2024

Rural Member Access to Long-Term Care Providers by Managed Care Organization					
		Centennial Care 2.0		Turquoise Care	
Specialty	MCO	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assisted Living Facilities	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Met	Met	Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Home Health Agencies	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Nursing Facilities	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Personal Care Service Agencies	BCBS	Met	Met	Not Applicable	Not Applicable
	MHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	PHP	Met	Met	Not Applicable	Not Applicable
	UHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	WSCC	Met	Met	Not Applicable	Not Applicable
Personal Care Service Agencies - Delegated	BCBS	Not Applicable	Not Applicable	Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Personal Care Service Agencies - Directed	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Private Duty Nursing Agencies	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Frontier Access

Table 66: MCO Compliance with State Standards: Physical Health: Frontier Access, 2024

Frontier Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cardiology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Midwives	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Nurse Practitioner	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Dental	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Dermatology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Ear, Nose, and Throat	BCBS	Not Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Endocrinology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Federally Qualified Health Center	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Frontier Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Federally Qualified Health Center - PCP Only	BCBS	Met	Met	Not Applicable	Not Applicable
	MHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	PHP	Not Met	Not Met	Not Applicable	Not Applicable
	UHC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	WSCC	Met	Met	Not Applicable	Not Applicable
Gastroenterology	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Hematology/ Oncology	BCBS	Met	Met	Met	Net
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Home Infusion Therapy	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Indian Health Services/Tribal 638/Urban Indian Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Nephrology	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Neurology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Neurosurgeons	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Frontier Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Obstetrics/ Gynecology	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Optometry	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Orthopedics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Primary Care Providers (Internal Medicine, General Practice, Family Practice)	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Pediatrics	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Pharmacies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Physician Assistant	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Podiatry	BCBS	Met	Met	Met	
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Frontier Member Access to Physical Health Care Providers by Managed Care Organization					
Physical Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Rural Health Clinic	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Rheumatology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Surgeons	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Urology	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Table 67: MCO Compliance with State Standards: Behavioral Health: Frontier Access, 2024

Frontier Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	**MCO**	**Centennial Care 2.0**		**Turquoise Care**	
		Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Accredited Residential Treatment Centers	BCBS	Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Assertive Community Treatment	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Behavioral Management Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Certified Community Behavioral Health Clinics	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Community Mental Health Centers	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Core Service Agencies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Day Treatment Services	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Frontier Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Federally Qualified Health Centers providing Behavioral Health Services	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Freestanding Psychiatric Hospitals	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
General Hospitals with Psychiatric Units	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Indian Health Service and Tribal 638s providing Behavioral Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Inpatient Psychiatric Hospitals	BCBS	Not Met	Not Met	Not Met	Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP		Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC		Met	Not Applicable	Not Applicable
Intensive Outpatient Services	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Methadone Clinics	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Frontier Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Mobile Crisis Services	BCBS	Not Applicable	Not Applicable	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Multi-Systemic Therapy	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Non-Accredited Residential Treatment Center & Group Homes	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Not Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Other Licensed Independent Behavioral Health Practitioners	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Outpatient Provider Agencies	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Not Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Partial Hospital Programs	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable
Psychiatrists	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Frontier Member Access to Behavioral Health Care Providers by Managed Care Organization					
Behavioral Health Specialty	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Psychologists	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Rural Health Clinics Providing Behavioral Health	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Met	Not Met	Not Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable
Treatment Foster Care I & II	BCBS	Not Met	Not Met	Not Met	Not Met
	MHC	Not Applicable	Not Applicable	Not Met	Met
	PHP	Not Met	Not Met	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Not Met	Not Met
	WSCC	Not Met	Not Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

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Table 68: MCO Compliance with State Standards: Hospitals: Frontier Access, 2024

Frontier Member Access to Long-Term Care Providers by Managed Care Organization					
		Centennial Care 2.0		Turquoise Care	
Specialty	MCO	Quarter 1	Quarter 2	Quarter 3	Quarter 4
General Hospitals	BCBS	Met	Met	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Met	Met	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Met	Met	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

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Table 69: MCO Compliance with State Standards: Ancillary Providers: Frontier Access, 2024

Frontier Member Access to Ancillary Providers by Managed Care Organization					
Ancillary Providers	MCO	Centennial Care 2.0		Turquoise Care	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Lab	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Not Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Occupational Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Outpatient Dialysis	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Physical Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Speech Therapy	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable
X-Rays	BCBS	Not Applicable	Not Applicable	Met	Met
	MHC	Not Applicable	Not Applicable	Met	Met
	PHP	Not Applicable	Not Applicable	Not Met	Not Met
	UHC	Not Applicable	Not Applicable	Met	Met
	WSCC	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Data Sources: Health Care Authority Report #55, 2024 (Quarter 1, Quarter 2, Quarter 3, and Quarter 4).

Compliance with State Timeliness Requirements

External Quality Review Organization-Administered Appointment Availability Surveys

On behalf of the Health Care Authority, IPRO conducted four secret shopper surveys for the New Mexico Medicaid Managed Care program in 2024. Two independent surveys were conducted for Centennial Care 2.0 (BCBS, PHP, and WSCC) and Turquoise Care (BCBS, MHC, PHP, and UHC).

IPRO surveyed primary care providers and obstetricians/gynecologists for routine and non-urgent symptomatic appointments.

A combined total of 1,080 Centennial Care 2.0 providers were surveyed across BCBS, PHP, and WSCC during the first six months of 2024. **Table 70** displays survey results from quarter one and quarter two of 2024.

A combined total of 1,200 Turquoise Care providers were surveyed across BCBS, MHC, PHP, and UHC during the last six months of 2024. **Table 71** displays survey results from quarter three and quarter four of 2024.

Table 70: Centennial Care 2.0 Appointment Wait Time Secret Shopper Survey Results, 2024

IPRO-Administered Secret Shopper Survey Results, 2024 Centennial Care 2.0					
Quarter Period	**Metric**	**BCBS**	**PHP**	**WSCC**	**Centennial Care 2.0**
January 2024-March 2024	Number of Primary Care Providers and Obstetricians/Gynecologists Surveyed	180	180	180	540
	Number of Successful Contacts Made	156	172	161	489
	Number of Appointments Made	47	42	50	139
	Number of Timely Appointments Made	28	29	35	92
	% of Appointments Made (Denominator is Number of Successful Contacts Made)	**30.1%**	**24.4%**	**31.1%**	**28.4%**
	% of Timely Appointments Made (Denominator is Number of Successful Contacts Made)	**17.9%**	**16.9%**	**21.7%**	**18.8%**
April 2024-June 2024	Number of Primary Care Providers and Obstetricians/Gynecologists Surveyed	180	180	180	540
	Number of Successful Contacts Made	143	163	152	458
	Number of Appointments Made	34	51	45	130
	Number of Timely Appointments Made	25	34	31	90
	% of Appointments Made (Denominator is Number of Successful Contacts Made)	**23.8%**	**31.3%**	**29.6%**	**28.4%**
	% of Timely Appointments Made (Denominator is Number of Successful Contacts Made)	**17.5%**	**20.9%**	**20.4%**	**19.7%**

Table 71: Turquoise Care Appointment Wait Time Secret Shopper Survey Results, 2024

IPRO-Administered Secret Shopper Survey Results, 2024 Turquoise Care						
Quarter Period	**Metric**	**BCBS**	**MHC**	**PHP**	**UHC**	**Turquoise Care**
July 2024-September 2024	Number of Primary Care Providers and Obstetricians/Gynecologists Surveyed	150	150	150	150	600
	Number of Successful Contacts Made	114	122	132	129	497
	Number of Appointments Made	27	13	32	25	97
	Number of Timely Appointments Made	13	11	21	17	62
	% of Appointments Made (Denominator is Number of Successful Contacts Made)	**23.7%**	**10.7%**	**24.2%**	**19.4%**	**19.5%**
	% of Timely Appointments Made (Denominator is Number of Successful Contacts Made)	**11.4%**	**9.0%**	**15.9%**	**13.2%**	**12.5%**
October 2024-December 2024	Number of Primary Care Providers and Obstetricians/Gynecologists Surveyed	150	150	150	150	600
	Number of Successful Contacts Made	127	118	132	128	505
	Number of Appointments Made	16	15	38	30	99
	Number of Timely Appointments Made	10	9	29	20	68
	% of Appointments Made (Denominator is Number of Successful Contacts Made)	**12.6%**	**12.7%**	**28.8%**	**23.4%**	**19.6%**
	% of Timely Appointments Made (Denominator is Number of Successful Contacts Made)	**7.9%**	**7.6%**	**22.0%**	**15.6%**	**13.5%**

External Quality Review Activity 6. Validation of Quality-of-Care Surveys – Technical Summary

Objectives

Title 42 of the Code of Federal Regulations §438.358(c)(2) permits the administration or validation of consumer or provider quality-of-care surveys for each MCO using data from the preceding 12-month period. Further, *42 Code of Federal Regulations §438.358(a)(2)* requires that data obtained from quality-of-care surveys be incorporated into the annual external quality review.

The Health Care Authority requires Turquoise Care MCOs to sponsor an annual member experience survey. *Section 4.12.4* (Member Satisfaction Survey) of the Medicaid Managed Care Services Agreement requires MCOs to administer CAHPS survey instruments for adult and child enrollees. The Health Care Authority contracted with IPRO to validate the MCO-sponsored 2025 CAHPS surveys for measurement year 2024.

The objective of the validation activity was to determine whether each MCO's administration of the quality-of-care survey was conducted in accordance with federal requirements, contractual provisions, and applicable CAHPS and NCQA standards, and whether the resulting data were reliable and suitable for use in the annual external quality review.

The overall objective of the 2025 CAHPS survey was to capture accurate and complete information about consumer-reported experiences with health care received during measurement year 2024. Specifically, the survey assessed how well MCOs met members' expectations and goals, identified aspects of service that most strongly influenced overall satisfaction, and highlighted opportunities for improvement that may support enhancements in the quality of care delivered.

For measurement year 2024, BCBS, MHC, PHP, and UHC independently contracted with NCQA-certified CAHPS survey vendors to administer the adult and child member experience surveys.

Technical Methods of Data Collection and Analysis

The standardized survey instruments selected for New Mexico's Turquoise Care program were the CAHPS 5.1H Adult Medicaid Health Plan Survey and the CAHPS 5.1H Child Medicaid Health Plan Survey (with the Chronic Conditions measurement set). The CAHPS Medicaid questionnaire set included separate versions for the adult and child populations.

In accordance with HEDIS specifications, each MCO provided a list of all eligible members for the sampling frame. The sampling frame included members who were 18 years of age or older for the adult survey or 17 years of age or younger for the child survey as of December 31, 2024; were continuously enrolled for at least five of the last six months of 2024; and were currently enrolled in the MCO.

Table 72 provides a summary of the technical methods of data collection by MCO.

Table 72: CAHPS Technical Methods of Data Collection by MCO, Measurement Year 2024

Survey Elements	BCBS	MHC	PHP	UHC
Adult CAHPS Survey				
Survey Vendor	Press Ganey	Press Ganey	Press Ganey	Press Ganey
Survey Tool	5.1H	5.1H	5.1H	5.1H
Survey Period	2/18/2025 to 5/7/2025	3/7/2025 to 5/16/2025	3/4/2025 to 5/14/2025	2/14/2025 to 5/5/2025
Method of Collection	Mail, Telephone	Mail, Telephone	Mail, Telephone	Mail, Telephone
Sample Size	1,552	1,219	2,430	1,620
Response Rate	10.7%	8.5%	10.2%	7.1%
Child CAHPS Survey				
Survey Vendor	Press Ganey	Press Ganey	Press Ganey	Press Ganey
Survey Tool	5.1H	5.1H	5.1H	5.1H
Survey Period	2/18/2025 to 5/9/2025	3/7/2025 to 5/16/2025	3/4/2025 to 5/14/2025	2/14/2025 to 5/5/2025
Method of Collection	Mail, Telephone	Mail, Telephone	Mail, Telephone	Mail, Telephone
Sample Size	1,898	1,650	3,020	1,980
Response Rate	12.3%	7.2%	8.6%	4.9%

Results were calculated in accordance with HEDIS specifications for survey measures. According to HEDIS specifications, results for the adult and child populations were reported separately and no weighting or case-mix adjustment was performed on the results.

For the global ratings, composite measures, composite items, and individual item measures, the scores were calculated using a 100-point scale. Responses were classified into response categories. **Table 73** displays these categories and the measures by which these response categories are used.

Table 73: CAHPS Categories and Response Options

Category/Measure	Response Options
Composite Measures	
▪ Care Coordination ▪ Customer Service ▪ Ease of Filling Out Forms ▪ Getting Care Quickly ▪ Getting Needed Care ▪ How Well Doctors Communicate	Never, Sometimes, Usually, Always *(Top-level performance is considered responses of "usually" or "always.")*
Global Rating Measures	
▪ Rating of All Health Care ▪ Rating of Health Plan ▪ Rating of Personal Doctor ▪ Rating of Specialist Talked to Most Often	0-10 Scale *(Top-level performance is considered scores of "8" or "9" or "10.")*

To assess MCO performance, IPRO compared each MCO's CAHPS results to national Medicaid benchmarks reported in the NCQA *2025 Quality Compass* for measurement year 2024. National benchmarks reflect performance across all lines of business that reported CAHPS data to NCQA for measurement year 2024.

To support interpretation of the benchmark comparisons presented in the tables that follow, a directional indicator is used to denote each MCO's performance relative to the national Medicaid average (50th percentile). An upward arrow (↑) indicates performance above the national Medicaid average, an approximately equal symbol (≈) indicates performance at the national Medicaid average, and a downward arrow (↓) indicates performance below the national Medicaid average.

Description of Data Obtained

For the 2024 external quality review, IPRO reviewed the CAHPS® study reports produced by each MCO's NCQA-certified CAHPS® survey vendor. These reports included detailed descriptions of study objectives, survey methodology, sampling procedures, response rates, and MCO-level results and analyses.

Comparative Results

When compared to national Medicaid benchmarks for measurement year 2024, no MCO achieved a score for the 2024 CAHPS Adult Medicaid Survey or 2024 CAHPS Child Medicaid Survey that met the 90th percentile.

Table 74 displays the results of the 2024 CAHPS Adult Medicaid Survey for measurement year 2024 while **Table 75** displays the results of the 2024 CAHPS Child Medicaid Survey for measurement year 2024. The national Medicaid benchmarks displayed in these tables come from NCQA's 2025 *Quality Compass* for measurement year 2024 and represent all lines of business.

Table 74: MCO CAHPS Adult Medicaid Results, Measurement Year 2024

Measure	BCBS Measurement Year 2024 Performance	MHC Measurement Year 2024 Performance	PHP Measurement Year 2024 Performance	UHC Measurement Year 2024 Performance	*2025 Quality Compass* Measurement Year 2024 National Medicaid Average
Composite Measures (Usually/Always)					
Care Coordination	Small Sample	Small Sample	Small Sample	Small Sample	85.94%
Customer Service	Small Sample	Small Sample	Small Sample	Small Sample	89.27%
Getting Care Quickly	Small Sample	Small Sample	82.6% ≈ (50th Percentile)	Small Sample	81.57%
Getting Needed Care	Small Sample	Small Sample	79.6% ↓ (25th Percentile)	Small Sample	82.05%
How Well Doctors Communicate	91.8% ↓ (10th Percentile)	Small Sample	89.8% ↓ (Below 10th Percentile)	Small Sample	93.37%
Global Ratings (8, 9, or 10)					
Rating of All Health Care	73.2% ↓ (10th Percentile)	Small Sample	74.5% ↓ (25th Percentile)	Small Sample	76.48%
Rating of Health Plan	73.7% ↓ (10th Percentile)	73.6%↓ (10th Percentile	81.6% (75th Percentile)	62.62% ↓ (Below 10th Percentile)	77.61%
Rating of Personal Doctor	78.7% ↓ (Below 10th Percentile)	Small Sample	80.3% ↓	Small Sample	84.56%
Rating of Specialist Talked to Most Often	Small Sample	Small Sample	Small sample	Small Sample	83.06%

Small sample means that the denominator was less than 100 members.

Directional Indicator Legend

↑ = Higher than national Medicaid average (Above the 50th Percentile)

≈ = Comparable to national Medicaid average (At the 50th Percentile)

↓ = Lower than national Medicaid average (Below the 50th Percentile)

Table 75: MCO CAHPS Child (General Population) Medicaid Results, Measurement Year 2024

Measure	BCBS Measurement Year 2024 Performance	MHC Measurement Year 2024 Performance	PHP Measurement Year 2024 Performance	UHC Measurement Year 2024 Performance	*2025 Quality Compass* Measurement Year 2024 National Medicaid Average
Composite Measures (Usually/Always)					
Care Coordination	Small Sample	Small Sample	Small Sample	Small Sample	84.90%
Customer Service	Small Sample	Small Sample	Small Sample	Small Sample	88.21%
Getting Care Quickly	87.9% ≈ (50th Percentile)	Small Sample	83.6%↓ (25th Percentile)	Small Sample	86.20%
Getting Needed Care	82.6%↓ (33.33rd Percentile)	Small Sample	Small Sample	Small Sample	83.95%
How Well Doctors Communicate	92.2%↓ (10th Percentile)	Small Sample	92.2%↓ (10th Percentile)	Small Sample	93.95%
Global Ratings (8, 9, or 10)					
Rating of All Health Care	83.9%↓ (10th Percentile)	Small Sample	85.2%↓ (10th Percentile)	Small Sample	87.35%
Rating of Health Plan	83.8%↓ (10th Percentile)	86.7%↓ (33.33rd Percentile)	85.8%↓ (33.33rd Percentile)	Small Sample	86.50%
Rating of Personal Doctor	86.8%↓ (Below 10th Percentile)	Small Sample	89.9%↓ (33.33rd Percentile)	Small Sample	90.59%
Rating of Specialist Talked to Most Often	Small Sample	Small Sample	Small Sample	Small Sample	87.36%

Small sample means that the denominator was less than 100 members.

Directional Indicator Legend

↑ = Higher than national Medicaid average (Above the 50th Percentile)

≈ = Comparable to national Medicaid average (At the 50th Percentile)

↓ = Lower than national Medicaid average (Below the 50th Percentile)

NCQA Accreditation – Technical Summary

Objectives

New Mexico Medicaid MCOs are required to obtain and maintain NCQA accreditation. Participating MCOs must provide the New Mexico Health Care Authority with documentation demonstrating full accreditation status. Failure to obtain or maintain required accreditation may result in corrective action, including suspension of enrollment or termination of the *Medicaid Managed Care Services Agreement*.

Pursuant to *Sections 3.1.1.1* and *3.1.1.2* of the *Medicaid Managed Care Services Agreement*, Turquoise Care MCOs are subject to specific NCQA Accreditation requirements and associated timelines. *Section 3.1.1.1* requires each MCO to achieve NCQA Health Plan Accreditation in the State of New Mexico or to maintain NCQA Health Plan Accreditation in another state where the MCO currently operates a Medicaid managed care program, provided the MCO initiates the NCQA Accreditation process for New Mexico upon notice of award and achieves New Mexico–specific accreditation within 1.5 years of its go-live date. *Section 3.1.1.2* further requires each MCO to obtain NCQA Distinction in Multicultural Health Care/Health Equity Accreditation and NCQA Long Term Services and Supports Distinction in New Mexico within 18 months of go-live.

The objective of the NCQA Accreditation activity is to ensure that Turquoise Care MCOs maintain systems, processes, and performance outcomes that are consistent with nationally recognized standards for managed care quality, oversight, and accountability. Specifically, NCQA accreditation is intended to:

- Promote effective quality management and quality improvement systems that support the delivery of appropriate, timely, and effective care;
- Ensure standardized oversight of utilization management, provider credentialing and recredentialing, and member protections;
- Assess MCO performance related to access to care, continuity of care, and member experience;
- Evaluate performance on nationally standardized quality and satisfaction measures, including HEDIS and CAHPS; and
- Support transparency and comparability of MCO performance across plans and over time.

NCQA Health Plan Accreditation provides a comprehensive framework for evaluating both operational processes and performance outcomes. The accreditation process includes review of policies, procedures, and operational infrastructure, as well as assessment of reported results in key domains of care and service delivery.

Beginning with Health Plan Accreditation 2020 and the 2020 HEDIS reporting year, NCQA aligned health plan ratings with accreditation standards to improve consistency across evaluation activities and to streamline scoring methodologies. Aggregated results from these activities are publicly reported through NCQA Health Plan Report Cards.

In July 2022, NCQA implemented updates to its accreditation programs to strengthen the focus on health equity, including enhanced requirements related to the collection and reporting of member demographic data. Beginning with HEDIS 2023, NCQA renamed the Equity category to Description of Membership to reflect the descriptive nature of demographic data collected, including race, ethnicity, and preferred language.

In September 2025, NCQA further updated its terminology by renaming the Health Equity Accreditation program as the Health Outcomes Accreditation program, reflecting an expanded emphasis on improving health outcomes while maintaining a focus on equity.

Technical Methods of Data Collection and Analysis

To earn NCQA Accreditation, each MCO must meet at least 80% of applicable points in each standards category, submit HEDIS and CAHPS data during the reporting year after the first full year of accreditation, and submit HEDIS and CAHPS data annually thereafter. The standards categories include quality management, population health management, network management, utilization management, credentialing and re-credentialing, and member experience.

To earn points in each standards category, MCOs are evaluated on the factors satisfied in each applicable element and earn designation of "met," "partially met," or "not met" for each element. Elements are worth 1 or 2 points and are awarded based on the following:

- Met = Earns all applicable points (either 1 or 2)
- Partially Met = Earns half of applicable points (either 0.5 or 1)
- Not Met = Earns no points (0)

Within each standards category, the total number of points is added. The MCOs can achieve 1 of 3 accreditation levels based on how they score on each standards category. **Table 76** displays the accreditation determination levels and points needed to achieve each level.

Table 76: NCQA Accreditation Status Levels and Points

Accreditation Status	Points Needed
Accredited	At least 80% of applicable points
Accredited with Provisional Status	Less than 80% but no less than 55% of applicable points
Denied	Less than 55% of applicable points

To distinguish quality among the accredited MCOs, NCQA calculates an overall rating for each MCO as part of its Health Plan Ratings program. The overall rating is the weighted average of an MCO's HEDIS and CAHPS measure ratings, plus accreditation bonus points (if the plan is accredited by NCQA), rounded to the nearest half point and displayed as stars.

Overall ratings are recalculated annually and presented in the *Health Plan Ratings* report that is released every September. The *Health Insurance Plan Ratings 2025* methodology used to calculate an overall rating is based on MCO performance on dozens of measures of care and is calculated on a 0–5 scale in half points, with five being the highest. Performance includes these three subcategories (also scored 0–5 in half points):

1. Patient Experience: Patient-reported experience of care, including experience with doctors, services, and customer service (measures in the Patient Experience category).
2. Rates for Clinical Measures: The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures).
3. NCQA Health Plan Accreditation: For an MCO with an Accredited or Provisional status, 0.5 bonus points are added to the overall rating before being rounded to the nearest half point and displayed as stars. An MCO with an Interim status receives 0.15 bonus points added to the overall rating before being rounded to the nearest half point and displayed as stars.

The rating scale and definitions for each are displayed in **Table 77**.

Table 77: NCQA Health Plan Star Rating Scale

Ratings	Rating Definition
5	The top 10% of health plans, which are also statistically different from the mean.
4	Health plans in the top one-third of health plans that are not in the top 10% and are statistically different from the mean.
3	The middle one-third of health plans and health plans that are not statistically different from the mean.
2	Health plans in the bottom one-third of health plans that are not in the bottom 10% and are statistically different from the mean.
1	The bottom 10% of health plans, which are also statistically different from the mean.

Description of Data Obtained

IPRO accessed the NCQA Health Plan Reports website to review the *Health Plan Report Cards 2025* for the New Mexico Medicaid MCO. For each MCO, star ratings, accreditation status, plan type, and distinctions were displayed. At the MCO-specific pages, information displayed was related to membership size, accreditation status, survey type and schedule, and star ratings for each measure and overall. The data presented here were current as of September 2025.

Comparative Results

BCBS is compliant with the state's requirement to achieve and maintain NCQA accreditation. BCBS's Accredited status is effective through May 26, 2026. BCBS achieved an overall health plan star rating of 3 out of 5 for the Health Plan Ratings 2025.

MHC is compliant with the state's requirement to achieve and maintain NCQA accreditation. MHC's Accredited status is effective through August 24, 2027. MHC's star rating is pending the submission of additional performance measure data to NCQA.

PHP is compliant with the state's requirement to achieve and maintain NCQA accreditation. PHP's Accredited status is effective through July 27, 2027. PHP achieved an overall health plan star rating of 3 out of 5 for the Health Plan Ratings 2025.

BCBS, MHC, and PHP each achieved Health Outcomes Accreditation status, recognizing the MCOs' use of standardized data collection and measurement to understand their populations' unique health needs and address differences (disparities) in health outcomes, experience, or access. BCBS, MHC, and PHP also achieved Long Term Services and Supports Distinction status, recognizing the MCOs' delivery of efficient, effective, person-centered care that meets people's needs, helps keep people in their preferred settings, and aligns with state requirements.

UHC has initiated the NCQA accreditation process, and is expected to complete the process in December 2025.

Table 78 displays each MCO's overall health plan star ratings, as well as the ratings for the three overarching categories (patient experience, prevention and population, and treatment) and their subcategories under review.

Table 78: MCO NCQA Rating by Category, Measurement Year 2024

Overarching and Subcategories *(Number of Measures Included in Subcategory)*	NCQA Star Rating Achieved *(out of 5 stars)*			
	BCBS 3 Stars	**MHC Star Rating Pending**	**PHP 3 Stars**	**UHC Star Rating Pending**
Patient Experience	**2 Stars**	**Insufficient Data**	**2.5 Stars**	**Insufficient Data**
Getting Care *(2)*	3 Stars	Not Applicable	2 Stars	Insufficient Data
Satisfaction with Plan Physicians *(1)*	1 Star	Not Applicable	3 Stars	Not Applicable
Satisfaction with Plan and Plan Services *(2)*	2 Stars	3 Stars	2 Stars	Insufficient Data
Prevention and Population	**2.5 Stars**	**Insufficient Data**	**2.5 Stars**	**Insufficient Data**
Children and Adolescent Well Care *(3)*	3 Stars	Insufficient Data	2.5 Stars	Insufficient Data
Women's Reproductive Health *(3)*	2.5 Stars	3 Stars	2 Stars	Insufficient Data
Cancer Screening *(2)*	2 Stars	Insufficient Data	1.5 Stars	Insufficient Data
Description of Membership *(2)*	3.5 Stars	5 Stars	3.5 Stars	Insufficient Data
Other Preventive Services *(5)*				
Chlamydia Screening	2 Stars	Not Applicable	2 Stars	No Credit
Influenza Immunizations for Adults	3 Stars	Not Applicable	4 Stars	No Credit
Td/Tdap Immunizations for Adults	3 Stars	Not Applicable	4 Stars	No Credit
Zoster Immunizations for Adults	3 Stars	Not Applicable	4 Stars	No Credit
Pneumococcal Immunizations for Adults	3 Stars	Not Applicable	4 Stars	No Credit
Treatment	**2 Stars**	**Insufficient Data**	**2.5 Stars**	**Insufficient Data**
Respiratory *(5)*	2.5 Stars	Insufficient Data	2.5 Stars	Insufficient Data
Diabetes *(6)*	1.5 Stars	Insufficient Data	1.5 Stars	Insufficient Data
Heart Disease *(3)*	1 Star	Insufficient Data	1.5 Stars	Insufficient Data
Behavioral Health-Care Coordination *(4)*	3 Stars	2 Stars	2.5 Stars	Insufficient Data
Behavioral Health-Medication Adherence *(3)*	2 Stars	Insufficient Data	3 Stars	Insufficient Data
Behavioral Health-Access, Monitoring and Safety *(5)*	3 Stars	Insufficient Data	3 Stars	Insufficient Data
Risk-Adjusted Utilization *(1)*	3 Stars	Insufficient Data	5 Stars	Insufficient Data
Other Treatment Measures *(1)*	3 Stars	Insufficient Data	3 Stars	Insufficient Data

Gray shading means that an aggregate score for the subcategory is not available.

Managed Care Organization Response to the 2023 External Quality Review Recommendations

Title 42 Code of Federal Regulations 438.364 External quality review results (a)(6) require each annual technical report include "an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the external quality review organization during the previous year's external quality review." To achieve this requirement, IPRO requested that BCBS and PHP describe how it addressed the recommendations made in the *Centennial Care 2.0 2023 External Quality Review Annual Technical Report*, published April 2025. MCO responses are reported in this section of the report. At the time of production of this report, WSCC was no longer participating in the Centennial Care 2.0 program and therefore was not required to submit a written response to the 2023 recommendations.

Table 79 displays the assessment categories used by IPRO to describe MCO progress towards addressing the 2023 external quality review recommendations. **Table 80** and **Table 81** display BCBS's and PHP's progress related to the recommendations made in the *Centennial Care 2.0 2023 External Quality Review Technical Report*, as well as IPRO's assessment of the MCO's response.

Table 79: MCO Response to Recommendation Assessment Levels

Assessment Determinations and Definitions
Addressed
MCO's quality improvement response resulted in demonstrated improvement.
Partially Addressed
MCO's quality improvement response was appropriate; however, more time is needed to observe for performance improvement.
Remains an Opportunity for Improvement
MCO's quality improvement response did not address the recommendation; or performance declined.

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Table 80: BCBS's Response to the 2023 External Quality Review Recommendations

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
Performance Improvement Projects	As the performance improvement projects evaluated in this report are scheduled to conclude in June 2024, it is recommended that BCBS continue working on the areas of care where these projects did not result in sustained improvement.	As noted, the formal performance improvement projects were evaluated as part of this report concluded a few years ago. However, we continue to focus on conditions and population health needs which were the focus of historical performance improvement projects. For example, obesity, depression, and diabetes were focus areas of Centennial Care performance improvement projects. We have continued to focus on these areas and have included below examples of efforts to support these population needs. **Obesity** BCBS launched the Virtual Health Partners Living 365 program, which provides on-demand virtual nutrition, fitness, and lifestyle modification program. The program includes live individualized care with 24/7 access to dieticians and health coaches, live group events, unlimited messaging with experts, monitoring tools, and on-demand access to a variety of media supports (meal plans, recipes, fitness videos, cooking demos, and lifestyle modification module) and up to 4 one-on-one appointments with a dietician to support and encourage a healthy lifestyle for those who are eligible. **Depression** BCBS offers Learn to Live, a 24/7 self-service tool to provide psychoeducation, digital cognitive behavioral therapy, mindfulness, and clinically validated assessment tools to help members evaluate and address their behavioral health needs. Learn to Live's digital platform offers comprehensive clinical assessments; 1:1 personalized, clinician coaching via phone, email, or text; Teammates: friends or family that support members and help keep them motivated; on-demand webinars; and self-paced, on-demand cognitive behavioral therapy learning modules covering several topics such as depression, stress, anxiety and worry, social anxiety, insomnia, substance use, panic, and resilience. **Diabetes**	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		BCBS partners with Vheda Health to provide the care coordination team with additional support to better manage members with chronic conditions. Vheda offers members with specific chronic conditions, including asthma, congestive heart failure, diabetes, hypertension, or any combination of comorbidities of these chronic conditions a remote health monitoring program. Participating members receive an iPhone with preloaded apps and pre-paired remote monitoring devices to track their condition. Vheda utilizes a multi-modal outreach plan, which includes phone, texts, videos to ensure members are continuously engaged in the program. Every member who is enrolled in the Vheda program participates in a customized journey which is designed specifically to their individual needs. BCBS launched Wellth, a medication care plan adherence program for high-risk members with chronic conditions who have been identified as non-adherent to their medications. Members receive daily reminders, behavior reinforcements and can earn up to $360 annually for demonstrating care plan adherence via the Wellth app. BCBS partners with Everlywel to provide in home A1c and kidney health test kits to select adult members with diabetes and identified care gaps to support the closure of overdue diabetes testing. Working collaboratively with senior leadership, quality management specialists developed and deployed innovative, multi-level interventions addressing member, provider, and system-level barriers to improve health outcomes and enhance compliance with quality performance measures. These interventions were crafted using a data-driven approach and aligned with the principles of continuous quality improvement. With the transition from Centennial Care 2.0 to Turquoise Care, new performance improvement project directives were introduced to align with the goals of Turquoise Care and address the needs of its priority populations. These directives reflect a comprehensive focus on	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		improving access to care, enhancing provider networks, and addressing critical health disparities across New Mexico. BCBS has implemented the following PIPs under the new directives: 1) Improving Well Visits and Immunizations for Children and Adolescents: Focuses on increasing preventive care visits and immunization rates to improve health outcomes among children and adolescents. 2) Expanding Access to Assisted Living for Medicaid Members: Aims to enhance options for long-term care services, improving access to assisted living facilities for members requiring supportive living environments. 3) Enhancing the State's OB/GYN Provider Network: Targets obstetrical deserts in rural and frontier areas of New Mexico, ensuring improved access to OB/GYN providers to support maternal health. 4) Enhanced Services for Prenatal and Postpartum Mothers with Substance Use Disorder: Provides comprehensive services, including care coordination and treatment, for mothers for a full 12 months to improve maternal and infant health outcomes. 5) Improving Access to Hepatitis C Medications: Focuses on increasing access to hepatitis C treatment, particularly medications, to address gaps in care and reduce the disease burden among priority populations.	
Performance Measures	BCBS should continue to use the Human Services Performance Measure Program results in developing its annual quality assurance and performance improvement program. BCBS	BCBS annually evaluates our quality performance and utilizes this analysis to develop the next year's program description and workplan which guides the work of the quality improvement department. One of the areas included in that analysis is all state directed performance measures. While our HEDIS *Childhood Immunization Status* immunization rate did decline in measurement year 2024 to 64.72% BCBS was 1.66% higher than the regional NCQA *Quality Compass rate* of 63.06%. This is an indicator that while our rate declined year over year, we still outperformed our HEDIS *Childhood Immunization Status* regional competitors. Interventions that were deployed for the HEDIS *Childhood*	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
	should evaluate and address the decline in childhood immunizations and initiation of treatment for substance abuse.	*Immunization Status* measure included member outreach calls to 8,016 members who had gaps, monetary incentives to providers who offered after hour and weekend appointment to BCBS members, participation in the annual *Got Sho*ts campaign, happy birthday cards mailed to members who turn 1, 2, or 3 reminding parents of the recommended immunizations, last we utilized short message service texting to encourage parents of member who were between the ages of 0-15 months reminding them to get their child's well visits and immunizations. For initiation and engagement of alcohol and other drug dependency treatment the BCBS rate only declined by 0.04%. At 45.93% this was still 3.26% below the NCQA *Quality Compass* regional Medicaid average of 49.19%. Acknowledging this area needed work, BCBS conducted the following efforts in 2024: **Member Interventions** ▪ A member-focused video on opioid use disorder launched through a social media campaign via YouTube. The video had 107 views in 2024. ▪ Recovery Support Assistants continued to use the PointClickCare system to monitor emergency department use and intervene with members in person, when possible, to help with follow up appointments. There were 302 combined in-person and telephone interventions with members diagnosed with substance use disorder at the emergency room in 2024. **Provider Interventions** ▪ Live presentations and recordings of educational trainings on substance use and social determinants of health were offered to providers. The importance of follow-up care following a new diagnosis of substance use was included in the trainings, which are also available for providers to view and receive continuing education credit. A total of 270 providers attended the substance use training live, with 19 accessing it on the website; 288 providers attended the	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		social determinants of health training live with 13 accessing it on the website. The intervention is considered successful. ▪ A provider flier was sent to all network providers educating them about the HEDIS *Initiation and Engagement of Substance Use Disorder Treatment* measure requirements. ▪ The Enhanced Payment Initiative also offered providers a financial incentive for providing timely follow-up appointments. ▪ The HEDIS *Initiation and Engagement of Substance Use Disorder Treatment* measure provider tip sheet was updated with the onset of Turquoise Care. ▪ The Reserved Appointment Initiative gave providers money to keep follow-up appointments available to members in need. ▪ Value Based Contracting with providers was ongoing to encourage timely follow up for the HEDIS *Initiation and Engagement of Substance Use Disorder Treatment* measure. **System Interventions** ▪ Behavioral Health and Physical Health Care Coordination staff were trained on the HEDIS *Initiation and Engagement of Substance Use Disorder Treatment* measure as part of an annual training. ▪ BCBS takes the care of our members seriously and continues to evaluate and work on areas of opportunity in a timely manner.	
Compliance with Medicaid Standards	*438.207 Assurances of Adequate Capacity and Services* – BCBS should consider new and innovative approaches to addressing the gaps in the breadth and size of its provider network.	BCBS has continued to refine our network recruitment strategies to address gaps by: ▪ Internal restructure of the New Mexico Network Contracting team with a focused approach that aligns staff to serve the unique needs of the behavioral health providers and community-based providers vs physical health and long-term care providers. ▪ Implemented a contracting governance process to streamline the non-standard negotiation process.	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		▪ Incorporated additional guardrails and updates to our reporting methodologies to identify prospective providers, which increases outreach to viable provider contracting opportunities. ▪ Offering competitive Medicaid reimbursement rates, including the Health Care Authority's recommended rates for home and community-based services. ▪ Continued targeted investments in local workforce development and expansion by providing grant monies to support recruitment, retainment and education support for students and providers with scarce specialties in New Mexico. ▪ Engaging with the provider community to review best practice guidelines and next steps to overcoming barriers that prevent providers from joining the BCBS Medicaid program. BCBS has made targeted investments in our New Mexico communities and providers. BCBS launched a new virtual primary care provider, Galileo. Galileo is a telehealth provider for ages 18 and over. There are currently 31 providers contracted, with the goal to expand to over 70 providers. BCBS also funded Rio Arriba County wellness centers, Barrios Unidos and Inside Out. These wellness centers purchased equipment to allow residents access to telehealth services at their sites. This gives members access to both MDLive and Galileo virtual providers. BCBS also invested $500 thousand dollars in New Mexico State University, providing a grant of $300 thousand dollars for a new professorship in the School of Nursing and $200 thousand dollars in scholarships for students in social work and nursing bachelor's degree programs. $1.3 million dollars was invested in nine primary care clinics statewide to hire community health workers and/or doulas. A total of $300 thousand dollars was invested in Lovelace Health Systems for recruitment of new physicians, one of those physicians must be for their Roswell, New Mexico location to help with increased access to services. BCBS also provided a grant of $500 thousand dollars to the New Mexico Medical Society Foundation to expand access to independent physician	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		practices. The grant funding is being used to cover a range of expenses for new physicians moving to New Mexico, including signing bonuses, moving costs, salary support, and loan repayment assistance. This funding will be administered through the New Mexico Medical Foundation, which established a committee to evaluate and select the physicians who will receive grant funding. BCBS's objective with this grant is to expand access and availability to primary care for New Mexico Medicaid members. BCBS partnered with both community and clinical organization across New Mexico to improve maternal infant health for New Mexicans by issuing grants that total $2 million dollar and will address issues of access, transportation, food access, substance use disorders and mental health disorders, among other issues. As part of this investment, Perinatal Associates of New Mexico received $250 thousand dollars to augment maternal mental health programs and improve access and availability of care to pregnant and postpartum patients with maternal mental health disorders throughout the state. They will have a specific focus on supporting practices that do not have access to behavioral health services. Visits will be primarily conducted via telehealth to enhance access throughout the state. Gallup Community Health received $120 thousand dollars of funding to improve access to care, support services and behavioral health access for pregnant patients in McKinley County. The funding is also targeted to expand the regional workforce via partnerships with Rehoboth McKinley Hospital, Gallup Indian Medical Center, Four Corners Detox, early intervention, and home visiting agencies. BCBS also invested $396 thousand dollars with Lovelace to expand and support the GRACE program to additional partners throughout the state to support pregnant and postpartum mothers with behavioral health and substance use disorders. Jardin de los Ninos received a grant of $140 thousand dollars to support wrap around services for homeless and near homeless families, children, and pregnant/postpartum women in Las Cruces, New Mexico. Another BCBS	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		targeted investment supported Changing Women Initiative with $100 thousand dollars to support community partnerships with a focus on supporting culturally integrated healthcare for Indigenous families involving midwives and doulas to include community engagement and direct services. The University of New Mexico Scholarship Initiative was granted $197 thousand dollars for obstetrics/gynecology residents who are conducting clinical rotations in rural locations throughout New Mexico. The New Mexico Doula Association was also granted $390 thousand dollars to support scholarships for students to become certified doulas. BCBS also invested $1.3 million dollars in primary care clinics to hire community health workers and/or doulas to support the community. The ROAMS Program received $100 thousand dollars to support expansion of telehealth-obstetric services for pregnant individuals. BCBS's objective with all of these investments is to expand access and availability for New Mexico Medicaid members in need of maternity care. BCBS invested $1.85 million dollars in the City of Clovis, New Mexico to develop a new crisis triage center and establish short-term residential stabilization for adolescents and adults. The Guidance Center of Lea County (Humphrey House) was granted $520 thousand dollars to expand staff at their Humphrey House group home to better support members and provide better training to staff treating youth with complex behavioral health needs. They will also utilize technology as a therapeutic tool for their members while they are receiving treatment at the group home. The New Mexico Alliance for School Based Health Care received a grant of $75 thousand dollars for school-based behavioral health services, training and technical assistance that will result in expansion of behavioral health services at school based health centers statewide. BCBS also invested an additional $12 thousand dollars in scholarship funding to support expansion of eye movement desensitization and reprocessing via training by Susan Messal, LPCC. The University of New Mexico's Milagro Clinic received $450 thousand	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		dollars for the expansion of behavioral health services for pregnant/postpartum members with substance use disorders. Serna Solutions received a $160 thousand dollar grant to open an office in Rio Arriba County, New Mexico to expand access to mental health, substance use disorder treatment and related services. BCBS's objective with this investment is to expand access and availability for New Mexico Medicaid members in need of behavioral health services.	
Compliance with Medicaid Standards	*438.242 Health Information Systems* – BCBS should ensure that evidence is submitted as requested by the external quality review organization.	BCBS submitted additional documentation to show compliance and the element was met in subsequent years. The Centers for Medicare & Medicaid Services' Interoperability and Patient Access Final Rule requires state Medicaid agencies, Medicaid managed care plans, Children's Health Insurance Program agencies, and Children's Health Insurance Program managed care entities to make certain health information about Medicaid and Children's Health Insurance Program beneficiaries accessible through a patient access application programming interface (API) by January 1, 2021. This policy enables beneficiaries to have access to their health data on their internet-enabled devices (such as smartphones). Due to the COVID-19 public health emergency, the Centers for Medicare & Medicaid Services exercised enforcement discretion, however, and did not expect to enforce this requirement prior to July 1, 2021. BCBS completed this initiative by June 30, 2021. Additionally, to confirm compliance, please see our Health Care Service Corporation Interoperability Solution platform which allows external member access to an application programming interface portal for electronic exchange of health care date. https://interoperability.hcsc.com/s/	Addressed.
Compliance with Medicaid Standards	*4.6 Self Directed Community Benefit* – BCBS should ensure that future	BCBS updated our contract with the fiscal management agency to include required language. The policy and procedure was updated to align with Centennial Care 2.0 requirements.	Addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
	agreements with the fiscal management agency include required language. BCBS should ensure that evidence is submitted as requested by the external quality review organization. *Care Coordination, Traumatic Brain Injury* – BCBS should reeducate staff on supporting care coordination policies and procedures. BCBS should enhance current internal monitoring of care coordination procedures with a focused review of staff compliance with the citations noted in this table.	Care Coordination staff have gone through traumatic brain injury training and additional training is scheduled for the fourth quarter of 2026. Care Coordination Managers have several internal reports utilized weekly, monthly and quarterly to monitor compliance. Managers also meet daily to strategize proactively to ensure upcoming metrics are met.	
Network Adequacy	BCBS should address the areas of noncompliance identified during the 2023 Compliance	All areas of noncompliance identified during the 2023 Compliance Review have been addressed throughout 2024 and 025. Updates within the Health Care Authority Report #49, *Provider Network Development and Management Plan and* Evaluation, encompass process	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
	Review. Specifically, BCBS should increase the size of its Medicaid provider network to ensure members can access care that is appropriate and timely.	improvements, implementations and external efforts to increase access to care for all Medicaid members. BCBS increased its Medicaid provider network by an average percentage of 83.3% from the fourth quarter of 2023 through the fourth quarter of 2025 for in-county providers. This increase is in part due to the 2024 Turquoise Care implementation that added new provider types available for contracting. In addition to implementation of processes in response to the 2023 results BCBS has made additional focused contracting efforts to expand our provider network consists of: ▪ Collaboration with external entities to leverage programs geared towards expanding internet services in rural and frontier areas to increase access to our telemedicine vendors. ▪ BCBS implemented reoccurring monthly education to both members and providers on the usage of our free transportation vendor, ModivCare, to access services within and outside of the time and distance standards. ▪ BCBS implemented reoccurring monthly education to both members and providers on the usage of our free translation services programs to improve access issues caused by language barriers. ▪ School based systems recruit on a quarterly basis by requesting referrals for viable providers to provide to BCBS. ▪ Continued collaboration with other MCOs and provider communities to improve access to care and review barriers. Specifically for those specialties in rural and frontier counties, updates to access include telemedicine expansion with in-network local and nationwide vendors. ▪ Continued targeted investments in local workforce development and expansion by providing grant monies to support recruitment,	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		retainment and education support for students and providers with scarce specialties in New Mexico. BCBS continues to have an open provider network, and we are accepting applications from all provider types and specialties, including mid-level behavioral health providers. Network Contracting routinely reviews the Provider Master File to identify newly registered providers with the NM Medicaid program for contracting opportunities to remediate identified gaps. BCBS has targeted investments for our New Mexico communities and providers. As previously mentioned, BCBS provided a grant of $500 thousand dollars to the New Mexico Medical Society Foundation. The investment will be used to cover a range of expenses for new physicians moving to New Mexico, including signing bonuses, moving costs, salary support, and loan repayment assistance. This funding will be administered through the New Mexico Medical Foundation, which has established a committee to evaluate and select the physicians who will get the grant. one (1) to two (2) pediatric medical doctors in the Roswell/Artesia/Carlsbad area, one (1) dermatologist in the Albuquerque/Santa Fe area, one (1) psychiatrist in the Albuquerque area, one (1) internal medicine medical doctor in the Las Vegas area, one (1) family medicine doctor, and one (1) neurologist in the Roswell/Hobbs/Carlsbad area, one (1) nephrologist in the Santa Fe area, one (1) obstetrician/gynecologist/maternal-fetal medicine specialist covering Albuquerque /Grants/Colfax County/Las Cruces/Silver City/statewide, one (1) Gastroenterologist in the Albuquerque area, one (1) internal medicine/family medicine provider in the Taos area, and one (1) general surgeon in the Clovis area. BCBS's objective is that these efforts will help expand access and availability to our New Mexico Medicaid members receiving primary care.	
	As member utilization of telemedicine continues to decline,	BCBS implemented and sustained a coordinated, multi-channel approach to support telemedicine utilization among Medicaid members. These efforts focused on reinforcing member awareness, expanding	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
	BCBS should enhance its promotion of available telemedicine options to members and providers.	virtual provider partnerships, strengthening navigation pathways, and improving access across urban, rural, and frontier areas. Key methods included ongoing collaboration with telemedicine vendors, expansion of member-facing communication and digital access pathways, and internal navigation support. BCBS maintained its partnership with MDLive as a primary telemedicine vendor for urgent care, primary care, and behavioral health services. MDLive continued to be promoted through member communications, the BCBS website, and internal navigation pathways. BCBS implemented an additional nurse advice line warm-transfer pathway, enabling members to be connected to telemedicine services when clinically appropriate. BCBS has also partnered with Galileo, a statewide virtual care provider that offers standard telemedicine services. Since 2023, additional behavioral health access was supported through partnerships with Bicycle Health, Affect Therapeutics, Brave Health, Psych Plus Medical Associates, and Path with Heart Counseling, expanding the availability of virtual behavioral health services statewide. Psych Plus Medical Associates and Path with Heart Counseling were added in 2025 to strengthen behavioral health telemedicine capacity further. BCBS also continued to promote telemedicine through system-level and member-facing channels, including the Virtual Care landing page on the BCBS website. This page provides education on available telemedicine options and directs members to virtual primary care through Galileo and virtual visits through MDLive. Telemedicine resources were further reinforced through member newsletters, including the fall "Your Guide to Telehealth" feature, and digital communications. Internally, BCBS provided training for the Care Coordination, Member Services, and Provider Relations teams to ensure consistent messaging and member navigation support.	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
	BCBS should continue to identify opportunities to increase member access to provider types for which minimum distance standards were not met.	BCBS continues to have an open provider network, and we are accepting applications from all provider types and specialties, including mid-level behavioral health providers. Network Contracting routinely reviews the Provider Master File file to identify newly registered providers with the NM Medicaid program for all provider types and specialties for contracting opportunities to remediate identified gaps and expansion efforts to access care. BCBS has reviewed the areas of opportunity to increase member access for provider types for which minimum distance standards were not met. BCBS implemented additional tactics to increase member access by: **Physical Health** ▪ Certified Nurse Midwives: BCBS is currently contracted with all Health Care Authority-approved certified nurse midwives for either Medicaid or as Medicaid Exception. BCBS added new certified nurse midwives in Lea County, New Mexico, increasing access to 94.6% in rural counties. ▪ Dermatology, Ear, Nose & Throat, Neurosurgeon, Rheumatology, Urology: BCBS conducted a targeted review of providers based on claims utilization to identify providers who could expand their specialties. While gaps are consistent with other MCOs, BCBS added two new dermatologists in Curry County, New Mexico, increasing access by 9.3%. BCBS added a new ear, nose & throat provider in McKinley County, New Mexico, increasing access in rural and frontier counties. BCBS added one new neurosurgeon in McKinley County, New Mexico, improving access of more than 60% of members in that county and increasing overall access in rural counties by 3%. BCBS added one new rheumatology provider in San Juan County, New Mexico, increasing access in rural counties. BCBS continues to look for providers to fill the gap for urology access and increase access to this service for our members.	Remains an opportunity for improvement.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		▪ Federally Qualified Health Centers/Rural Health Centers (excluding School-Based Health Centers), IHS or 638 Tribal Facility (ITU): There continues to be a shortage of rural health centers and I/T/U providers statewide resulting in percentages to be below access standards for these providers in urban, rural and frontier areas. BCBS continues to conduct outreach to all available non-contracted federally qualified health centers/rural health centers (excluding school-based health centers) and IHS or 638 Tribal Facility (ITUs) on a regular basis to gauge interest. Members without access to these facilities are able to utilize providers with the needed specialties within their time and distance standards. **Long Term Care** ▪ Assisted Living Facilities: Low utilization of assisted living facility services reflects member preference for home- and community-based care models, as well as the financial and network participation barriers associated with assisted living facility services. ▪ Members eligible for assisted living facility level of care often decline this setting due to the unaffordability of room and board costs, which average $2,500–$3,000 per month and are not covered by Medicaid. As a result, members prefer to remain in family homes and receive home-and community-based services through agency-based or self-directed models, which support family engagement, community integration, and improved quality of life. Member choice remains the guiding factor. Furthermore, many assisted living facilities hesitate to participate as Medicaid providers due to low reimbursement rates for assessments of daily living and instrumental activities of daily living services and considering that Medicaid does not reimburse for room and board. Many assisted living facility providers decline Medicaid participation due to the disparity between Medicaid reimbursement rates and private-pay rates, as Medicaid rates often fall short of covering operational and care-related costs.	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		▪ BCBS Network Contracting routinely reaches out to all non-contracted s to gauge interest. BCBS is currently working on a PIP specific to expanding access to assisted living facilities. In response to performance improvement projects and the historical lack of access to assisted living facilities, BCBS has internally updated its care coordination reporting tactics to more readily identify members who may qualify for the Community Benefits program. When completing the Community Benefits Service Questionnaire script, if the member states they are interested in assisted living facilities or a specific assisted living facility, the Care Coordinator will help facilitate the communication between the assisted living facility and the member. Once the assisted living facility completes its assessment of the member and accepts the member, the care coordinator will make sure the member has the correct eligibility and help the assisted living facility with the prior authorization process. Alternatively, BCBS Care Coordinators assist members with finding alternative care such as adult day services, personal care services or nursing facility care, including coordinating transportation if the facility is unable to do so. **Behavioral Health** ▪ Accredited Residential Facility (ARTC), Hospital, Psychiatric Hospital, OTC/Methadone Clinic (Behavioral Management, Day Treatment, Intensive Outpatient (IOP)): For these behavioral health provider types, BCBS is contracting with all available BH provider/facility types listed as they become open/established and available in the state and surrounding contiguous states.. If there are no contracted/in-network BH provider/facility types available to a member in need of specific behavioral health service, then our BCBS Care Coordination team works to place the member in an out of network provider/facility through the prior authorization and single case agreement processes. BCBS's contracted provider, Santa Fe Recovery Center, added a new location in McKinely County,	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		increasing access in Rural Counties. This increased access with Freestanding Psych and General Hospitals with Psych Units. IHS or 638 Tribal Facility providing Behavioral Health Services BCBS continues to conduct outreach to all available non-contracted IHS or 638 Tribal Facility (ITU) on a regular basis to gauge interest. Members without access to these facilities are able to utilize these provider with the needed specialties within their time and distance standards. **<u>Psychiatric Unit in General Hospital</u>** BCBS continues to conduct outreach to all available non-contracted General Psychiatric Units within general hospitals. If there are no contracted/in-network BH provider/facility types for the member in need, then our BCBS Care Coordination team works to place the member in an out of network provider/facility through the prior authorization and single case agreement processes. BCBS was able to update provider information for Peak Behavioral Health in Rio Arriba County. This increased access with Freestanding Psych and General Hospitals with Psych Units. Additionally, BCBS implemented additional tactics to increase member access for all gaps by: ▪ Expanding its telemedicine network by contracting with nationwide telemedicine vendors to provide additional care resources. ▪ BCBS implemented reoccurring monthly education to both members and providers on the usage of our free transportation vendor, ModivCare, to access services within and outside of the time and distance standards. ▪ BCBS implemented reoccurring monthly education to both members and providers on the usage of our free translation services programs to improve access issues caused by language barriers.	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		▪ BCBS continues to internally vet in-network providers for capacity, panels status and utilize claims data by specialty and county to determine if additional specialties can be added to their provider type to assist with expanding access to services. ▪ BCBS's Care Coordination and Member Services teams educate members on how to use Provider Finder so they can find providers that are within the distance standards or the next closest available provider. We also utilize Single Case Agreements to support member access to necessary services when an in-network provider is not available.	
	BCBS should utilize the results from IPRO's secret shopper surveys to design policies and processes to improve the accuracy and timeliness of information available to members in the provider directory look-up system.	BCBS Secret Shopper Compliance Methodology and Rationale: BCBS Secret Shopper compliance results are determined based on whether a field agent was able to successfully make an appointment with a provider. Appointment outcomes are classified as compliant or non-compliant based on the applicable scenario requirements, the date and time of the outreach call, and the date and time of the appointment offered. **Appointment Scheduling Process-** When an appointment is offered, the initial appointment date and time provided by the office is evaluated for compliance. If the initial appointment did not meet access standards, the field agent followed up by asking whether an earlier appointment was available. The final appointment date and time provided after this follow up inquiry was recorded and used as the basis for the compliance determination. If a specific appointment date and time could not be obtained because the provider was fully booked, the provider was marked as non-compliant for appointment availability. **Unable to Schedule Appointment Scenarios-** BCBS reviewed IPRO's recommendation to include survey calls in which no appointment was made in the denominator of non-compliant	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		providers. BCBS instead categorizes these calls into a distinct outcome classification labeled "unable to schedule appointment." Calls categorized as "unable to schedule appointment" include, but are not limited to, the following scenarios: ▪ The provider required a member ID to schedule an appointment. ▪ The patient was required to complete health forms prior to scheduling. ▪ The provider required additional information that the caller could not provide. ▪ The provider required prior medical records before an appointment could be set. ▪ The provider operated on a walk-in only basis. **Measurement Limitations and Rationale** Appointment availability cannot be reliably measured in scenarios where the caller is unable to provide a member ID to facilitate insurance and benefit verification. Many provider offices require health insurance verification before scheduling appointments, and the absence of this information prevents an accurate assessment of appointment availability. For instances where the inability to schedule is due to the provider not being available at the site, BCBS initiates follow up through the Provider Servicing team. This outreach is conducted to determine whether demographic or practice updates are required to ensure the accuracy of provider directory information. In response to the secret shopper trending access results, BCBS reviews audit findings to identify those providers that are non-compliant, unable to reach or there was an identified provider directory issue. The findings are broken out by provider and assigned to provider servicing staff to first validate the findings. Upon validation the provider servicing staff outreach to the provider notifying them of the issue and providing education on the contractual requirements for the provider to submit	

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		and maintain correct provider directory and contact information, as well as review the appointment, access, and availability standards with the provider. The provider servicing team also provides additional education which includes checking the updates in the PRM, telemedicine/telehealth expansion opportunities, the process for adding that designation to their profile (as appropriate for the providers specialty), extension of hours of operations, after-hours answering services, etc. If the provider is identified as unable to reach after contact attempts the provider servicing staff will complete an in-person ad-hoc provider visit to conduct education. If the provider is nonresponsive and we are unable to validate the information BCBS will suppress the provider from the directory until confirmation of information can occur.	
Quality-of-Care Survey	As member experience can impact health outcomes and patient satisfaction and trust, BCBS should maintain an aggressive approach to addressing barriers perceived by its members.	The New Mexico Member and Provider Experience Workgroup: This workgroup met five times in 2024. This workgroup identifies and executes initiatives aimed at improving the overall member and provider experience with BCBS. One initiative that was executed was a member communication campaign where multiple communications channels, e-mail, text, and social media were utilized to communicate to members about their benefits and how to navigate BCBS with intentions to improve and ease the overall member experience. Communications were sent out between October and February ahead of the CAHPS survey. Additionally, BCBS leveraged Decision Point: Access to Care -BCBS deployed a new analytics predictive model in collaboration with our partner, Decision Point, which analyzes claims, authorizations, appeals, grievances, and other clinical indicators to provide predictions into opportunities to improve member satisfaction and experience. Through the model, members are assigned risk scores for CAHPS survey questions like "Getting Care Quickly" and "Getting Needed Care." The predictive model also assigns members a risk score for their likelihood to have an admission, readmission, or emergency room visit. BCBS leverages this data to identify provider groups who have a high percentage of their attributed members at risk for negative ratings, or	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	BCBS's Response to the 2023 Recommendation	IPRO's Assessment of BCBS's Response
		geographies where we see members at risk for negative ratings related to access to care. BCBS provider network consultants can then conduct targeted outreach to ensure providers are fully aware of appointment availability and wait time requirements and how to determine network status with our Provider Finder directory to ensure provider staff share accurate information about insurance acceptance. CAHPS Campaigns: BCBS leverages Decision Point data to launch targeted member outreach campaigns to improve member experience. For example, in the first quarter of 2026, BCBS used the analytics model to identify members who are predicted to be at high-risk for responding negatively to the CAHPS survey. BCBS deployed outreach to select cohorts of members based on specific areas of concern. text and email content was tailored to member needs (e.g., recently enrolled members received information and education on plan benefits, while members with clinical needs received information on resources related to care management and accessing care). Members who were predicted to be aggrieved or opted out of the digital communication campaign received telephonic outreach from BCBS Customer Service Advocates, with the goal of having an open ended conversation to understand and address the member's needs. Additionally, members who were predicted to respond favorably to the CAHPS survey were sent digital communications encouraging them to respond to the CAHPS survey, if they are surveyed.	

Table 81: PHP's Response to the 2023 External Quality Review Recommendations

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
Performance Improvement Projects	As the performance improvement projects evaluated in this report are scheduled to conclude in June 2024, it is recommended that PHP continue working on the areas of care where these projects did not result in sustained improvement.	Targets continue to be established by the Health Care Authority's Turquoise Care contract and therefore targets cannot be customized to PHP alone. Therefore, PHP cannot implement IPRO's 2023 recommendation, "PHP should reassess its target-setting process to ensure improvement goals are appropriately challenging and aligned with performance expectations." ***PIP 2: Decreasing Pregnancy Risks for Native American Women in New Mexico.*** *Addressing Indicators 1, 3, and 4* PHP continues to implement the initiatives below and track their success via monitoring and outcome measures that are custom to the initiatives. **Member-focused initiatives** • PHP continues to offer the Pregnancy Passport program which rewards members for completing their first trimester visit and offers wrap around services for pregnant members. • PHP offers monthly Virtual Resource meetings to prenatal/postpartum members which support benefit and programmatic awareness and offers direct referral into programs. • PHP has implemented telehealth services to supplement member's local OB care via a vendor. • PHP has stood up a designated mom & child line which supports members through their prenatal and postpartum journey including regular mental health and symptom screening with tiering for higher and lower risk symptoms. • Continue care coordination offering to members • PHP's Nurse Advice Line has an established queue for maternal care calls which connects via warm transfer bi-directionally to PHP's mom & child line.	Remains an opportunity for improvement.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		• PHP facilitates Community Baby Expos across the State of New Mexico in partnership with community-based organizations and PHS Community Health team. • PHP has a population health education platform that includes custom education. • PHP has launched marketing campaigns that inform and educate members. • Food is Medicine program implementation for members who are pregnant with a diagnosis of diabetes. • Targeted next day outreach to members who have an Emergency Department of Urgent Care visit and are pregnant. **Provider-focused initiatives**: • PPC1/PPC2 opt in measures within Patient Centered Medical Home (PCMH) and Provider Quality Improvement Program (PQIP) Value Based Programs with providers. Measures are double weighted. • HEDIS Toolkit sent to providers to support education and training on technical specifications. • Provide portal accessible data for provider attributed gap in care measures for member/patients. **Data-focused initiatives**: • Efforts to identify prenatal members early and offer member-focused initiatives offered above via increasing contact early in a member's pregnancy. • Continue to leverage health equity dashboard, Turquoise Care population health gating dashboard, and quality dashboard to understand trends in the population and areas of opportunity. ***PIP 4: Diabetes and Prevention Management*** *Addressing Indicators 1 and 2*	

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		PHP continues to implement the initiatives below and track their success via monitoring and outcome measures that are custom to the initiatives. **<u>Member-focused initiatives</u>**: • Combined turquoise care and PHP rewards for members completing A1c screening. • Multimodal communication and reminders to members about getting their A1c screening and why it is important via letters, emails, SMS, and calls. • Direct to member kits to complete A1c measurement and follow-up based on reading. • Pilot direct outreach to Native American membership with form to bring to provider appointments to guide conversation and data sharing between member and provider around diabetes diagnosis and treatment. • Care coordination and transition of care coordination offerings to members ongoing. • Mobile clinic A1c offering at PHP and other community events. **<u>Provider-focused initiatives</u>**: • Diabetes A1c screening measures within Patient Centered Medical Home (PCMH) and Provider Quality Improvement Program (PQIP) Value Based Programs with providers. Measure is double weighted. • HEDIS Toolkit sent to providers to support education and training on technical specifications. • Provide portal accessible data for provider attributed gap in care measures for member/patients with an A1c gap. • Individual consultation to providers to ensure understanding of the lists and how to appropriately close gaps in care. • Offering provider referral into PHS Community Health and PHP Clinical Programs to address diabetes control. **<u>Data-focused initiatives</u>**:	

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		• Continue to leverage health equity dashboard, Turquoise Care population health gating dashboard, and quality dashboard to understand trends in the population and areas of opportunity. • New data sources onboarded with providers via clinical integration feeds to get more current data. • Tracking and trending out of control readings for members and exploring cross walk with medication management. ***PIP 5: Diagnosing Depression for Improved Behavioral and Physical Health Outcomes*.** *Addressing Indicator 3* PHP continues to implement the initiatives below and track their success via monitoring and outcome measures that are custom to the initiatives. **Member-focused initiatives**: • Multimodal communication (letter, email) to members informing them of benefits and ongoing support for well child visit and management of behavioral health needs. • Marketing campaign focusing on the importance of 18–21-year-olds to come in for well child visits that include behavioral health screening. **Provider-focused initiatives**: • Targeted Value Based Programs for outpatient and inpatient behavioral health services. **Data-focused initiatives**: • Continue to leverage health equity dashboard, Turquoise Care population health gating dashboard, and quality dashboard to understand trends in the population and areas of opportunity.	
Performance Measures	PHP should continue to use the Human Services Performance Measure Program	**PM 3: Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC):** The percentage of deliveries of live births that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the managed care organization. Targets continue to be established by the Health Care Authority Turquoise Care	Remains an opportunity for improvement.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
	results in developing its annual quality assurance and performance improvement program. PHP should evaluate and address the decline timely prenatal care, initiation of treatment for substance abuse, and timely follow-up for an emergency department event related to mental health.	contract and therefore targets cannot be customized to PHP alone. Therefore, PHP cannot implement IPRO's 2023 recommendation: "PHP should reassess its target-setting process to ensure improvement goals are appropriately challenging and aligned with performance expectations." PHP continues to implement the initiatives below and track their success via monitoring and outcome measures that are custom to the initiatives. **Member-focused initiatives**: • PHP continues to offer the Pregnancy Passport program which rewards members for completing their first trimester visit and offers wraparound services for pregnant members. • PHP offers monthly Virtual Resource meetings to prenatal/postpartum members which support benefit and programmatic awareness and offers direct referral into programs. • PHP has implemented telehealth services to supplement member's local OB care via a vendor. • PHP has stood up a designated mom & child line which supports members through their prenatal and postpartum journey including regular mental health and symptom screening with tiering for higher and lower risk symptoms. • Continue care coordination offering to members • PHP's Nurse Advice Line has an established queue for maternal care calls which connects via warm transfer bi-directionally to PHP's mom & child line. • PHP facilitates Community Baby Expos across the State of New Mexico in partnership with community-based organizations and PHS Community Health team. • PHP has a population health education platform that includes custom education. • PHP has launched marketing campaigns that inform and educate members.	

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		• Food is Medicine program implementation for members who are pregnant with a diagnosis of diabetes. • Targeted next day outreach to members who have an Emergency Department of Urgent Care visit and are pregnant. **Provider-focused initiatives**: • Prenatal and Postpartum Care – Timeliness of Prenatal Care/Postpartum Care opt in measures within Patient Centered Medical Home (PCMH) and Provider Quality Improvement Program (PQIP) Value Based Programs with providers. Measures are double weighted. • HEDIS Toolkit sent to providers to support education and training on technical specifications. • Provide portal accessible data for provider attributed gap in care measures for member/patients. **Data-focused initiatives**: • Efforts to identify prenatal members early and offer member-focused initiatives offered above via increasing contact early in a member's pregnancy.	
Compliance with Medicaid Standards	*438.206 Availability of Services* – PHP should continue its work to improve adherence to the credentialing requirements outlined in the Centennial Care 2.0 Contract and New Mexico Administrative Code. Specifically, PHP should ensure	***438.206 Availability of Services*** The PHP Credentialing team amended its credentialing and recredentialing processes to ensure that Ownership and Control Interest Disclosure forms are collected, reviewed for accuracy, and dated within the required three-year timeframe at both initial credentialing and recredentialing. These requirements were incorporated into credentialing workflow checklists to support consistent application. In addition, the department conducts peer audits to validate that Ownership and Control Interest Disclosure forms were collected appropriately and met validity and timeliness standards. To formalize these enhancements, the organization strengthened its credentialing and recredentialing processes through updates to the Credentialing Process for Practitioners and Provider Policy, which became effective in late 2023.	Addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
	required disclosures are obtained in a timely manner.	To validate adherence to regulatory requirements under 42 CFR §438.206 and confirm sustained compliance with the updated processes, Compliance conducted an internal credentialing audit in 2025. The audit confirmed that the Credentialing department was fully compliant with the timely collection and review of all required disclosures, including Ownership and Control Interest Disclosure forms. No deficiencies were identified.	
Compliance with Medicaid Standards	*438.207 Assurances of Adequate Capacity and Services* – PHP should consider new and innovative approaches to addressing the gaps in the breadth and size of its provider network.	***438.207 Assurance of Adequate Capacity*** PHP acknowledges the external quality review organization's recommendation that the health plan continues to explore new and innovative approaches to addressing gaps in the breadth and size of its provider network. In response, PHP has implemented a more data-driven, standardized, and coordinated strategy to identify, monitor, and remediate network gaps across the state. As part of this strategy, PHP's Provider Network Operations Department has fully integrated Quest Analytics into its provider contracting and network management activities. Quest Analytics is a comprehensive provider network management platform that supports health plans in maintaining a compliant, high-quality provider network. The platform enhances PHP's ability to translate analytic insights into targeted, actionable contracting and recruitment strategies. Quest Analytics' capabilities are leveraged to: • Identify and monitor network gaps and network adequacy in real time • Evaluate geographic and specialty-specific access challenges, allowing the plan to prioritize high-need areas • Identify potential providers not currently in the network who meet access, quality, and credentialing requirements • Support targeted recruitment strategies by highlighting providers who would most effectively remediate identified gaps	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		• Apply exclusion and refinement criteria to ensure recruitment efforts focus on providers most likely to improve access and network capacity. Network gap and adequacy data are reviewed and downloaded monthly and are used by the Provider Network Operations Department and contracting staff to guide provider recruitment efforts throughout the State of New Mexico. This real-time analytic approach allows PHP to proactively assess emerging risks, evaluate changes in provider participation, and adjust recruitment priorities accordingly. In parallel with the implementation of Quest Analytics, PHP has established a newly standardized provider recruitment process designed to create a more unified and cohesive approach across departments. This updated process aligns network management, contracting, and quality teams around a shared framework for outreach, evaluation, contracting, and onboarding. By standardizing recruitment workflows and decision-making criteria, PHP ensures consistency, transparency, and accountability throughout the entire provider recruitment lifecycle. Quest Analytics plays a central role in this enhanced recruitment process by enabling PHP to track recruitment activities from initial gap identification through provider outreach, contracting, and network activation. This end-to-end visibility supports more effective monitoring of recruitment outcomes and helps ensure that remediation efforts directly address identified access gaps. The combined use of Quest Analytics and the standardized provider recruitment process demonstrate PHP's continued commitment to innovation and to strengthening network adequacy oversight. Together, these tools support more systematic identification of access gaps, informed and targeted provider recruitment and contracting decisions, and improved tracking of remediation efforts to expand network capacity and enhance member access to care.	

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		PHP recognizes this integrated approach as a meaningful and innovative advancement in network adequacy management and will continue leveraging these tools to evaluate network performance, assess recruitment effectiveness, and monitor progress in resolving identified network gaps.	
Compliance with Medicaid Standards	*4.6 Self Directed Community Benefit* – PHP should ensure that future agreements with the fiscal management agency include required language. PHP should ensure that evidence is submitted as requested by the external quality review organization.	***4.6 Self Directed Community Benefit*** In response to IPRO's recommendation, PHP requested a contract amendment to the Conduent (Fiscal Management Agency for New Mexico) contract in late 2023. Effective at the start of Turquoise Care Contract, July 1, 2024, contract amendment #4 was issued with the following language, "Conduent shall resolve issues with Self-Directed Community Benefit provider payments within ten (10) business days. Complaints and grievances received from the managed care organization will be sent to the Participant Liaison and processed within 10 calendar days".	Addressed.
Network Adequacy	PHP should address the areas of noncompliance identified during the 2023 Compliance Review. Specifically, PHP should increase the size of its Medicaid provider network to ensure members can access care that is	PHP acknowledges the external quality review organization's recommendation that PHP address the areas of noncompliance identified during the 2023 Compliance Review; particularly those related to the size and adequacy of its Medicaid provider network. The department concurs that strengthening the provider network is critical to ensuring members can access medically appropriate and timely care. PHP has initiated several actions intended to remediate identified network gaps, including the implementation of enhanced network gap monitoring processes, the integration of Quest Analytics into provider contracting efforts, and the use of Network Gap job aid to support consistent identification and prioritization of recruitment needs. These efforts are intended to support a more systematic, data-driven approach	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
	appropriate and timely.	to assessing network adequacy and targeting provider recruitment in high-need geographic and specialty areas. The department recognizes that expanding the breadth and size of the Medicaid provider network is essential to addressing the access-related noncompliance identified during the 2023 review. PHP is expected to continue leveraging analytic tools, standardized workflows, and targeted contracting strategies to increase network capacity and improve appointment availability and timeliness for members.	
	As member utilization of telemedicine continues to decline, PHP should enhance its promotion of available telemedicine options to members and providers.	PHP acknowledges the external quality review organization's observation regarding declining member utilization of telemedicine services and concurs that enhanced promotion of available telehealth options to both members and providers is warranted. Telehealth continues to be an important mechanism for improving access to care, supporting appointment timeliness, and offering flexible care delivery options for members who may face barriers to in-person services. PHP has expanded its telehealth offerings across multiple service areas and clinical needs. These expanded options include perinatal care through Ouma; virtual primary care services offered through Fabric and Presbyterian Medical Group; virtual dermatology care through Presbyterian Medical Group; virtual urgent care services through Fabric and Presbyterian Medical Group; and virtual substance use and alcohol treatment programs provided by Bicycle Health and Ria Health. Collectively, these services broaden the range of care accessible to members through telemedicine and support timely access to appropriate clinical services. PHP recognizes that, to maximize the impact of these expanded telehealth options, PHP should strengthen its promotion and education efforts. This includes clear communication with members regarding available services and how to access them, as well as provider engagement to support referrals and appropriate integration of telehealth into care delivery workflows. PHP expects to monitor	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		utilization trends and member feedback to assess awareness, uptake, and effectiveness of telehealth services across populations. PHP will continue to monitor its telehealth utilization, outreach efforts, and overall access to care performance through established oversight and quality monitoring processes. The outcomes of PHP's telehealth promotion and utilization strategies will be considered as part of ongoing evaluations of compliance with access, timeliness, and quality of care requirements.	
	PHP should continue to identify opportunities to increase member access to provider types for which minimum distance standards were not met.	PHP acknowledges the external quality review organization's recommendation that PHP continue to identify opportunities to increase member access to provider types for which minimum distance standards were not met. PHP concurs that addressing geographic and specialty-specific access gaps remains a priority to ensure members can obtain timely and appropriate care. PHP has undertaken multiple initiatives intended to expand access and mitigate network deficiencies in areas where minimum distance standards have not been consistently achieved. These efforts include: • Expansion funding for a residential treatment facility for youth through Roya Health, which is expected to increase access to behavioral health residential services. • PHP has also partnered with the Presbyterian Delivery System to add substance use treatment services in Espanola and Socorro, expanding access in underserved communities. • In addition, PHP has invested in three mobile health units offering pop-up clinics throughout the state to improve access in rural and high-need areas. • PHP has also implemented value-based payment arrangements for primary care providers that incent increased access and aim to reduce avoidable emergency department utilization.	Remains an opportunity for improvement.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		• To address access needs for high-needs populations, PHP has negotiated single-case agreements with providers to facilitate access to personal care services and treatment foster care when contracted options are unavailable. • PHP further recognizes its targeted network expansion efforts, including outreach and recruitment of non-contracted providers utilizing Quest Analytics to identify high-priority gaps. • PHP also contracts with border providers to expand access for members residing near state boundaries. These strategies support a more flexible and responsive approach to addressing distance and access challenges for affected provider types. PHP expects to continue implementing and monitoring these strategies, evaluating their effectiveness in improving geographic access, compliance with minimum distance standards. Adjustments will be made as needed.	
	PHP should utilize the results from IPRO's secret shopper surveys to design policies and processes to improve the accuracy and timeliness of information available to members in the provider directory look-up system.	PHP has implemented a comprehensive set of initiatives to improve the accuracy and timeliness of provider directory information, informed by internal audit activities, third-party data validation, and external quality review insights. Internal Audit Enhancements: PHP expanded its Internal Provider Directory Accuracy Audit to include both Physical Health and Behavioral Health providers, increasing audit scope and coverage. In addition, PHP implemented a dedicated Presbyterian Medical Group Directory Audit, which evaluates all Presbyterian Medical Group locations to identify and remediate directory inaccuracies. Third-Party Data Validation and Automation: PHP engaged a third-party vendor to perform ongoing data cleansing and validation of provider directory data. As part of this effort, PHP has implemented automated processes to act on specific status codes, including automated suppression of provider records or locations when data elements are	Partially addressed.

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		identified as invalid, unverified, or potentially misleading. These automated controls help ensure that inaccurate information is not displayed to members while remediation is in progress. Provider Outreach and Data Updates: PHP launched targeted provider outreach efforts, including surveys and direct communications, to request updated demographic information. Providers are regularly reminded through e-blasts, letters, newsletters, and the provider portal to review, update, and attest to the accuracy of their information in alignment with regulatory requirements. Enhanced Reporting and Monitoring: PHP developed and implemented enhanced reporting capabilities to identify providers who may present a higher risk of directory inaccuracy, including those with no claims activity in the prior 12 months. These efforts have resulted in the removal of over 2,200 inactive providers from the directory to date. Directory monitoring activities are conducted on a monthly basis to ensure ongoing data integrity. Performance Outcomes: As a result of these initiatives, PHP has significantly increased directory validation and correction activities. In calendar year 2025, PHP completed over 10,600 directory audit calls, resulting in approximately 8,200 validated provider records and the identification and correction of more than 4,300 directory errors. These efforts have improved overall directory accuracy and reduced the likelihood of member disruption due to inaccurate information. Governance and Compliance Alignment: PHP has established formal policies and procedures governing provider directory data accuracy, validation, and remediation. These processes align with applicable requirements from CMS, New Mexico Health Care Authority, OSI, and NCQA, and are supported by cross-functional collaboration between Provider Network Operations, Provider IT, and Compliance. Directory	

External Quality Review Activity	IPRO's 2023 Recommendation	PHP's Response to the 2023 Recommendation	IPRO's Assessment of PHP's Response
		data is managed within a centralized system of record, enabling consistent application of data quality controls and audit processes. Continuous Improvement and Sustainability: PHP maintains an ongoing feedback loop that incorporates findings from internal audits, third-party data validation, and provider engagement activities to continuously refine processes and improve data quality. These efforts ensure that directory accuracy improvements are sustained over time and that PHP remains responsive to evolving regulatory expectations. Summary: Through the expansion of audit activities, implementation of third-party data validation, automation of data quality controls, and strengthened provider engagement, PHP has operationalized the use of external quality review insights to improve both the accuracy and timeliness of provider directory information available to members.	
Quality-of-Care Survey	As member experience can impact health outcomes and patient satisfaction and trust, PHP should maintain an aggressive approach to addressing barriers perceived by its members.	PHP continues to support member-engagement via pursuing qualitative and quantitative ways to understand barriers and continue to address them proactively. PHP has a Voices For Equity (VFE) program which supports and trains community-based organizations to facilitate focus groups that target the needs of members that have gaps in care in the prenatal/postpartum, transitioning to adult hood, accessing primary care and telehealth, and anticipated focus on chronic condition control and other areas of focus. In addition to this, PHP has increased its qualitative acumen, supporting qualitative interviews of members in high-risk categories to understand barriers to accessing prenatal care timely and understanding appropriate communication and promotion channels for members. Qualitatively PHP continues to leverage survey results from PHS delivery system partners post visit surveys to address issues.	Partially addressed.

Strengths, Opportunities, and 2024 Recommendations Related to Quality, Timeliness, and Access

The MCOs' strengths and opportunities for improvement identified during IPRO's external quality review of the activities described are enumerated in this section. For areas needing improvement, recommendations to improve the **quality** of, **timeliness** of, and **access** to care are presented. These three elements are defined as:

- **Quality** is the degree to which an MCO increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement. (*Title 42 Code of Federal Regulations 438.320 Definitions*.)
- **Timeliness** is the MCO's capacity to provide care quickly after a need is recognized. (Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services)
- **Access** is the timely use of services to achieve optimal outcomes, as evidenced by MCOs successfully demonstrating and reporting on outcome information for the availability and timeliness elements. (*Title 42 Code of Federal Regulations 438.320 Definitions*.)

The strengths and opportunities for improvement based on the MCOs' 2024 performance, as well recommendations for improving **quality**, **timeliness,** and **access** to care are presented in **Table 82**, **Table 83**, **Table 84**, and **Table 85**. In these tables, links between strengths, opportunities, and recommendations to **quality**, **timeliness** and **access** are made by IPRO (indicated by 'X')**.** In some cases, IPRO determined that there were no links between these elements (indicated by gray shading).

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Table 82: BCBS's Strengths, Opportunities, and Recommendations, 2024

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to BCBS	Quality	Timeliness	Access
NCQA Accreditation				
Strengths	BCBS achieved NCQA Accreditation.	✓	✓	✓
	BCBS achieved Health Outcomes Accreditation.	✓	✓	✓
	BCBS achieved Long Term Services and Supports Distinction status.	✓	✓	✓
Opportunities	BCBS's overall star rating was 3 out of 5. Subcategory scores ranged between 1 star and 3.5 stars. Lower performance was observed in Patient Experience and Treatment categories, including satisfaction with plan physicians, diabetes, and heart disease measures.	✓	✓	✓
Recommendation	BCBS should prioritize improvement efforts in patient experience and chronic condition management. Targeted strategies to improve member satisfaction with plan physicians and access to care may support stronger performance in Patient Experience measures. In addition, focused quality improvement initiatives addressing diabetes and heart disease care processes may help improve Treatment category outcomes. Continued monitoring of preventive service delivery, particularly cancer screening and reproductive health, may further strengthen overall performance while maintaining compliance with NCQA accreditation standards.	✓	✓	✓
Information Systems Capabilities Assessment				
Strengths	The MCO met or exceeded the standards reviewed by IPRO during the 2024-2025 assessment. No issues were noted.			
Opportunities	None.			
Recommendation	None.			
Performance Improvement Projects				
Strengths	**Centennial Care 2.0** – All five of the performance improvement projects implemented under the program passed validation.			
	Turquoise Care – All five of the performance improvement projects implemented under the program passed validation.			
	Centennial Care 2.0 – Long-Term Services and Supports topic – one (1) of two (2) indicators demonstrated performance improvement.	✓		
	Centennial Care 2.0 – Prenatal and Postpartum Care topic – one (1) of three (3) indicators demonstrated performance improvement.	✓	✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to BCBS	Quality	Timeliness	Access
	Centennial Care 2.0 – Adult Obesity topic – one (1) of five (5) indicators demonstrated performance improvement and the target was exceeded.	✓	✓	✓
Opportunities	**Centennial Care 2.0** – Due to the mid-year end of the program, year to year evaluation of performance was not possible for all or some indicators across all performance improvement projects.	✓	✓	✓
	Centennial Care 2.0 – Prenatal and Postpartum Care topic – one (1) of three (3) indicators demonstrated improvement but did not meet the target.	✓	✓	✓
	Centennial Care 2.0 – Adult Obesity Topic – of the five (5) indicators of performance, one (1) indicator demonstrated performance decline and did not meet the target, and one (1) indicator demonstrated improvement but did not meet the target.	✓	✓	✓
	Turquoise Care – Due to the mid-year start of the program, a full year of data was not always available, limiting the MCO's ability to establish baseline and targets for improvement.	✓	✓	✓
Recommendation	It is recommended that BCBS continue to monitor performance indicators for Turquoise Care performance improvement projects as more data becomes available.	✓	✓	✓
Performance Measures				
Strengths	BCBS passed HEDIS validation and successfully reported performance measure rates to NCQA and the Health Care Authority.			
	Centennial Care 2. 0 – BCBS reported a rate for four (4) performance measures that was better than the Centennial Care 2.0 aggregated rate.	✓	✓	✓
	Turquoise Care – BCBS reported a rate for eight (8) performance measures that was better than the Turquoise Care aggregated rate.	✓	✓	✓
Opportunities	**Centennial Care 2. 0** – BCBS reported a rate for six (6) performance measures that was lower than the Centennial Care 2.0 aggregated rate.	✓	✓	✓
	Turquoise Care – BCBS reported a rate for nine (9) performance measures that was lower than the Turquoise Care aggregated rate.	✓	✓	✓
Recommendation	It is recommended that BCBS focus on areas of care in which its rates were lower than the Turquoise Care aggregated rate, as low performance measure rates generally indicate that members received lower quality	✓	✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to BCBS	Quality	Timeliness	Access
	care, faced inadequate access to care, and/or experienced unfavorable health outcomes.			
Network Adequacy				
Strengths	**Centennial Care 2.0** – The network adequacy data collected and reported by the MCO under the program passed validation.	✓	✓	✓
	Turquoise Care – The network adequacy data collected and reported by the MCO under the program passed validation.	✓	✓	✓
	BCBS met primary care provider to member ratios under both Centennial Care 2.0 and Turquoise Care.	✓	✓	✓
	Turquoise Care – BCBS met the 7% telemedicine utilization rate under the program.	✓	✓	✓
Opportunities	**Centennial Care 2.0** – Appointment availability rates among surveyed primary care providers and obstetricians/gynecologists was low.	✓	✓	✓
	Turquoise Care – Appointment availability rates among surveyed primary care providers and obstetricians/gynecologists was low.	✓	✓	✓
Recommendation	It is recommended that BCBS work to increase appointment availability for PCPs and OB/GYN providers.	✓	✓	✓
Review of Compliance with Medicaid and Children's Health Insurance Program Standards				
Strengths	BCBS achieved "full" compliance during the 2024-2025 review.	✓	✓	✓
Opportunities	BCBS demonstrates opportunities for improvement related to 38.207 Assurances of Adequate Capacity and Services.	✓	✓	✓
Recommendation	BCBS should consider the recommendations made by the external quality review organization in *2024-2025 Turquoise Care Compliance Review Report*.	✓	✓	✓
Validation of Quality of Care Survey				
Strengths	None.			
Opportunities	**Turquoise Care** – All four (4) of the publicly reported scores on the CAHPS Adult Medicaid survey were lower than the national Medicaid average.	✓	✓	✓
	Turquoise Care – Five (5) of six (6) of the publicly reported score on the CAHPS Child survey were lower than the national Medicaid average.	✓	✓	✓
Recommendation	BCBS should work with its CAHPS vendor implement strategies to increase the overall survey response rate and achieve the minimum denominator of 100 to publicly report all key scores.			

Table 83: MHC's Strengths, Opportunities, and Recommendations, 2024

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to MHC	Quality	Timeliness	Access
NCQA Accreditation				
Strengths	MHC achieved NCQA Accreditation.	✓	✓	✓
	MHC achieved Health Outcomes Accreditation.	✓	✓	✓
	MHC achieved Long Term Services and Supports Distinction status.	✓	✓	✓
	MHC achieved five (5) stars on the Description of Membership measure.	✓		✓
Opportunities	MHC's overall health plan star rating remains pending due to insufficient performance measure data. Limited reportable results were available across Patient Experience, Prevention, and Treatment categories.	✓	✓	✓
Recommendation	As additional data become available, MHC may benefit from prioritizing improvement initiatives in behavioral health–care coordination and satisfaction with plan and plan services, where preliminary results indicate opportunities for enhancement.	✓	✓	✓
Information Systems Capabilities Assessment				
Strengths	The MCO met or exceeded the standards reviewed by IPRO during the 2024-2025 assessment. No issues were noted.			
Opportunities	None.			
Recommendation	None.			
Performance Improvement Projects				
Strengths	**Turquoise Care** – All five of the performance improvement projects implemented under the program passed validation.			
Opportunities	**Turquoise Care** – Due to the mid-year start of the program, a full year of data was not always available, limiting the MCO's ability to establish baseline and targets for improvement.			
Recommendation	It is recommended that MHC continue to monitor performance indicators for Turquoise Care performance improvement projects as more data becomes available.	✓	✓	✓
Performance Measures				
Strengths	MHC passed HEDIS validation and successfully reported performance measure rates to NCQA and the Health Care Authority.			
	Turquoise Care – MHC reported a rate for one (1) of four (4) reportable performance measures that was higher than the Turquoise Care aggregated rate.	✓	✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to MHC	Quality	Timeliness	Access
Opportunities	**Turquoise Care** – MHC reported a rate for three (3) of four (4) reportable performance measures that was lower than the Turquoise Care aggregated rate.	✓	✓	✓
Recommendation	It is recommended that MHC focus on areas of care in which its rates were lower than the Turquoise Care aggregated rate, as low performance measure rates generally indicate that members received lower quality care, faced inadequate access to care, and/or experienced unfavorable health outcomes.	✓	✓	✓
Network Adequacy				
Strengths	**Turquoise Care** – The network adequacy data collected and reported by the MCO under the program passed validation.	✓	✓	✓
	Turquoise Care – MHC met primary care provider to member ratios.	✓	✓	✓
Opportunities	**Turquoise Care** – Appointment availability rates among surveyed primary care providers and obstetricians/gynecologists was low.	✓	✓	✓
	Turquoise Care – MHC did not meet the 7% telemedicine utilization rate.		✓	✓
Recommendation	It Is recommended that MHC work to increase the number of unique members with a telemedicine visit and appointment availability among PCPs and OB/GYN providers.		✓	✓
Review of Compliance with Medicaid and Children's Health Insurance Program Standards				
Strengths	MHC achieved "full" compliance during the 2024-2025 review.	✓	✓	✓
Opportunities	MHC demonstrates opportunities for improvement related to 38.207 Assurances of Adequate Capacity and Services.			
Recommendation	MHC should consider the recommendations made by the external quality review organization in *2024-2025 Turquoise Care Compliance Review Report*.	✓	✓	✓
Validation of Quality of Care Survey				
Strengths	None.			
Opportunities	**Turquoise Care** – Only one (1) of the composite measures was publicly reported, which had a score on the CAHPS Adult Medicaid survey that was lower than the national Medicaid average.	✓	✓	✓
	Turquoise Care – Only one (1) of the composite measures on the CAHPS Child survey was publicly reported, which had a score that was lower than the national Medicaid average.	✓	✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to MHC	Quality	Timeliness	Access
Recommendation	MHC should work with its CAHPS vendor implement strategies to increase the overall survey response rate and achieve the minimum denominator of 100 to publicly report all key scores.			

Table 84: PHP's Strengths, Opportunities, and Recommendations, 2024

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to PHP	Quality	Timeliness	Access
NCQA Accreditation				
Strengths	PHP achieved NCQA Accreditation.	✓	✓	✓
	PHP achieved Health Outcomes Accreditation.	✓	✓	✓
	PHP achieved Long Term Services and Supports Distinction status.	✓	✓	✓
	PHP achieved four (4) of five (5) stars on adult immunization measures.	✓	✓	✓
Opportunities	PHP's overall star rating was 3 out of 5. Subcategory scores ranged between 1.5 stars and 4 stars. Opportunities for improvement were noted in Patient Experience, cancer screening, and chronic condition management, including diabetes and heart disease measures.	✓	✓	✓
Recommendation	PHP should continue efforts to improve patient experience, particularly in access to care and satisfaction with MCO services. Focused interventions to increase cancer screening rates and improve outcomes for members with diabetes and heart disease may support higher performance in Prevention and Treatment categories. PHP may also benefit from sustaining strong performance in adult immunization measures and risk-adjusted utilization while addressing identified gaps in lower-rated clinical areas	✓	✓	✓
Information Systems Capabilities Assessment				
Strengths	The MCO met or exceeded the standards reviewed by IPRO during the 2024-2025 assessment. No issues were noted.			
Opportunities	None.			
Recommendation	None.			
Performance Improvement Projects				
Strengths	**Centennial Care 2.0** – All five of the performance improvement projects implemented under the program passed validation.			
	Turquoise Care – All six of the performance improvement projects implemented under the program passed validation.			
	Centennial Care 2.0 – Clinical Depression Screening and Follow-up Topic – two (2) of four (4) indicators demonstrated performance improvement and the target was exceeded.	✓	✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to PHP	Quality	Timeliness	Access
Opportunities	**Centennial Care 2.0** – Due to the mid-year end of the program, year to year evaluation of performance was not possible for all or some indicators across all performance improvement projects.			
	Centennial Care 2.0 – Prenatal and Postpartum Care topic – of the five (5) indicators of performance, one (1) indicator demonstrated performance decline and did not meet the target, and one (1) indicator demonstrated performance decline but the target was met.	✓	✓	✓
	Turquoise Care – Due to the mid-year start of the program, a full year of data was not always available, limiting the MCO's ability to establish baseline and targets for improvement.			
Recommendation	It is recommended that PHP continue to monitor performance indicators for Turquoise Care performance improvement projects as more data becomes available.	✓	✓	✓
Performance Measures				
Strengths	PHP passed HEDIS validation and successfully reported performance measure rates to NCQA and the Health Care Authority.			
	Centennial Care 2. 0 – PHP reported a rate for six (6) performance measures that was better than the Centennial Care 2.0 aggregated rate.	✓	✓	✓
	Turquoise Care – PHP reported a rate for nine (9) performance measures that was better than the Turquoise Care aggregated rate.	✓	✓	✓
Opportunities	**Centennial Care 2. 0** – PHP reported a rate for four(4) performance measures that was lower than the Centennial Care 2.0 aggregated rate.	✓	✓	✓
	Turquoise Care – PHP reported a rate for eight (8) performance measures that was lower than the Turquoise Care aggregated rate.	✓	✓	✓
Recommendation	It is recommended that PHP focus on areas of care in which its rates were lower than the Turquoise Care aggregated rate, as low performance measure rates generally indicate that members received lower quality care, faced inadequate access to care, and/or experienced unfavorable health outcomes.	✓	✓	✓
Network Adequacy				
Strengths	**Centennial Care 2.0** – The network adequacy data collected and reported by the MCO under the program passed validation.	✓	✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to PHP	Quality	Timeliness	Access
	Turquoise Care – The network adequacy data collected and reported by the MCO under the program passed validation.	✓	✓	✓
	PHP met primary care provider to member ratios under both Centennial Care 2.0 and Turquoise Care.	✓	✓	✓
	Turquoise Care – PHP met the 7% telemedicine utilization rate under the program.		✓	✓
Opportunities	**Centennial Care 2.0** – Appointment availability rates among surveyed primary care providers and obstetricians/gynecologists was low.	✓	✓	✓
	Turquoise Care – Appointment availability rates among surveyed primary care providers and obstetricians/gynecologists was low.	✓	✓	✓
Recommendation	It is recommended that PHP work to increase appointment availability among PCPs and OB/GYN providers.		✓	✓
Review of Compliance with Medicaid and Children's Health Insurance Program Standards				
Strengths	PHP achieved "full" compliance during the 2024-2025 review.	✓	✓	✓
Opportunities	PHP demonstrates opportunities for improvement related to 38.207 Assurances of Adequate Capacity and Services.	✓	✓	✓
Recommendation	PHP should consider the recommendations made by the external quality review organization in *2024-2025 Turquoise Care Compliance Review Report*.	✓	✓	✓
Validation of Quality of Care Survey				
Strengths	One (1) of the six (6) of the publicly reported scores on the CAHPS Adult Medicaid survey were higher than the national Medicaid average and one (1) of six (6) scores were comparable to the national Medicaid average.			
Opportunities	**Turquoise Care** – Four (4) out of six (6) of the publicly reported scores on the CAHPS Adult Medicaid survey were lower than the national Medicaid average.	✓	✓	✓
	Turquoise Care – All five (5) of the publicly reported scores on the CAHPS Child survey were lower than the national Medicaid average.	✓	✓	✓
Recommendation	PHP should work with its CAHPS vendor implement strategies to increase the overall survey response rate and achieve the minimum denominator of 100 to publicly report all key scores.			

Table 85: WSCC's Strengths, Opportunities, and Recommendations, 2024

At the time of production of this report, WSCC was no longer participating in the New Mexico Medicaid managed care program; therefore, an assessment of strengths, opportunities, and recommendations are not included.

Table 86: UHC's Strengths, Opportunities, and Recommendations, 2024

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to UHC	Quality	Timeliness	Access
Information Systems Capabilities Assessment				
Strengths	The MCO met or exceeded the standards reviewed by IPRO during the 2024-2025 assessment. No issues were noted.			
Opportunities	None.			
Recommendation	None.			
Performance Improvement Projects				
Strengths	**Turquoise Care** – All five of the performance improvement projects implemented under the program passed validation.			
Opportunities	**Turquoise Care** – Due to the mid-year start of the program, a full year of data was not always available, limiting the MCO's ability to establish baseline and targets for improvement.			
Recommendation	It is recommended that UHC continue to monitor performance indicators for Turquoise Care performance improvement projects as more data becomes available.	✓	✓	✓
Performance Measures				
Strengths	Although there was no requirement for UHC to report HEDIS measurement year 2024 data, the MCO contracted with an NCQA-Certified HEDIS vendor to assess its capabilities for future reporting.			
	Turquoise Care – UHC met quarterly reporting requirement established by the Health Care Authority.	✓	✓	✓
Opportunities	None.			
Recommendation	None.			
Network Adequacy				
Strengths	**Turquoise Care** – The network adequacy data collected and reported by the MCO under the program passed validation.	✓	✓	✓
	Turquoise Care – UHC met primary care provider to member ratios.	✓	✓	✓
Opportunities	**Turquoise Care** – Appointment availability rates among surveyed primary care providers and obstetricians/gynecologists was low.	✓	✓	✓
	Turquoise Care – UHC did not met the 7% telemedicine utilization rate under the program.		✓	✓

External Quality Review Activity	External Quality Review Organization's 2024 Assessment and Recommendations to UHC	Quality	Timeliness	Access
Recommendation	It is recommended that UHC work to increase the number of unique members with a telemedicine visit and appointment availability among PCPs and OB/GYN providers.	✓	✓	✓
Review of Compliance with Medicaid and Children's Health Insurance Program Standards				
Strengths	UHC achieved "full" compliance during the 2024-2025 review.	✓	✓	✓
Opportunities	UHC demonstrates opportunities for improvement related to: ▪ *438.56 Disenrollment Requirements and Limitations,* ▪ *438.207 Assurances of Adequate Capacity and Services,* and ▪ *Self-Directed Community Benefit* (member files).	✓	✓	✓
Recommendation	UHC should consider the recommendations made by the external quality review organization in *2024-2025 Turquoise Care Compliance Review Report*.	✓	✓	✓
Validation of Quality of Care Survey				
Strengths	None.			
Opportunities	**Turquoise Care** – Only one (1) of the composite measures on the CAHPS Adult Medicaid were publicly reported, which had a score that was lower than the national Medicaid average.	✓	✓	✓
	Turquoise Care – None of the composite measures on the CAHPS Child survey were publicly reported.	✓	✓	✓
Recommendation	UHC should work with its CAHPS vendor implement strategies to increase the overall survey response rate and achieve the minimum denominator of 100 to publicly report all key scores.			

Appendix A: Mew Mexico Medicaid Managed Care Tracking Measures Program

New Mexico Medicaid MCOs are required to report on tracking measures that focus on specific target populations to monitor and implement interventions for improvement, if needed. The tracking measures are based on the selected HEDIS, Adult Core Set, or state defined technical specifications. The Health Care Authority analyzes the tracking measures to identify performance trends, best practices, gaps in care and MCOs' interventions. Feedback is shared and discussed with the MCOs during quarterly quality workgroup meetings.

Tracking Measure (TM) Number and Name (Indicator Description)	Measure Steward
TM# 1: Smoking Cessation	**New Mexico**
Indicator 1: Total number of unduplicated members receiving smoking and tobacco cessation products/services (nicotine replacement, counseling services, quit line, and medications)	
Indicator 2: Total number of units for smoking and tobacco cessation products and services	
Indicator 3: Total dollar amount for smoking and tobacco cessation products and services	
Indicator 4: Total of unduplicated members receiving smoking and tobacco cessation products/services, nicotine replacement, counseling services, quit line, and medications who have successfully quit smoking	
TM #2: Childhood Immunization Status (Combination 3)	**NCQA**
Indicator: Percentage of members two years of age who had the following vaccinations: (4) DTaP, (3) IPV, (1) MMR, (3) HiB, (3) HepB, (1) VZV, and (4) PCV by their second birthday	
TM #3: Follow-Up After Emergency Department Visit for Mental Illness, 7 Days	**NCQA**
Indicator: Percentage of emergency department visits for members six years of age and older with a principal diagnosis of mental illness or intentional self-harm who received a follow-up visit for mental illness within seven days of the emergency department visit	
TM #4: Depression Screening and Follow-Up for Adolescents and Adults	**NCQA**
Indicator 1: Percentage of members 12 to 17 years of age who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care	
Indicator 2: Percentage of members 18 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care	
TM #5: Cervical Cancer Screening	**NCQA**
Indicator: Percentage of women 21-64 years of age who were screened for cervical cancer.	
TM #6: Statin Therapy for Patients with Diabetes and Cardiovascular Disease	**NCQA**
Indicator 1: Percentage of members with diabetes who received statin therapy	
Indicator 2: Percentage of members with diabetes who received and adhered to statin therapy, 80% adherence	
Indicator 3: Percentage of members with cardiovascular disease who received statin therapy	
Indicator 4: Percentage of members cardiovascular disease who received and adhered to statin therapy, 80% adherence	
TM #7: Contraceptive Care for Women	**Health and Human Services Office of Population Affairs**
Indicator 1: Percentage of members 15 years of age to 20 years of age provided most effective or moderately effective method of contraception, or a long-acting reversible method of contraception	

Tracking Measure (TM) Number and Name (Indicator Description)	Measure Steward
Indicator 2: Percentage of members 21 years of age to 44 years of age provided most effective or moderately effective method of contraception, or a long-acting reversible method of contraception	
Indicator 3: Percentage of postpartum members 15 years of age to 20 years of age provided most effective or moderately effective method of contraception, or a long-acting reversible method of contraception	
Indicator 4: Percentage of postpartum members 21 years of age to 44 years of age provided most effective or moderately effective method of contraception, or a long-acting reversible method of contraception	
TM #8: Initiation and Engagement of Substance Use Disorder	**NCQA**
Indicator 1: Percentage of new substance use disorder episodes that result in treatment initiation through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days	
Indicator 2: Percentage of new substance use disorder episodes that have evidence of treatment engagement within 34 days of initiation	
TM #9: Prenatal Depression Screening and Follow-Up	**NCQA**
Indicator: Percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care	
TM #10: Postpartum Depression Screening and Follow-up	**NCQA**
Indicator: Percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period	
TM #11: Diabetes Short Term Complications Admission Rate	**Agency for Healthcare Research and Quality**
Indicator: The percentage of discharges with a principal ICD-10 diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) (*Lower rate is better.*)	

Appendix B: Managed Care Organization Performance Improvement Project Indicator Tables

Centennial Care 2.0 Managed Care Organizations

Blue Cross Blue Shield of New Mexico

BCBS's Performance Improvement Project #1 Indicator Summary, Measurement Years 2020 to 2024

BCBS's Performance Improvement Project #1 Indicator Summary – Long-Term Care Services and Supports										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
Indicator #1 – Rate of urinary tract infection events per 1,000 days for the total long-term care resident population[1]	4.78	4.70	2.83	2.58	1.60[2]	2.40[3]	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.
Indicator #2 – Percentage of members 18 years of age and older who response is "9" or "10" for *Rating of All Health Care* on the CAHPS Health Plan Survey for Medicaid Adults	New Indicator Beginning Measurement Year 2021	56.59%[4]	60.63%	46.43%	Available July 2025	61.60%	Not applicable. New indicator beginning measurement year 2021.	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.

[1] Lower rate indicates better performance.
[2] Measurement period is January 1, 2024, through June 30, 2024, and includes BCBS enrollees under Centennial Care 2.0.
[3] The previous target rate was 4.30.
[4] The baseline period for Indicator #2 is measurement year 2021.
MY: measurement year.

BCBS's Centennial Care 2.0 Performance Improvement Project #2 Indicator Summary, Measurement Years 2020 to 2024

BCBS's Performance Improvement Project #2 Indicator Summary – Prenatal and Postpartum Care										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
Indicator #1 – Percentage of deliveries that received a prenatal care visit as a member of the contractor's MCO in the first trimester or within 42 calendar days of enrollment in the MCO[1]	79.32%	82.00%	82.97%	85.16%	81.02%[2]	82.73%	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated but the target was not met.
Indicator #2 – Percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery[1]	67.40%	69.10%	70.80%	72.26%	72.99%[2]	65.95%	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.
Indicator #3 – How satisfied are you with the help you received to coordinate your care in the last 6 months? (Satisfied or Very Satisfied)	73.84%	76.47%	77.55%	72.73%	Available July 2025	73.60%	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.

[1] The rates for measurement years 2020 and 2021 are different than the rates presented in the *2021 Performance Improvement Project Validation Report*. The rates presented above were calculated using the hybrid method (medical record and claims review), while the rates presented in the *2021 Performance Improvement Project Validation Report* were calculated using the administrative method (claims review).
[2] Rate represents Medicaid members enrolled with BCBS under Centennial Care 2.0 or Turquoise Care.
MY: measurement year. MCO: managed care organization.

BCBS's Centennial Care 2.0 Performance Improvement Project #3 Indicator Summary, Measurement Years 2020 to 2024

BCBS's Performance Improvement Project 3 Indicator Summary – Adult Obesity										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
Indicator #1 – Percentage of members ages 18 to 74 years who had at least one claim with an obesity diagnosis during the measurement year[1]	4.79%	3.92%	5.93%	6.11%	12.08%[2]	4.65%[3]	Performance improvement demonstrated and the target was exceeded.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – The number of members ages 18 to 85 years who had a diagnosis of hypertension with blood pressure control (less than 140/90) in the most recent blood pressure reading during the measurement year[4]	51.09%	46.47%	52.80%	54.01%	43.31%[5]	55.09%	Performance decline demonstrated and the target was not met.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met.
Indicator #3 – The number of members ages 18 to 85 years who had a diagnosis of hypertension with blood pressure control (less than 140/90) in the most recent blood pressure reading during the measurement year[6]	7.52%	20.83%	25.87%	41.52%	36.65%[5]	25.00%	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.
Indicator #4 – Percentage of members ages 18 to 75 years with diabetes (type 1 and type 2) who had an HbA1c test	52.31%	51.34%	53.28%	51.09%	47.45%[5]	46.61%	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.

BCBS's Performance Improvement Project 3 Indicator Summary – Adult Obesity										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
during the measurement year that is greater than 9%[1, 4]										
Indicator #5 – Percentage of members 18 years of age and older who received material from the MCO about good health and how to stay healthy	55.84%	52.13%	48.22%	50.57%	Available July 2025	60.80%	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.

[1] Lower rate indicates better performance.
[2] Measurement period is January 1, 2024, through June 30, 2024, and includes BCBS enrollees under Centennial Care 2.0.
[3] Previous target rate was 4.69%.
[4] Rate calculated using the hybrid method (medical record and claims review).
[5] Measurement period is January 1, 2024, through December 31, 2024, and includes BCBS enrollees under Centennial Care 2.0 and Turquoise Care.
[6] Rate calculated using the administrative method (claims review).
MY: measurement year.

BCBS's Centennial Care 2.0 Performance Improvement Project #4 Indicator Summary, Measurement Years 2020 to 2024

BCBS's Performance Improvement Project #4 Indicator Summary – Diabetes Prevention and Management										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
Indicator #1 – Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members, ages 18 to 64 years[1]	24.06	21.68	24.84	23.32	21.62[2]	20.06	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members, ages 65 years and older[1]	22.81	20.82	27.10	36.23	5.87[2]	18.81	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #3 – Percentage of members ages 18 to 75 years with diabetes during the measurement year who complete an HbA1c test	78.83%	80.05%	68.68%	63.89%	49.49%[2]	82.83%	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

BCBS's Performance Improvement Project #4 Indicator Summary – Diabetes Prevention and Management										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
Indicator #4 – Percentage of providers satisfied with the timeliness of discharge information received	35.10%	58.62%	49.21%	43.04%	Available October 2025	39.00%	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
Indicator #5 – Percentage of providers indicating having received adequate information about medication at discharge	43.07%	67.24%	53.85%	49.28%	Available October 2025	47.00%	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.
Indicator #6 – Percentage of members indicating ease of getting necessary care, tests or treatment needed (Always or Usually)	New Indicator Beginning Measurement Year 2021	86.29%	79.07%	81.62%	Available July 2025	85.50%	Not Applicable. New indicator beginning measurement year 2021.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Measurement year 2024 data for this indicator is not yet available.

[1] Lower rate indicates better performance.
[2] Measurement period is January 1, 2024, through June 30, 2024, and includes BCBS enrollees under Centennial Care 2.0.
MY: measurement year.

BCBS's Centennial Care 2.0 Performance Improvement Project #5 Indicator Summary, Measurement Years 2020 to 2024

BCBS's Performance Improvement Project #5 Indicator Summary – Clinical Depression Screening and Follow-Up										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
Indicator #1 – Percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	52.68%	59.41%[1]	59.38%	56.79%	56.20%[2]	≥56.70%	Performance improvement demonstrated but the target was not met. (The 2020-2021 assessment is based on the initial MY 2021 rate of 55.98%.)	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	80.00%	73.97%	73.85%	75.00%	86.67%[2]	≥84.00%	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #3 – Percentage of members ages 18 to 64 years who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant	35.38%	40.63%[1]	40.83%	37.37%	33.06%[2]	≥39.40%	Performance improvement demonstrated but the target was not met. (The 2020-2021 assessment is based on the initial MY 2021 rate of 35.85%.)	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

BCBS's Performance Improvement Project #5 Indicator Summary – Clinical Depression Screening and Follow-Up										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
medication treatment for at least 180 days										
Indicator #4 – Percentage of members ages 65 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days	60.00%	35.85%[1]	50.77%	59.52%	57.78%[2]	≥64.00%	Performance decline demonstrated and the target was not met. (The 2020-2021 assessment is based on the initial MY 2021 rate of 53.42%.)	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #5 – Percentage of patients ages 18 to 64 years screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen	0.55%	1.37%	1.90%	1.75%	1.34%[2]	≥10.60%	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #6 – Percentage of patients ages 65 years and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression	1.39%	1.83%	1.74%	1.91%	1.25%[2]	≥11.40%	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different

BCBS's Performance Improvement Project #5 Indicator Summary – Clinical Depression Screening and Follow-Up										
							Assessment of Improvement			
Performance Indicator Description	**Baseline Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2020 and MY 2021**	**Between MY 2020 and MY 2022**	**Between MY 2020 and MY 2023**	**Between MY 2020 and MY 2024**
screening tool and, if positive, a follow-up plan is documented on the date of the positive screen										measurement parameters.

[1] Measurement year 2021 rates for Indicator #1, Indicator #3, and Indicator #4 are different than the rates presented in the *2021 Performance Improvement Project Validation Report*. Indicator #1, measurement year 2021 was previously reported as 55.98%. Indicator #3, measurement year 2021 was previously reported as 35.85%. Indicator #4, measurement year 2021 was previously reported as 53.42%.

[2] Measurement period is January 1, 2024, through June 30, 2024, and includes BCBS enrollees under Centennial Care 2.0.

MY: measurement year.

Presbyterian Health Plan, Inc.

PHP's Centennial Care 2.0 Performance Improvement Project #1 Indicator Summary, Measurement Years 2021 to 2024

PHP's Performance Improvement Project 1# Indicator Summary – Long-Term Care Services and Supports								
Performance Indicator Description	Baseline Period MY 2021	Interim Period MY 2022	Interim Period MY 2023	Final Period 2024	Target Rate	Assessment of Improvement		
						Between MY 2021 and MY 2022	Between MY 2021 and MY 2023	Between MY 2021 and MY 2024
Indicator #1 – Volume of members who successfully remained eligible within the Self-Directed Community Benefit program	98.01%	98.05%	99.78%	99.48%[1]	95.00%	Performance improvement demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Volume of members who were voluntarily terminated from the Self-Directed Community Benefit program [3]	1.99%	1.88%	0.14%	0.52%[1]	7.00%	Performance improvement demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #3 – Volume of members for whom PHP did not receive a grievance related to their experience within the Self-Directed Community Benefit program	99.59%	99.46%	99.49%	99.78%[1]	95.00%	Performance decline demonstrated and the target was exceeded.[2]	Performance decline demonstrated and the target was exceeded.[2]	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

[1] Measurement period is January 1, 2024 through June 30, 2024, and includes PHP enrollees under Centennial Care 2.0.
[2] PHP's performance to the target rate should be considered with caution. PHP selected a target rate for improvement that is lower than baseline performance.
[2] Lower rate indicates better performance.
MY: measurement year.

PHP's Centennial Care 2.0 Performance Improvement Project #2 Indicator Summary, Measurement Years 2022 to 2024

PHP's Performance Improvement Project #2 Indicator Summary – Prenatal and Postpartum Care						
					Assessment of Improvement	
Performance Indicator Description	**Baseline Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2022 and MY 2023**	**Between MY 2022 and MY 2024**
Indicator #1 – Percentage of deliveries that received a prenatal care visit as a member of the contractor's MCO in the first trimester or within 42 calendar days of enrollment in the MCO	78.14%	75.52%	72.27%[1]	84.75%	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.
Indicator #2 – Percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery	72.95%	74.63%	71.34%[1]	67.26%	Performance improvement demonstrated and the target was exceeded.[2]	Performance decline demonstrated but the target was met.[2]
Indicator #3 – Percentage of high-risk pregnant women who engage in any community service program and had timely prenatal and postpartum care	1.53%	0.56%	0%	1.84%	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters
Indicator #4 – Percentage of high-risk pregnant women who engage in any community service program	31.30%	22.03%	9.88%	32.30%	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters
Indicator #5 – Percentage of high-risk pregnant women who engage in community health worker services or care coordination services	31.30%	22.03%	9.88%	32.30%	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters

[1] Measurement period is January 1, 2024, through December 31, 2024, and includes PHP enrollees under Centennial Care 2.0 and Turquoise Care.
[2] PHP's performance to the target rate should be considered with caution. PHP selected a target rate for improvement that is lower than baseline performance.
MY: measurement year.

PHP's Centennial Care 2.0 Performance Improvement Project #3 Indicator Summary, Measurement Years 2021 to 2024

PHP's Performance Improvement Project #3 Indicator Summary – Adult Obesity								
Performance Indicator Description	**Baseline MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Assessment of Improvement**		
						Between MY 2021 and MY 2022	**Between MY 2021 and MY 2023**	**Between MY 2021 and MY 2024**
Indicator #1 – Percentage of members ages 18 to 74 years who had an outpatient visit and whose body mass index was documented during the measurement year or the year prior to the measurement year	58.12%	62.20%	65.73%	63.78%[1]	63.95%[2]	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of members ages 19 and older with a primary diagnosis of obesity in the measurement year[3]	0.51%	1.05%	2.35%	1.66%[1]	2.35%[4]	Performance decline demonstrated and the target was not met.	Performance decline demonstrated but the target was exceeded.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

[1] Measurement period is January 1, 2024 through June 30, 2024, and includes PHP enrollees under Centennial Care 2.0.
[2] Starting with measurement year 2024, the target rate increased to 63.95% from the measurement year 2023 target rate of 62.05%.
[3] Lower rate indicates better performance.
[4] Starting with measurement year 2024, the target rate was decreased to 2.35% from the measurement year 2023 rate of 3.12%.
MY: measurement year.

PHP's Centennial Care 2.0 Performance Improvement Project #4 Indicator Summary, Measurement Years 2021 to 2024

PHP's Performance Improvement Project #4 Indicator Summary – Diabetes Prevention and Management								
Performance Indicator Description	**Baseline Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Assessment of Improvement**		
						Between MY 2021 and MY 2022	**Between MY 2021 and MY 2023**	**Between MY 2021 and MY 2024**
Indicator #1 – Short-term complications rate for Native Americans in the northwest part of New Mexico state per 100,000 members[2]	37.80[3]	42.46	37.44	36.08[1]	34.80	Performance decline demonstrated and the target was not met.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of Native Americans residing in the northwestern region of New Mexico state with a hemoglobin A1c rate that is lower than 8%	7.00%[2]	9.13%	8.55%	8.42%[1]	10.00%	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

[1] Measurement period is January 1, 2024 through June 30, 2024, and includes PHP enrollees under Centennial Care 2.0.
[2] Lower rate indicates better performance.
[3] The rate represents the period from January 1, 2021, to October 31, 2021.
MY: measurement year.

PHP's Centennial Care 2.0 Performance Improvement Project #5 Indicator Summary, Measurement Years 2021 to 2024

PHP's Performance Improvement Project #5 Indicator Summary – Clinical Depression Screening and Follow-Up								
						Assessment of Improvement		
Performance Indicator Description	Baseline PeriodmMY 2021	Interim Period MY 2022	Interim Period MY 2023	Final Period MY 2024	Target Rate	Between MY 2021 and MY 2022	Between MY 2021 and MY 2023	Between MY 2021 and MY 2024
Indicator #1 – Percentage of members aged 18 years older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	63.72%	61.99%	68.22%	71.32%[1]	55.75%	Performance decline demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]
Indicator #2 – Percentage of members aged 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days	44.80%	42.33%	51.03%	58.83%[1]	35.61%[3]	Performance decline demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]
Indicator #3 – Percentage of members aged 18 years older who had an outpatient visit with a physical or behavioral health provider and a diagnosis of major depression during the measurement year	4.18%	5.34%	5.01%	12.97%	5.02%	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #4 – Percentage of members aged 18 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter	1.72%	2.21%	1.96%	Not Reported	1.32%	Performance improvement demonstrated and the target was exceeded.[2]	Performance improvement demonstrated and the target was exceeded.[2]	Unable to evaluate performance now. Data for measurement year 2024 were not available.

[1] Measurement period is January 1, 2024, through December 31, 2024, and includes PHP enrollees under Centennial Care 2.0 and Turquoise Care.
[2] PHP's performance to the target rate should be considered with caution. PHP selected a target rate for improvement that is lower than baseline performance.
[3] For measurement year 2023, the target rate increased to 35.61% from the measurement year target rate of 35.19%.
MY: measurement year.

Western Sky Community Care, Inc.

WSCC's Centennial Care 2.0 Performance Improvement Project #1 Indicator Summary, Measurement Years 2019 to 2024

Performance Improvement Project 1 Indicator Summary – Long-term Care Services and Supports												
								Assessment of Improvement				
Performance Indicator Description	**Baseline Period MY 2019**	**Interim Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2019 and MY 2020**	**Between MY 2019 and MY 2021**	**Between MY 2019 and MY 2022**	**Between MY 2019 and MY 2023**	**Between MY 2019 and MY 2024**
Indicator #1 – Rate of members who experienced a fall-related hospitalization via claims in the population of long-term services and supports members ages 60 years and older living in the community during the measurement year[1]	190.78[2]	882.35	565.22	196.72	335.99	563.51[3]	152.00	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

[1] Lower rate indicates better performance.
[2] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2019 was previously reported as 545.47 (in 2020).
[3] Measurement period is January 1, 2024 through June 30, 2024, and includes WSCC enrollees under Centennial Care 2.0.
MY: measurement year.

WSCC's Centennial Care 2.0 Performance Improvement Project #2 Indicator Summary, Measurement Years 2019 to 2024

WSCC's Performance Improvement Project #2 Indicator Summary – Prenatal and Postpartum Care												
								Assessment of Improvement				
Performance Indicator Description	**Baseline Period MY 2019**	**Interim Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2019 and MY 2020**	**Between MY 2019 and MY 2021**	**Between MY 2019 and MY 2022**	**Between MY 2019 and MY 2023**	**Between MY 2019 and MY 2024**
Indicator #1 – Percentage of pregnant members ages 13 years and older who have experienced a new episode of alcohol and other drug abuse or dependence as of December 31 of the measurement year who were initiated for treatment for alcohol and other substances 14 days within diagnosis	44.74%[1]	46.49%	44.91%	58.14%	41.56%	66.67%[2]	48.50%	Performance improvement demonstrated but the target was not met.	Performance decline demonstrated and the target was not met. (The 2019-2021 assessment is based on the initial baseline rate of 46.21%.)	Performance improvement demonstrated and the target was exceeded.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of pregnant members ages 13 years and older who have experienced a new episode of alcohol and other drug abuse or dependence as of December 31 of the measurement year who engaged in treatment for alcohol and other substances within 34 days of initial treatment	15.79%[3]	14.91%	16.11%	17.44%	10.39%	18.18%[2]	16.90%	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated and the target was exceeded.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #3 – Percentage of	59.12%[4]	59.85%[5]	60.10%	67.64%	73.24%	52.90%[2]	48.91%	Performance improvement	Performance improvement	Performance improvement	Performance improvement	Unable to evaluate

WSCC's Performance Improvement Project #2 Indicator Summary – Prenatal and Postpartum Care												
								Assessment of Improvement				
Performance Indicator Description	Baseline Period MY 2019	Interim Period MY 2020	Interim Period MY 2021	Interim Period MY 2022	Interim Period MY 2023	Final Period MY 2024	Target Rate	Between MY 2019 and MY 2020	Between MY 2019 and MY 2021	Between MY 2019 and MY 2022	Between MY 2019 and MY 2023	Between MY 2019 and MY 2024
deliveries in which women had a postpartum visit on or between seven and 84 days after delivery								demonstrated but the target was not met. (The 2019-2020 assessment is based on the initial baseline rate of 42.43%.)	demonstrated and the target was exceeded. (The 2019-2021 assessment is based on the initial baseline rate of 42.43%.)	demonstrated and the target was exceeded.	demonstrated and the target was exceeded.	performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

[1] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2019 was previously reported as 46.21% (in 2021).
[2] Measurement period is January 1, 2024, through June 30, 2024, and includes WSCC enrollees under Centennial Care 2.0.
[3] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #2, measurement year 2019 was previously reported as 14.39% (in 2021).
[4] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #3, measurement year 2019 was previously reported as 42.43% (in 2021) and was calculated using the administrative methodology.
[5] The measurement year 2020 rate differs from what was previously reported by WSCC. Indicator #3, measurement year 2020 was previously reported as 46.91% (in 2022) and was calculated using the administrative methodology.
MY: measurement year.

WSCC's Centennial Care Performance Improvement Project #3 Indicator Summary, Measurement Years 2019 to 2024

WSCC's Performance Improvement Project 3 Indicator Summary – Adult Obesity												
								Assessment of Improvement				
Performance Indicator Description	**Baseline Period MY 2019**	**Interim Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2019 and MY 2020**	**Between MY 2019 and MY 2021**	**Between MY 2019 and MY 2022**	**Between MY 2019 and MY 2023**	**Between MY 2019 and MY 2024**
Indicator #1 – Percentage of members ages 18 to 74 years who had an outpatient visit and whose body mass index was documented during the measurement year or the year prior to the measurement year	10.20%[1]	36.70%	25.07%[2,3]	25.07%[3]	28.92%	31.31%[4]	41.70%[5]	Performance improvement demonstrated and the target was exceeded. (The 2019-2020 assessment is based on the initial target rate of 20.20%.)	Performance decline demonstrated and the target was not met.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated but the target was not met.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of members ages 19 years and older with a documented body mass index of greater than 30 kg/m[6]	59.45%[7]	34.90%	6.69%	6.20%	6.42%	4.60%[4]	54.40%	Performance improvement demonstrated and the target was exceeded. (The 2019-2020 assessment is based on the initial target rate of 63.70%.)	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.

[1] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2019 was previously reported as 17.20% (in 2021).
[2] The measurement year 2021 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2021 was previously reported as 6.70% (in 2021).
[3] Rate reflects measurement year 2021 and 2022 data. Starting with measurement year 2021, the data collection methodology for this measure was modified to include a two-year reporting period.
[4] Measurement period is January 1, 2024, through June 30, 2024, and includes WSCC enrollees under Centennial Care 2.0.
[5] For measurement year 2021, the target rate was increased to 41.70% from the initial target rate of 20.20%.
[6] Lower rate indicates better performance.
[7] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #2, measurement year 2019 was previously reported as 63.70% (in 2021).
MY: measurement year.

WSCC's Centennial Care 2.0 Performance Improvement Project #4 Indicator Summary, Measurement Years 2019 to 2024

WSCC's Performance Improvement Project #4 Indicator Summary – Diabetes Prevention and Management												
								Assessment of Improvement				
Performance Indicator Description	**Baseline Period MY 2019**	**Interim Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2019 and MY 2020**	**Between MY 2019 and MY 2021**	**Between MY 2019 and MY 2022**	**Between MY 2019 and MY 2023**	**Between MY 2019 and MY 2024**
Indicator #1 – Rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members ages 18 years and older[1]	24.35[2]	16.94	10.33[3]	10.07	11.30	0.00%[4,5]	19.35	Performance improvement demonstrated and the target was exceeded.	Performance decline demonstrated and the target was not met.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Unable to evaluate performance now. Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of members ages 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c screening	40.93%[6,7]	66.84%[7]	75.43%[8]	69.21%[7]	23.82%[7]	Not Reported	66.66%	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance decline demonstrated and the target was not met.	Unable to evaluate performance now.

[1] Lower rate indicates better performance.
[2] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2019 was previously reported as 23.53 (in 2020) and 7.42 (in 2021).
[3] The measurement year 2021 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2021 was previously reported as 23.94 (in 2021).
[4] Denominator = 4.
[5] Measurement period is January 1, 2024, through June 30, 2024, and includes WSCC enrollees under Centennial Care 2.0.
[6] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #2, measurement year 2019 was previously reported as 52.59% (in 2021).
[7] Rate calculated using the administrative method (claims review).
[8] Rate calculated using the hybrid method (medical record and claims review).
MY: measurement year.

WSCC's Centennial Care 2.0 Performance Improvement Project #5 Indicator Summary, Measurement Years 2019 to 2024

WSCC's Performance Improvement Project 5 Indicator Summary – Clinical Depression Screening and Follow-up												
								Assessment of Improvement				
Performance Indicator Description	**Baseline Period MY 2019**	**Interim Period MY 2020**	**Interim Period MY 2021**	**Interim Period MY 2022**	**Interim Period MY 2023**	**Final Period MY 2024**	**Target Rate**	**Between MY 2019 and MY 2020**	**Between MY 2019 and MY 2021**	**Between MY 2019 and MY 2022**	**Between MY 2019 and MY 2023**	**Between MY 2019 and MY 2024**
Indicator #1 – Percentage of members ages 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days	45.26%[1]	53.17%	60.60%	60.86%	62.69%	64.12%[2]	55.17%[3]	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #2 – Percentage of members ages 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days	32.85%[4]	36.46%	43.67%	43.32%	45.75%	46.60%[2]	38.46%[5]	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated and the target was exceeded.	Final and Baseline rates are not comparable as they reflect different measurement parameters.
Indicator #3 – Percentage of members ages 18 years and older with an outpatient visit in the measurement year that are screened for clinical depression using a standardized	0.41%[6]	1.96%[7]	1.13%	0.88%	1.22%	0.80%[2]	1.08%	Performance decline demonstrated and the target was not met. (The 2019-2020 assessment is	Performance improvement demonstrated and the target was exceeded.	Performance improvement demonstrated but the target was not met.	Performance improvement demonstrated and the target was exceeded.	Final and Baseline rates are not comparable as they reflect different measurement parameters.

WSCC's Performance Improvement Project 5 Indicator Summary – Clinical Depression Screening and Follow-up												
								Assessment of Improvement				
Performance Indicator Description	Baseline Period MY 2019	Interim Period MY 2020	Interim Period MY 2021	Interim Period MY 2022	Interim Period MY 2023	Final Period MY 2024	Target Rate	Between MY 2019 and MY 2020	Between MY 2019 and MY 2021	Between MY 2019 and MY 2022	Between MY 2019 and MY 2023	Between MY 2019 and MY 2024
tool and, if positive, a follow-up plan is documented on the date of the positive screen								based on the initial measurement year 2020 rate of 0.37%.)				

[1] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #1, measurement year 2019 was previously reported as 36.23 (in 2021).
[2] Measurement period is January 1, 2024 through June 30, 2024, and includes WSCC enrollees under Centennial Care 2.0.
[3] For measurement year 2022, the target rate was increased to 55.17% from the initial target rate of 37.34%.
[4] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #2, measurement year 2019 was previously reported as 0.37% (in 2020) and 18.85% (in 2021).
[5] For measurement year 2022, the target rate was increased to 38.46% from the initial target rate of 34.76%.
[6] The measurement year 2019 rate differs from what was previously reported by WSCC. Indicator #3, measurement year 2019 was previously reported as 0.42% (in 2021).
[7] The measurement year 2020 rate differs from what was previously reported by WSCC. Indicator #3, measurement year 2020 was previously reported as 0.37 (in 2020) and 2.03% (in 2021).
MY: measurement year.

Turquoise Care Managed Care Organizations

Blue Cross Blue Shield of New Mexico

BCBS's Turquoise Care Performance Improvement Project #1 Indicator Summary, Measurement Year 2024

BCBS's Performance Improvement Project #1 Summary – Access to Assisted Living Facilities			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – The percentage of members living in urban counties who have access to at least 1 assisted living facility within a 30-mile radius	78.80%	80.80%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – The percentage of members living in rural counties who have access to at least 1 assisted living facility within a 60-mile radius	34.30%	36.30%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – The percentage of members living in frontier counties who have access to at least 1 assisted living facility within a 90-mile radius	64.80%	66.80%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – The percentage of adult members reporting "usually" or "always" to *Getting Needed Care* (Adult Medicaid CAHPS Survey)	81.98%	83.98%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – The percentage of assisted living facility admissions among Medicaid members interested in receiving assisted living facility services	To Be Determined	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #6 – The percentage of assisted living facilities in urban counties that are in the BCBS network	71.43%[1]	77.55%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

BCBS's Performance Improvement Project #1 Summary – Access to Assisted Living Facilities			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #7 – The percentage of assisted living facilities in rural counties that are in the BCBS network	60.00%[2]	73.33%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #8 – The percentage of assisted living facilities in frontier counties that are in the BCBS network	0.00%[3]	100%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

[1] In 2024, the denominator (number of assisted living facilities in urban counties) was 49.
[2] In 2024, the denominator (number of assisted living facilities in rural counties) was 15.
[3] In 2024, the denominator (number of assisted living facilities in frontier counties) was 1.

BCBS's Turquoise Care Performance Improvement Project #2 Indicator Summary, Measurement Year 2024

BCBS' Performance Improvement Project #2 Indicator Summary Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Care			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of telehealth network providers in rural areas offering services through Milagro clinic	Denominator= 0	10.00%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of prenatal and postpartum members with a substance use disorder diagnosis/indication that receives a Deterra medication disposal bag and/or Rx locking cap	Denominator= 0	25.00%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of prenatal and postpartum members with a new substance use disorder episode that result in treatment initiation through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days	53.90%	63.06%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of prenatal and postpartum members with a new substance use disorder episode that have evidence of treatment engagement through outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 34 days of initiation	16.31%	25.97%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

BCBS's Turquoise Care Performance Improvement Project #3 Indicator Summary, Measurement Year 2024

BCBS's Performance Improvement Project #3 Indicator Summary – Access to Obstetrics/Gynecological Services in Rural and Fronter Regions			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – The percentage of adolescents and women, including those who are pregnant, in rural and frontier counties ages 12 and older with at least one or more visits to an obstetrics/ gynecological provider during the measurement year	14.76%	19.76%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – The percentage of women and adolescents in rural and frontier counties that are within the mileage access standards for an obstetrics/gynecological services	16.64%	21.64%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of responders who rate for getting appointments with a specialist as soon as needed (Adult CAHPS survey).	72.34%	77.34%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	61.87%	82.32%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	45.88%	76.33%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

BCBS's Performance Improvement Project #3 Indicator Summary – Access to Obstetrics/Gynecological Services in Rural and Fronter Regions			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #6 – The percentage of Native American and Hispanic adolescents and women, including those who are pregnant who have had one or more visits to an obstetrician/gynecologist in during the measurement year	15.58%	20.58%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

BCBS's Turquoise Care Performance Improvement Project #4 Indicator Summary, Measurement Year 2024

BCBS's Performance Improvement Project #4 Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/ gynecological practitioner during the measurement year	47.14%	51.14%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	60.45%	64.45%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	33.36%	37.36%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – CAHPS Health Plan Survey question, *In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?* on the Medicaid Child CAHPS.	90.20%	94.20%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

BCBS's Performance Improvement Project #4 Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #5 – Percentage of BCBS members who turned 15 months old during the measurement year and who had 6 or more visits with a primary care provider during the first 15 months of life.	59.69%	63.69%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #6 – The percentage of BCBS members who turned 30 months old during the measurement year and who had 2 or more visits with a primary care provider during the first 30 months of life.	67.70%	71.70%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

BCBS's Turquoise Care Performance Improvement Project #5 Indicator Summary, Measurement Year 2024

BCBS's Performance Improvement Project #5 Summary – Access to Hepatitis C Treatment			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – The percentage of hepatitis C virus positive adults who receive the full course hepatitis C direct-acting antiviral treatment on their first prescription fill	3.37%	6.73%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – The percentage of new or previous hepatitis C virus positive adult members who are dispensed and utilize initial hepatitis C virus direct-acting antiviral Treatment	38.10%	40.10%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – The percentage of adult BCBS Medicaid members who had a positive hepatitis C virus screening and did not start treatment	61.90%	59.90%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – The percentage of adult members who respond to CAHPS Health Plan Survey 5.1H, Adult Version: *In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?*	82%	84%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – Percentage of members 18 years and over who had a preventive visit and were screened for hepatitis C virus	11.30%	13.30%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Molina Healthcare of New Mexico, Inc.

MHC's Turquoise Care Performance Improvement Project #1 Indicator Summary, Measurement Year 2024

MHC's Performance Improvement Project #1 Summary – Access to Assisted Living Facilities			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percent of available assisted living facilities that are contracted	0.00%	2%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of assisted living providers in a quality-based value-based payment contract	0.00%	10%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percent of providers who meet Gold Card Authorization status	0.0%	2%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Assisted living facility service utilization rate	0.0%	2%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

MHC's Turquoise Care Performance Improvement Project #2 Indicator Summary, Measurement Year 2024

MHC's Performance Improvement Project #2 Summary – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Members			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of obstetric providers who self-report screening pregnant patients for substance use disorder	0.0%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of eligible babies born to members with a substance use disorder with a Comprehensive Addiction and Recovery Act Care Plan	17.86%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of eligible pregnant members with substance use disorder with a Comprehensive Addiction and Recovery Act Care plan	15.22%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of maternal deaths among members who meet specifications for under the Comprehensive Addiction and Recovery Act	0%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – Percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	41.94%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

MHC's Turquoise Care Performance Improvement Project #3 Indicator Summary, Measurement Year 2024

MHC's Performance Improvement Project #3 Summary – Access to Obstetrics/Gynecological Services in Rural and Fronter Regions			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Number of new telehealth obstetrics/gynecology provider contracts	1	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of women in rural and frontier areas utilizing telehealth for prenatal and women's health care consultations	15%	17%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Number of newsletters sent to healthcare providers regarding Project ECHO	3	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Total number of visits in the Doula program by individuals seeking assistance in navigating the healthcare system related to women's health, pregnancy, and childbirth	11%	13%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – Percentage of MHC staff members who completed training on availability and options for MHC members to receive women's health services	0.0%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

MHC's Turquoise Care Performance Improvement Project #4 Indicator Summary, 2024

MHC's Performance Improvement Project #4 Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of members who had 6 or more well-child visits with a primary care provider who turned 15 months old during the measurement year	37.97%	39.97%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of members who had two or more well-child visits with a primary care provider who turned 30 months old during the measurement year	39.49%	41.49%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	29.31%	31.31%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	25.30%	27.30%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV)	42.65%	44.65%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

MHC's Performance Improvement Project #4 Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #6 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	20.29%	22.29%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

MHC's Turquoise Care Performance Improvement Project #5 Indicator Summary, 2024

MHC's Performance Improvement Project #5 Indicator Summary Improving Access to Hepatitis C Virus Treatments			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of eligible members aged 18 to 79 years and all pregnant members who have been screened for hepatitis C virus during the measurement period	74.67%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of eligible members aged 18 to 79 years diagnosed with hepatitis C virus who have initiated pharmaceutical treatment	55.14%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Presbyterian Health Plan, Inc.

PHP's Turquoise Care Performance Improvement Project #1 Indicator Summary, 2024

PHP's Performance Improvement Project #1 Summary, Access to Assisted Living Facilities			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of members residing in urban counties with access to assisted living facilities	83.30%	90%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of members residing in rural counties with access to assisted living facilities	66.60%	90%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of members residing in frontier counties with access to assisted living facilities	94.00%	94%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Number of urban county assisted living facilities in network	40	40	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #5 – Number of rural county assisted living facilities in network	13	13	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #6 – Number of frontier county assisted living facilities in network	3	3	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data

PHP's Performance Improvement Project #1 Summary, Access to Assisted Living Facilities			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
			are available, and results will be included in the next cycle.
Indicator #7 – Number of unique members utilizing assisted living facilities	97.00%	97.00%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

PHP's Turquoise Care Performance Improvement Project #2 Indicator Summary, Measurement Year 2024

PHP's Performance Improvement Project #2 Summary – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Members			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of deliveries in which women age 15-49 with a substance use disorder diagnosis had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization	48.69%	57.24%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of deliveries in which women age 15-49 with a substance use disorder diagnosis had a postpartum visit on or between 7 and 84 days after delivery	45.29%	48.76%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of pregnant or postpartum women age 15-49 with a new substance use disorder episode that results in treatment initiation through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days	51.96%	56.75%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of pregnant or postpartum women age 15-49 with a new substance use disorder episode that have evidence of treatment engagement within 34 days of initiation	23.01%	25.23%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

PHP's Turquoise Care Performance Improvement Project #3 Indicator Summary, 2024

PHP's Performance Improvement Project #3 Summary – Access to Obstetrics/Gynecological Services in Rural and Fronter Regions			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	54.2%	57.24%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – The median appointment wait time for "symptomatic" care with an obstetrics/ gynecological specialist	Not Available	30 Days	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

PHP's Turquoise Care Performance Improvement Project #4 Indicator Summary, Measurement Year 2024

PHP's Performance Improvement Project #4 Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	54.55%	54.24%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	49.50%	47.68%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	35.91%	47.68%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV)	66.31%	68.86%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

PHP's Turquoise Care Performance Improvement Project #5 Indicator Summary, Measurement Year 2024

PHP's Performance Improvement Project #5 Summary – Access to Hepatitis C Treatment			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of unique members treated for hepatitis C virus	To Be Determined	5%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of providers treating hepatitis C virus	1.70%	5%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of facilities treating hepatitis C virus	1.53%	5%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of members picking up their 2nd prescription for hepatitis C virus treatment	0.79%	5%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

PHP's Turquoise Care Performance Improvement Project #6 Indicator Summary

PHP's Performance Improvement Project #6 Summary – Children in State Custody: Oral Evaluation and Dental Services			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of children in state custody receive a comprehensive oral evaluation by a dentist within the calendar year	55.7%	65%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

United Healthcare Community Plan, Inc.

At the time the performance improvement project was designed in late 2024, the MCO had only six months of member-level baseline data due to mid-year enrollment and therefore delayed establishing performance targets until a full year of data became available. Performance targets were established in 2025.

UHC's Turquoise Care Performance Improvement Project #1 Indicator Summary, 2024

UHC's Performance Improvement Project #1 Summary – Access to Assisted Living Facilities			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of contracted assisted living facilities across the State of New Mexico	20.00%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of long-term services and supports eligible members residing in assisted living facilities	0.91%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of home and community-based services members who are engaged in care coordination	2.17%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

At the time the performance improvement project was designed in late 2024, the MCO had only six months of member-level baseline data due to mid-year enrollment and therefore delayed establishing performance targets until a full year of data became available. Performance targets were established in 2025.

UHC's Turquoise Care Performance Improvement Project #2 Indicator Summary, 2024

UHC's Performance Improvement Project #2 Summary – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Members			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	70.42%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	38.03%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of members who had six or more well-child visits with a primary care provider who turned 15 months old during the measurement year	25.95%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Number of Comprehensive Addiction and Recovery Act members reported by New Mexico hospitals	16.51%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once

UHC's Performance Improvement Project #2 Summary – Substance Use Disorder Enhanced Services for 12 Months for Prenatal and Postpartum Members			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
			remeasurement data are available, and results will be included in the next cycle.

UHC's Turquoise Care Performance Improvement Project #3 Indicator Summary, 2024

UHC's Performance Improvement Project #3 Summary – Access to Obstetrics/Gynecological Services in Rural and Fronter Regions			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	70.42%	80.0%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery	38.03%	74.7%	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Number of unique members with a doula claim or invoice during measured time period	791	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

At the time the performance improvement project was designed in late 2024, the MCO had only six months of member-level baseline data due to mid-year enrollment and therefore delayed establishing performance targets until a full year of data became available. Performance targets were established in 2025.

UHC's Turquoise Care Performance Improvement Project #4 Indicator Summary, 2024

UHC's Performance Improvement Project #4 Indicator Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement Between**
Indicator #1 – Percentage of members who had 6 or more well-child visits with a primary care provider who turned 15 months old during the measurement year	25.95%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #2 – Percentage of members who had two or more well-child visits with a primary care provider who turned 30 months old during the measurement year	26.37%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #3 – Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	22.48%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #4 – Percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	20.44%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are

UHC's Performance Improvement Project #4 Indicator Summary – Well-Child & Adolescent Care and Immunizations			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement Between**
			available, and results will be included in the next cycle.
Indicator #5 – Percentage of members 18–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an obstetrics/gynecological practitioner during the measurement year	7.73%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #6 – Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV)	0.00%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.
Indicator #7 – Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday	2.97%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

At the time the performance improvement project was designed in late 2024, the MCO had only six months of member-level baseline data due to mid-year enrollment and therefore delayed establishing performance targets until a full year of data became available. Performance targets were established in 2025.

UHC's Turquoise Care Performance Improvement Project #5 Indicator Summary, 2024

UHC's Performance Improvement Project #5 Summary – Access to Hepatitis C Treatment			
Performance Indicator Description	**Baseline Period Measurement Year 2024**	**Target Rate**	**Assessment of Improvement**
Indicator #1 – The percentage of hepatitis C virus positive members who initiated hepatitis C virus drug therapy	31.8%	To Be Determined	Unable to evaluate performance now. An assessment of improvement will be conducted once remeasurement data are available, and results will be included in the next cycle.

Appendix C: Map of New Mexico with Urban, Rural, and Frontier Designations

