



State of New Mexico Human Services Department

Medicaid Managed Care Services Agreement

Among

New Mexico Human Services Department,

New Mexico Behavioral Health Purchasing Collaborative

and

Health Care Service Corporation, a Mutual Legal Reserve Company

D/B/A Blue Cross and Blue Shield of New Mexico



PSC 18-630-8000-0033 A9

CFDA 93.778

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
MEDICAID MANAGED CARE SERVICES AGREEMENT
PROFESSIONAL SERVICES CONTRACT CENTENNIAL CARE 2.0

AMENDMENT No. 9

This Amendment No. 9 to PSC: 18-630-8000-0033 (the “Agreement” or the “Contract”) is made and entered into by and between the **New Mexico Human Services Department** (“HSD”); the **New Mexico Behavioral Health Purchasing Collaborative** (the “Collaborative”); and **Health Care Service Corporation, a Mutual Legal Reserve Company D/B/A Blue Cross and Blue Shield of New Mexico** including any successors and/or assignees (“CONTRACTOR”); and is to be effective upon signatures by all parties.

WHEREAS, there are certain revisions to the Contract that are necessary.

UNLESS OTHERWISE SET OUT BELOW, ALL OTHER PROVISIONS OF THE ABOVE REFERENCED AGREEMENT REMAIN IN FULL EFFECT AND IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT THE FOLLOWING PROVISIONS OF THAT AGREEMENT ARE AMENDED AS FOLLOWS:

Attachment 11: Directed Payments, is amended to make changes to payments and update language to provide clarification of Directed Payments:

Amendment 9 is limited to Attachment 11: Directed Payments. Directed Payments were added for Miners Colfax Uniform Dollar Increase, Rural OB/Maternal Uniform Dollar Increase, Ambulatory Services Payment Program (ASPP), and the removal of Pediatric Hospital Uniform Percentage Increase. Other language changes were made to create clarity of payments and references. Attachment 11: Directed Payments is included with the amendment package.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of signature by all parties.

CONTRACTOR

DocuSigned by:
By: Nancy Smith-Leslie
C02C449779E84EB...
Nancy Smith-Leslie, BCBS VP Medicaid Operations

Date: 6/6/2024

STATE OF NEW MEXICO

DocuSigned by:
By: Kari Armijo
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Kari Armijo, Cabinet Secretary
Human Services Department

Date: 6/26/2024

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DocuSigned by:
By: Carolee A. Graham
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Carolee Graham, CFO
Human Services Department

Date: 6/26/2024

THE NEW MEXICO BEHAVIORAL HEALTH PURCHASING COLLABORATIVE

DocuSigned by:
By: Kari Armijo
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Kari Armijo, Cabinet Secretary
Human Services Department

Date: 6/26/2024

DocuSigned by:
By: Patrick M. Allen
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Patrick M. Allen, Cabinet Secretary
Department of Health

Date: 6/10/2024

DocuSigned by:
By: Elizabeth Groginsky
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Elizabeth Groginsky, Cabinet Secretary
Early Childhood Education and Care Department

Date: 6/12/2024

DocuSigned by:
By: Teresa Casados
EE355BED9AE5442...
Teresa Casados, Cabinet Secretary
Children, Youth and Families Department

Date: 6/12/2024

Approved to Form and Legal Sufficiency:


DocuSigned by:
By: Mark Reynolds
6241C19C1E01414...
Mark Reynolds, General Counsel
Human Services Department

Date: 6/26/2024

The records of the Taxation and Revenue Department reflect that the CONTRACTOR is registered with the Taxation and Revenue Department of the State of New Mexico to pay gross Receipts and compensating taxes.

TAXATION AND REVENUE DEPARTMENT

BTIN: 02-445429-00-0

DocuSigned by:

By: A1E23200AE974AA...

Date: 6/26/2024

Attachment 11: Directed Payments

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
Health Care Quality Surcharge (HCQS)	January 1, 2020	Nursing Facilities per the following classifications: I: Less than 60 beds II: 60 or more beds and less than 90,000 annual Medicaid bed days III: 60 or more beds and 90,000 or more annual Medicaid bed days	A uniform percentage increase to Nursing Facility per diem rates for the market basket index (MBI) factor and per diem add-on for each respective class of Nursing Facility as defined in New Mexico statute, §7-41-4 and §7-41-6, and quality incentive payments incorporated in the rates as a separate payment term to Nursing Facilities for achieving performance targets across four measures.	Monthly Capitation (Per Diem and MBI) and Quarterly Separate Payment Term (Quality)	Per encounter for per diem and MBI factor Quarterly for quality
Nursing Facility Value-Based Purchasing (NF VBP) Payment Arrangement	January 1, 2020	Nursing Facilities that meet the following criteria: a Medicaid certified facility with Medicaid utilization, contracted with at least one MCO, submits Minimum Data Sets (MDS) to HSD's data vendor, and has a signed data use agreement with the data vendor.	A uniform dollar amount for Nursing Facilities through foundational, secondary, and per diem add-on payments.	Monthly Capitation	Quarterly payments based on quality scorecards issued by HSD's data vendor. The MCO is to make payment in accordance with the contract terms between the MCO and the nursing facility.
University of New Mexico Medical Group (UNMMG) Uniform Percent Increase	January 1, 2020	The University of New Mexico Health Sciences Center clinical delivery system including: UNM Medical Group, UNM Sandoval Regional Medical Center, UNM Hospitals, and associated clinics and programs.	Uniform percentage increase to contracted rates between the practice plans and the MCOs.	Quarterly Separate Payment Term	As directed by HSD upon the MCOs' receipt of payment from HSD.
Community Tribal Hospital	January 1, 2020	Community hospitals that serve a disproportionate share of Native American enrollees as measured relative to their total Medicaid utilization as defined in the approved preprint for the respective contract year.	Uniform percentage increase to contracted rates between the classes of covered hospitals and the MCOs for inpatient and outpatient hospital services.	Monthly Capitation	Per encounter

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
University of New Mexico Hospital (UNMH) Uniform Percentage Increase and Quality Payments	January 1, 2020	The eligible class of providers is defined as a hospital that, pursuant to a lease agreement, has assumed a New Mexico county's perpetual contractual obligation to the United States government, through the Indian Health Service, to provide guaranteed access to care for Native Americans.	Uniform dollar amount for inpatient and outpatient hospital services with a portion at-risk for meeting specified performance metrics.	Quarterly Separate Payment Term	As directed by HSD upon the MCOs' receipt of payment for the utilization increase. MCOs are to distribute the earned quality-related funds no later than April 30 following the rating period.
For-Profit and Government Owned Hospitals	January 1, 2020	For-Profit/Investor Owned and Government Owned Hospitals as identified by HSD.	Uniform percentage increase to contracted rates between the class of covered hospitals and the MCOs for inpatient and outpatient hospital services.	Monthly Capitation	Per encounter
Not-For-Profit (NFP) Hospital Uniform Percent Increase	January 1, 2019	<p>The uniform percentage increase applies to not-for-profit community hospitals as follows: Artesia General Hospital</p> <ul style="list-style-type: none"> • Artesia General Hospital • Dr. Dan C. Trigg • Espanola Hospital • Gerald Champion Regional Medical Center • Holy Cross Hospital • Lincoln County Medical Center • Plains Regional Medical Center – Clovis • Presbyterian Hospital • Presbyterian Hospital Santa Fe Medical Center • Rehoboth McKinley Christian Hospital • San Juan Regional Medical Center • San Juan Regional Rehab Hospital • Socorro General Hospital • St. Vincent Hospital 	Uniform percentage increase to contracted rates between the class of covered hospitals and the Medicaid MCOs for inpatient and outpatient hospital services.	Monthly Capitation	Per encounter

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
Miners Colfax Uniform Dollar Increase	January 1, 2024	The eligible class of providers is defined as a state owned hospital that, pursuant to a lease agreement, receives funding through the Miners' Trust Fund, and serves rural communities as both a safety net care pool provider and a critical access hospital. Miners' Colfax Medical Center qualifies. While eligibility is tied to the provider's unique role in providing access to care for New Mexico's rural populations, the payment increase would be tied to all outpatient hospital services provided by the eligible provider to all MCO enrollees.	Uniform dollar amount for outpatient hospital services based on actual utilization.	Quarterly Separate Payment Term	As directed by HSD upon the MCOs' receipt of payment from HSD.
Safety Net Care Hospital Minimum Fee Schedule	January 1, 2020	Safety Net Care Pool (SNCP) hospitals defined in Attachment E of the Centennial Care 2.0 1115 demonstration and any additional hospitals provided in the preprint for CMS review and approval.	Minimum fee schedule based on State plan approved rates for inpatient and outpatient services.	Monthly Capitation	Per encounter
Rural OB/Maternal Uniform Dollar Increase	January 1, 2024	The provider class for this directed payment is defined as hospitals in rural or underserved New Mexico counties with active maternal/obstetric programs. The hospitals that qualify for this directed payment include: <ul style="list-style-type: none"> • Carlsbad Medical Center, • Cibola General Hospital, • Covenant Health Hobbs (formerly Lea Regional), • Eastern NM Medical Center, • Gerald Champion Regional Medical Center, • Gila Regional Medical Center, • Holy Cross hospital, • Lincoln County Medical Center, Lovelace Regional Hospital-Roswell, • Mimbres Memorial Hospital, • Miners Colfax Medical Center, 	Uniform dollar amount for inpatient and outpatient hospital services based on actual utilization.	Quarterly Separate Payment Term	As directed by HSD upon the MCOs' receipt of payment from HSD.

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
		<ul style="list-style-type: none"> • Plains Regional Medical Center-Clovis, Presbyterian Espanola Hospital, • San Juan Regional Medical Center, • Socorro General Hospital 			
Hospital Value Based Payment Program (HVBP) Formerly Hospital Access Program (HAP) CY2020-2022	January 1, 2023	SNCP hospitals defined in Attachment E of the Centennial Care 2.0 1115 demonstration and any additional hospitals provided in the preprint for CMS review and approval. SNCP Classes: <ul style="list-style-type: none"> • Smallest - 30 or fewer hospital beds; • Small - 31-100 hospital beds; • Medium - 101-200 hospital beds; • Large hospitals - 201-300 hospital beds; • Largest hospitals - 301 or more hospital beds. 	A uniform dollar amount for inpatient and outpatient hospital services SNCP providers and the MCOs	Quarterly Separate Payment Term	As directed by HSD upon the MCOs' receipt of payment from HSD.
Ambulatory Services Payment Program (ASPP)	January 1, 2024	Public and Government Owned Emergency Medical Transport who provide cost reports	A uniform dollar amount to EMS Providers based on per trip EMS ground ambulance encounters from MCOs	Quarterly Separate Payment Term	As directed by HSD upon the MCOs' receipt of payment from HSD

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
Trauma Hospital	July 1, 2020	Level 1 <ul style="list-style-type: none"> • UNM Hospital Level 2 <ul style="list-style-type: none"> • None Level 3 <ul style="list-style-type: none"> • Carlsbad Medical Center • CHRISTUS St. Vincent Regional Medical Center • Eastern New Mexico Medical Center • Gerald Champion Regional Medical Center • Mountain View Regional Medical Center • San Juan Regional Medical Center Level 4 <ul style="list-style-type: none"> • Miners' Colfax Medical Center • Nor-Lea General Hospital • Sierra Vista Hospital • Union County General Hospital • Memorial Medical Center • Gila Regional Medical Center 	A uniform percentage increase to contracted rates between the class of covered hospitals and the MCOs for inpatient and outpatient \ hospital services for each respective class of Trauma hospitals for trauma hospital services under the managed care	Monthly Capitation	Per encounter
Home and Community Based Services (HCBS) Provider Increase	May 1, 2021	Providers of HCBS subject to the State plan amendment to implement the temporary economic recovery payments for HCBS.	Uniform percentage increase to contracted rates between the class of covered providers and the MCOs for HCBS services as approved in New Mexico's APRA HCBS Spending Plan.	Monthly Capitation	Per encounter
Independent Pharmacy Minimum Fee Schedule	April 1, 2018 (Professional Dispensing Fees aspect effective 7/1/2024)	Independent community-based pharmacy providers as identified by HSD.	Minimum fee schedule based on State plan approved rates, exclusive of the professional dispensing fee.	Monthly Capitation	Per encounter

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
Early Periodic Screening Diagnostic and Testing (EPSDT) Private Duty Nursing and Home Health Providers	July 1, 2022	EPSDT Private Duty Nursing and Home Health Providers	Uniform percent increase to contracted rates between the class of covered providers and the MCOs for EPSDT PDN services.	Monthly Capitation	Per encounter

- Contractors must comply with Section 4.10.11 Directed Payments
- The effective dates of the directed payments are contingent on CMS approval and subject to annual renewal unless otherwise noted. Directed payments without a specified end date are anticipated to be in place for the duration of the contract term and will be removed from this Attachment if ended prior to the termination of the contract term.
- For directed payments operationalized through a Separate Payment Term, the amount of the payment each quarter will be based on emerging utilization data. The CONTRACTOR is required to submit utilization and paid amounts by procedure code, rate cohort and month in which the service occurred for each quarter. Each subsequent quarter will include a look-back period to account for claims lag.
- For directed payments operationalized through capitation, HSD may request ad hoc reporting to verify compliance and will take action on any provider complaints on the respective directed payment.
- HSD will also rely on sanctions and penalties for non-compliance as specified in Section 7.3.3 Sanctions.