



HEALTH CARE AUTHORITY

State of New Mexico Health Care Authority (HCA) (formerly the “New Mexico Human Services Department”)

Medicaid Managed Care Services Agreement

Among

New Mexico Health Care Authority (formerly the “New Mexico Human Services Department”)

New Mexico Children, Youth, and Families Department,

New Mexico Early Childhood Education and Care Department,

New Mexico Behavioral Health Purchasing Collaborative

and

**Health Care Service Corporation, a Mutual Legal Reserve Company, Operating as
Blue Cross and Blue Shield of New Mexico**

**PSC 24-630-8000-0029 A2
CFDA 93.778**

STATE OF NEW MEXICO HEALTH CARE AUTHORITY
MEDICAID MANAGED CARE SERVICES AGREEMENT
PROFESSIONAL SERVICES CONTRACT

“TURQUOISE CARE”

AMENDMENT No. 2

This Amendment No. 2 to PSC: 24-630-8000-0029 (the “Agreement” or the “Contract”) is made and entered into by and between the **New Mexico Health Care Authority (“HCA”)** (formerly the “Human Services Department” (“HSD”)); the **New Mexico Children, Youth, and Families Department (“CYFD”)**; the **New Mexico Early Childhood Education and Care Department (“ECECD”)**; the **New Mexico Behavioral Health Purchasing Collaborative** (the “Collaborative”); and **Health Care Service Corporation, a Mutual Legal Reserve Company, Operating as 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 3: Safety Net Care Pool Hospitals is amended to align with Attachment 10.

Attachment 10: Directed Payments, is amended to state the inventory of directed payments as of July 1, 2024.

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

CONTRACTOR

Signed by:
 By: Nancy Smith-Leslie
 C02C449779F84FB...
 Nancy Smith-Leslie, Vice President
 Blue Cross and Blue Shield of New Mexico

11/14/2024
 Date: _____

STATE OF NEW MEXICO

Signed by:
 By: Kari Armijo
 1BA9EB5EAD00499...
 Kari Armijo, Cabinet Secretary
 Health Care Authority

12/3/2024
 Date: _____

Signed by:
 By: Carolee A. Graham
 FB15A98045214DA...
 Carolee Graham, CFO
 Human Care Authority

12/2/2024
 Date: _____

Signed by:
 By: Teresa Casados
 FE355BED9AF5442...
 Teresa Casados, Cabinet Secretary
 Children, Youth and Families Department

12/2/2024
 Date: _____

Signed by:
 By: Elizabeth Groginsky
 6F1D4EE86EE94C2...
 Elizabeth Groginsky, Cabinet Secretary
 Early Childhood Education and Care Department

12/2/2024
 Date: _____

THE NEW MEXICO BEHAVIORAL HEALTH PURCHASING COLLABORATIVE

Signed by:
 By: Kari Armijo
 1BA9EB5EAD00499...
 Kari Armijo, Cabinet Secretary
 Health Care Authority

12/3/2024
 Date: _____

Signed by:
 By: Patrick M. Allen
 BCCCB0A6564A457...
 Patrick M. Allen, Cabinet Secretary
 Department of Health

11/14/2024
 Date: _____

Signed by:
 By: Teresa Casados
 FE355BED9AF5442...
 Teresa Casados, Cabinet Secretary
 Children, Youth and Families Department

12/2/2024
 Date: _____

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

Signed by:
 By: Mark Reynolds
 6241C19C1E01414...
 Mark Reynolds, Chief Legal Counsel
 Health Care Authority

12/2/2024
 Date: _____

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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: **02-393150-00-7**

By: 
A1E23200AE974AA...

Date: 12/4/2024

Attachment 3: Safety Net Care Pool Hospitals

HOSPITAL NAME	COUNTY
Alta Vista Regional Medical Center	San Miguel
Artesia General Hospital	Eddy
Carlsbad Medical Center	Eddy
CHRISTUS St. Vincent Regional Medical Center	Santa Fe
Cibola General Hospital	Cibola
Covenant Health Hobbs Hospital (formerly Lea Regional Hospital)	Lea
Dan C. Trigg	Quay
Eastern New Mexico Medical Center	Chaves
Gerald Champion Medical Center	Otero
Gila Regional Medical Center	Grant
Holy Cross Hospital	Taos
Lincoln County Medical Center	Lincoln
Los Alamos Medical Center	Los Alamos
Lovelace Regional Hospital- Roswell	Chaves
Memorial Medical Center	Dona Ana
Mimbres Memorial Hospital	Luna
Miners Colfax Medical Center	Colfax
Mountain View Regional Medical Center	Dona Ana
Nor-Lea General Hospital	Lea
Plains Regional Medical Center	Curry
Presbyterian Espanola	Rio Arriba
Presbyterian Santa Fe Medical Center	Santa Fe
Rehoboth McKinley Christian Hospital	McKinley
Roosevelt General Hospital	Roosevelt
San Juan Regional Medical Center	San Juan
Sierra Vista Hospital	Sierra
Socorro General Hospital	Socorro
Three Crosses Regional Hospital	Dona Ana
Union County General Hospital	Union
University of New Mexico Hospital	Bernalillo

Attachment 10: Directed Payments

Directed Payments are subject to change each year, and any changes will be outlined in Letters of Direction.

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 dollar 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 quality measures. Achievement is validated by the HCA-selected data intermediary and the MCOs distribute the earned amounts to each Nursing Facility on a quarterly basis as specified by HCA	Monthly Capitation (Per Diem and MBI) and Quarterly Separate Payment Term (Quality)	Per claim 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 (1) MCO, submits Minimum Data Sets (MDS) to the HCA-selected data intermediary, and has a signed data use agreement with the data intermediary.	A uniform dollar amount through foundational, secondary, and per diem add-on payments based on Medicaid bed days and quality scores. Achievement of these payments is calculated by HCA selected data intermediary.	Monthly Capitation	Quarterly payments based on quality scorecards issued by the HCA-selected data intermediary. 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)	January 1, 2019	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 based on HCA's analysis of utilization data from the MCOs.	As directed by HCA upon the MCOs' receipt of payment from HCA
Community Tribal Hospital	January 1, 2020	Community hospitals that serve a disproportionate share of Native American Members as measured relative to their total Medicaid utilization as defined	Uniform percentage increase to contracted rates between the classes of covered hospitals and the MCOs for inpatient and outpatient hospital services.	Monthly Capitation	Per claim

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
		in the approved preprint for the respective contract year.			
University of New Mexico Hospital (UNMH)	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 based on HCA's review of utilization. HCA reviews UNMH's performance on the specified quality metrics for the rating period and distributes one (1) separate payment for this component of the directed payment.	As directed by HCA upon the MCOs' receipt of payment for the utilization increase and for the earned quality-related funds.
HealthCare Delivery Access Act (HDAA) Formerly Hospital Value Based Payment Program (HVBPP) CY23 Formerly Hospital Access Program (HAP) CY2020 – CY 2022)	July 1, 2024	Provider Classes included in HDAA: • SNCP hospitals • 201 Acute Care Hospital • 202 PPS Exempt; Rehab Hospital • 203 Rehab Hospital • 204 PPS Exempt Psych Hospital • 205 Psych Hospital	A uniform dollar amount for inpatient and outpatient hospital services based on actual utilization for SNCP providers and Provider Types 201-205. Quality incentive payments are incorporated in the rates as a separate payment term to HDAA providers for achieving performance targets across quality measures.	Quarterly Access Separate Payment Term Annual Quality Separate Payment Term	As directed by HCA upon the MCOs' receipt of payment from HCA Annually for quality

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
Primary Care Payment Reform (PCPR) Value Based Program	July 1, 2024	In the New Mexico PCPR, a practice that includes at least one clinician specified below: Certified Nurse Midwife Nurse Practitioner Clinic Federally Qualified Health Center (FQHC) Clinic, Rural Health Medical, freestanding Clinic, Rural Health Medical, hospital-based Pediatric Physician, Development and Behavioral OB-GYN Physician, Family Medicine Physician, Addiction Medicine General Pediatric Physician Geriatric Medicine Physician General Practice Physician Internal Medicine Physician Family Nurse Practitioner Pediatric Nurse Practitioner Nurse Practitioner, General Women's Health Nurse Practitioner and has submitted at least one Medicaid claim and successfully reported on the PCPR quality metrics during the specified performance period.	Uniform percentage increase for eligible utilization at provider class practices, amounts incorporated in the rates as a separate payment term.	Quarterly Separate Payment Term (Quality)	Per claim and quarterly for quality
Ambulance Supplemental Payment Program (ASPP)	January 1, 2024	Government Owned Emergency Medical Transport who provides cost reports	A uniform dollar amount to EMS Providers based on per trip EMS ground ambulance encounters from MCOs	Quarterly Separate Access Payment Term	As directed by HCA upon the MCOs' receipt of payment from HCA.
Minimum Fee Schedule	July 1, 2024	Any Contract provider, Non-Contract Nursing Facility provider, or Non-Contract	Minimum fee schedule based on State Plan approved rates	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
		Hospital provider enrolled as a Medicaid provider.			
Non-Contract Providers Minimum Fee Schedule	July 1, 2024	Non-Contract Providers except as otherwise precluded by law and/or specified for I/T/Us, FQHCs/RHCs, family planning Providers, Emergency Service Providers, Nursing Facilities, and hospitals.	Minimum fee schedule based on 95% of State Plan approved rates	Monthly Capitation	Per Encounter

- The CONTRACTOR must comply with Section 4.10.12 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 term of this Agreement 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, HCA may request ad hoc reporting to verify accuracy of information used to determine payment and will take action on any Provider complaints on the respective directed payment, and review and potentially reconcile the state directed payment, as needed.
- HCA will also rely on sanctions, including monetary penalties, for noncompliance as specified in Section 7.3.3 Sanctions.