



HEALTH CARE
A U T H O R I T Y

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 A3
CFDA 93.778**

STATE OF NEW MEXICO HEALTH CARE AUTHORITY
MEDICAID MANAGED CARE SERVICES AGREEMENT
PROFESSIONAL SERVICES CONTRACT
“TURQUOISE CARE”
AMENDMENT No. 3

This Amendment No. 3 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:

4.19.2.1.4 The CONTRACTOR shall provide the quarterly statement of the account balance for the restricted insolvency protection account that will allow HCA to examine and confirm compliance with the Agreement, Section 4.19.2.1. Based upon total capitation payments paid to the CONTRACTOR, the required account balance each quarter will be determined by HCA.

4.22.1.18 Reporting Requirements

HCA shall provide an acknowledgement of receipt of the report to the CONTRACTOR within fifteen (15) Business Days from the due date of the report.

Attachment 8: CAHPS Supplemental Questions, is amended to provide child and adult supplemental questions.

Attachment 10: Directed Payments, is amended to provide the current inventory of state-directed payments.

Attachment 11: Non-Risk Arrangements, is amended to remove COVID-19 provisions.

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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

Date: 4/22/2025

STATE OF NEW MEXICO

Signed by:
By: Kari Armijo
1BA9FB5EAD00499...
Kari Armijo, Cabinet Secretary
Health Care Authority

Date: 5/5/2025

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

Date: 5/2/2025

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

Date: 5/1/2025

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

Date: 4/22/2025

THE NEW MEXICO BEHAVIORAL HEALTH PURCHASING COLLABORATIVE

Signed by:
By: Kari Armijo
1BA9FB5EAD00499...
Kari Armijo, Cabinet Secretary
Health Care Authority

Date: 5/5/2025

Signed by:
By: Gina DeBlassie
2B5F58D60AD7441...
Gina DeBlassie, Cabinet Secretary
Department of Health

Date: 4/30/2025

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

Date: 5/1/2025

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

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

Date: 5/2/2025

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**

DocuSigned by:

By: A1E23200AE974AA...

Date: 5/5/2025

AnnMarie Lucero, District Manager, Santa Fe District Office
Tax and Revenue Department

Attachment 8: CAHPS Supplemental Questions

NCQA Tracking Number	Child Questions	Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always)	If Required by State Medicaid Agency, which one?	NCQA Decision
990231	Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation?	Yes; No [Insert Skip Pattern if Necessary]	New Mexico	Approved
990232	In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it?	Never; Sometimes; Usually; Always; [I did not phone my child's health plan for help with transportation in the last 6 months]	New Mexico	Approved
990233	In the last 6 months, how often did the help with transportation meet your needs?	Never; Sometimes; Usually; Always; [I did not phone my child's health plan for help with transportation in the last 6 months]	New Mexico	Approved
990234	In the last 6 months, how long did it take to get an appointment for regular or routine care? (For example, preventive care or a complete physical)	1–7 days; 8–21 days; 22–30 days; 31 days or more; My child did not need an appointment for regular or routine care	New Mexico	Approved

990235	In the last 6 months, if you had a problem getting the care, tests, or treatment you thought you needed through your health plan, what was the main problem you had?	Plan did not approve my child's care, tests, or treatment; Care, tests, or treatment delayed while waiting for plan's approval; Providers I wanted my child to see were not in plan or network; Could not get an appointment with provider at a convenient time; The cost to me for my child's care, tests, or treatment was too high; Brand name medications I wanted cost more than the generic available; The cost of my child's medications was too high; Problem getting plan to pay claims after getting care, tests, or treatment; Problem getting a referral to a specialist; Other (Please Specify): _____; I did not have a problem getting care, tests, or treatment	New Mexico	Approved
990236	In the last 6 months, if you needed non-emergency care after your doctor's office was closed, where did you get it?	I received help from my doctor's office; I received care at an in Network Urgent Care Center; I received care at the Emergency Room; I was unable to get care; I did not need after hours care	New Mexico	Approved
990237	In the last 6 months, if you needed non-emergency care during doctor's office hours, and your provider was not available, where did you receive care?	I received care at an in Network Urgent Care Center; I received care at the Emergency Room; I was unable to get care	New Mexico	Approved
990238	In the last 6 months, if you needed to see a mental health or substance use disorder specialist how often was it easy to get an appointment as soon as needed?	Never; Sometimes; Usually; Always; I did not see a mental health or substance use disorder specialist in the last 6 months [Insert skip pattern, if necessary]	New Mexico	Approved

NCQA Tracking Number	Adult Questions	Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always)	If Required by State Medicaid Agency, which one?	NCQA Decision
990239	Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation?	Yes; No [Insert Skip Pattern if Necessary]	New Mexico	Approved
990240	In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it?	Never; Sometimes; Usually; Always; [I did not phone my child's health plan for help with transportation in the last 6 months]	New Mexico	Approved
990241	In the last 6 months, how often did the help with transportation meet your needs?	Never; Sometimes; Usually; Always; [I did not phone my child's health plan for help with transportation in the last 6 months]	New Mexico	Approved
990242	In the last 6 months, how long did it take to get an appointment for regular or routine care? (For example, preventive care or a complete physical)	1 – 7 days; 8 – 21 days; 22 – 30 days; 31 days or more; I did not need an appointment for regular or routine care	New Mexico	Approved

990243	In the last 6 months, if you had a problem getting the care, tests, or treatment you thought you needed through your health plan, what was the main problem you had?	Plan did not approve my care, tests, or treatment; Care, tests, or treatment delayed while waiting for plan's approval; Providers I wanted to see were not in my plan or network; Could not get an appointment with a provider at a convenient time; The cost for care, tests, or treatment was too high for me; Brand name medications I wanted cost more than the generic available; The cost of my medications was too high; Problems getting my plan to pay claims after getting care, tests, or treatment; Problems getting a referral to a specialist; Other (Please Specify): _____; I did not have a problem getting care, tests, or treatment	New Mexico	Approved
990244	In the last 6 months, if you needed non-emergency care after your doctor's office was closed, where did you get it?	I received help from my doctor's office; I received care at an in Network Urgent Care Center; I received care at the Emergency Room; I was unable to get care; I did not need after hours care	New Mexico	Approved
990245	In the last 6 months, if you needed non-emergency care during doctor's office hours, and your provider was not available, where did you receive care?	I received care at an in Network Urgent Care Center; I received care at the Emergency Room; I was unable to get care	New Mexico	Approved
990246	In the last 6 months, if you needed to see a mental health or substance use disorder specialist how often was it easy to get an appointment as soon as needed?	Never; Sometimes; Usually; Always; I did not see a mental health or substance use disorder specialist in the last 6 months [Insert skip pattern, if necessary]	New Mexico	Approved

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.	is 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 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	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
		Medicaid utilization as defined 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 Types included in the HDAA Class: • 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 Provider Types 201-205. Quality incentive payments are incorporated in the rates as a separate payment term to HDAA hospitals for achieving performance targets across quality measures. Achievement is validated by the HCA-selected data intermediary and the MCOs distribute the amounts earned to each HDAA hospital on an annual basis as specified by HCA	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 Value Based Program (PCPR-VBP)	July 1, 2024	Primary Care Providers are identified by a combination of provider type and provider specialty at both a practice and affiliate level. There are two avenues for a practice to determine eligibility for the Primary Care Payment Reform. First is a single step definition based on the practice billing type and specialty. If a practice has a billing provider type OR billing provider specialty shown on the lists below, the entire practice is qualified for participation in the Primary Care Payment reform. Single Step Qualification List A - Eligible Billing Provider Types: Certified Nurse Midwife Nurse Practitioner Clinic Federally Qualified Health Center (FQHC) Clinic, Rural Health Medical, freestanding Clinic, Rural Health Medical, hospital-based List B - Eligible Billing Provider Specialties: Pediatric Physician, Development and Behavioral OB-GYN Physician Family Medicine Physician Family Medicine Physician, Addiction Medicine General Pediatric Physician Geriatric Medicine Physician	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

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
		General Practice Physician Internal Medicine Physician Internal Medicine Physician, Addiction Medicine Family Nurse Practitioner Pediatric Nurse Practitioner Nurse Practitioner, General Women's Health Nurse Practitioner Logic: List A or List B The second avenue for practice eligibility requires review of the practice-level billing type as well as the provider type/specialty for affiliated providers. Practices with a billing provider type on the following list AND a rendering provider type from either of the lists above. Two-Step Qualification List C - Billing Provider Types: Behavioral Health Agency Only if integrating physical health into a behavioral health space School based health clinics Birth Center, Licensed Only if also performing primary care for women's health Clinic, Mental Health Center – DOH Certified (CMHC) Only if integrating physical health into a behavioral health space Schools List D - Rendering Provider Types: Certified Nurse Midwife			

Name of Directed Payment	Effective Date	Provider Class	Type of Directed Payment	Payment Terms to MCO	Frequency of Payments to Providers
		Nurse Practitioner List E - Rendering Provider Specialties: Pediatric Physician, Development and Behavioral OB-GYN Physician Family Medicine Physician Family Medicine Physician, Addiction Medicine General Pediatric Physician Geriatric Medicine Physician General Practice Physician Internal Medicine Physician Internal Medicine Physician, Addiction Medicine Family Nurse Practitioner Pediatric Nurse Practitioner Nurse Practitioner, General Women's Health Nurse Practitioner Logic: List C and (List D or List E) and has submitted at least one Medicaid claim and successfully reported on the PCPR quality metrics during the specified performance period.			
Ambulance Supplemental Payment Program (ASPP)	January 1, 2024	Government Owned Emergency Transport providers who submitted a cost report for the prior year, enrolled in Medicaid, and provide services to Medicaid beneficiaries.	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 Hospital provider enrolled as a Medicaid provider.	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
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
Home and Community Based Services (HCBS) and Evidence Based Practice (EBP)	July 1, 2024 (Sunsets December 31, 2024)	Providers of HCBS and EBP subject to the State plan amendment to implement the temporary economic recovery payments for HCBS and EBP	Uniform percentage increase to contracted rates as approved in New Mexico's APRA HCBS Spending Plan.	Separate Payment Term	As directed by HCA upon the MCOs' receipt of payment from HCA.
Twenty (20) Smallest Rural Hospitals	January 1, 2025 (Sunsets June 30, 2025)	The provider class is defined as the twenty (20) hospitals in rural or underserved New Mexico counties, with active provider type 201 with 98 beds or less	A uniform dollar amount for inpatient and outpatient hospital services based on actual utilization for this provider class	Separate Payment Term	As directed by HCA upon the MCOs' receipt of payment from HCA.
Agency Based Community Benefit Services (ABCB)	January 1, 2025	All providers billing for Agency Based Community Services	Uniform percentage increases to Agency-Based Community Benefit (ABCB) services rendered for Medicaid enrollees.	Monthly Capitation	Per Encounter

- The CONTRACTOR must comply with Section **Error! Reference source not found.** 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 **Error! Reference source not found.** Sanctions.

Attachment 11: Non-Risk Arrangements

This attachment sets forth the services under the CONTRACT that are under a non-risk arrangement, in accordance with 42 C.F.R. § 447.362.

Non-Risk Arrangement	Services subject to the non-risk arrangement	Frequency of payment from HCA to the CONTRACTOR based on reported utilization
Reserved.		