


Special COVID-19 Letter of Direction #11

Date: May 28, 2020 (effective March 13, 2020)

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 

Subject: COVID-19 MCO Guidance for MCO Reporting Requirements

Title: COVID-19 MCO Reporting Requirements

The purpose of this revised Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for modification of services and program standards related to the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak. The purpose of these changes is to assure the continuation of essential services to Medicaid patients without disruption or delay while following Centers for Disease Control and Prevention (CDC) direction to maximize social distancing for the duration of the public health emergency.

This COVID-19 LOD replaces and provides clarification to LOD #31 section 9- Reporting Requirements.

- This LOD corrects the omission of the 2019 DSIPT reports, some program and other reports, and multiple financial reports which are essential and required for rate setting, reconciliation and payment, and MLR calculation.

1. Reporting Requirements:

- Reporting on Provider Rate Increases** – The MCOs should continue to submit their weekly provider rate increase reports every Monday.
- Other Reporting Requirements** – HSD is suspending required program and financial reporting submissions and associated reporting penalties, with the exception of those listed below. The MCOs should continue to monitor and capture data for all required reports. Normal reporting operations are to resume once the emergency declaration is terminated.

Required Program Reports	
#1 – Native American Members Report	#8 – Nursing Facility Level of Care (NFLOC) **annual report only
#2 – Call Center	#35 – Electronic Visit Verification (EVV)
#3 – Network Adequacy	#36 – Critical Incidents
#4 – Community Benefit	#44 - Pharmacy
#5 – Admissions and Readmissions	#55 –Geo Access
#6 – Care Coordination	#56 –Program Integrity
Required Ad Hoc and other Contractual Reporting	
2019 annual DSIPT reports	Residential Treatment Center
Agency-Based Community Benefit Provider Contracting	Tracking Measure #2 Diabetes Short Term Complications admissions – use MCO LFC PM template
Behavioral Health Utilization Management	Tracking Measure #4 Follow up after Hospitalization for Mental Illness
Behavioral Health Telemedicine	Tracking Measure #8 Ambulatory Care
Grievance and Appeals (report #37 **Summary and Analysis tabs only)	Tracking Measure #9 Dental
Pregnancy Termination Services report	
Required Financial Reports	
FIN-1 Schedule of Revenues and Expenses by Category	FIN-5M Community Services, Agencies Lag Report
FIN-1A Schedule of Revenues and Expenses by Category (annual supplement)	FIN-5N Nursing Facility/Hospice Lag Report
FIN-2 Schedule of Expenses Detail	FIN-5O Home-and-Community-Based Waiver (HCBW) Services/Personal Care Option Lag Report
FIN-4A Subcapitation Expenses Detail	FIN-5P Self Direction Services Lag Report
FIN-5A Inpatient Hospital Services Lag Report	FIN-5Q Patient Liability Lag Report

FIN-5B Outpatient Services Lag Report	FIN-8 Value Added Services/Non-State Plan Services Report
FIN-5C Physician Services Lag Report	FIN-9 Recovery and Cost Avoidance Report
FIN-5D Pharmacy Lag Report	FIN-12A Patient Liability Report
FIN-5E Dental Services Lag Report	FIN-15 Pharmacy Supplemental Report
FIN-5F Laboratory/Radiology Services Lag Report	Supplemental- Other Services Detail
FIN-5G Other Medical Services Lag Report	FIN-16 Payments to IHS and Tribal 638 Providers
FIN-5H Outpatient /Clinic Services Lag Report	FIN-23 Medicaid-Specific Unaudited Schedule of Revenue and Expenses Report
FIN-5I Residential Treatment Center Lag Report	FIN-28 Centennial Care Payment Increase Report
FIN-5J Behavioral Management Services Lag Report	FIN-13B Reinsurance Policy
FIN-5K BH Providers Lag Report	FIN-14 Administrative Expense Detail
FIN-5L Psychosocial Rehab Services Lag Report	LOD-9 Directed Payment to UNM Medical Group

HSD values its continued collaboration and partnership with the MCOs to implement these directives as quickly as possible to help assure the health and safety of Medicaid members and our fellow New Mexicans. Further direction will be provided as guidance and authorities become available.

The effective date of this LOD is backdated to the emergency declaration on March 13, 2020, however extensions to the due dates of newly added reports will apply, as specified by HSD. This COVID-19 Letter of Direction will sunset when the Human Services Department determines that the outbreak of the 2019 Novel Coronavirus (COVID-19) associated with the national public health emergency has been contained.