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Nicole Comeaux, J.D., M.P.H., Director

Letter of Direction #76

Date: February 28, 2022

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 

Subject: CAHPS 5.0H AHRQ Reporting and Revised Supplemental Questions

Title: CAHPS 5.0H AHRQ Reporting and Revised Supplemental Questions

Pursuant to the current Centennial Care 2.0 Professional Services Agreement (PSA), Section 4.12.5.2.3, Centennial Care Managed Care Organizations (MCOs) shall include the HSD required supplemental survey questions approved by NCQA in its CAHPS 5.0H that are listed in Contract Amendment #2 Attachment 9: CAHPS Supplemental Questions.

Effective with the 2022 CAHPS survey for Measurement Year 2021, Attachment 9: CAHPS Supplemental Questions of the Centennial Care 2.0 PSA shall be revised per this Letter of Direction (LOD) Attachment 1, CAHPS Supplemental Questions.

Next, per this LOD, the Centennial Care 2.0 PSA will be amended to include the addition of section 4.12.5.2.7. Effective with the 2022 CAHPS survey for Measurement Year 2021, the MCOs are instructed to follow the requirements outlined below:

4.12.5.2.7 The CONTRACTOR shall report annual CAHPS survey data into the Agency of Healthcare Research and Quality (AHRQ) CAHPS Database and authorize state-level reporting. Guidance for AHRQ CAHPS Database registration and reporting can be found at: <https://cahpsdatabase.ahrq.gov/HPSurveyGuidance.aspx>

Please contact Kathy Leyba at Katherine.Leyba@state.nm.us for questions related to this LOD.

This LOD will sunset upon inclusion in the Medicaid Managed Care Services Agreement.

Letter of Direction # 76 Attachment 1 CAHPS Supplemental Questions

Attachment 9: 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
990032	In the last 6 months, did anyone from your child’s health plan, doctor’s office, or clinic help coordinate your child’s care among these doctors or other health providers?	1) Yes 2) No	New Mexico	Approve
990033	In the last 6 months, who helped to coordinate your child’s care?	1) Someone from your child’s health plan 2) Someone from your child’s doctor’s office or clinic 3) Someone from another organization 4) A friend or family member 5) You	New Mexico	Approve
990010	How satisfied are you with the help you received to coordinate your child’s care in the last 6 months?	1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied	New Mexico	Approve
990152	In the last 6 months, has your child received any material from your health plan about care coordination and how to contact the care coordination unit?	1) Yes 2) No If Yes, please answer the following two questions.	New Mexico	Approve

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
990153	Did your child's Care Coordinator sit down with you and create a Plan of Care?	1) Yes 2) No	New Mexico	Approve
990154	Are you satisfied that your child's care plan talks about the help your child needs to stay healthy and remain in your home?	1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied	New Mexico	Approve

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
990034	In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?	1) Yes 2) No	New Mexico	Approve
990035	In the last 6 months, who helped to coordinate your care?	1) Someone from your health plan 2) Someone from your doctor's office or clinic 3) Someone from another organization 4) A friend or family Member 5) You	New Mexico	Approve
990008	How satisfied are you with the help you received to coordinate your care in the last 6 months?	1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied	New Mexico	Approve
990036	In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?	1) Yes 2) No	New Mexico	Approve
990037	In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit?	1) Yes 2) No If Yes, please answer the following two questions.	New Mexico	Approve
990038	Did your Care Coordinator sit down with you and create a Plan of Care?	1) Yes 2) No	New Mexico	Approve

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
990009	Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?	<ol style="list-style-type: none"> 1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied 	New Mexico	Approve
