




Michelle Lujan Grisham, Governor
 David R. Scrase, M.D., Secretary
 Nicole Comeaux, J.D., M.P.H., Director

Letter of Direction #90

Date: January 31, 2023

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 
 Neal A. Bowen, Director, Behavioral Health Services Division - NB by DM 1.31.23

Subject: New Behavioral Health Delivery System Improvement Performance Target

Title: New BH DSIPT

This Letter of Direction (LOD) serves as direction to the Centennial Care 2.0 Managed Care Organizations (MCOs) on a new Behavioral Health Delivery System Improvement Performance Target (BH DSIPT).

Effective January 1st, 2023, a new BH DSIPT described below, will replace the two (2) BH DSIPTs outlined in Attachment 3, of the Centennial Care 2.0 Medicaid Managed Care Services Agreement.

This LOD makes no changes to the Telemedicine DSIPT or the Value-Based Purchasing DSIPT as outlined in Attachment 3, of the Centennial Care 2.0 Medicaid Managed Care Services Agreement.

This LOD makes no changes to Section 6.12 of the Centennial Care 2.0 Medicaid Managed Care Services Agreement.

DSIPT Objective	Delivery System Improvement Performance Target	Number of Points out of 100
Behavioral Health Visit	<p>The CONTRACTOR shall increase the number of unique Medicaid Managed Care members receiving outpatient Behavioral Health Services.</p> <p>The CY 23 target is 25%.</p> <p>The CONTRACTOR shall provide quarterly reports to HSD with the number of unique Members receiving outpatient Behavioral Health services and an analysis of trends observed.</p>	50

	<p>The quarterly reports are due to HSD thirty (30) Calendar Days after the end of each quarter. The annual supplement is due to HSD by May 30th of the year following the reporting period.</p> <p>DENOMINATOR: All Medicaid Managed Care Members, based on the Medicaid Enrollment Report (MER) from the last month of the reporting quarter (March, June, September, and December), and for the last day of the calendar year.</p> <p>NUMERATOR: Unique Medicaid Managed Care Members with an outpatient visit for behavioral health services provided by a behavioral health or a non-behavioral health practitioner, excluding visits occurring in the emergency room or in long term care facilities, and with a diagnostic sequencing of a BH diagnosis within the primary to tertiary range, during the reporting period.</p>	
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This LOD will sunset at the end of term period of the Centennial Care 2.0 Medicaid Managed Care Services Agreement.