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Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
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Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

**Date: April 21, 2025**

**To: Darcie Robran-Marquez, CEO Molina Health Care**

**From: Jennifer Jones, Deputy Bureau Chief, Managed Care Oversight Bureau**

**CC: Dana Flannery, Medical Assistance Division (MAD) Director, Michal Hayes, MAD Deputy Director, and Charles Canada, Acting Compliance Unit Bureau Chief**

**RE: Notice of Concern: Credentialing, Appointment Standards, and Care Coordination Requirements**

The New Mexico Health Care Authority/Managed Care Oversight Bureau (HCA/MCOB) is writing to Molina Health Care (MHC) to express concerns regarding implementation of credentialing, appointment standards, and care coordination requirements, pursuant to the following sections of the Turquoise Care Medicaid Managed Care Services Agreement (MSA) PSC 24-630-8000-0029, A1 and Turquoise Care Policy Manual (PM):

- MSA - 4.8.16 Standards for Credentialing and Recredentialing
- MSA - 4.4.7 Care Coordination Activities,
- MSA - 4.8.8 Appointment Standards,
- MSA - 4.12 Population Health Management and Quality Assurance,
- MSA - 4.8.8.7 "secret shopper" surveys
- PM - 4.15.2 Care Coordination Presence in Hospitals

You must work cooperatively with HCA to address and resolve HCA's concerns pursuant to MSA Sections 1.7 and 7.32.

### A. Standards for Credentialing and Recredentialing

MSA Section 4.8.16.5 requires MHC to work with all other managed care organizations (MCOs) to contract with a single, centralized and National Committee for Quality Assurance approved Credential Verification Organization to process credentialing applications and perform primary source verifications. HCA provided a directive on May 24, 2024 to all MCOs to form a work group to develop a unified credentialing solution and implementation plan for HCA review. HCA held meetings with all four MCOs to assess progress on December 10, 2024, and January 23, 2025. The unified plan submitted by MCOs on February 5, 2025 did not align with contract requirements, nor HCA expectations. Specifically, the MCO-proposed credentialing solution requires a provider to interface with each of the MCOs individually to complete the credentialing process, rather than through a centralized credentialing single vendor. This

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causes unnecessary provider burden, delays in access to services, and does not align with the requirements delineated in MSA Section 4.8.16.5.

MHC must remedy the above cited issues and implement a unified credentialing solution by no later than October 1, 2025. In addition, MHC must coordinate with Blue Cross Blue Shield (BCBS), United Health Care (UHC), and Presbyterian Health Plan (PHP) to submit a single unified plan to HCA that addresses, at minimum, the following:

1. A unified credentialing solution that addresses MSA 4.8.16.5.2, offers a single portal, that allows providers to submit single applications and upload all required documentation for the credentialing/recredentialing process online.
2. Development of a procedure to ensure there is unified communication to providers for outstanding items at initial credentialing and recredentialing for any of the MCOs, including but not limited to:
    a. Use of a single, standardized credentialing form developed by the credentialing/recredentialing committee or other peer review body.
    b. Collaboration with the other MCOs to develop standard forms, processes, and solutions used for credentialing/recredentialing.
3. A detailed implementation schedule to align with the go live date of October 1, 2025.
    a. Ensure the inclusion of mitigation plans to ensure all providers receive timely assistance through the transition to the unified credentialing/recredentialing process.
4. Designate a credentialing/recredentialing committee or other peer review body to make recommendations and decisions regarding credentialing issues including, but not limited to:
    a. Ongoing Plan, Do, Study, Act procedures to identify points of failure or areas for improvement.
    b. A mitigation plan to ensure points of failure or bottlenecks are resolved timely and providers are not burdened with additional tasks.
5. Align recredentialing timelines among all MCOs and provide a centralized contact procedure for recredentialing.
6. Development of a communication plan to ensure existing and prospective providers and other stakeholders are aware of the MCO centralized credentialing process.

The plan must be submitted via email to HCA-MCODeliverables@hca.nm.gov by May 5, 2025.

**B. Appointment Standards**

MSA Section 4.4.7.2.5 requires MHC to coordinate member access to covered services (e.g., scheduling appointments, arranging transportation, making referrals); 4.8.8.6 requires that appointment timeliness standards are met; and 4.12.1.3.2 requires MCOs to utilize information systems to integrate and analyze

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data to inform population identification, risk stratification, individual and population needs, track referrals to external community resources, and monitor and evaluate the effectiveness of the population health management strategies and targeted interventions. In addition, MSA 4.8.8.7 and MSA 4.8.8.7.1 requires MHC to conduct "secret shopper" surveys to monitor appointment timeliness according to MSA 4.8.8.6 specifications.

Information gathered through discussions and MCO report submissions to HCA reflect that MHC does not have a method for consistently tracking referred and fulfilled services across all service categories nor the ability to report on real time appointment timeliness.

MHC quarterly "secret shopper" survey report submitted calendar year (CY) 2024 Q3 and CY2024 Q4 does not align with the specifications in MSA 4.8.8.6. In the CY2024 Q3 and CY2024 Q4 #6 Care Coordination report on Tab XII. Referrals to "Comp Services" showed several service categories with a percentage of fulfilled referrals below 50%. This data is prompting HCA's concern that tracking for these service categories is insufficient. Given that referrals were not fulfilled, HCA is concerned MHC is not meeting timeliness to care appointment standards and the contractual requirements cited above. Service categories falling under 50% include:

CY2024 Q3 #6 Care Coordination report data:

1. CCL1
    a. Outpatient/Clinic Services – 30.3%
    b. Physician Services – 2.4%
    c. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 0%
    d. Dental Services – 0%
    e. Total for all Service Categories – 31%
2. CCL2
    a. Outpatient/Clinic Services – 13.3%
    b. Physician Services – 0%
    c. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 0%
    d. Dental Services – 0%
3. CCL0
    a. Physician Services – 0%
    b. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 0%
    c. Dental Services – 0%
    d. Other Medical Services – 45%

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CY2024 Q4 #6 Care Coordination Report:

4. CCL1
   a. Outpatient/Clinic Services – 30%
   b. Physician Services – 1.7%
   c. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 3.3%
   d. Dental Services – 0%
5. CCL2
   a. Outpatient/Clinic Services – 30%
   b. Physician Services – 0%
   c. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 8.3%
   d. Dental Services – 0%
6. CCL0
   a. There were no identified referrals in this category and Q3 information was not in Q4 report.

MHC must remedy the above cited issues and provide a plan as to how MHC will address the concerns noted above. The plan must, at a minimum, address the following:
1. Outside of the secret shopper surveys, how MHC is meeting contracted requirements delineated in MSA Sections 4.4.7.2.5. 4.8.8.6, and 4.12.1.3.2 for all service categories.
2. How MHC tracks, reports, and monitors access to care and timeliness of covered services and coordination of those services for each population.
3. A timeline for full implementation of initiatives addressing gaps identified and aligning MHC processes with the above-mentioned standards.

The plan must be submitted via email to [HCA-MCODeliverables@hca.nm.gov](mailto:HCA-MCODeliverables@hca.nm.gov) by May 5, 2025.

**C. Comprehensive Addiction Recovery Act (CARA) Care Coordination**

The Turquoise Care Managed Care PM 4.15.2, Care Coordination Presence in Hospitals, requires that MHC have a care coordination presence in specific hospitals. In the MHC deliverable provided to the HCA Quality Bureau on April 3, 2025, it does not appear that MHC has a presence in all five hospitals as outlined in the PM:
   a. *University of New Mexico Children's Hospital Level IV*
   b. *Lovelace Women's Hospital Level III*
   c. *Presbyterian Main Hospital Level III*
   d. *Memorial Medical Center Level II; and*
   e. *Mountain View Medical Center Level II*

MHC must remedy the above cited issues by no later than 90 days from the date of this notice and provide a detailed plan that addresses, at minimum, the following:

1. How MHC will ensure care coordinator presence in all five hospitals within 90 days.
2. How MHC will ensure daily engagement with the CARA population in the five locations within 90 days.
3. How MHC is monitoring daily attendance at each of the five hospital locations.
   a. Provide an example of the attendance sheet/tracking mechanism MHC is using to monitor daily attendance.

The plan must be submitted via email to HCA-MCODeliverables@hca.nm.gov by May 5, 2025.

Failure to demonstrate compliance with requirements outlined in this Notice of Concern may result in additional compliance actions, pursuant to MSA 7.3, up to and including sanctions.

If you have any questions, please contact your contract manager.

Jennifer Jones
New Mexico Health Care Authority
MCOB Deputy Bureau Chief
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