



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Date: August 22, 2025

To: Gabriel Parra, CEO Presbyterian Health Plan

From: Tallie Tolen, Acting Bureau Chief, Managed Care Oversight Bureau

CC: Dana Flannery, Medical Assistance Division (MAD); Michal Hayes, MAD Senior Deputy Director; Alanna Dancis, MAD Chief Medical Officer; Jennifer Jones, Deputy Bureau Chief, Managed Care Oversight Bureau; Kathy Leyba, Quality Bureau Chief

RE: Partial Acceptance of Contractor Corrective Action Plan Response – Children in State Custody: Resubmission Required

The New Mexico Health Care Authority's Managed Care Oversight Bureau (HCA/MCOB) acknowledges receipt of Presbyterian Health Plan's (PHP) Corrective Action Plan (CAP) submission dated June 30, 2025, addressing deficiencies related to the provision of timely and comprehensive care for Children in State Custody (CISC).

Following a comprehensive review, HCA has determined that PHPs response does not fully satisfy all criteria and requirements set forth in the CAP, issued May 13, 2025, and resubmission of some elements are required. Specifically, the submission lacks clearly defined measurable objectives, outcomes, and sufficient detail to determine if proposed remediation efforts will effectively resolve identified deficiencies. To support PHP in meeting its CAP obligations, HCA will convene a mandatory technical assistance session, during which HCA will conduct a detailed review of PHP's submission, clarify expectations for future reporting, and address gaps identified in the current response. In preparation for the technical assistance meeting, HCA has provided feedback in the table below, including specific status on acceptance of the CAP for each sub-standard.

| CAP # | CAP Description | HCA Acceptance Status |
|-------|---|--|
| 1.A | Complete or update a behavioral health network gap analysis for Children in State Custody (CISC) members including a county-by-county map of the behavioral health provider network, number of Presbyterian Health Plan (PHP) enrolled CISC members by county and identify critical gaps by county in access to behavioral health services. | Accepted and closed |
| 1.B | Where gaps exist, describe short-term and long-term strategies, with timelines, describing how PHP will address provider shortages and ensure access to care. | Contingent acceptance pending resubmission/ additional reporting |
| 1.C | Describe how PHP is monitoring providers to ensure they are meeting appointment timeliness standards, as outlined in MSA 4.8.8.6 and 4.8.8.6.5. | Not accepted. Resubmission required |



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| 1.D | Report attendance percentage of PHP involvement in leadership grand rounds. | Accepted and closed |
| 1.E | Submit oversight procedures and a monthly report for in-state and out-of-state CISC members, including but not limited to: a. Individual CISC medical record reviews, completion dates, staff responsible, and frequency of reviews b. Discharge planning indicating inclusion of Children Youth and Families Department (CYFD) c. Escalation from care coordinators to PHP leadership of issues/concerns with placements or clinical concerns with child placement, with timeframes d. Dates PHP has monitored placement facilities to ensure safety and efficacy of emergency placements; in-person care coordination visits, include staff responsible and frequency e. Oversight of routine care for CISC members, include dates of follow-ups, provider types, completed coordination, and internal monitoring efforts f. Submission of process improvements to interagency critical incident review (CIR) communication, including timeframes, oversight, and infrastructure to the monitor the Critical Incident Report (CIR) process. | Contingent acceptance pending resubmission/ additional reporting |
| 2. Efforts to Bring Children Placed Out-of-State Back to New Mexico | | |
| 2.A | Narrative of monthly efforts that ties to out-of-state reporting in 1E (a-f). | Contingent acceptance pending resubmission/ additional reporting |
| 2.B | Specific plan for children who have been in out-of-state Residential Treatment Center (RTC) for longer than 90 days. The plan should include but not be limited to individuals involved, staffing dates, coordination with in - state placements, and if no facility has been determined, efforts to meet the medically necessary needs of the child in-state. | Contingent acceptance pending resubmission/ additional reporting |
| 3. Pharmacy | | |
| 3.A | Submission of PHP's data dashboard reviewing and monitoring medications, polypharmacy and psychotropic medications for CISC Members. | Contingent acceptance pending resubmission/ additional reporting |
| 3.B | Submission of oversight policies and procedures, including frequency of PHP's oversight of polypharmacy and psychotropic utilization. | Accepted and closed |
| 4. Network Adequacy CAP Elements | | |
| 4.A | Efforts to review and expand Treatment Foster Care (TFC) and the CISC network, including family-based placements with supportive services and immediate crisis care services for children, resource families, and TFC providers to leverage prior to disruption. | Contingent acceptance pending resubmission/ additional reporting |



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| 4.B | <p>Month-over-month numbers of identified (i.e., non-contracted), existing (i.e., contracted), and newly contracted providers (i.e., those with signed agreements within the reporting month) serving the CISC population. Identify in-state, in-network, out-of-network providers, and those with single-case agreements who provide services to CISC members for the following:</p> <ul style="list-style-type: none">a. Inpatient Acute Careb. Residential Facilities/Treatment Programsc. TFC Providersd. Partial Hospitalization Programse. Intensive Outpatient Programsf. Day Treatment Servicesg. Rural Health Clinics providing Behavioral Health Services-h. Non-Accredited RTC and Group Homes providing Behavioral Health Servicesi. Indian Health Service and Tribal 638s providing Behavioral Health Servicesj. Outpatient Service Providers, including High-Fidelity Wraparound, Crisis Services and Evidenced-Based Practice Capacity | Accepted and closed |
| 4.C | <p>Describe the barriers and solutions PHP operationalized or will implement to expand the provider network. Include any innovations with building and maintaining placements and meeting the needs of the CISC population. Details must include:</p> <ul style="list-style-type: none">a. The number of contacts/outreaches made with non-contracted TFCsb. Interventions/supportive services provided to members to maintain and support emergency placementsc. Summary of workforce expansion efforts and data, as identified in PHP's recruitment pland. Dates and brief content summaries of meetings with Mesilla Valley Hospital, the University of New Mexico, and Presbyterian delivery systeme. Results of the meetings and dates of new contracts/initiated contracts, including expanded capacity to improve access to care for CISC in New Mexicof. Five actions/solutions, with implementation timeframes to proactively address impediments to TFC placements or network capacity issues | Contingent acceptance pending resubmission/ additional reporting |
| 4.D | <p>Describe PHP's infrastructure and oversight procedures to monitor ongoing network sufficiency</p> <ul style="list-style-type: none">a. Submit policy and procedures for all staff to follow to escalate and resolve network inadequacies. | Accepted and closed |



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| 4.E | Describe how PHP is monitoring and leveraging the current network to improve access to Well Child Visits (WCVs) for children at risk of not receiving a WCV within 30 days of entry into state custody. Data should include and identify WCVs provided by in state and out-of-state providers. | Contingent acceptance pending resubmission/ additional reporting |
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While HCA has accepted and closed certain sub-standards for ongoing reporting under the CAP, the CAP itself remains **open**. PHP is required to resubmit information for required elements that were not accepted or contingently accepted by HCA, and must continue submitting evidence to demonstrate progress and compliance with CAP requirements. Any instances of non-compliance may be subject to additional or progressive compliance actions.

To accommodate the timeline for technical assistance, HCA is suspending the CAP submission previously due August 30th, 2025. PHP's next CAP submission is due September 30, 2025, and monthly thereafter until the CAP has been closed. The September submission must address all reporting requirements and elements outlined by HCA during the mandatory technical assistance session. All CAP submissions must be sent to HCA-MCOTDeliverables@hca.nm.gov.

PHP must work cooperatively with HCA to address and resolve HCA's concerns pursuant to MSA Sections 1.7 and 7.32. Failure to demonstrate compliance with requirements may result in additional compliance actions, pursuant to MSA 7.3, up to and including sanctions.

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

Tallie Tolen

Tallie Tolen
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Acting MCOB Bureau Chief
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