



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

Date: April 21, 2025

To: Andrew Peterson, CEO United 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

The New Mexico Health Care Authority/ Managed Care Oversight Bureau (HCA/MCOB) is writing to United Health Care (UHC) to express concerns regarding implementation of credentialing 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:

- MSA - 4.8.16 Standards for Credentialing and Recredentialing
- MSA - 4.4.7 Care Coordination Activities, 4.8.8 Appointment Standards, 4.12 Population Health Management and Quality Assurance, and 4.8.8.7 “secret shopper” surveys

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 UHC 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. To align with 4.8.16.5, 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 centralized credentialing a single vendor. This causes unnecessary provider burden, delays in access to services, and does not align with the requirements delineated in MSA Section 4.8.16.5.



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

1. A unified credentialing solution that addresses MSA 4.8.16.5.2, offer 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 other 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 to include 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 procedure 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 amongst all MCOs and provide a centralized contact procedure for recredentialing.
6. 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-MCOTDeliverables@hca.nm.gov by May 5, 2025.

B. Appointment Standards

MSA Section 4.4.7.2.5 requires UHC to coordinate member access to covered services (e.g., scheduling appointments, arranging transportation, making referrals); 4.8.8.6 requires that appointment standards are met; 4.12.1.3.2 requires MCOs utilize information systems to integrated an analyze 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 of the population health



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management strategies and targeted interventions. In addition, MSA 4.8.8.7 and MSA 4.8.8.7.1 requires UHC 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 UHC does not have a consistent method for tracking referred and fulfilled services or the ability to report on real time appointment timeliness.

UHC 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 either zero referrals or there were several service categories with a percentage of fulfilled referrals below 50%. This data is prompting HCAs concern that tracking for these service categories is insufficient. Given that referrals were either not delivered or not fulfilled, HCA is concerned UHC 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

1. Show 10% referral fulfilled rate for Nursing Facility/Hospice for CCL1. All other service categories in CCL1, CCL2, and CCL0 showed zero referrals.

CY2024 Q4 #6 Care Coordination Report

2. Q4 showed an improvement in numbers of referrals sent and numbers of referrals fulfilled. However, there were zero referrals in the Nursing Facilities and Outpatient/Clinic Services across CCL1, CCL2, and CCL0. Referrals fulfilled numbers were below 50% in the following areas:
 - a. CCL1
 - i. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 21.7%
 - ii. Dental Services – 32.5%
 - b. CCL2
 - i. Physician Services – 41.7%
 - ii. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 38.5%
 - iii. Home and Community Based Services – 33.3%
 - iv. Dental Services – 36.8%



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- i. Physician Services – 37.5%
- ii. Behavioral Health Services (non-IP, OP/Clinic & Rx) – 0%
- iii. Home and Community Based Services – 13.3%
- iv. Dental Services – 33.3%

UHC must remedy the above cited issues and provide a plan as to how UHC will address the concerns noted above. The plan must, at a minimum, address the following:

- 1. Outside of the secret shopper surveys, how UHC is currently 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 UHC 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 UHC processes with the above mentioned standards.

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

Failure to demonstrate compliance with requirements outlined in this Notice of Concern may result in additional compliance action 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