

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

May 6, 2024

Dear New Mexico Medicaid Community Partners:

New Mexico's maternal mortality is higher than the national average and the rate of inadequate prenatal care is 8% above the national average (March of Dimes, 2021).

New Mexico's Maternal Mortality Review Committee report found that the maternal mortality of women over 35 years old was 48 deaths per 100,000 live births—more than double the national average for maternal mortality (New Mexico Department of Health, 2018). Recognizing these concerning rates, the Human Services Department (HSD) Medical Assistance Division (MAD) is implementing a new and innovative approach to improving maternal and infant health.

The urgency of this situation has underscored the critical need for transformative solutions, and we stand unwavering in our dedication to making meaningful contributions toward mitigating this pressing issue. HSD MAD sees opportunities to better engage and support pregnant and postpartum members.

For example, for the Comprehensive Care and Recovery Act (CARA) population, approximately 25% of members with a CARA Plan of Safe Care are engaged in Care Coordination with the state's Managed Care Organizations (MCOs). Care coordination includes completion of a Health Risk Assessment (HRA) and Comprehensive Needs Assessments (CNA) where indicated, and subsequent referral assistance and navigation of services. These are vulnerable parents/caregivers and babies.

HSD MAD's new approach arises from the state's commitment to effect positive change. Embracing this new approach reflects the state's collective determination to make significant improvement in enhancing maternal healthcare outcomes and ensuring the well-being of perinatal members across the state. HSD MAD is pioneering new initiatives that have the potential to significantly impact the maternal mortality rate and foster a healthier future for our communities.

Delegated care coordination is a key component of HSD MAD's innovative approach to improve health during pregnancy and postpartum, and for infants. This will require the MCOs to contract with Community Based Organizations (CBOs) and other providers to deliver the contractually required care coordination. The purpose of this new requirement is to increase engagement and have increased face-to-face and community driven solutions for health.

The MCOs will still be responsible for the oversight to ensure all contractual care coordination requirements are met. Delegated care coordination is designed to work with local resources, such as Indian Health Service, Tribal 638 and Urban Health Programs (I/T/U), primary care and specialty clinics, Patient Centered Medical Homes (PCMHs), Health Homes, Core Service Agencies (CSAs), School-Based Health Center (SBHCs), CHWs,

Community Health Representatives (CHRs), High Fidelity Wrap-Around (HFW) Teams, Paramedicine programs, community-based agencies, PCS agencies, Centers for Independent Living, and Tribal services, reimbursing them in mutually agreeable arrangements, to assist in performing the Care Coordination functions.

Contact the Turquoise Care Medicaid MCOs for potential contracting opportunities and further information at the contacts listed below:

Blue Cross Blue Shield of New Mexico Monica Marthell, 505-816-2418, <u>Monica_Marthell@bcbsnm.com</u> Dodie Grovet, 505-816-2827, dodie grovet@bcbsnm.com

Molina Health Care Jennifer Sandoval, 505-225-3986, <u>Jennifer.Sandoval2@MolinaHealthcare.com</u>

Presbyterian Health Plan Shannon Smith, 505-977-5823, <u>ssmith11@phs.org</u> April Stamper, 575-932-9231, <u>astamper3@phs.org</u>

United Health Care Plan Kristy Valdez, 505-243-9183, <u>Kristy.valdez@uhc.com</u>

Sincerely,

Dana Flannery Medical Assistance Division Director

CC:

Kari Armijo, Cabinet Secretary, Human Services Division, Health Care Authority Elisa Walker-Moran, CFO, Medical Assistance Division