



FY13 Quarter Four Performance Report

April 1, 2013 - June 30, 2013

New Mexico Department of Health
Retta Ward, Cabinet Secretary

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NEW MEXICO DEPARTMENT OF HEALTH

VISION:

A healthier New Mexico!

MISSION:

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico!

FY13 OPERATING BUDGET:

General Funds: 291,991.5

Federal Funds: 105,906.1

Other State Funds: 113, 938.7

Other Transfers: 26,452.1

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Goal 1: Improve Health Outcomes for New Mexicans

PROGRAM AREA 2: Public Health

Purpose:

Public Health fulfills the DOH mission by working with individuals, families, and communities in New Mexico to improve health status, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public Health provides leadership by assessing the health status of the population; responding to outbreaks and health concerns in the population; developing sound public health policy; promoting healthy behaviors to prevent disease, injury, disability, and premature death; educating, empowering, and providing technical assistance to create healthy communities; mobilizing community partnerships to identify and solve health problems; assuring access to health care through recruitment and retention activities such as the J-1 Visa Program, licensing midwives, tax credits for rural health providers, as well as administering funding for rural primary health care providers serving populations in need throughout the state; and providing safety net clinical services.

FY13 OPERATING BUDGET:

General Funds: 66,764.5

Federal Funds: 79,152.8

Other State Funds: 29,589.3

Other Transfers: 13,171.8

PROGRAM AREA 3: Epidemiology and Response

Purpose:

Epidemiology and Response fulfills the DOH mission by monitoring health, providing health information, preventing disease and injury, promoting health and healthy behaviors, responding to public health events, preparing for health emergencies, and providing emergency medical, trauma, vital registration, and sexual assault-related services to New Mexicans.

FY13 OPERATING BUDGET:

General Funds: 8,023.4

Federal Funds: 13,949.5

Other State Funds: 1,416.5

Other Transfers: 182.7

PROGRAM AREA 4: Laboratory Services

Purpose:

Laboratory Services fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment and toxicology programs in New Mexico. The laboratory provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primacy bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico. New Mexico statute dictates that the Scientific Laboratory Division (SLD) is the primacy laboratory for the New Mexico Department of Health, the New Mexico Office of the Medical Investigator, the New Mexico Environment Department, and the New Mexico Department of Agriculture.

FY13 OPERATING BUDGET:

General Funds: 7,206.1

Federal Funds: 2,138.7

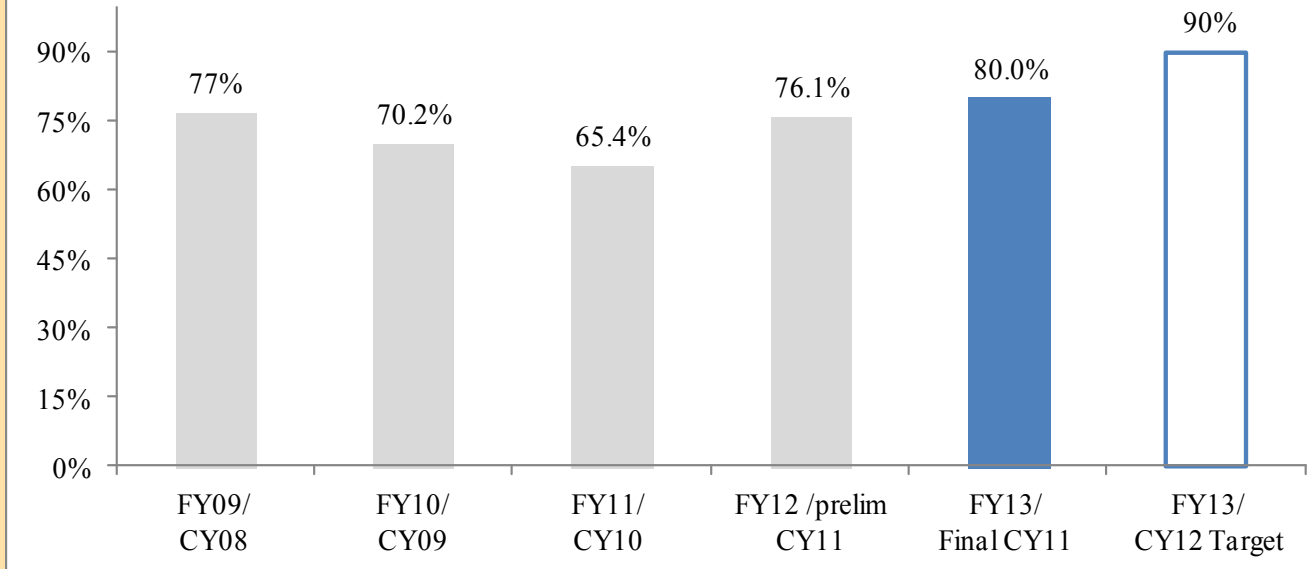
Other State Funds: 2,837.5

Other Transfers: 0.0

Results At-A-Glance

Program Area	Performance Measure	FY12 Actual	FY13 Target	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4
Public Health	Percent of preschoolers (19 to 35 months) fully immunized	Preliminary CY11 76.1%	90%	Final CY11 80.0%	Final CY11 80.0%	Final CY11 80.0%	Final CY11 80.0%
Public Health	Number of teens ages 15-17 receiving family planning services	5,631	7,000	1,395	1,223	1,248	1,614
Laboratory Services	Percent of blood alcohol tests from DWI cases analyzed and reported within ten business days	44.6%	95.0%	90.8%	86.1%	94.4%	84.6%

Percent of Preschoolers Fully Immunized



Measure History

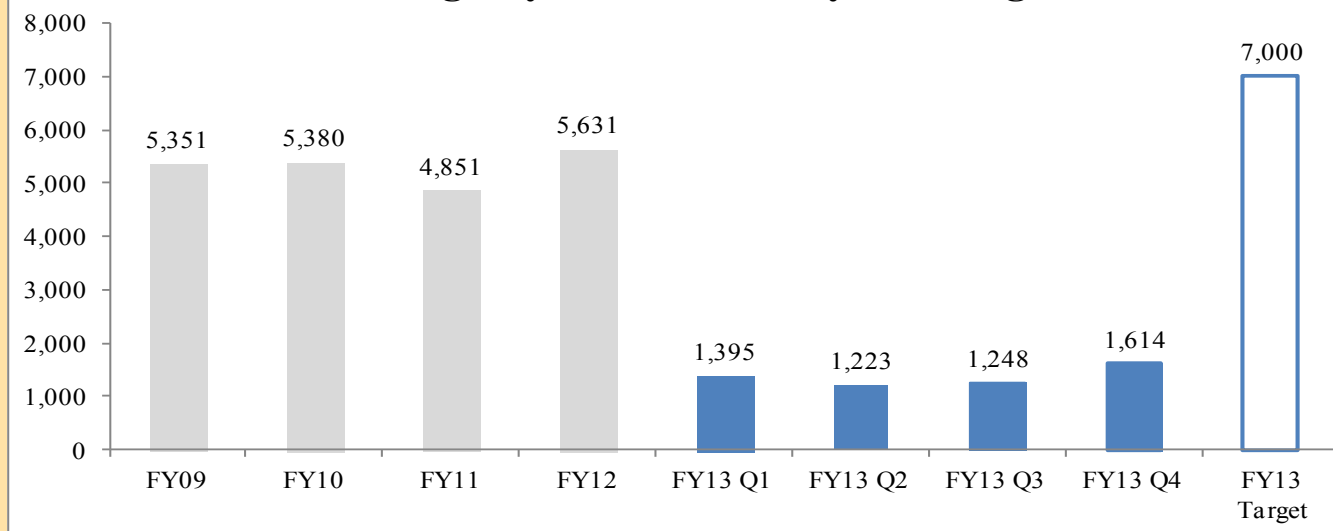
Data for this measure comes from the National Immunization Survey (NIS) conducted by the Centers for Disease Control and Prevention (CDC). The (NIS) has been conducted annually since 1994 by the National Immunization Program and the National Center for Health Statistics (NCHS), and the CDC. The NIS is a random digit dialing telephone survey of households with age-eligible children followed by a mail survey of the children's vaccination providers to validate immunization information.

% Preschoolers Fully Immunized	CY08	CY09	CY10	CY11
New Mexico	77.0%	70.2%	65.1%	80.0%
United States	76.1%	63.6%	70.2%	77.0%

Action Plan

- Deliver all pediatric vaccine (~1.2 million doses) to approximately 500 *Vaccines for Children* Providers statewide.
- Provide education, training and approval for use of the NM Statewide Immunization Information System (NMSIIS). In addition to yielding reports and information for infectious disease control, NMSIIS will be accessed by providers to deliver needed immunizations on a timely basis, to reduce over- or under-immunization of the population.
- Collaborate with healthcare providers and schools to conduct outreach immunization clinics (*i.e.* weekend and after-hours clinics, back-to-school clinics, Tribal Health, school-located influenza immunizations).
- Provide oversight for protection of the state's vaccine supply through: professional education; issued equipment (*e.g.*, thermometers); and consistent monitoring of vaccine storage and handling practices.
- Conduct annual quality assurance visits, with consultation for improving rates of immunization among children 19-35 months of age to *Vaccines for Children* providers.

Number of Teens Ages 15-17 Receiving Family Planning Services in Agency-Funded Family Planning Clinics



Measure History

The Family Planning Program (FPP) promotes and provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility. These family planning services aid individuals and families in making choices regarding the spacing and number of their children. Family planning is an integral component of the DOH's efforts to reduce teen pregnancy, prevent unintended pregnancies and STDs, reduce infant mortality and morbidity, and improve the health of women and men of all ages.

The cumulative number for FY13 will be available in February 2014 when the Family Planning Annual Report is completed. The cumulative number cannot be determined at this time because clients might have more than 1 visit per year, and these repeat visits have not yet been de-duplicated from the dataset.

Activities

The FPP implemented the Teen Outreach Program (TOP), a nine-month program that aims to decrease teen pregnancy and increase school success with curriculum guided activities and a community based service learning component to high risk teens during after school hours. Completing the TOP program with fidelity means that participants must: consent to participate; complete the pre- and post-survey; attend weekly curricula; complete at minimum 20 hours of community service learning; and attend the program for the full nine months. The FPP's goal was to serve 500 youth statewide with fidelity in TOP.

The FPP also implements *Raíces y Alas*, a two-hour workshop for parents of adolescents. The workshop is designed to increase parents' confidence to talk with their children about sex and sexuality and to help parents give their children solid foundations of knowledge to make healthy decisions regarding their health and relationships. Each TOP must complete two *Raíces y Alas* workshops in their local community.

And, the FPP works toward comprehensive sex education for Latino teenagers like *Cuidate!* ("Take Care of Yourself!") which focuses on reducing risk of contracting STIs (including HIV) and preventing unplanned pregnancy.

Activities (continued)

On May 9-10, Health Educators from Lea & Eddy Counties presented Birth Control & STI's Classes to young ladies & men of the Freshman High School in Hobbs.

The San Miguel Public Health Office was invited to present information regarding: STD's, abstinence, birth control, sexual coercion, and the consequences that can occur when participating in risky behaviors. The presentation took place at the West Las Vegas Family Partnership on May 9th and involved 38 students, counselors and teachers. The students were very involved and participated in a Jeopardy game by asking various questions and demonstrating an interest in caring for their health.

On May 14, FPP presented *¡Cuidate!* to 12 participants of Ben Archer's TOP in Hatch. This was the first of a 3-session series at the nonprofit community health center.

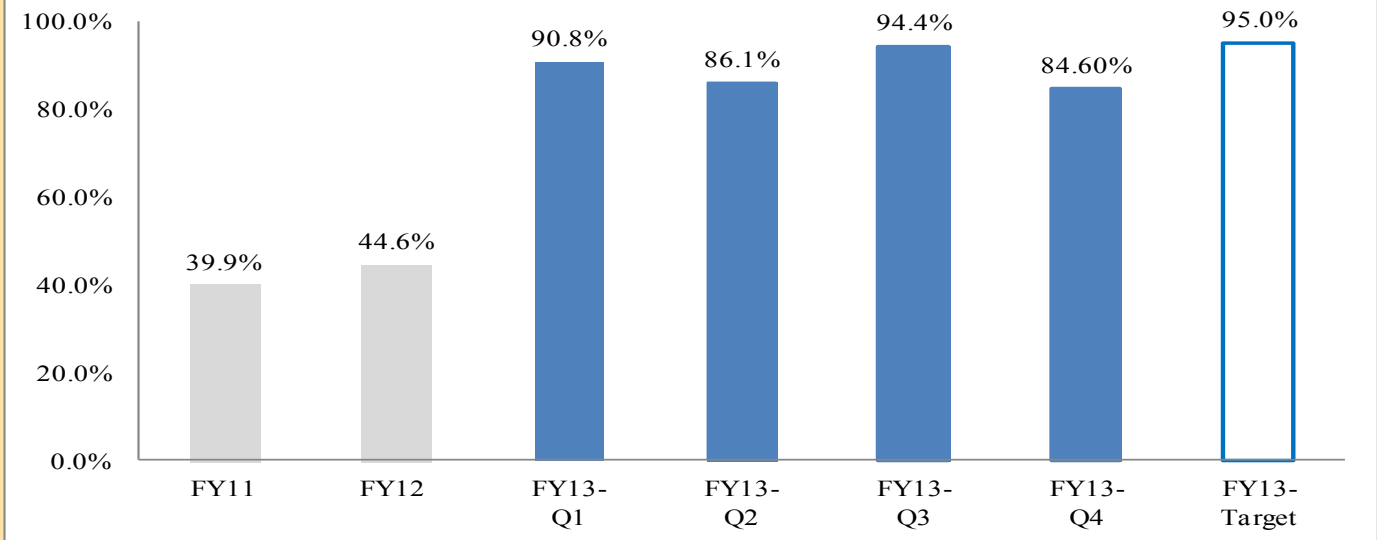
The South Valley Male Involvement Program (SVMIP) Coordinator presented a program on preventing STD's to 119 eighth graders in Science classes at Bernalillo Middle School. Each presentation included activities, discussion, and a question and answer period.

An FPP employee presented an interactive program on Adolescent Reproductive Health at the Alamosa Community Center to 37 teens who were participating in the 3-on-3 Basketball Tournament, an annual health promotion event sponsored by the SVMIP as a healthy alternative to violence and high risk behaviors.

Action Plan

- The FPP funded clinics will continue to provide confidential, family planning services to teen clients aged 15-17 at over 100 sites in Public Health Offices, Primary Care Clinics & School Based Health Centers (SBHC).
- Continue to promote four population-based strategies (*e.g.*, service learning programs, adult-teen communication programs, comprehensive sex education and male involvement programs) to work in concert with the clinical family planning direct services to prevent teen pregnancy.

Percent of Blood Alcohol Tests from DWI Cases That Are Analyzed and Reported within Ten Business Days



Measure History

For cases involving impaired drivers, blood alcohol (BA) testing is the first test completed. If the BA level is ≥ 0.08 , no further testing for drugs is conducted because the minimum statutory level has been demonstrated. However, if the BA level is < 0.08 , additional drug screening is conducted to determine cause of impairment. If the drug screens are positive, then drug confirmation testing is completed. The Drug Screening Section is responsible for the BA testing and accompanying court testimony, as well as the drug screening. And, BA testing is not only done on impaired driving cases, but also cause-of-death cases; the same analysts run both impaired driving and cause-of-death testing. These cause-of-death tests are intensive, with more quality controls and case reviews than traditional clinical and environmental testing. Even though ten days business days comprises the measure, 30 days is within the time frame that the judicial system needs the information to adjudicate cases and would allow the SLD to accommodate periods of heavy demands for court testimony and still maintain turn-around times.

During FY13 Q4, 84.6% of blood alcohol samples were tested and reported within 10 business days. The 95% target for was not met for the following reasons:

1. The SLD not only analyzes samples for alcohol but also analyzes those same samples for drug screening on Office of the Medical Investigator (OMI) samples. OMI samples have increased more than 20% during FY13, with more time spent on the relatively more complex 18 drug-panel screening which takes 3.5 days to complete.
2. However, in Q4, SLD completed 96% of the samples within 13 days. And, the SLD increased the speed of case completion, reporting on 99% of OMI cases within 90 days in Q4, up 62% in Q1.
3. One of data reviewers is currently on Maternity Leave, thereby slowing the review process.

Overall, the percent of blood alcohol samples reported within ten business days improved from 44.5% in FY12 to 89.1% in FY13. However, it will be a challenge to meet the 95% target range within the current goal of ten business days with the increasing number of complex OMI samples received.

Activities

Since October 2011 the Toxicology Bureau has been actively working on decreasing the Implied Consent (IC) backlog by doing mandatory overtime for analyzing and reviewing DWI/DUID cases. As of September 1, 2012 the backlog of cases has been eliminated and the bureau is reporting IC cases within an 8 week time frame.

In February 2013, the Toxicology Bureau agreed to increase the number of samples accepted from the Office of the Medical Investigator by 20%. At the end of FY 13, the overall average time to complete and report the results for a drug case by the Toxicology Bureau was 23 days (19 days for DWI cases and 29 days for autopsy investigations). This was 30% faster than the previous quarter and reflects the positive impact of increased staffing and assessment and revision of lab work flow processes using LEAN strategies.

During the last quarterly meeting between DWB and the Scientific Laboratory Division Chemistry Bureau, the NM Environmental Department (NMED) Drinking Water Bureau (DWB) requested a reduction in their sample turn-around time from 98% of samples completed within 90 days to 98% of samples completed within 60 days . While this is a deviation from the NMED-SLD MOA, the Chemistry Bureau was willing to accommodate this request, and able to meet this new, shorter result turnaround time requirement with 99.2% of all DWB samples reported out in less than 60 days.

Action Plan

- ***Continue to encourage the use of video testimony.*** Video testimony allows the analysts to stay in the laboratory building to testify and, therefore, be available to continue testing samples. When an analyst travels to court, travel time plus testimony time can take up to 2 days away from the SLD building.
- ***Monitor and maintain equipment.*** The SLD last received dedicated legislative funding for capital equipment replacement in FY09. As a result, a growing number of analytical instruments are failing, and these instruments are in constant use.
- ***Continue method development.*** Evaluation and validation of new methods is critical to develop better turn-around times and efficient usage of available staff.
- ***Continue staff training.*** It takes from 6 months to one year for employees to become proficient in analysis of samples, depending on the type of testing.

Goal 2: Improve Healthcare Quality

Program Area 7: Developmental Disabilities Support

Purpose:

Developmental Disabilities Supports Division (DDSD) fulfills the DOH mission by effectively administering a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

FY13 OPERATING BUDGET:

General Funds: 131,682.7

Federal Funds: 2,601.5

Other State Funds: 1,400.0

Other Transfers: 7,567.2

PROGRAM AREA 8: Health Certification, Licensing and Oversight

Purpose:

The Health Certification, Licensing and Oversight program provides health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system, so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect and exploitation.

FY13 OPERATING BUDGET:

General Funds: 4,364.4

Federal Funds: 3,433.2

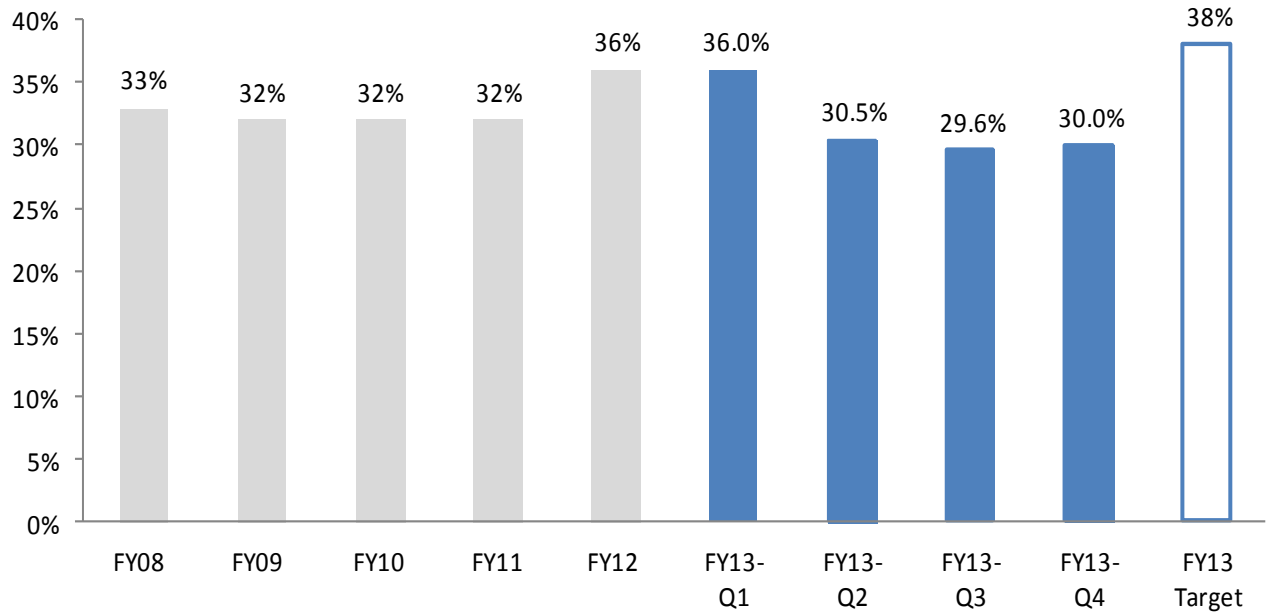
Other State Funds: 2,256.1

Other Transfers: 3,440.0

Results At-A-Glance

Program Area	Performance Measure	FY12 Actual	FY Target	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4
Developmental Disabilities Support	Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment	36.0%	38.0%	36.0%	31.0%	29.6%	30.0%
Developmental Disabilities Support	Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	98.3%	100.0%	95.0%	87.0%	83.0%	84.0%
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver waiting list	5,911	No target; informational only	6,005	6,113	6,205	6,248
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver receiving services	3,888	No target; informational only	3,820	3,923	3,991	3,829
Health Certification, Licensing and Oversight	Percent of developmental disabilities, medically fragile, behavioral health and family, infant toddler providers receiving a survey by the quality management bureau	71.0%	100.0%	100.0%	100.0%	80.0%	100.0%

Percent of Adults Receiving Developmental Disabilities Day Services Who Are Engaged In Community-Integrated Employment



Measure History

Individuals with developmental disabilities (IDD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. There remains a significant gap in national employment rates between people with and without disabilities. In 2010, individuals with disabilities ages 18 to 64 had an employment rate of 33.4%, compared with an employment rate of 72.8% for those without disabilities (American Community Survey 2010, Stats RRTC 2011). Labor force statistics estimate that 18% of working-age adults (ages 16 and over) with disabilities are employed compared with 64% of those without disabilities (Bureau of Labor Statistics 2011).

Although nationwide resources and priorities have not realigned to expand employment, there is substantial evidence that states are increasing efforts around community employment and focusing on outcomes. NM has made steady progress in increasing outcomes and performs above the national average but strives to be included in the group of states exhibiting increased successful employment outcomes.

The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow eligible individuals with developmental disabilities to participate as active community members. The DDW is one of several waiver programs available, and the DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic and family support services.

In Q4, 30% of adults receiving day services were engaged in community-integrated employment.

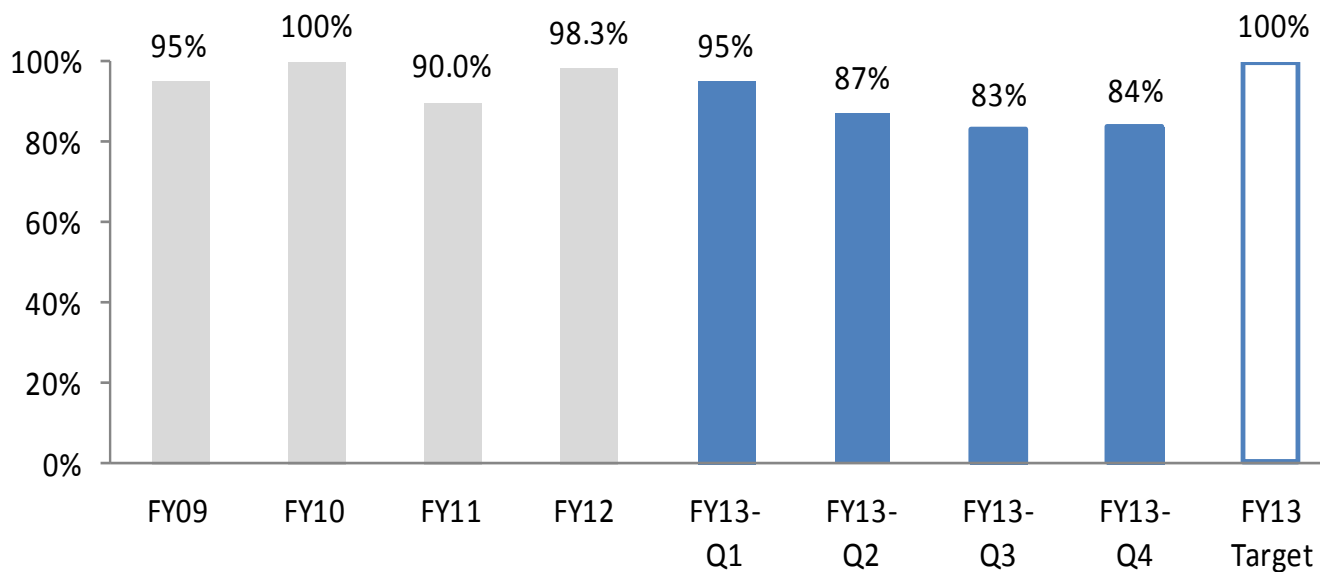
Activities

The DOH is making significant efforts to increase employment for IDD. Eligibility workers across the state process applications within timelines. Eligibility workers also process promptly case closures and other changes. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination. Accomplishing these activities helps ensure that the data reported are current. Processing applications, closures, and other changes helps to ensure accurate data.

Action Plan

- Continue to utilize consultants, Division of Vocational Rehabilitation (DVR), and regional community inclusion leads/coordinators in areas of job development and technical assistance to train and assist providers.
- Assist providers and interdisciplinary teams (IDT) to plan effectively using new service standards and service options
- Continue and enhance monitoring provider performance data and provide assistance or intervention as needed
- Work closely with stakeholders on developing employment First New Mexico (enhanced Institute) to build a sustainable system expertise and local networks to support employment.
- DDS hopes to improve performance and reach the 38% target in the future, through the development and implementation of Mentor, Champion, Facilitator Project trainings from national speakers; utilization of other consultants; DVR supports for assessment and Discovery and continued emphasis on Em-

Percent of DD Waiver Applicants with a Service Plan in Place within 90 Days of Eligibility Determination



Measure History

The Developmental Disabilities Waiver (DDW) program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with developmental disabilities (IDD) to participate as active members of their community.

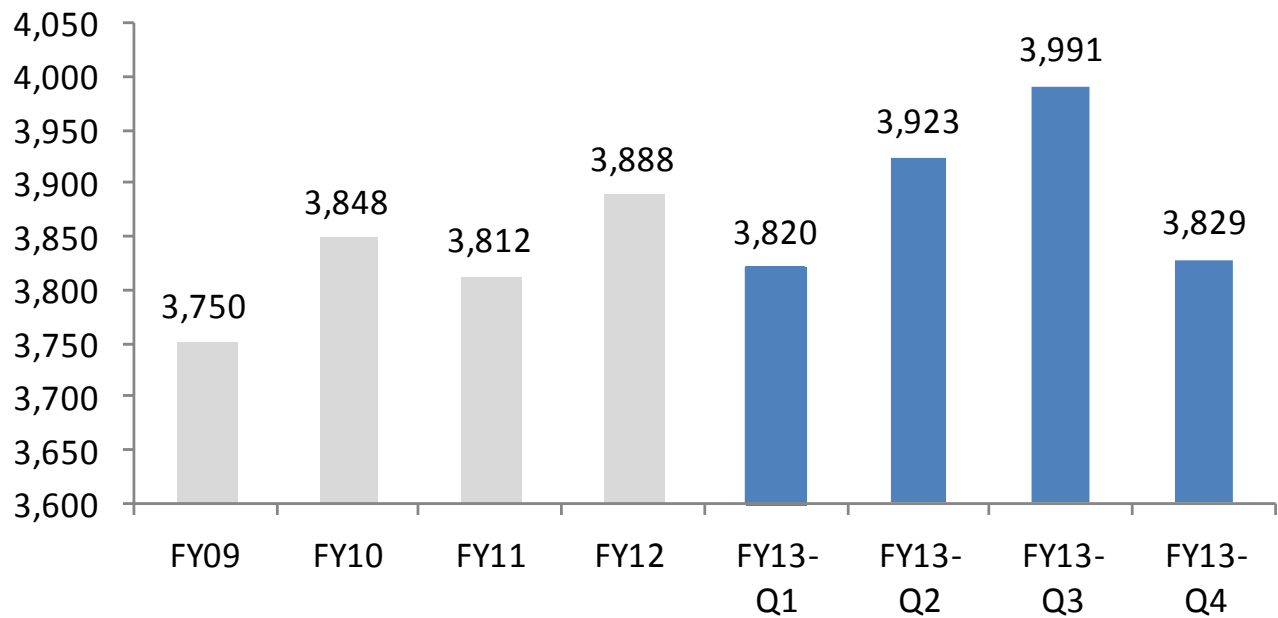
Activities

Eligibility workers receive biweekly status reports from Case Managers (or from applicants, if the applicant chose the *Mi Via* waiver). Status reports identify potential barriers to the completion of eligibility determinations. Eligibility workers also process case closures and other changes promptly. Subsequently, information obtained from status reports is provided to appropriate DDS personnel. The number of days for a status report review is calculated by subtracting the date of income and clinical eligibility determination from ISP initiation. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination.

The DDS representatives participate in bi-weekly meetings with HSD-Medical Assistance Division and Income Support Division representatives to review the DD waiver allocation process, identify barriers and troubleshoot potential problem areas. The representative of these agencies have developed methods to identify barriers and track progress.

In addition, an internal DDS Allocation Meeting occurs weekly to maintain the momentum of moving individuals through the allocation process and ensure we are meeting our timelines.

Number of individuals on the Developmental Disabilities Waiver Receiving Services



Action Plan

The Developmental Disabilities Support Division (DDSD) has made vast improvements to our allocation process, after the FY13 allocations proved to be remedial. For FY14, the DDSD has charged reforms on our allocation process to ensure facilitation of an efficient, smooth and timely determination of eligibility and entrance into DD Waiver services. The DDSD has collaborated with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina, our Third Party Assessor (TPA), to articulate and outline the entire allocation process. Collectively we identified roles and responsibilities of each party involved, including the individuals/guardians. DDSD has revised our Allocation Tracking Form to incorporate all pertinent information necessary to inform the division of when key benchmarks are accomplished and identify any delays. DDSD has communicated to all providers that allocating individuals to the waiver is a priority and has provided trainings, in conjunction with MAD and Molina, to case managers and DDSD staff on the allocation process on numerous occasions.

Allocation Process Improvements

Background:

DDSD experienced several barriers with the FY13 allocations; these barriers justified the need for improvements to the allocation process:

- 30% of the past two allocation groups are either closed due to lack of response or ask for allocation on-hold status.
- Entry into services was historically more rapid. Addition of SIS Assessments and changes in ISD procedures have added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and then ISP approval.
- When individuals pick *Mi Via*, Individual/Family is responsible to obtain LOC from physician and complete service planning process fairly independently—leading to longer timeframes for this group.

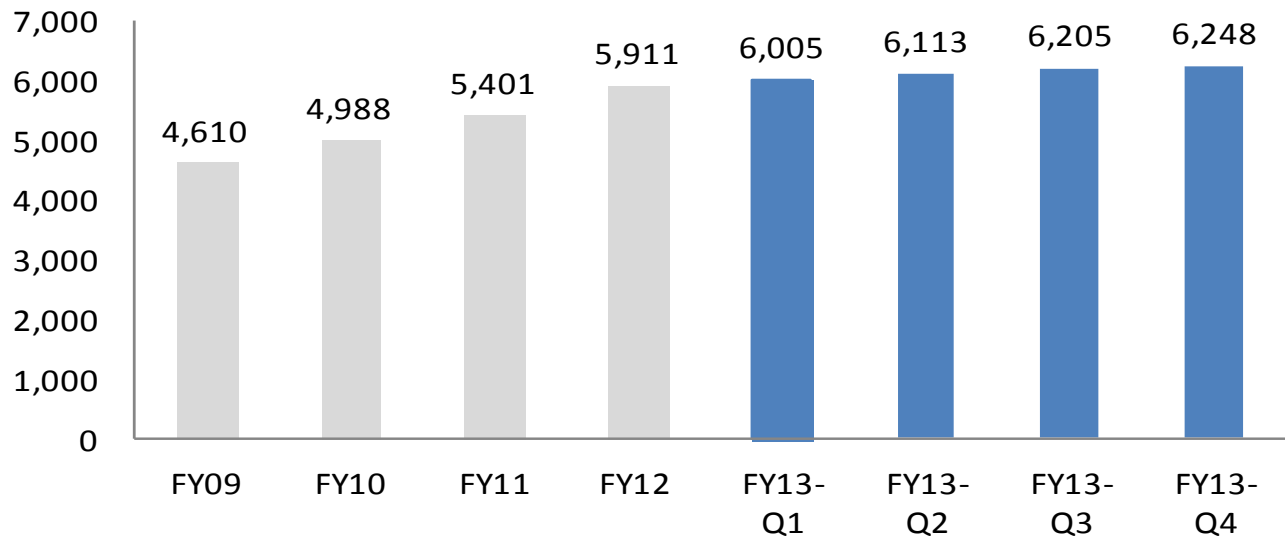
Recent Improvements:

- To better outline the entire allocation process, DDSD now collaborates with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina (the DOH's Third Party Assessor). Collectively, we identified roles and responsibilities of each party, including individuals/guardians.
- DDSD revised the Allocation Tracking Form to incorporate all pertinent information necessary regarding when key benchmarks are accomplished and to identify delays.
- DDSD participates in semi-monthly Allocation Meetings with MAD, ISD, and Molina. In addition, an internal DDSD Allocation Meeting occurs at least semi-monthly to maintain momentum and ensure we are meeting our planned timelines.
- DDSD communicated to all providers that allocating individuals to the waiver is a priority. Also, DDSD has provided trainings on the allocation process, in conjunction with MAD and Molina, to case managers and DDSD staff.
- For FY14 allocations, we sent letters of interest on May 10th in order to maximize the number of individuals who enter and receive services for the majority of the fiscal year. In projecting the number of new allocations that DDSD could afford for FY14, we included projected attrition during the year and included those in the May 10th group solicitation.
- DDSD alerted the American Association on Intellectual and Developmental Disabilities (AAIDD) to expand their capacity to conduct Supports Intensity Scale (SIS)[®] assessments for new allocations between July and October 2013.

Future Improvement Opportunities:

- DDSD is working with ITSD to build a more up-to-date and robust Central Registry database.
- Streamline *Mi Via* to make it easier for individuals and their families to complete the application more independently.
- Reestablish annual "keeping in touch" mailings to maintain current contact info and find out when people move out-of-state, die or decide they are no longer interested in services.
- Automatic crosswalk with Vital Statistics to identify deaths (exploratory conversations with Vital Statistics are underway).

Number of Individuals on the Developmental Disabilities Waiver Waiting List



Central Registry Status Categories

The Central Registry (CR) contains several status categories reflecting the applicants progress in the application/allocation process. Cases in these status categories comprise the total reported as the CR “Wait List”. A brief description of CR status categories is presented below:

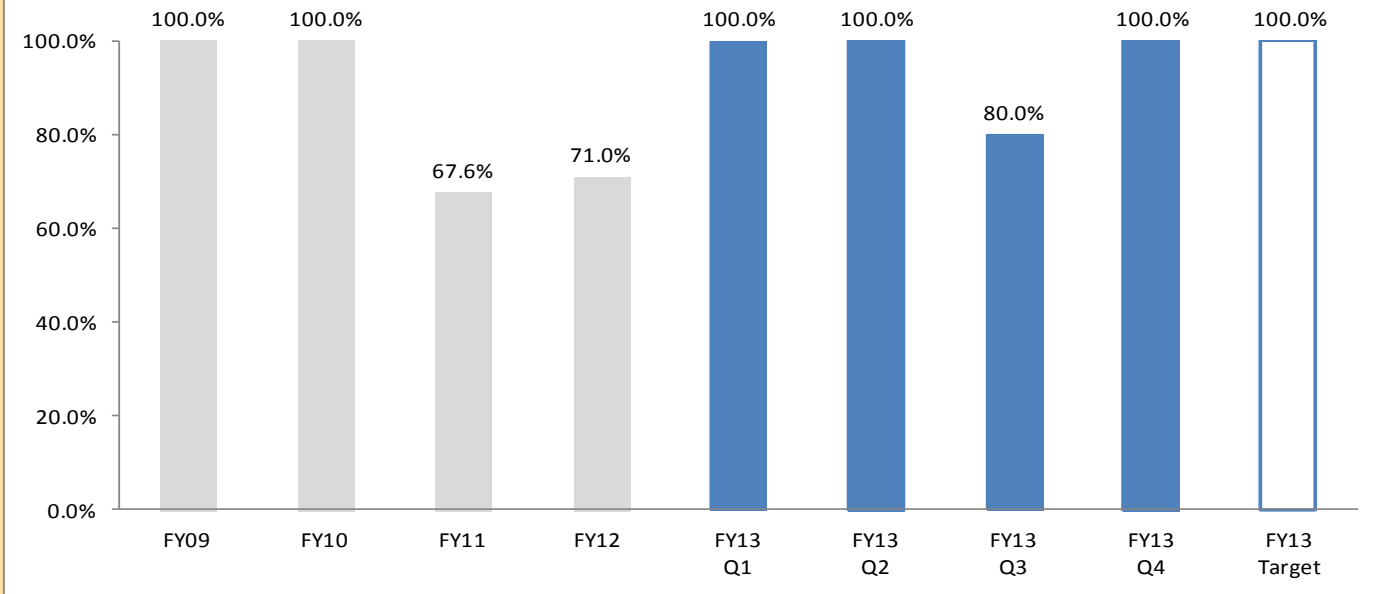
Start Status: An applicant has submitted an application for DD waiver services but verification of intellectual/developmental disability (I/DD) has not been completed. (Historically, about two-thirds of applicants in this category will be later determined to not match the definition of I/DD, be moved to pending status or be closed due to lack of response to requests for documentation of I/DD.)

Pending Status: This status is reserved for applications of children younger than age eight who have a confirmed specific related condition but do not have documentation of substantial functional limitations in three or more areas of life activities. An undetermined percentage of applicants in this category will be later determined to not match the definition.

Completed Status: Applicants who have completed the application process, determined to match the definition of intellectual/developmental disability and are waiting for allocation.

Allocation on Hold: This status is for persons who have been offered allocation to the DD waiver and have chosen to not accept an allocation currently. Persons in this status keep an original registration date but are not identified for an allocation offer until they request status change from “Allocation on Hold” back to “Completed Status”.

Percent of Developmental Disabilities, Family Infant Toddler, Medically Fragile and Behavioral Health Providers Receiving a Survey by the QMB



Measure History

The purpose of community provider surveys is to monitor compliance with state and federal regulations, statutes, requirements, standards and policies in order to protect the health and safety of people served. The Division of Health Improvement’s (DHI) Quality Management Bureau (QMB) conducts compliance surveys of community based providers for the following services: the Developmental Disabilities Waiver (DDW); Medically Fragile Waiver (MFW); the Family Infant Toddler (FIT) program; Behavioral Health Services (BHS); Community Mental Health Centers (CMHC) and Comprehensive Community Support Services (CCSS).

Activities

During Q4, 100% of the surveys were completed, and more surveys were required for DDW Q4 because the surveys for the FIT unit that were postponed in Q3 (at the request of DDS, due to their RFP process) were made up for in Q4. Specifically,:

- Developmental Disabilities Waiver - 17 surveys, 23 completed;
- Medically fragile waiver - 1 survey scheduled, 1 completed;
- Family Infant and Toddler (FIT) - 4 surveys scheduled, 8 completed; and
- Behavioral Health Program - 8 surveys scheduled, 8 completed

Action Plan

- The frequency of provider surveys is based on their historical and current performance or service type. For example, the DDW, MFW, and FIT providers are surveyed based on the previous determination of compliance, Compliance with Conditions of Participation (3 years), Partial compliance with Conditions of Participation (2 years), and Noncompliance with Conditions of Participation (1 year). The BHS surveys are conducted on an 18-24 month review cycle for each service, CMHC and CCSS.
- Providers must develop and implement a Corrective Action Plan for all citations of noncompliance. This Corrective Action Plan is verified by the QMB.

Goal 3: Improve Fiscal Accountability

PROGRAM AREA 1: Administration

Purpose:

The Administration Program fulfills the DOH mission by providing: leadership, policy development, information technology, and administrative and legal support, so that we achieve a high level of accountability and excellence in services provided to the people of New Mexico.

FY13 OPERATING BUDGET:

General Funds: 11,471.1

Federal Funds: 4,630.4

Other State Funds: 40.2

Other Transfers: 1,336.9

Program Area 6: Facilities Management

Purpose:

Facilities Management fulfills the DOH mission by overseeing six health care facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by DOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to DOH facilities by court order.

FY13 OPERATING BUDGET:

General Funds: 62,479.3

Federal Funds: 0.0

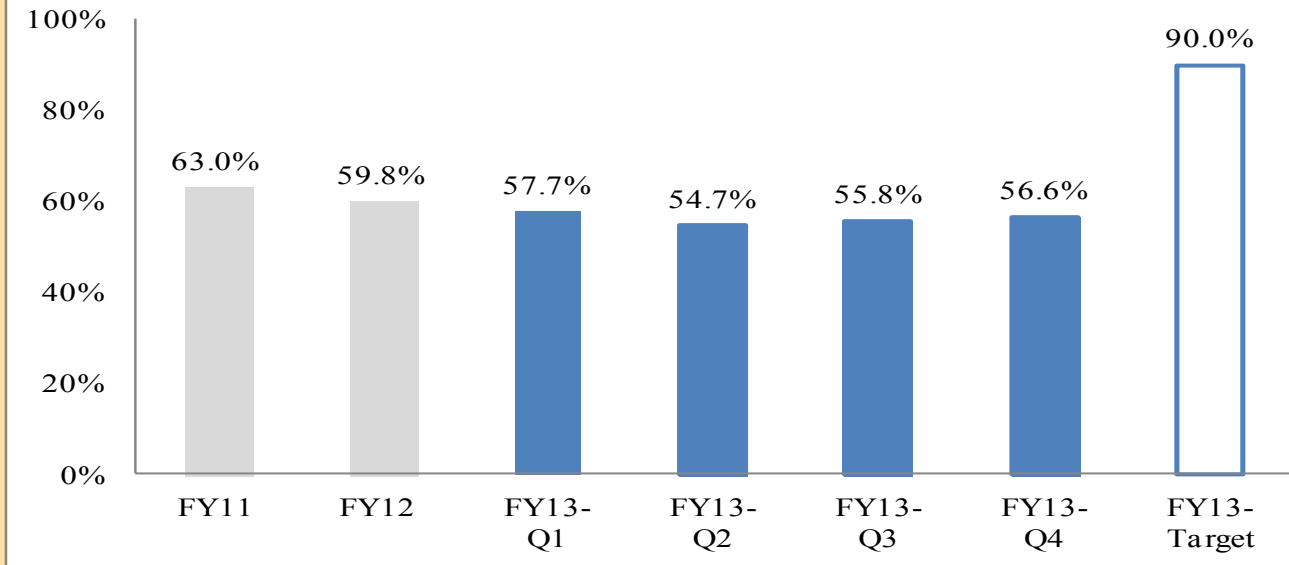
Other State Funds: 75,801.1

Other Transfers: 723.5

Results At-A-Glance

Program Area	Performance Measure	FY12 Actual	FY13 Target	FY13 Q1	FY13 Q2	FY13 Q3	FY13 Q4
Facilities Management and Administration	Percent of billed third-party revenues collected at all facilities	59.8%	90.0%	57.7%	54.7%	55.8%	56.6%
Facilities Management and Administration	Total dollar amount in millions of uncompensated care at all agency facilities	\$36	\$38	\$11	\$11	\$11	\$7
Facilities Management and Administration	Percent of operational capacity (staffed) beds filled at all facilities	87.0%	100.0%	86.3%	87.6%	87.3%	86.2%

Percent of Billed Third-Party Revenues Collected At All Agency Facilities



Measure History

Facilities continue to have difficulties with collections from some private pay revenues. The vacancies in administrative hiring has negatively impacted billing functions. For FY13 Q3, the facilities have collected 55.8% of billed amounts. While billing is a priority, revenue posting could be delayed; thus, it is likely that revenues collected this quarter have not yet been posted.

Activities

- Improved revenue collections by implementing electronic billing, dragon speak transcription services.
- Upgraded computers for faster processing; ensuring accurate billing.
- Focus on hiring additional administrative (billing-related) staff at Fort Bayard and Las Vegas facilities.
- This quarter the facilities team met with our payer sources to improve and optimize our reimbursements.

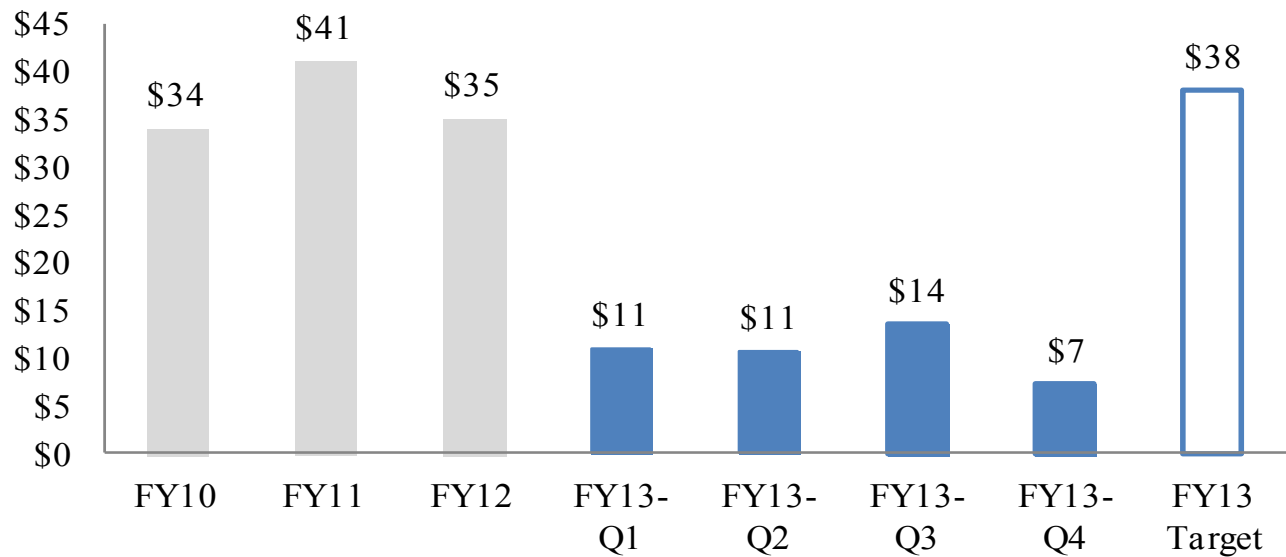
Action Plan

During Q4, many DOH financial directors met periodically to develop standardized methodologies necessary to calculate data for these Program Area 6 performance measures. For example, 'billed third-party revenues collected at all agency facilities' do not really represent all billable charges, because some uncompensated care cannot be billed to those clients without a payer source (e.g., Medicaid).

Also, because of these data caveats for the FY13 Program Area 6 performance measures, the wording for the FY14 performance measure has been changed to "Percent of collectable third-party revenues at all agency facilities". We are confident that the data collection methodology currently under development for FY14 will more accurately represent billable revenues.

- Continue to improve revenue collections through the implementation of electronic billing and dragon speak transcription services.
- Fill vacant administrative (billing related) positions at Fort Bayard and Las Vegas facilities.
- Improve payment by continuing to ensure accurate billing.
- Continue to conduct ongoing, monthly meetings with third-party payers to improve revenue.

Total Dollar Amount (in millions) of Uncompensated Care At All Facilities



Measure History

Facilities continue to have difficulties with collections from some private pay revenues. The vacancies in Administrative Services Division (ASD) has negatively impacted billing functions.

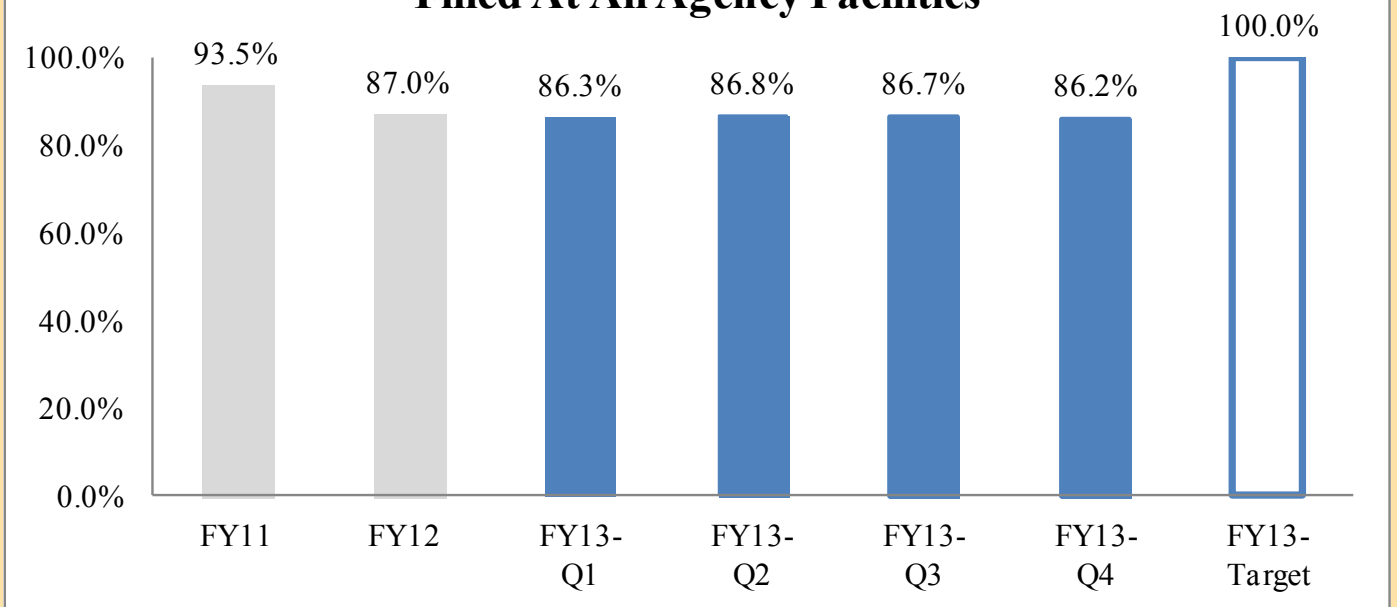
Activities

- Ensure quality residential care services in DOH facilities.
- This quarter the facilities worked with the payer sources to find ways to minimize uncompensated care. The facilities are also working toward Joint Commission certifications to aid in improved reimbursement of care.

Action Plan

- The DOH facilities are working to meet the target of \$38 million for uncompensated care. With a focus on billing, facilities are working to capture all possible revenues.

Percent of Operational (Staffed) Capacity Beds Filled At All Agency Facilities



Measure History

The DOH is committed to follow healthcare and public health standards, and the industry standard is to report on “staffed” beds. This performance measure aims to increase the percent of operational capacity beds filled at all agency facilities. Historically, the target has been 90%, and for FY13 it is 100%; for FY13 Q3 the census is 86.7%.

Activities

This quarter the facilities worked to strengthen ties and improve response times with the referral sources to improve and optimize facility admissions. The overall purpose for these activities are to increase facility admissions and improve facility bed census.

Action Plan

Census enhancement has been a priority this quarter, and facilities are working to reach the current goal.



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