

JAN 27 2015

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-20-16
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group

Refer to: Control Number 110720147062 and PIN MU6Z (HCIDI-GB)

Nancy Koenigsberg
Disability Rights New Mexico
1720 Louisiana Blvd., NE, Suite 204
Albuquerque, NM 87110

JAN 23 2015

Dear Ms. Koenigsberg:

This letter is in response to your Freedom of Information Act (5 U.S.C. § 552) request of November 7, 2014, which you sent to the Centers for Medicare & Medicaid Services' (CMS) Dallas Regional Office. Within your correspondence you requested a copy of any and all correspondence between the New Mexico Human Services Department and CMS from August 11, 2014 through the date of your letter.

By letter dated December 16, 2014, our Dallas Regional Office (RO) informed you that we were in receipt of your request and responsive documents. You were informed that the documents could not be directly released by the RO and were being forwarded to my office for a disclosure determination because of my responsibilities under the FOIA.

After careful review of the documents submitted to me, a total of twenty four (24) pages, I have determined to release the documents to you in their entirety, without deletions.

I trust this information will be helpful to you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Hugh Gilmore". The signature is written in dark ink and is positioned above the printed name.

Hugh Gilmore
Director
Freedom of Information Group

Enclosures

From: [Brooks, Bill D. \(CMS/CMCHO\)](#)
To: [Farrell, Billy B. \(CMS/SC\)](#); [Shuman, Stacey S. \(CMS/SC\)](#)
Subject: Fw: Follow up from meetings last week
Date: Monday, August 18, 2014 6:43:27 AM
Attachments: [08.15.2014%20New%20Mexico%20Behavioral%20Health%20List%20%28cm%29%28pk%29%28ic%29%28bb%29-2.docx](#)

FYI

Sent using my BlackBerry Wireless Device

From: Mann, Cynthia (CMS/CMCS)
Sent: Monday, August 18, 2014 12:38 AM
To: 'julie.weinberg@state.nm.us' <julie.weinberg@state.nm.us>
Cc: Brooks, Bill D. (CMS/CMCHO); Goldstein, Adam D. (CMS/CMCS)
Subject: Follow up from meetings last week

Julie,
Bill and team put together the following list of the key points we heard at the various meetings last Monday. These are just notes, so if anything is not clear please let us know. We thought it would help to send you this list as you were working on the letter you are planning to send.

Hope this is useful-
Cindy

Cindy Mann
Deputy Administrator, CMS
Director, Center for Medicaid and CHIP Services

From: Brooks, Bill D. (CMS/CMCHO)
To: Shuman, Stacey S. (CMS/SC)
Cc: Farrell, Billy B. (CMS/SC)
Subject: FW: NM response letter
Date: Thursday, October 09, 2014 10:49:00 AM

FYI – this is what I sent to Adam on New Mexico

From: Brooks, Bill D. (CMS/CMCHO)
Sent: Wednesday, October 08, 2014 4:53 PM
To: Goldstein, Adam D. (CMS/CMCS)
Subject: RE: NM response letter

Comments in **black** below. Thanks!

From: Goldstein, Adam D. (CMS/CMCS)
Sent: Wednesday, October 08, 2014 10:20 AM
To: Brooks, Bill D. (CMS/CMCHO)
Subject: FW: NM response letter

Bill, very sorry, total oversight on my part to not include you on this. would you mind adding your thoughts to the below?

From: Goldstein, Adam D. (CMS/CMCS)
Sent: Thursday, October 02, 2014 9:20 AM
To: Preston, Robin A. (CMS/CMCS); O'Brien, John P. (CMS/CMCS); Kidwell, Paul (CMS/OL); Agrawal, Shantanu (CMS/CPI)
Cc: Burns, Morgan L. (CMS/CPI); Stewart, Kiya M. (CMS/CMCS)
Subject: RE: NM response letter

Thanks, Does CPI plan to add any comments/thoughts?

From: Preston, Robin A. (CMS/CMCS)
Sent: Tuesday, September 30, 2014 12:18 PM
To: O'Brien, John P. (CMS/CMCS); Goldstein, Adam D. (CMS/CMCS); Kidwell, Paul (CMS/OL); Agrawal, Shantanu (CMS/CPI)
Cc: Burns, Morgan L. (CMS/CPI); Stewart, Kiya M. (CMS/CMCS)
Subject: RE: NM response letter

Added comments below.

Robin A. Preston
Technical Director for Managed Care Operations, DMCP
410-786-3420 - Office
443-934-1161 - Blackberry

From: O'Brien, John P. (CMS/CMCS)
Sent: Monday, September 29, 2014 1:57 PM
To: Goldstein, Adam D. (CMS/CMCS); Kidwell, Paul (CMS/OL); Agrawal, Shantanu (CMS/CPI)
Cc: Burns, Morgan L. (CMS/CPI); Preston, Robin A. (CMS/CMCS)

Subject: RE: NM response letter

Here are some initial thoughts (also added robin for some ideas as well):

- The state is still not understanding that the communication issue is broader than provider billing issues/outreach from the Centennial Care plans. They continue to have a PR problem that won't go away. I would still recommend that they have a small group of constituents that they meet with monthly as a way to re-establish their relationships with stakeholders and as another source of input that they might not get if they leave communication just to the plans. **Agreed. The state should take more ownership and enhance the ICSS/Ombudsman program to provide beneficiaries and providers an independent entity to hear the concerns track, trend and help with system improvement. The State needs to be more vocal and transparent and should try to join meetings that may be going on around the State to provide information and re-establish trust.**
- They state that based on the listening session they have directed their MCOs to conduct aggressive outreach to BH providers to address individual provider training needs—can they provide more specific, even if it's an example? **The state should also consider conference calls and webinars with the providers, state and MCOs to resolve issues. Should also think about ways to provide global instructions (i.e. – standard operating procedures or something similar) to providers to support the MCOs efforts. Maybe consider doing some in-service trainings and think about the possibility of a provider newsletter to provide information.**
- What's the timing on the completion of the administrative burden workgroup—and can we get their recommendations
- What's the timing on the streamlined credentialing process they mention on page 2? – **Regarding the credentialing simplification. The state may consider doing a uniform application that each plan would accept vs hiring a contractor. This may be more expeditious.**
- At the bottom of page 2 they reference Attachment A re: member services info line stats and call topics. I see the stats but not the topics. Can we get a better sense of the topics?
- Second to last bullet on page 3 they reference that HSD will explore ways to address the misunderstanding that there was a benefit change in BH services. What options are they considering and when will they start that process? **Can the state confirm that all value added services that used to be provided are still provided by all health plans? Are some of these services being denied at a higher rate than before Centennial Care?**
- **Third bullet on page 3 indicates HSD responds to all calls. What types of calls has the State responded to and can they provide that information, including if they determined there were some systemic issues they needed to address.**
- **Fifth bullet on page 3 indicates the State will explore other ways to communicate to Medicaid beneficiaries. Does the State have a sense of when they will do this?**
- **On page 3, the State indicated they are requiring their workgroups to record their progress. How do they plan on providing that information to stakeholders?**
- When will the state make a decision regarding case management (either expansion of CCSS or traditional models)? Note: in 2006 the state removed TCM for SMI/SED and

replaced with CCSS which was intended to be much more recovery oriented active service. There TCM providers were often providing lots of transportation for clients...not a good model.

- Who can providers contact when they have issues like, for example, finding other BH providers/specialists to see their clients when they are booked? How can this information be disseminated to the providers?
- On page 4, I think the real issue is that people in crisis don't have access to direct services (other than an ED). They may be able to call NMCAL but that is generally for telephonic triaging to a community provider—which may be the larger issue. Maybe helpful to have information regarding community crisis providers pre and post centennial care. **Agreed. Providers indicated this was lacking and they were having issues finding other providers when they were not available. Is there a process in place to deal with situations like this?**
- Page 4 -- has the state considered doing a data match between the MCOs and the arrest records to help identify enrollees that may need intervention and to alert the criminal system of the BH need.
- For Robin: Is there a standard way to assess wait times or access issues with claims data?
- **Page 5, first paragraph indicates stakeholders have concerns with coordination. How is care coordination being tracked currently and how will the State determine its working?**
- **Page 5, 3rd paragraph, Will county workers have the ability to finish the application process for individuals who can't complete the process?**
- I do think the approach they outlined on page 5 to identify and change policies to expand practitioners makes sense.
- **Page 5, last paragraph, the State indicates they will consult with the MCOs and other stakeholders on service gaps and wait times. How will this be done? Can the State provide us the results of their efforts?**

From: Goldstein, Adam D. (CMS/CMCS)

Sent: Tuesday, September 23, 2014 7:37 PM

To: Kidwell, Paul (CMS/OL); O'Brien, John P. (CMS/CMCS); Agrawal, Shantanu (CMS/CPI)

Cc: Burnis, Morgan L. (CMS/CPI)

Subject: NM response letter

All, we got New Mexico's response letter. If you can take a look and share any thoughts back with me we can go from there

From: Earnest, Brent, HSD [<mailto:Brent.Earnest@state.nm.us>]

Sent: Tuesday, September 23, 2014 1:12 PM

To: Mann, Cynthia (CMS/CMCS); Weinberg, Julie, HSD

Cc: Brooks, Bill D. (CMS/CMCHO); Goldstein, Adam D. (CMS/CMCS); Squier, Sidonie, HSD; Ross, James, GOV; Lindstrom, Wayne, HSD

Subject: RE: Follow up from meetings last week

Cindy,

The attached letter is in the mail today.

-Brent

*Brent Earnest
Deputy Secretary
NM Human Services Department
2009 Pacheco St.
Santa Fe, NM 87504
Office: 505-827-7750
Fax: 505-827-6286*



Susana Martinez, Governor
Sidonie Squier, Secretary

September 23, 2014

Ms. Cindy Mann
Director
Center for Medicaid and State Operations
Department of Health & Human Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

Dear Ms. Mann,

The New Mexico Human Services Department (HSD) and the office of New Mexico Governor Susana Martinez appreciate the trip that you, Administrator Tavenner, Deputy Administrator Agrawal and Associate Regional Administrator Brooks made to New Mexico to listen to the behavioral health (BH) community. Thank you for meeting with us and other BH stakeholders to discuss some of what was heard and for giving HSD the opportunity to respond in writing to the main themes that came out of the listening sessions. The following is our response.

One main theme expressed by both BH providers and consumers was communications. For the BH providers concerns ranged from apprehensions about billing due to the investigation to administrative burdens to effective communication with the Centennial Care managed care organizations (MCOs.) HSD believes we and our MCOs have done a good job of communicating with the entire Medicaid provider community. HSD has been addressing communications with BH providers as follows:

- HSD and its MCOs conducted numerous trainings for BH providers concerning billing and record keeping both before and after the implementation of Centennial Care. Based on the feedback from your listening sessions, HSD recently directed the MCOs to conduct aggressive outreach to BH providers to address individual providers' training needs and to supply the support necessary so providers feel confident in their own administrative and clinical processes and procedures;
- Prior to Centennial Care implementation HSD established an administrative burden reduction workgroup. This initiative was in recognition of the fact that Long Term Services and Supports (LTSS) and BH providers would be interacting with an increased number of MCOs in Centennial Care. Specifically, BH providers would be dealing with the four Centennial Care MCOs, Xerox for fee-for-service (FFS) beneficiaries and OptumHealth New Mexico for non-Medicaid funded services;

This workgroup's mission is to standardize, simplify or eliminate (if appropriate) some of the administrative processes providers must complete in order to be reimbursed. The workgroup includes representatives from the MCOs and HSD. Providers also participate

depending on the topic being addressed. The workgroup is currently focused on developing standardized BH claims requirements and will then move on to standardized BH prior authorization requirements;

- HSD meets regularly with the BH provider community on a variety of topics. Bi-weekly meetings are held with the MCOs, HSD and Core Service Agencies (CSAs). Other workgroups with BH provider participation include a service definition workgroup, a DSM-V workgroup, and an RTC workgroup;
- HSD has often intervened with the MCOs on a provider's behalf to resolve billing and other issues; and
- HSD will soon start a process that will result in streamlined credentialing for all NM Medicaid providers. We are not sure what form the streamlining will ultimately take, but at this time HSD envisions a single credentialing contractor that supports the credentialing processes of all the Medicaid MCOs and the Medicaid agency. We envision that providers will interact with this single point of contact and that the overall process will be largely, if not completely, electronic. HSD's first step will be the issuance of a request for information.

Beneficiaries' communication concerns were centered on the transition to the Centennial Care MCOs. HSD respectfully points out that for the vast majority of beneficiaries, managed care is not new. However, HSD recognizes the need for clear communications to its beneficiaries. HSD is addressing beneficiary communications as follows:

- HSD conducted close to 250 well-publicized member education events between August 2013 and December 2013. Over 10,000 Medicaid beneficiaries and potential beneficiaries attended. These events introduced Medicaid beneficiaries to Centennial Care and to the Centennial Care MCOs;
- Prior to the implementation of Centennial Care, HSD improved access to its Medicaid member call center by moving it out of HSD and to the Medicaid fiscal agent. The Medicaid call center's number is included in all communications to beneficiaries. The call center's staff can explain Centennial Care to the caller and direct him or her to the appropriate MCO member services information line;
- The MCOs send all of their members a member handbook, a provider directory and a member ID card upon enrollment. The handbook must be made available in Spanish upon request. The handbook has complete information on the program, the MCO and the grievance and appeals process;
- The MCOs each have a member services information line operating at least from 8 a.m. to 5 p.m. all weekdays with the exception of major holidays. Some MCOs have longer weekday hours and Saturday hours. Please see Attachment A for member services information line utilization statistics and call topics;

- The MCOs must staff their member services information lines twenty-four (24) hours-a-day, seven (7) days-a-week with qualified nurses to triage urgent care and emergency calls from members and to facilitate transfer of calls to a care coordinator. Some MCOs use their "nurse line" to achieve this access. Please see Attachment B for nurse line utilization statistics;
- The MCOs are required to provide translation services for non-English speakers, and interpreters at the point of care if requested. HSD will ask the MCOs for statistics on utilization of these services;
- HSD has a website about Centennial Care designed for Medicaid beneficiaries. The website presents thorough information about the Centennial Care program and how to contact HSD, the Medicaid call center and the Centennial Care MCOs' member information lines. HSD distributes brochures about Centennial Care in locations where they are likely to be seen by Medicaid beneficiaries. HSD responds to all calls from Medicaid beneficiaries;
- HSD is puzzled by comments that BH consumers are being told that the services they believe they need are no longer covered. BH benefits were not reduced in Centennial Care. In fact, HSD added three new BH benefits through the Centennial Care waiver. HSD will explore ways to effectively address this misunderstanding; and
- HSD will explore other ways to communicate to Medicaid beneficiaries about how they can get information about Medicaid and Centennial Care.

Certainly the other major theme heard during the CMS visit was data availability. As we discussed in our meeting with CMS and the BH stakeholders, HSD is anxious to share BH utilization data with the public but we need to be sure that the data we report is accurate. We are close to confirming the utilization data and within the next few weeks we expect to release BH utilization data for the first two quarters of Centennial Care. We understand the importance of data transparency and look forward to providing regular information to the public on the utilization of BH services in Centennial Care.

*Just noise
Reswell*

But data was not the only information that was a concern. CMS suggested that regularly updated action plans be available to stakeholders regarding the various BH issues that HSD's workgroups address. In response, HSD is requiring each of these workgroups to record their respective progress on the issues identified.

CMS reported hearing that there are not enough people to provide case management. In the BH program, case management is delivered through the Comprehensive Community Supports Service (CCSS). HSD is not aware of a shortage of CCSS providers per se, but is aware that only certain provider types can provide this service. HSD has already begun to question if this service needs to be expanded to more provider types and will work with the CSAs and the MCOs to confirm timely access to this service. We heard in our meeting with CMS and the stakeholders that some providers believe there is a need for a more traditional model of case management in

addition to CCSS. We will explore this concern with BH stakeholders to better understand the need.

CMS' summary of key points concerning case management included stakeholders' concerns that there is not real coordination "...between primary care and behavioral health." The integration of behavioral health care with physical health care is an important goal of Centennial Care. Changes such as BH and primary care integration take time. Not all practices are ready for it on day one, or even a year or more into the program. This is why HSD decided to implement care coordination at the MCO level in order to best assure that the individual's full spectrum of health needs were being addressed.

HSD staff persons work regularly with the MCOs' care coordination programs to reinforce care integration from the care coordination perspective. Centennial Care is only 8 months old. As the program stabilizes we expect to see increasing integration of BH in primary care settings and in other health care and long term services and supports practices. HSD also plans to use contract levers to accelerate the integration of BH and physical health care in future contract years.

Much is being said across the nation regarding the criminal justice-involved populations and New Mexico is no exception. HSD is actively supporting the enrollment of the criminal justice-involved population in Medicaid. HSD has implemented a presumptive eligibility program for incarcerated individuals who are about to be released. This process involves the completion of a full application for Medicaid as well as a presumptive eligibility determination. HSD has already trained NM Corrections Department personnel, as well as personnel from Bernalillo and Santa Fe Counties on the process. HSD is scheduling additional trainings for other counties in the fall. HSD has also begun work with the leadership of the Metropolitan Detention Center (MDC) - which serves both the City of Albuquerque and Bernalillo County - on some innovative approaches for getting MDC's jail-involved populations enrolled in Medicaid and then providing immediate access to intensive care coordination through Centennial Care.

Another general theme communicated to us included workforce issues, wait times for beneficiaries seeking services, and the availability of crisis intervention services. HSD does contract for a 24/7 New Mexico Crisis and Access Line (NMCAL) that is operated by independently licensed clinicians in NM and in July, 2014 received over 1600 calls.

In an attempt to increase service capacity, HSD is contracting with the American Group Psychotherapy Association to conduct a Training of Trainers Certification Program so that the NM providers can adopt more structured group psychotherapy modalities; and is currently examining the provision of technical assistance with a Rapid Cycle Improvement Process to enable more provider organizations to adopt 'Open Access' service models, thereby eliminating the wait lists for services.

HSD will consult with the MCOs and other stakeholders for specific information on service gaps and on wait times for BH services and determine what, if any, actions can be taken. HSD's policies are very supportive of the use of telehealth in the delivery of BH services to ease access issues, particularly in rural and frontier areas. The MCOs all have a percentage of their capitation withheld, the release of which is linked to achieving certain delivery system improvement

measures. One of the measures is increasing the utilization of telehealth by 15%. At least 5% of that increase must be BH provider visits.

That said, New Mexico is like most other states in that it has a shortage of BH professionals, particularly child and adult psychiatrists, and nurse practitioners with child and adult psychiatric specialization. While the system already makes use of mid-level professionals, HSD will be reviewing our BH regulations, with input from the NM BH provider community, to determine how the regulations can be modified to promote the wider use of mid-level and non-independent practitioners in the BH delivery system. In addition, the Governor's office continues to make the expansion of NM's health care workforce a high priority, pursuing policy and statutory approaches such as reducing barriers to licensing, improving licensure reciprocity with other states, and creating incentives to practice in the state.

Finally, the comments CMS heard on eligibility terminations refer to issues likely caused by the backlog of new Medicaid applications during the first five months of 2014. The backlog caused delays in the processing of recertifications as well, which unfortunately resulted in terminations of some eligible individuals. Affected individuals have been reinstated retroactively as appropriate, the application backlog has been eliminated and the terminations inadvertently caused by the backlog have ceased.

HSD again thanks CMS for this opportunity to respond to the comments heard during your listening sessions in New Mexico. We look forward to continued dialogue with BH stakeholders and with CMS on the BH system in New Mexico. We are committed to continuing to improve access to, and the quality of, publicly-funded BH services in New Mexico.

Sincerely,



Brent Earnest
Deputy Secretary

*7500 Security Blvd
21244*

Cc: Marilyn Tavenner, Administrator, CMS, DHHS -
Shantanu Agrawal, M.D., Deputy Administrator and Director, CMS
Bill Brooks, Associate Regional Administrator, CMS
James Ross, Office of Governor Susana Martinez
Julie Weinberg, Director, Medical Assistance Division, HSD
Wayne Lindstrom, Director, Behavioral Health Services Division, HSD

Attachment A



Call Center Report
Section IV - Member Services

Reporting Period: 7/1/14 through 7/31/14
 MICO Name: Molina Healthcare of New Mexico
 Report Run Date: 8/1/2014

	January	February	March	April	May	June	July	August	September	October	November	December
Number of Calls Received - English	19061	15013	15093	14958	14464	13,837	15,731	NA	NA	NA	NA	NA
Number of Calls Answered - English	18483	14883	14892	14842	14403	13,765	15,640	NA	NA	NA	NA	NA
Number of Abandoned Calls - English	578	130	101	116	61	72	91	\$VALUE	\$VALUE	\$VALUE	\$VALUE	\$VALUE
Number of Calls Received - Spanish	2217	1664	1882	1695	1595	1,589	1,604	NA	NA	NA	NA	NA
Number of Calls Answered - Spanish	2163	1657	1876	1686	1591	1,563	1,587	NA	NA	NA	NA	NA
Number of Abandoned Calls - Spanish	54	7	6	9	4	6	7	\$VALUE	\$VALUE	\$VALUE	\$VALUE	\$VALUE
Number of Calls Received - Other	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
Number of Calls Answered - Other	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
Number of Abandoned Calls - Other	0	0	0	0	0	0	0	\$VALUE	\$VALUE	\$VALUE	\$VALUE	\$VALUE
Number of Calls Received - All Queues	21,278	18,677	18,976	18,653	18,059	15,406	17,335	0	0	0	0	0
Number of Calls Answered - All Queues	20,646	16,540	18,666	16,528	16,894	16,326	17,237	0	0	0	0	0
Number of Abandoned Calls - All Queues	632	137	107	125	85	76	98	\$VALUE	\$VALUE	\$VALUE	\$VALUE	\$VALUE
Percent of Calls Abandoned - All Queues	3.0%	0.3%	0.6%	0.6%	0.4%	0.5%	0.6%	\$VALUE	\$VALUE	\$VALUE	\$VALUE	\$VALUE
Contract Standard: Percent of Calls Answered within 30 Seconds	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Abandonment Rate												
Number of Calls Answered within 30 Seconds - English	15943	14156	14107	13956	13944	13,219	14,798	NA	NA	NA	NA	NA
Number of Calls Answered within 30 Seconds - Spanish	1637	1695	1775	1691	1631	1,458	1,604	NA	NA	NA	NA	NA
Number of Calls Answered within 30 Seconds - Other	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
Number of Calls Answered within 30 Seconds - All Queues	17,780	15,752	15,882	15,946	15,475	14,715	16,299	0	0	0	0	0
Percent of Calls Answered within 30 Seconds - All Queues	83.1%	82.2%	84.2%	84.1%	86.8%	86.0%	84.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Contract Standard: Percent of Calls Answered within 30 Seconds	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



Call Center Report Section IV - Member Services

Reporting Period	7/1/14	through	7/31/14
MCO Name	Medina Healthcare of New Mexico		
Report Run Date	8/1/2014		

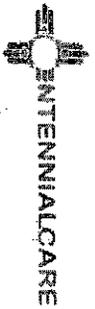
	January	February	March	April	May	June	July	August	September	October	November	December
Average Wait Time - English	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Average Wait Time - Spanish	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Average Wait Time - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Average Wait Time - All Queues	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Contract Standard: Average	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Wait Time (in min)												
Average Talk Time - English	7.4	7.3	7.2	7.3	7.1	6.4	7.0	7.0	7.0	7.0	7.0	7.0
Average Talk Time - Spanish	10.0	10.5	10.0	10.0	10.1	9.5	9.0	9.0	9.0	9.0	9.0	9.0
Average Talk Time - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Average Talk Time - All Queues	7.6	7.5	7.3	7.4	7.3	7.0	7.1	7.1	7.1	7.1	7.1	7.1
Number of Voicemails Received	26	53	71	63	61	75	88	88	88	88	88	88
Number of Voicemails Returned	26	53	71	63	61	75	88	88	88	88	88	88
Number of Voicemails Returned by Next Business Day	26	53	71	63	61	75	88	88	88	88	88	88
Percent of Voicemails Returned by Next Business Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Contract Standard: Percent of Voicemails Returned by Next Business Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Business Day												
Number of Offers to Use an Interpreter	301	156	528	223	171	250	158	0	0	0	0	0
Number of Acceptances	301	155	529	232	171	250	136	NA	NA	NA	NA	NA
Number of Declines	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
Number of Warm Transfers from Member Services to Care Coordination	1,858	1,175	1,738	1,763	1,720	1,714	1,464	NA	NA	NA	NA	NA
Number of Warm Transfers from Member Services to Nurse Advice Line	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
Number of Warm Transfers from Member Services to Outside Sources	16	13	14	30	18	5	6	NA	NA	NA	NA	NA
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	0	5	2	0	0	0	0	NA	NA	NA	NA	NA



**Presbyterian Call Center Report
Section IV - Member Services**

Reporting Period	7/1/14	through	7/31/14
MCO Name	Presbyterian		
Report Run Date	8/2/2014		

	January	February	March	April	May	June	July	August	September	October	November	December
Number of Calls Received - English	20,553	14,769	15,482	15,039	13,704	12,930	13,002					
Number of Calls Answered - English	19,792	14,510	16,234	14,859	13,588	12,780	12,818					
Number of Abandoned Calls - English	761	259	248	180	106	150	184					
Number of Calls Received - English	1,408	1,165	1,048	995	1,039	995	890					
Number of Calls Answered - Spanish	1,368	1,143	1,028	978	1,024	984	836					
Number of Abandoned Calls - Spanish	40	20	20	17	15	11	14					
Number of Calls Received - Spanish	0	0	0	0	0	0	0					
Number of Calls Answered - Other	0	0	0	0	0	0	0					
Number of Abandoned Calls - Other	0	0	0	0	0	0	0					
Number of Calls Received - All Queues	21,981	15,931	16,530	16,034	14,743	13,925	13,892					
Number of Calls Answered - All Queues	21,160	15,683	16,662	16,837	14,622	13,764	13,654					
Number of Abandoned Calls - All Queues	801	278	288	197	121	161	198					
Percent of Calls Answered - All Queues	3.9%	1.7%	1.6%	1.2%	0.8%	1.2%	1.4%					
Contract Standard - All Queues	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%					
Abandonment Rate												
Number of Calls Answered within 30 Seconds - English	15,170	12,753	13,750	13,982	13,344	12,226	11,819					
Number of Calls Answered within 30 Seconds - Spanish	952	561	575	508	594	535	772					
Number of Calls Answered within 30 Seconds - Other	0	0	0	0	0	0	0					
Number of Calls Answered within 30 Seconds - All Queues	16,122	13,764	14,896	14,890	14,338	13,161	12,891					
Percent of Calls Answered within 30 Seconds - All Queues	76.2%	67.5%	90.4%	94.0%	98.1%	95.6%	92.5%					
Contract Standard Percent of Calls Answered within 30 Seconds	85.0%	85.0%	85.0%	85.0%	86.0%	85.0%	85.0%					



**Presbyterian Call Center Report
Section IV - Member Services**

Reporting Period: 7/1/14 - 7/31/14
 MCO Name: Presbyterian
 Report Run Date: 8/2/2014

	January	February	March	April	May	June	July	August	September	October	November	December
Average Wait Time - English	0.7	0.3	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2
Average Wait Time - Spanish	0.7	0.4	0.4	0.4	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4
Average Wait Time - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Average Wait Time - All Queues	0.7	0.3	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2
Contract Standard Average	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Wait Time (in min)												
Average Talk Time - English	7.0	8.0	6.5	7.0	6.3	6.0	6.9	7.4	7.4	7.4	7.4	7.4
Average Talk Time - Spanish	7.6	6.9	6.3	8.4	6.9	6.3	7.4	7.4	7.4	7.4	7.4	7.4
Average Talk Time - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Average Talk Time - All Queues	7.0	6.5	6.8	7.0	6.3	6.0	6.9	7.4	7.4	7.4	7.4	7.4
Number of Voicemails Received	0	0	0	0	0	0	0	0	0	0	0	0
Number of Voicemails Returned	0	0	0	0	0	0	0	0	0	0	0	0
Number of Voicemails Returned by Next Business Day	0	0	0	0	0	0	0	0	0	0	0	0
Percent of Voicemail Returned by Next Business Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Contract Standard: Percent of Voicemails Returned by Next Business Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Business Day												
Number of Offers to Use an Interpreter	653	663	738	805	775	825	633	633	633	633	633	633
Number of Acceptances	653	663	738	805	775	825	633	633	633	633	633	633
Number of Denials	0	0	0	0	0	0	0	0	0	0	0	0
Number of Warm Transfers from Member Services to Care Coordination	56	12	17	24	9	13	21	21	21	21	21	21
Number of Warm Transfers from Member Services to Nurse Advice Line	0	1	0	1	0	0	0	0	0	0	0	0
Number of Warm Transfers from Member Services to Outside Services	66	24	31	48	97	51	119	119	119	119	119	119
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	0	0	0	0	0	0	0	0	0	0	0	0



**Call Center Report
Section IV - Member Services**

Reporting Period: 7/1/14 through 7/31/14
 MCO Name: UnitedHealthcare Community Plan
 Report Run Date: 8/12/2014

	January	February	March	April	May	June	July	August	September	October	November	December
Number of Calls Received - English	8832	9684	8349	8031	7912	7518	8,043					
Number of Calls Answered - English	8724	9460	8323	7985	7851	7486	7,990					
Number of Abandoned Calls - English	108	124	26	46	61	32	53					
Number of Calls Received - Spanish	689	590	520	551	638	569	555					
Number of Calls Answered - Spanish	670	586	517	551	633	564	549					
Number of Abandoned Calls - Spanish	19	4	3	0	5	5	6					
Number of Calls Received - Other	0	0	0	0	0	0	0					
Number of Calls Answered - Other	0	0	0	0	0	0	0					
Number of Abandoned Calls - Other	0	0	0	0	0	0	0					
Number of Calls Received - All Queues	9,521	10,174	8,869	8,582	8,550	8,057	8,638					
Number of Calls Answered - All Queues	9,394	10,046	8,840	8,536	8,484	8,050	8,636					
Number of Abandoned Calls - All Queues	127	128	26	46	66	37	59					
Percent of Calls Abandoned - All Queues	1.3%	1.3%	0.3%	0.5%	0.8%	0.5%	0.7%					
Ad abandonment Rate	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%					
Number of Calls Answered within 30 Seconds - English	7937	9454	8026	7488	7318	7150	7,489					
Number of Calls Answered within 30 Seconds - Spanish	604	544	489	526	583	531	503					
Number of Calls Answered within 30 Seconds - Other	0	0	0	0	0	0	0					
Number of Calls Answered within 30 Seconds - All Queues	8,541	8,998	8,515	7,994	7,911	7,681	8,099					
Percent of Calls Answered within 30 Seconds - All Queues	89.9%	88.6%	96.4%	93.7%	93.2%	95.2%	93.7%					
Contract Standard Percent of Calls Answered within 30 Seconds	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%					



**Call Center Report
Section IV - Member Services**

Reporting Period	7/1/14 through 7/31/14
MCO Name	United-Healthcare Community Plan
Report From Date	8/7/2014

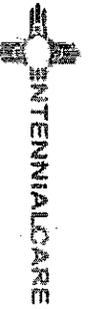
	January	February	March	April	May	June	July	August	September	October	November	December
Average Wait Time - English	0.3	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Average Wait Time - Spanish	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Average Wait Time - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1
Average Wait Time - All Queues	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Contract Standard Average	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Wait Time (in min)												
Average Talk Time - English	7.1	6.5	5.3	5.1	5.2	5.4	5.2	5.4	5.2	5.2	5.2	5.2
Average Talk Time - Spanish	9.0	7.6	6.3	6.2	6.1	5.9	5.8	5.8	5.8	5.8	5.8	5.8
Average Talk Time - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Average Talk Time - All Queues	7.2	6.5	5.4	5.2	5.3	5.4	5.2	5.4	5.2	5.2	5.2	5.2
Number of Voicemails Received	121	113	129	107	79	76	89	76	89	89	89	89
Number of Voicemails Returned	121	113	129	107	79	76	89	76	89	89	89	89
Number of Voicemails Returned by Next Business Day	121	102	129	107	79	76	89	76	89	89	89	89
Percent of Voicemails Returned by Next Business Day	100.0%	90.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Contract Standard Percent of Voicemails Returned by Next Business Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Business Day												
Number of Offers to Use an Interpreter	351	164	131	165	194	149	180	0	0	0	0	0
Number of Acceptances	351	164	131	165	194	149	180	0	0	0	0	0
Number of Denials	0	0	0	0	0	0	0	0	0	0	0	0
Number of Warm Transfers from Member Services to Care Coordinator	499	667	502	662	485	566	513					
Number of Warm Transfers from Member Services to Nurse Advice Line	0	3	2	7	3	4	7					
Number of Warm Transfers from Member Services to Outside Sources	1135	167	63	69	70	145	156					
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	0	0	0	0	0	0	0					



**Call Center Report
Section IV - Member Services**

Reporting Period: 7/1/14 through 7/31/14
 MCO Name: BCSNM
 Report Start Date: 8/13/2014

	January	February	March	April	May	June	July	August	September	October	November
Number of Calls Received - English	12,850	13,256	12,061	12,856	10,856	10,617	10,889				
Number of Calls Answered - English	12,552	13,124	11,892	12,549	10,768	10,489	10,727				
Number of Abandoned Calls - English	276	132	169	136	88	128	142				
Number of Calls Received - Spanish	259	212	205	256	202	166	158				
Number of Calls Answered - Spanish	236	201	192	217	198	153	147				
Number of Abandoned Calls - Spanish	23	11	17	19	4	12	11				
Number of Calls Received - Other	470	389	303	315	236	275	345				
Number of Calls Answered - Other	447	377	299	309	229	263	339				
Number of Abandoned Calls - Other	23	11	5	6	7	12	7				
Number of Calls Received - All Queues	13,569	13,858	12,573	13,296	11,294	11,098	11,373				
Number of Calls Answered - All Queues	13,235	13,702	12,382	13,135	11,195	10,905	11,213				
Number of Abandoned Calls - All Queues	324	154	191	161	99	193	160				
Percent of Calls Abandoned - All Queues	2.4%	1.1%	1.5%	1.2%	0.9%	1.4%	1.4%				
Contract Standard - Percent of Calls Answered within 30 Seconds - All Queues	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%				
Number of Calls Answered within 30 Seconds - English	10,775	11,659	10,592	11,526	10,343	9,641	9,278				
Number of Calls Answered within 30 Seconds - Spanish	205	135	161	247	186	138	123				
Number of Calls Answered within 30 Seconds - Other	392	349	255	253	224	241	315				
Number of Calls Answered within 30 Seconds - All Queues	11,362	12,393	11,015	12,066	10,753	10,020	10,319				
Percent of Calls Answered within 30 Seconds - All Queues	85.8%	90.4%	89.0%	91.9%	96.3%	91.9%	92.0%				
Contract Standard - Percent of Calls Answered within 30 Seconds	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%				



Call Center Report
Section IV - Member Services

Reporting Period:	7/1/14	7/31/14
MCO Name:	BOBSNM	
Report Run Date:	8/13/2014	

	January	February	March	April	May	June	July	August	September	October	November
Average Wait Time - English	0.4	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2
Average Wait Time - Spanish	0.3	0.2	0.4	0.3	0.1	0.3	0.4	0.3	0.3	0.3	0.3
Average Wait Time - Other	0.5	0.3	0.3	0.1	0.1	0.3	0.3	0.2	0.2	0.2	0.2
Average Wait Time - All Queues	0.4	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2
Contract Standard Average Wait Time (in min)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Average Talk Time - English	12.0	11.7	11.5	11.2	10.5	10.5	10.5	10.5	10.5	10.5	10.5
Average Talk Time - Spanish	14.2	13.9	14.9	13.8	13.3	15.2	14.4	14.4	14.4	14.4	14.4
Average Talk Time - Other	10.8	11.6	11.0	10.4	10.4	8.4	9.4	9.4	9.4	9.4	9.4
Average Talk Time - All Queues	12.0	11.7	11.5	11.2	10.5	10.5	10.5	10.5	10.5	10.5	10.5
Number of Voice-mails Received	32	21	32	36	31	69	29				
Number of Voice-mails Returned	32	21	32	36	31	69	29				
Number of Voice-mails Returned by Next Business Day	27	17	32	34	31	59	28				
Percent of Voice-mails Returned by Next Business Day	94.4%	81.0%	100.0%	94.4%	100.0%	100.0%	100.0%				
Contract Standard Percent of Voice-mails Returned by Next Business Day	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Number of Orders to Use an Interpreter	2	5	5	10	5	3	2	0	0	0	0
Number of Acceptances	2	4	4	10	5	3	3	0	0	0	0
Number of Denials	0	1	2	0	0	0	0	0	0	0	0
Number of Warm Transfers from Member Services to Care Coordination	112	100	141	83	32	43	27				
Number of Warm Transfers from Member Services to Nurse Advice Line	0	1	2	0	2	1	0				
Number of Warm Transfers from Member Services to Outside Sources	98	12	16	22	9	20	10				
Number of Transfers that went into Warm for which a Call had to Be Returned within 30 Minutes	0	5	0	0	0	0	0				

Attachment B



**Call Center Report
Section V - Nurse Advice Line**

Reporting Period:	7/1/14	through:	7/31/14
MCO Name:	Molina Healthcare of New Mexico		
Report Run Date:	8/1/2014		

	January	February	March	April	May	June	July	August	September	October	November	December
Number of Calls Received	1343	1739	1739	1778	1988	1619	1435	NA	NA	NA	NA	NA
Number of Calls Answered	1115	1699	1688	1708	1922	1558	1392	NA	NA	NA	NA	NA
Number of Abandoned Calls	228	84	71	70	68	80	43	NA	NA	NA	NA	NA
Percent of Calls Abandoned	17.0%	3.7%	4.0%	3.9%	3.3%	3.7%	3.0%	NA	NA	NA	NA	NA
Contract Standard:	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Abandonment Rate												
Number of Calls Answered within 30 Seconds	919	1586	1609	1585	1844	1,508	1,338	NA	NA	NA	NA	NA
Percent of Calls Answered within 30 Seconds	82.4%	84.6%	85.3%	88.4%	85.0%	86.7%	86.1%	NA	NA	NA	NA	NA
Contract Standard: Percent of Calls Answered within 30 Seconds	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Average Wait Time (in min)	0.2	0.2	0.2	0.4	0	0.1	0	NA	NA	NA	NA	NA
Contract Standard: Average Wait Time (in min)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Average Talk Time (in min)	3.0	4.0	3.0	3.0	3.0	0.2	3.0	NA	NA	NA	NA	NA
Number of Warm Transfers from Nurse Advice Line to Care Coordination	15	22	13	12	14	10	29	NA	NA	NA	NA	NA
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	3	2	2	2	4	2	5	NA	NA	NA	NA	NA
Number of Warm Transfers from Nurse Advice Line to Outside Sources	9	9	6	18	9	10	21	NA	NA	NA	NA	NA
Number of Outbound Calls Initiated by a Nurse or Care Coordinator	0	0	0	0	0	0	0	NA	NA	NA	NA	NA



Presbyterian Call Center Report
Section V - Nurse Advice Line

Reporting Period:	7/1/14 through 7/31/14
MCO Name:	Presbyterian
Report Run Date:	8/8/2014

	January	February	March	April	May	June	July	August	September	October	November	December
Number of Calls Received	1227	1282	1401	1425	1605	1551	1608					
Number of Calls Answered	1170	1198	1342	1379	1588	1524	1621					
Number of Abandoned Calls	57	83	59	46	37	37	47					
Percent of Calls Abandoned	4.6%	4.2%	4.2%	3.2%	2.3%	2.4%	2.8%					
Contract Standard	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%					
Abandonment Rate												
Number of Calls Answered within 30 Seconds	752	828	1086	1200	1447	1401	1527					
Percent of Calls Answered within 30 Seconds	84.3%	71.4%	81.7%	87.0%	92.3%	91.0%	94.2%					
Contract Standard: Percent of Calls Answered within 30 Seconds	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%					
Average Wait Time (in min)	1.2	1.0	0.7	0.5	0.3	0.3	0.3					
Contract Standard: Average Wait Time (in min)	2.0	2.0	2.0	2.0	2.0	2.0	2.0					
Average Talk Time (in min)	7.7	7.4	6.8	5.9	5.9	6.2	5.6					
Number of Warm Transfers from Nurse Advice Line to Care Coordination	24	11	13	9	6	11	11					
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	9	2	6	1	3	3	0					
Number of Warm Transfers from Nurse Advice Line to Outside Sources	45	19	21	4	18	21	17					
Number of Outbound Calls Initiated by a Nurse or Care Coordinator	405	449	429	523	588	435	643					



Call Center Report
Section V - Nurse Advice Line

Reporting Period: 7/1/14 through 7/31/14
MCO Name: UnitedHealthcare Community Plan
Report Run Date: 8/12/2014

	January	February	March	April	May	June	July	August	September	October	November	December
Number of Calls Received	441	478	512	501	554	601	648					
Number of Calls Answered	433	474	510	593	590	583	634					
Number of Abandoned Calls	8	5	2	8	4	18	14					
Percent of Calls Abandoned	1.8%	1.0%	0.4%	1.3%	0.7%	3.0%	2.2%					
Contract Standard	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%					
Abandonment Rate												
Number of Calls Answered within 30 Seconds	378	457	485	540	500	525	540					
Percent of Calls Answered within 30 Seconds	87.3%	95.6%	95.1%	91.1%	90.2%	90.1%	85.2%					
Contract Standard	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%					
Number of Calls Answered within 30 Seconds												
Average Wait Time (in min)	0.2	0.1	0.1	0.1	0.2	0.1	0.2					
Contract Standard	2.0	2.0	2.0	2.0	2.0	2.0	2.0					
Wait Time (in min)												
Average Talk Time (in min)	6.0	6.0	7.0	7.0	8.0	8.0	8.5					
Number of Warm Transfers from Nurse Advice Line to Care Coordination	0	0	0	0	0	0	12					
Number of Transfers that were Not Warm for which a Call had to be Returned within 30 Minutes	0	0	0	0	0	0	2					
Number of Warm Transfers from Nurse Advice Line to Outside Sources	0	0	0	0	0	0	281					
Number of Outbound Calls Initiated by a Nurse or Care Coordinator	0	0	0	0	0	0	3					



Call Center Report
Section V - Nurse Advice Line

Reporting Period:	7/1/14	through	7/31/14
HQO Name:	BCBSNM		
Report Run Date:	8/13/2014		

	January	February	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Year
Number of Calls Received	487	498	551	573	610	575	594						
Number of Calls Answered	484	495	577	568	608	569	592						
Number of Abandoned Calls	3	3	4	5	2	10	2						
Percent of Calls Abandoned	0.6%	0.6%	0.7%	0.9%	0.3%	1.7%	0.3%						
Contract Standard:	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%						
Abandonment Rate													
Number of Calls Answered	454	477	551	570	608	598	583						
Within 30 Seconds	83.8%	98.4%	98.5%	100.4%	100.0%	99.5%	98.6%						
Percent of Calls Answered													
within 30 Seconds													
Contract Standard: Percent of	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%						
Calls Answered within 30													
Seconds													
Average Wait Time (in min)	0.1	0.0	0.0	0.2	0.0	0.1	0.1						
Contract Standard: Average	2.0	2.0	2.0	2.0	2.0	2.0	2.0						
Wait Time (in min)													
Average Talk Time (in min)	8.2	7.7	3.0	9.4	10.0	7.7	8.2						
Number of Warm Transfers	0	0	0	0	0	0	0						
from Nurse Advice Line to													
Coordinate													
Number of Transfers that were													
Not Warm for which a Call had	0	0	0	0	0	0	0						
to be Returned within 30													
Minutes													
Number of Warm Transfers	0	0	0	0	0	0	0						
from Nurse Advice Line to													
Outside Sources													
Number of Outbound Calls	18	19	34	24	18	13	0						
initiated by a Nurse or Care													
Coordinator													