March 26, 2018

FROM: Presbyterian Health Plan, Inc.
TO: Providers
RE: CareLink New Mexico Health Homes

We are writing to let you know that Kewa Pueblo Health Corporation (Kewa) will begin Health Home operations in Sandoval County on April 1, 2018. Kewa is part of CareLink New Mexico (CLNM), a program to coordinate the integration of physical and behavioral health services for Medicaid beneficiaries with diagnoses of Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). Kewa, located on Santo Domingo Pueblo, provides physical and behavioral health services to Tribal members.

Kewa's Health Home Community Liaison may reach out to you to establish the network needed to provide a range of services to support Health Home clients. We are asking that you work with the liaison to create network relationships, which may be established through MOAs (required for primary care, local hospitals, and residential treatment facilities) or other less formal processes.

Medicaid beneficiaries include both managed care and fee-for-service members who elect to become Health Home members. In the first phase of the program, members will include individuals already being served by the Health Home and those referred by MCO and community providers, including hospitals and patient centered medical homes. In the second phase, enrollment into Health Homes will be offered through a marketing effort to Medicaid beneficiaries in Sandoval County who meet the diagnosis and Tribal membership criteria listed above.

Health Homes provide six core services: comprehensive care management, care coordination, prevention and health promotion, comprehensive transitional care, individual and family support services, and referrals to community and social support services. Through intensive care coordination for each member, providers will establish a multidisciplinary team comprised of a primary care physician, specialists, and other identified service providers to help meet members' needs and goals. Services may include assistance with housing, transportation, and specialized support groups. Teams will develop integrated care plans to address behavioral health needs and comorbidities. Your participation is crucial to the success of the program and to improved outcomes for Health Home members.

We are excited about the CLNM program and its potential for our beneficiaries. If you have any questions about the program, please contact:

Dr. Gray Clarke, Presbyterian's senior medical director for Centennial Care, at (505) 923-8117 or gclarke@phs.org, or Martha Payne, CLNM Program Manager, martha.payne@state.nm.us or (505) 476-9251.