

Care Coordination Frequently Asked Questions

What is Centennial Care?

Centennial Care is the new name of the New Mexico Medicaid program. Centennial Care will begin January 1, 2014 and services will be provided by four managed care organizations (MCOs). These services include physical health, behavioral health, long-term care and community benefits.

What is a Managed Care Organization (MCO)?

A managed care organization (MCO) is an insurance company that contracts with providers and medical facilities to provide healthcare services to its members.

Who are the Managed Care Organizations (MCOs) offering Centennial Care coverage?

- Blue Cross Blue Shield of New Mexico
- Molina Health Care of New Mexico, Inc.
- Presbyterian Health Plan, Inc.
- United Health Care Community Plan of New Mexico

When does Centennial Care start?

Centennial Care starts on January 1, 2014. You will be able to choose a Centennial Care managed care organization (MCO) starting October 15, 2013.

Is Centennial Care the same as the State's Medicaid Redesign?

Yes. Medicaid's different programs—Salud, CoLTS and Optum—are being combined into one program, called Centennial Care.

Why is New Mexico changing its Medicaid program(s) to Centennial Care?

New Mexico is changing to Centennial Care to make it easier for you. You will be able to get the care you need in one place. Whether you need to see your primary care doctor, a mental health provider or if you have long-term care needs, your Centennial Care managed care organization can help you get the care you need.

Who may be eligible for Centennial Care?

Most people who are currently enrolled in a New Mexico Medicaid program will be eligible for Centennial Care. For all Medicaid programs, you have to meet certain federal guidelines. These include citizenship, residency and income requirements. For more information on Centennial Care, please visit our web site at www.CentennialCare.net.

What does the Federal Poverty Level (FPL) have to do with Centennial Care Eligibility?

To be eligible for Centennial Care, you have to be financially eligible. The financial guidelines are set by the US Dept of Health and Human Services and are called the Federal Poverty Levels (FPLs). FPLs are based on your income and your total household size. Different types of coverage in Centennial Care may have different FPL guidelines.

Who will receive services through Centennial Care?

Most, but not all, people who are eligible for New Mexico Medicaid will get their services from a Centennial Care managed care organization (MCO). If you are enrolled in the DD waiver, you will receive acute care services through Centennial Care and continue to receive waiver services as you do now. And, Native Americans who are currently enrolled in CoLTS or who meet a nursing facility level of care will receive services through Centennial Care.



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Do I have to be unemployed to get Centennial Care?

No. Most people and families who are eligible for Centennial Care work very hard to support themselves but still meet the financial eligibility guidelines.

Do I have to pay to be enrolled in Centennial Care?

No. There is no cost to enroll in Centennial Care. Some enrollees may pay minimal co-payments for doctor visits, emergency room care and prescriptions.

Do I need to apply for Centennial Care if I am already enrolled in a NM Medicaid program?

No. If you are already enrolled in a New Mexico Medicaid program, you do not need to fill out a new application. But, you will need to pick the managed care organization (MCO) you want to provide your Centennial Care services.

What services are covered under Centennial Care?

Centennial Care covers physical health, behavioral health, long-term care and community benefits. Depending on your healthcare needs, the managed care organization (MCO) that you choose to provide your care may assign someone to help you coordinate your care so that you receive all of the services you need.

What is a Community Benefit?

The “Community Benefit” is the name given to a set of services that help to keep people in their homes and communities. Some of these services include: adult day health, respite care and personal care services.

Who can get the community benefit?

If you are on Medicaid and have health issues that are serious enough for you to need care in a nursing home, you may be able to get the community benefit.

How do I get the community benefit?

If you are on Medicaid, you will talk to your managed care organization (MCO). If you are not on Medicaid, you will go to a Human Services Department eligibility office and they will help direct you to the right place.

I need to see a specialist, what do I need to do?

Your primary care physician (PCP) must request a referral for you to see a specialist. If you would like additional information, you may contact your managed care organization’s member service unit.

Will I have to pay a co-pay to see my doctor, get a prescription or go to the emergency room?

Some categories of eligibility may require minimal co-payments for doctor visits, emergency room care and prescriptions. You may check the New Mexico Medicaid Portal (<https://nmmedicaid.acs-inc.com>) or call 1-888-997-2583 to see if you are required to make co-pays.



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When do I renew my Centennial Care coverage?

Coverage for most Centennial Care programs must be renewed every 12 months. About 4–6 weeks before your renewal is due, the Human Services Department (HSD) will send you a letter telling you that it's time for you to renew your coverage. When you renew, you should make sure that the information that HSD has on file for you is up to date and accurate. Any changes you have in address, income, family size or other insurance coverage should be reported to HSD.

When will I be able to choose my Managed Care Organizations (MCOs)?

In the Fall of 2013, you will get a orange envelope from the Human Services Department (HSD) asking you to select a Centennial Care MCO. This letter will let you know how to make your choice on the phone, on-line or through the mail. If the MCO that you have right now is also a Centennial Care MCO, you may be able to re-enroll with them. If you do not choose an MCO, you will automatically assigned to one. Native Americans who do not need of long-term care services are not required to choose and will not be assigned to an MCO since they can remain in fee-for-service.

How can I choose the Centennial Care Managed Care Organization (MCO) that is right for me?

Ask your doctors which Centennial Care MCO(s) they're contracted with. You should also check each of the MCO(s) provider listings to find out which doctors are part of their network. You may also find out what extra benefits each of the MCOs offer. When you get your orange MCO enrollment letter from the Human Services Department (HSD), it will include a phone number and a website for each MCO so that you can get the answers you need to choose the MCO that is best for you.

Once I choose a Managed Care Organization (MCO), will I be able to change to a different MCO?

Yes. You can change your MCO in the first 90 days after choosing or being assigned to one. You also have the chance to change your Centennial Care MCO each year when it's time for you to renew your coverage.

I have heard that I can't change my Centennial Care Managed Care Organization (MCO) after I am "locked in." What does this mean?

After you pick or get assigned to an MCO, you have 90 days to switch to a different MCO for any reason. After that 90 day period, you are "locked in" to receive services from that MCO and can only change to a different MCO for certain reasons. To request an MCO switch after you are locked in, you must submit the request in writing. For more information on how to submit a request, you may call the New Mexico Medicaid Call Center at 1-888-997-2583.

Can I still see my same doctors and use my regular pharmacy under Centennial Care?

Your Medicaid doctors and pharmacy need to be contracted with your Centennial Care Managed Care Organization (MCO) for you to get services from them. If you are on Medicare and Medicaid, you can keep seeing your Medicare doctor(s).

I can't find a doctor (primary care, dental, vision, etc) in my area. What do I do?

You must contact your Managed Care Organization's (MCO) customer service unit and request their help in locating providers.



What is a Care Coordinator?

A care coordinator is the person assigned to you by your MCO to coordinate the care and services you may need (such as medical, behavioral health, long term care, prescriptions, medical equipment, and others).

How do I get a Care Coordinator?

Once you enroll into Centennial Care, your MCO will contact you and ask you simple questions about your health and what might be going on your life in relation to your healthcare. Depending on your concerns and needs, your MCO may do a “Comprehensive Needs Assessment” to get more detailed information about your healthcare needs. Once this assessment is done, your MCO will assign you a care coordinator to help create a care plan that is based on your health care needs and services.

Will I have a Care Coordinator to help me access Centennial Care services?

Yes.

Do all of the Centennial Care MCOs have Care Coordinators?

Yes.

Do I have to have a Care Coordinator?

No, but a care coordinator serves an important role by helping you understand and access your services in Centennial Care. Members who receive the Community Benefit will need to work with a care coordinator to decide what services are needed.

Can my family member be my Care Coordinator?

No, care coordinators are employed by and assigned by the Centennial Care MCO.

