Today’s Topics

- Overview of Centennial Care
- Centennial Care updates effective January 1, 2019
- Centennial Care Open Enrollment Period
- Questions
- Introduction of Managed Care Organizations (MCOs) that will be providing services as of January 1, 2019
- MCO Value-Added Services
Centennial Care: Reforming Medicaid

- A Comprehensive Service Delivery System
  - Managed Care Organizations are responsible for integrating care to address all health needs of the member through robust care coordination

- Personal Responsibility
  - Engage recipients in their personal health decisions through incentives and disincentives

- Payment Reform
  - Use innovative payment methodologies to reward quality care and improve health outcomes instead of just the quantity of care

- Administrative Simplification
  - Combine all Medicaid waivers (except the Developmental Disabilities and Medically Fragile waivers) into a single, comprehensive Section 1115 waiver
Centennial Care

Guiding Principles

- Involve members in their own health
- Educate beneficiaries to be savvy consumers
- Promote integrated care
- Care coordination for at-risk members
- Pay providers for value and outcomes
- Right care, right time, right setting
- Purchase quality care
- Bend the cost curve over time
- Streamline and modernize the program
- Develop Comprehensive Delivery System
- Emphasize Payment Reform
- Encourage Personal Responsibility
- Simplify Program Administration

Right care, right time, right setting

Streamline and modernize the program

Purchase quality care

Bend the cost curve over time

Simplify Program Administration

Encourage Personal Responsibility

Develop Comprehensive Delivery System

Emphasize Payment Reform
Program updates will be effective 1/1/19

Basic program structure is the same as when Centennial Care began in 2014

Change in MCOs that will provide services and some new program initiatives

The three MCOs selected by HSD to provide services effective January 1, 2019 are:
- Blue Cross/Blue Shield of New Mexico
- Presbyterian Health Plan
- Western Sky Community Care
Community Benefit Changes

The Community Benefit provides home and community-based services so members who meet a nursing facility level of care (NF LOC) can stay in their homes and communities instead of moving to a nursing home.

- Increase annual limit for Community Benefit Respite for people with long term care needs from 100 to 300 hours
- Nutritional Counseling added to Agency-Based Community Benefit (ABCB)
- Start-up goods, up to $2,000 for new Self-Directed Community Benefit (SDCB) members that may include a computer, printer or fax machine
Community Benefit Changes

- Annual limits on certain SDCB services for new members entering SDCB on or after 1/1/19 (existing SDCB members are grandfathered)
  - Related Goods $2,000
  - Specialized Therapies $2,000
  - Non-Medical Transportation $1,000

- SDCB Non-Medical Transportation Billing
  - Currently, providers can bill for transportation by time, trip, mileage, or carrier pass (bus pass or taxi)
  - Billing for time and trip will no longer be allowed for new or renewed SDCB plans after 1/1/19
  - Only mileage and bus/taxi pass will be allowed
Home-visiting pilot program in up to four designated counties, including Bernalillo, that focuses on pre-natal, post-partum and early childhood development

- Working in collaboration with CYFD
- Two delivery models identified:
  - Nurse Family Partnership and
  - Parents as Teachers
- Different sets of services depending on type of visit:
  - Prenatal visits
  - Post-partum visits
  - Infant/child visits
Pre–Tenancy and Tenancy Services

- New supportive housing services beginning 7/1/19 for members with Serious Mental Illness (SMI) to assist with acquiring, retaining and maintaining stable housing
- Eligible members will access the program through a network of providers associated with the Linkages Supportive Housing Program
- The program utilizes certified peer support workers for service delivery
Expand Substance Use Disorder (SUD) Services

- Extend Screening, Brief Intervention, and Referral to Treatment (SBIRT) services through primary care, community health centers and urgent care facilities
- Provide SUD treatment for adults in accredited residential treatment centers
- Expand inpatient SUD services (Institutes for Mental Disease)
Member Cost Sharing
New Co-Payments for Two Services

- Begins March 1, 2019
- Sunsetting existing co-pays for Children’s Health Insurance Program (CHIP) eligible members & Working Disabled Individuals

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<th>Copayment</th>
<th>Most Centennial Care Members</th>
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| Non-preferred prescription drugs (Psychotropic drugs and family planning drugs/supplies are exempt) | $8/prescription  
  All FPLs and COEs, certain exemptions will apply |
| Non-emergency ER visits (hospital determines if emergent)   | $8/visit  
  All FPLs and COEs, certain exemptions will apply |

The following populations will be exempt from copayments:
- Native American members;
- Individuals in a Fee for Service Category of Eligibility (COE);
- Individuals on the DD waiver;
- Individuals in an Institutional Care COE;
- Individuals with a Household (HH) income of 0% FPL; and
- People receiving hospice care.
$10 Monthly Premium for Other Adult (Expansion) and Transitional Medical Assistance (TMA) adults in Centennial Care

Monthly premiums in subsequent years can be up to $20 at state’s option

Member Rewards program will have option to apply earned credits toward premium payments

If premium is not received by the monthly due date, there will be a grace period before services are suspended

For new members in the these two categories, premium payment must be received before services will begin

Native American members are exempt from premiums
Other Program Changes in Centennial Care
Other Program Changes

- Phase out 3 month retroactive (retro) eligibility for most Centennial Care members
- 2019: allow one month of retro coverage
- 2020: eliminate retro coverage
- Some Centennial Care members can continue to receive retro coverage when requested:
  - Individuals eligible for Institutional Care (IC) categories of eligibility
  - Pregnant women
  - Children under age 19
  - Native Americans in Fee For Service Medicaid
Other Program Changes

- Family Planning Eligibility
  - Change to cover men and women through age 50
  - Will no longer cover individuals with other full health insurance
  - Individuals under age 65 who only have Medicare coverage can continue to receive Family Planning coverage

- Nursing Facility Level of Care (NFLOC) Assessments
  - Community Benefit members who meet certain criteria and who are always expected to meet NFLOC will not be required to have an annual NFLOC assessment
Services provided through Managed Care Organizations (MCOs)

MCOs are insurance companies that contract with providers and healthcare facilities to provide services to their members.

MCO enrollment is for a 12-month period.

Each year, members can choose to change MCOs before the end of their 12-month enrollment.

This year there is a special enrollment period for January 1, 2019.
Current Centennial Care MCOs:
- Effective September 1, 2018, all United Healthcare members were transitioned to Presbyterian Health Plan
- Current MCOs will provide services through December 31, 2018

Starting January 1, 2019, there will be changes to the MCOs that provide Centennial Care services
The three MCOs selected by HSD to provide services effective January 1, 2019 are:

- Blue Cross/Blue Shield of New Mexico
- Presbyterian Health Plan
- Western Sky Community Care
Open Enrollment

- Open Enrollment
  - October 1, 2018 – November 30, 2018

- During these 2 months, Centennial Care enrollees can choose the MCO to provide their Medicaid services

- Enrollment selections made during open enrollment will be effective on January 1, 2019
Open Enrollment

- Any individual currently enrolled with Blue Cross or Presbyterian who does not choose a new MCO will be re-enrolled with his/her current MCO.

- All other Centennial Care enrollees who do not choose an MCO will be auto-assigned to a MCO.

- MCO choices and assignments will be effective on January 1, 2019.

- All Centennial Care enrollees who choose or are assigned to a MCO during open enrollment will have 3 months (starting January 1, 2019) to change their MCO.
Choosing a MCO

- An open enrollment notice will be sent to all members at the end of September.
- The Enrollment Notice will be sent by HSD in a *turquoise* envelope.
- The *turquoise* envelope will list the MCOs that will be available to provide Centennial Care services starting January 1, 2019.
  - Includes instructions on how and when to choose a MCO.
Choosing a MCO

Centennial Care MCO Choices

Look inside for IMPORTANT information about Centennial Care Managed Care Organizations

Mire adentro para obtener información IMPORTANTE sobre las organizaciones de atención administrativa de Centennial Care
Choosing a MCO

- MCO Choices can be made:
  - On-line:
    - www.Yes.state.nm.us
  - By Phone:
    - 1–888–997–2583
  - Mail
    - Return the form included in the turquoise envelope
Choosing a MCO

- All MCO choices must be made by November 30, 2018

- If you have NOT received a turquoise envelope by October 31, 2018, please call the NM Medicaid Call Center at:
  1–888–997–2583
Open Enrollment Overview

- When can I choose a different Centennial Care MCO for services beginning on January 1st?
- How do I select a different MCO?
- What information will the turquoise envelope contain?
- I have Presbyterian now, so what happens if I don’t choose a different selection?
- I don’t have either Presbyterian or Blue Cross, what happens if I don’t make a selection?
- If I’m auto-assigned to an MCO will I be able to switch to another MCO?
MCO Value Added Services

- All Centennial Care MCOs offer the same Medicaid benefits for each approved Medicaid category of eligibility

- MCOs also offer Value-Added services (VAS)

- Value-added services are benefits above and beyond what the MCO is required to provide

- Benefits vary from one MCO to the next and may also be available for specific categories of eligibility
MCO Value–Added Services

Insert MCO logos and let them present on their VAS
Choosing a MCO

- MCO Choices can be made:
  - On-line:  
    [www.Yes.state.nm.us](http://www.Yes.state.nm.us)
  - By Phone:  
    1–888–997–2583
  - Mail
    Return the form included in the turquoise envelope
Thank you!

An electronic version of this presentation can be downloaded at:

http://www.hsd.state.nm.us/centennial-care-2-0.aspx

or may be requested via e-mail at:

CCInfo@state.nm.us