

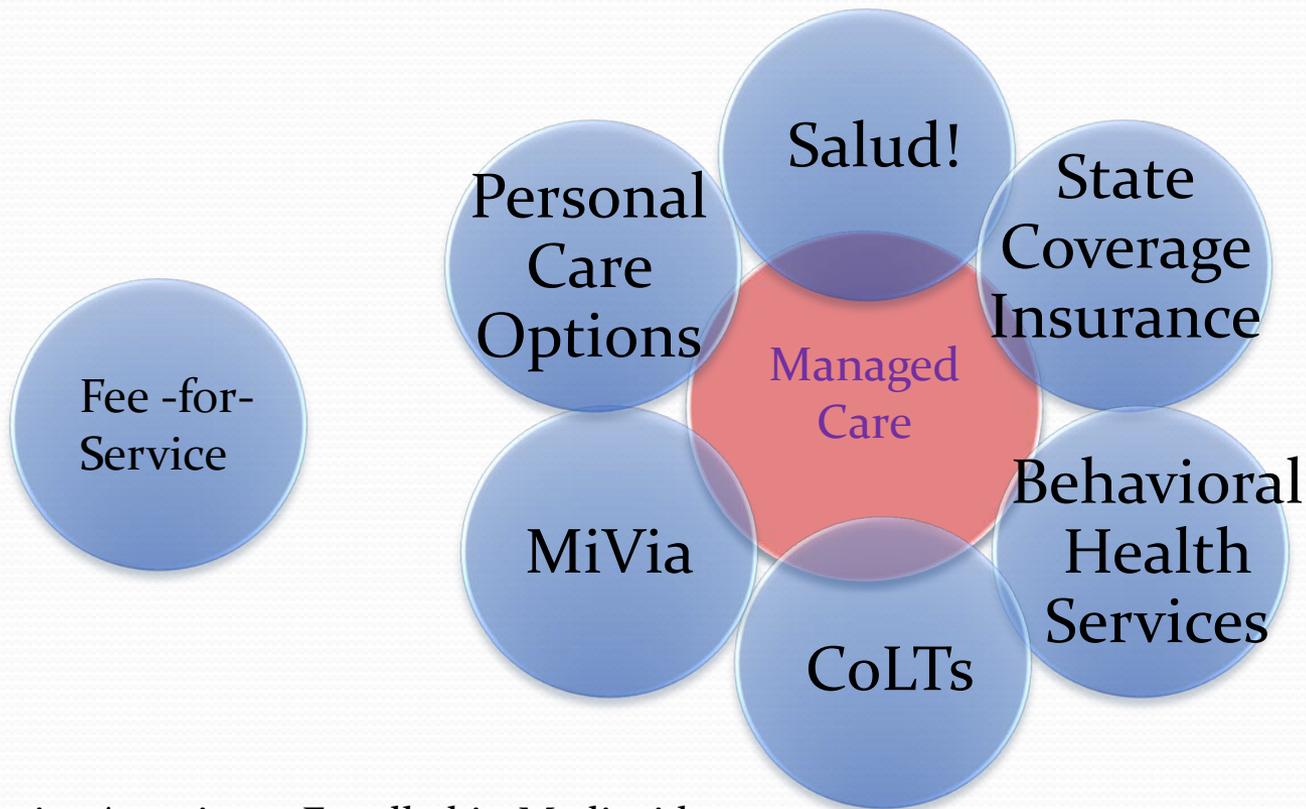


New Mexico Human Services Department,  
Medical Assistance Division  
and  
Behavioral Health Services Division

# What is Medicaid?

- The Medical Assistance Division is the administrator of the state's Medicaid program.
- Medicaid is a partnership between each state and the federal government to provide low-cost or no cost health insurance to low-income individuals, families and some disabled individuals.
- Eligibility for all Medicaid programs is based on citizenship/immigration status, residency, income and other factors.
- Benefit packages vary for different categories of eligibility.
- Currently, New Mexico has approximately 40 categories of Medicaid eligibility. These categories include coverage for children, families, pregnant women, long-term care recipients and individuals who are eligible for both Medicare and Medicaid benefits, to name a few.
- Although there is no cost to enroll in Medicaid, some categories of eligibility may require minimal co-pays for doctor visits, emergency room care and prescriptions.

# Current Medicaid System

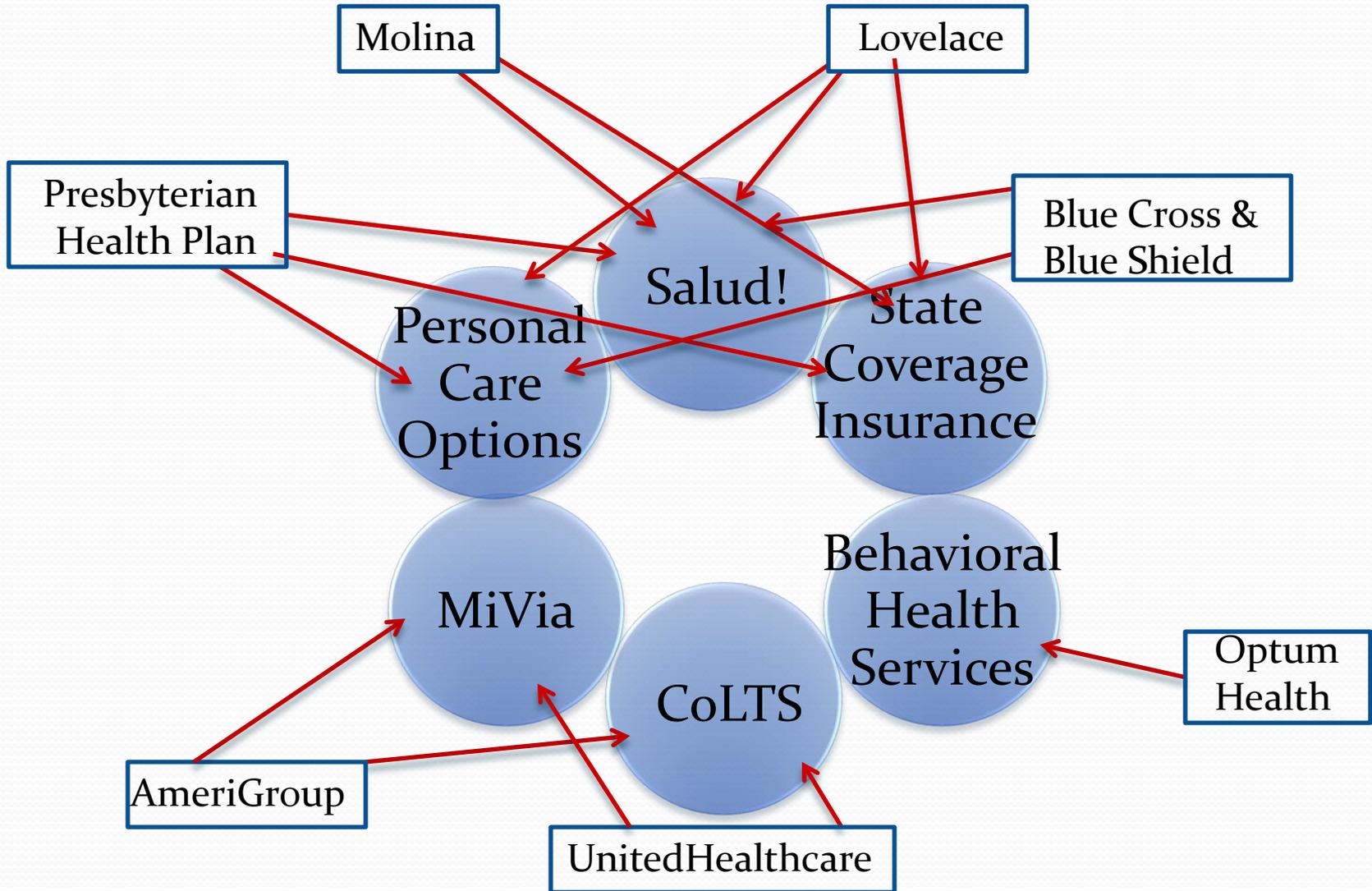


Native Americans Enrolled in Medicaid can receive services through Fee-for-Service or from a Managed Care Organization

# Current State Medicaid System

- Salud!, CoLTs, Personal Care Options (PCO), State Coverage Insurance and Behavioral Health benefits are provided by 7 different Managed Care Organizations.
- Fee-for-service Medicaid pays for healthcare services for certain Medicaid recipients who are not required to enroll in managed care, such as Native Americans.
- A Managed Care Organization (or MCO) is an insurance company that contracts with providers and medical facilities to provide healthcare services to its members, including the majority of Medicaid recipients.
- Native Americans who are eligible for both Medicaid and Medicare or have long-term care needs are required to enroll in Medicaid managed care organizations. All other Native Americans who are eligible for Medicaid have the choice to opt in or opt out of managed care.

# Managed Care Organizations

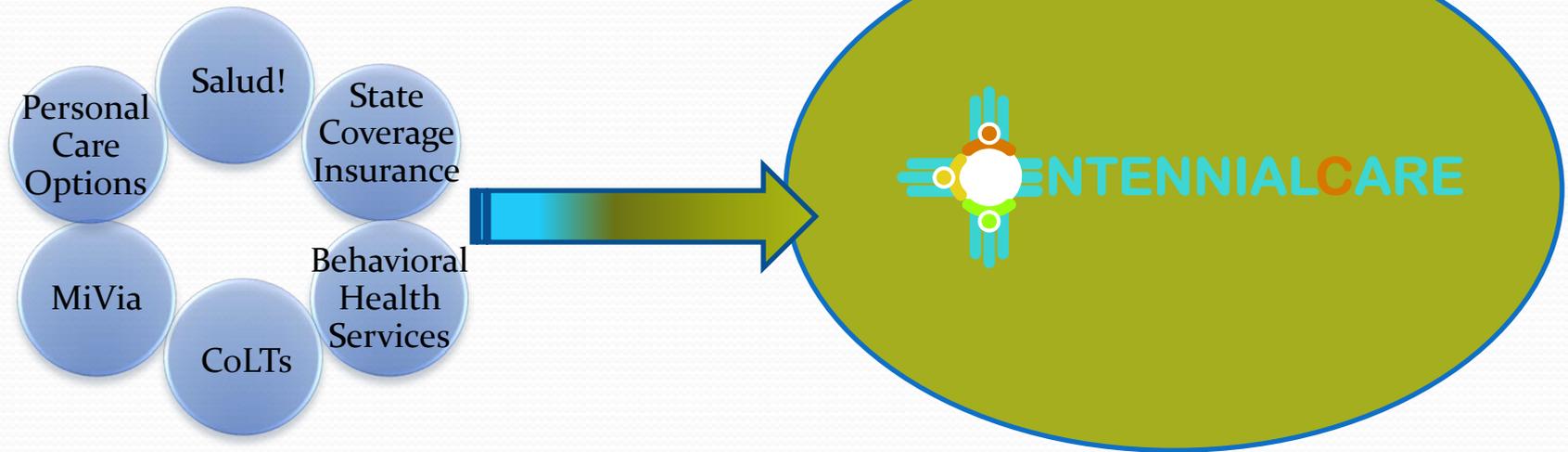


# Medicaid Redesign

- With 7 different MCOs providing healthcare services for Medicaid recipients, it has not been easy to effectively coordinate care for members so that they receive the right amount of care, at the right time, in the right place.
- With this goal in mind, the State redesigned its Medicaid managed care program so that it may:
  - a) Gain better health outcomes for recipients;
  - b) Reward members for healthy behaviors;
  - c) Make services more accessible through coordinated care;
  - d) Achieve administrative efficiencies by reducing the number of MCOs.

# Centennial Care

A program that provides recipients the  
right care, at the right time,  
in the right setting



Fee-for-Service

Native Americans still have the choice of receiving services through Fee-for-Service or from a Managed Care Organization

# Centennial Care

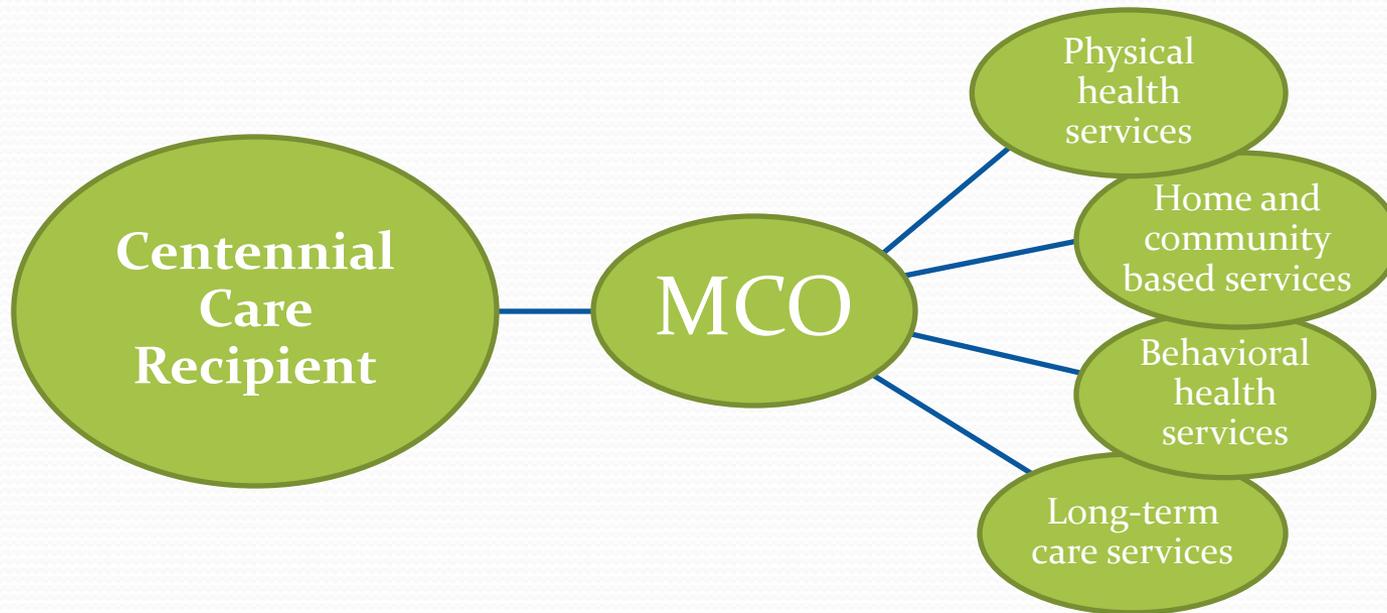
- Your Centennial Care MCO will provide the full spectrum of services—physical health, behavioral health, and long-term services and supports.
- The MCOs that will provide services in Centennial Care are:

Blue Cross Community Centennial  
Molina Healthcare of New Mexico, Inc.

Presbyterian Health Plan, Inc.

UnitedHealthcare Community Plan of New  
Mexico

# Centennial Care Features



# Medicaid Benefits

- Different categories of eligibility have different benefits. Some of these may include:
  - Ambulatory patient services
  - Emergency Services
  - Hospitalization
  - Maternity and newborn care
  - Behavioral Health services (including Mental Health and Substance Abuse) - added 3 new services: Family Support Services, Recovery Services and Respite.
  - Specialty Care
  - Prescription Drugs
  - Rehabilitative services and devices
  - Laboratory Services
  - Preventive services and chronic disease management
  - Some categories of eligibility may also cover vision and dental services

# Expanded Features of Centennial Care

- MCOs will offer expanded Care Coordination services for members with more complex healthcare needs.
- All Centennial Care members will receive a Health Risk Assessment (HRA) to determine the level of care coordination they may need.
- Some members who need additional support will have a Care Coordinator assigned to them. If you are assigned a Care Coordinator, he/she can help to arrange all of your services.
- You may choose not to use a Care Coordinator if you don't want to have coordinated care.
- Community Benefits like adult day health, respite care and personal care services that help to keep people in their homes and communities are all available through Centennial Care.
- Community Benefits are either Agency-Based or Self-Directed under Centennial Care. Current MiVia Participants will automatically be enrolled in the Self-Directed Community benefit.
- Member Rewards Program - Members earn credits for completing healthy behaviors & can use credits to order products from a catalog.

# What Current NM Medicaid Categories Will Be Enrolled in Centennial Care?

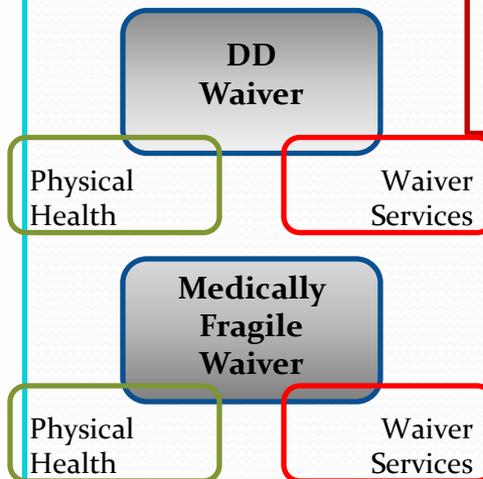
- Centennial Care is available to most Medicaid recipients but only Native Americans who are in the current CoLTS program are required to be in Centennial Care. All other Native Americans who get Medicaid can choose to use Fee for Service Medicaid or enroll in Centennial Care.
- Most other individuals who are currently enrolled in New Mexico's Medicaid program will be eligible for Centennial Care.
- Most Medicaid recipients, including Native Americans who choose to be in Centennial Care and all current CoLTS members, will get their services from one of four managed care organizations (MCOs)

# Required

## Enrollment in Centennial Care (if continued or newly eligible as of Jan 1, 2014)

# Not Required

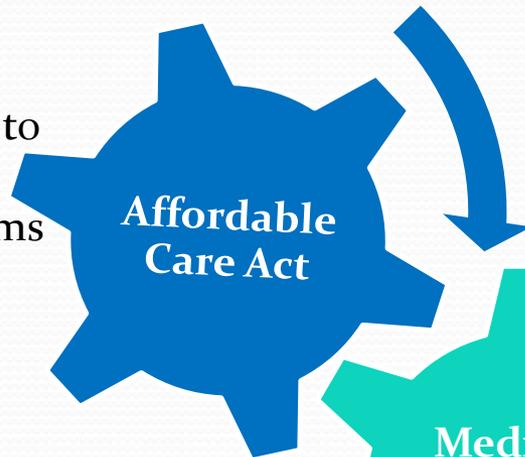
All Current, Non-Native American Salud! Recipients  
Mi Via Waiver recipients who meet Nursing Facility level-of-care  
Individuals receiving services under the AIDS Waiver  
All CoLTS members, including Native Americans  
PCO recipients  
CoLTS 'c' waiver recipients  
Working Disabled Individuals (WDI)  
Nursing Facility residents  
Full Dual Eligibles (those who have both Medicare AND Medicaid)  
Adults newly eligible for adult expansion, EXCEPT Native Americans



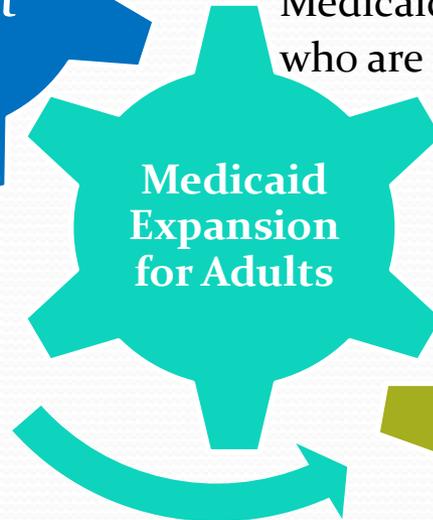
DD Waiver & Medically Fragile Waiver participants will be enrolled with a Centennial Care MCO for their physical health services but not for their Waiver Services

Qualified Medicare Beneficiaries (QMBs)  
Specified Low-Income Medicare Beneficiaries (SLMBs)  
Qualified Individuals (QIs)  
Qualified Working Disabled Individuals (QWDI)  
Non-citizens only eligible for emergency medical services  
Program for All-Inclusive Care for the Elderly (PACE) Participants  
Individuals residing in ICFs/IID

The Affordable Care Act gives states the option to expand their Medicaid programs to 19-64 year old adults.



New Mexico opted to implement Medicaid Expansion for adults 19-64 who are at 133% or below of the FPL.



Most adults who are eligible for New Mexico's Medicaid Expansion will receive their services through Centennial Care.



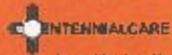
Native Americans who are eligible for the Expansion can choose to receive their services through Fee for Service Medicaid or from a Centennial Care MCO.

# Medicaid and the Exchange

- Under the Affordable Care Act, some people who are not eligible for the new Medicaid adult program may be able to receive federal subsidies that will help them buy insurance coverage on the New Mexico Health Insurance Exchange.
- Anyone who is determined "Not Financially Eligible" for Medicaid will have their information transferred to the Exchange.
- Data exchange between the State's eligibility system and the Exchange will be seamless to the applicant.

# Enrolling in Centennial Care

- In October, the Human Services Department will send current Medicaid recipients a letter in an orange envelope that explains how to select a Centennial Care MCO. The letter will also state that Native Americans who are not in the CoLTs program do not have to enroll in Centennial Care.
- Eligible recipients can select an MCO on line, through the mail or by calling the Medicaid Call Center (1-888-997-2583).
- Current NM Medicaid recipients can choose their MCO starting October 15, 2013. All MCO choices must be received no later than December 2nd.
- Members who are required to choose an MCO but do not do so by December 2nd will be automatically assigned to a Centennial Care MCO.
- Members who are currently enrolled with an MCO that will be providing Centennial Care services and who fail to select an MCO by Dec 2nd, will automatically be assigned to their current MCO.



CENTENIALCARE

New Mexico Human Services Department  
Change Processing Unit  
PO Box 2348  
Santa Fe NM 87504-2348



The **ORANGE Envelope** is **HERE...**  
It's time to **MAKE YOUR CHOICE NOW!!**

Choose NOW how you will access **Quality Care In New Mexico!**

# Choosing the Right MCO

- All Centennial Care MCOs offer the same basic Medicaid benefit package
- All Centennial Care MCOs are required to have adequate provider networks to ensure access to quality care.
- MCOs are required to demonstrate to the State that their networks are sufficient to meet the health care needs of all members.
- With the exception of dual eligibles (individuals getting both Medicare and Medicaid), each Centennial Care member must have a Primary Care Physician. Dual Eligibles do not have to switch from the Medicare Primary Care Physician since Medicare is the primary insurance for the member.
- Primary Care Physicians are responsible for supervising, coordinating, and providing primary health care to members; initiating referrals for specialist care and maintaining the continuity of the member's care
- Centennial Care recipients can change their Primary Care Physician at any time by contacting their Managed Care Organization's Member Services Unit.
- Before choosing an MCO, make sure that your doctor is contracted with the MCO to provide Centennial Care services.
- Each CC MCO offers Value-Added Benefits.

# What Are Value-Added Benefits?

- Extra services that the MCOs are not required by contract with the State to offer, such as Traditional Healing, enhanced transportation services, dental varnish for children, etc.
- All Value-Added Services offered by MCOs are submitted for approval to the State.
- One factor in your decision to choose an MCO may be the Value-Added Services it offers.

# Applying for Medicaid

- To apply for current Medicaid coverage or for Medicaid Expansion coverage (that will go into effect January 1, 2014), please go to:

[www.yes.nm.state.us](http://www.yes.nm.state.us)

- To download or print a paper version of the Streamlined HSD or Medicaid only application, go to:

[www.hsd.state.nm.us/isd/apply.html](http://www.hsd.state.nm.us/isd/apply.html)

- To apply by phone to have an application mailed, call **1-855-637-6574.**

# Applying for or Information on Affordable Care Act Coverage

[www.BeWellNM.com](http://www.BeWellNM.com)

or

[www.Healthcare.gov](http://www.Healthcare.gov)

**1-855-996-6449**

# Centennial Care Information

**On-Line:**

**[www.CentennialCare.net](http://www.CentennialCare.net)**

**By Phone:**

**Medicaid Call Center**

**1-888-997-2583**

**E-Mail:**

**[CCInfo@state.nm.us](mailto:CCInfo@state.nm.us)**