****Human Services Department

Medical Assistance Division

**Centennial Care**

Fact Sheet

In July 2013, the Centers for Medicare and Medicaid Services approved the Human Services Department’s Section 1115 waiver, known as Centennial Care. Centennial Care puts New Mexico among the leading states in the design and delivery of a modern, efficient Medicaid program.

**What is a Section 1115 waiver?**

* A Section 1115 waiver allows the state to fund its Medicaid program under a single budget, allowing for financing flexibility not available without a Section 1115 waiver.
* In exchange for financing flexibility, the state agrees that its budget under the Section 1115 waiver will not cost more over a five-year period than the projected costs of the program without the waiver.
* Section 1115 waivers also can include flexibility in how the program is organized and how services are delivered and reimbursed.

**Why did HSD need a Section 1115 waiver for Centennial Care?**

* Budgetary flexibility
* Service delivery and payment reform flexibility
* More streamlined administration (HSD went from administering 13 federal waivers to 3)

**Centennial Care’s Goals**

* Improve health through a comprehensive and integrated health care delivery system using Managed Care Organizations (MCOs) that are responsible for all aspects of a person’s health care
* Improve health by paying for quality care and outcomes
* Streamline Medicaid administration by having fewer waivers to administer so that HSD can spend more effort on contractor oversight and compliance
* Bend the cost curve – slow the rate of growth of the cost of the Medicaid program.

**Centennial Care’s Changes to the Medicaid Program**

* Reduce the number of MCOs in the Medicaid program by having MCOs that are responsible for delivery of all health care services that a member needs.
* Require most Medicaid recipients to be in managed care.
	+ Native Americans who meet a nursing facility level of care or have both Medicaid and Medicare are required to participate in managed care. Other Native Americans are not required to enroll in managed care but can “opt in.” Several smaller populations are not required to be in managed care as well.
* Expand access to the full package of home and community based services (HCBS) to more people.
	+ - HCBS help people who would otherwise be in a nursing home to stay in their community.
		- Any Medicaid recipient who meets a nursing facility level of care has access to HCBS in Centennial Care.
		- MCOs provide comprehensive care coordination services to help assure that persons get the right care, in the right place, at the right time.
* **Medicaid’s Benefit Package Did Not Change Under Centennial Care**
	+ - Centennial Care actually adds some new behavioral health benefits to the Medicaid program.
		- MCOs are required to provide care coordination to addresses each member’s needs.
		- HCBS are available to all who meet nursing home level of care criteria.
	+ **Centennial Care’s MCOs**
		- The four successful bidders that HSD contracted with to administer the Centennial Care program are:
			* Blue Cross Community Centennial
			* Molina Healthcare of New Mexico
			* Presbyterian Health Plan
			* United Healthcare Community Plan
* **Centennial Care’s Timeline**
	+ Readiness year completed in December 2013; all four MCOs met the readiness standards.
	+ Open enrollment ran from early October 2013 through early December 2013.
	+ Centennial Care commenced on January 1, 2014.
* **Centennial Care Enrollment**
	+ As on January 8, 2014, 418,824 individuals are enrolled in Centennial Care.
	+ Of those, 43,507 are enrolled in the new Adult Medicaid Expansion category.