



HUMAN SERVICES

DEPARTMENT

Centennial Care Implementation
Presentation to the Legislative Health and Human Services Committee
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November 6, 2013

Centennial Care

- ▶ The four (4) Centennial Care MCOs are:
 - Blue Cross Blue Shield of NM
 - Molina Health Care of NM
 - Presbyterian Health Plan
 - United Healthcare Community Plan of NM
- ▶ The Centennial Care program begins on January 1, 2014
- ▶ Medicaid expansion begins on January 1, 2014.

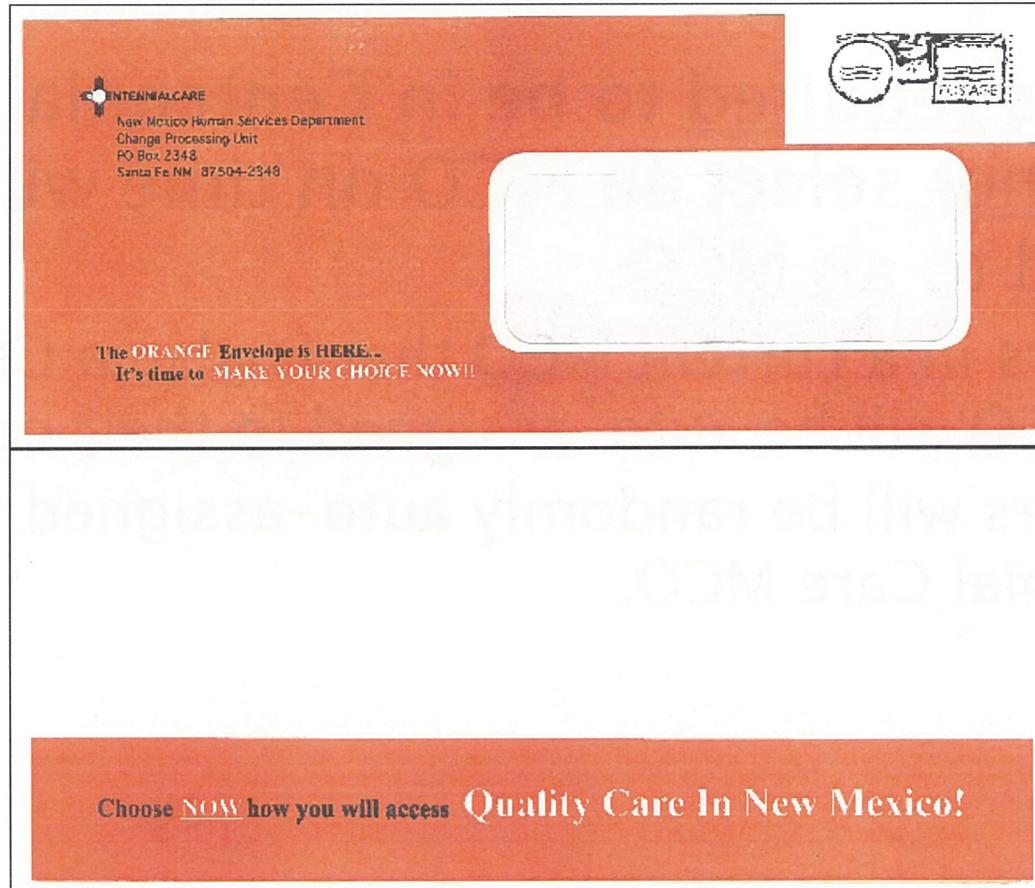
Centennial Care Readiness

- ▶ MAD has been working with the four MCOs since early spring on readiness activities.
- ▶ We are on track and finalizing:
 - ☑ Testing of claims processing and payment
 - ☑ Provider network adequacy
 - ☑ Care coordination readiness
- ▶ We are very focused on correct and prompt provider payments and members' access to care.

Centennial Care Enrollment

- ▶ Medicaid recipients have until December 2 to select their Centennial Care MCO.
- ▶ Recipients were mailed a notice in an orange envelope in late September/early October encouraging them to select their Centennial Care MCO.
- ▶ Reminder notices are being mailed now.

The "Famous" Orange Envelope



Centennial Care Enrollment

- ▶ Members required to be in Centennial Care but who do not select an MCO on time will be auto-assigned to an MCO.
 - ✓ Members in a current MCO that is also a Centennial Care MCO will be auto-assigned to their current MCO.
 - ✓ All others will be randomly auto-assigned to a Centennial Care MCO.

Centennial Care Enrollment

- ▶ In December, members will receive notices confirming their MCO selection or assignment.
- ▶ The notice will inform members that they will have a 90-day period beginning January 1, 2014 to select a different MCO.
- ▶ If the member decides to change MCOs, enrollment in the new MCO will begin the following month.

Centennial Care Enrollment

- ▶ Information is included in all pertinent notices that:
 - Native American recipients are not required to be in Centennial Care but can choose to enroll if they want to.
 - However, Native Americans who meet nursing facility level of care (NFLOC) or who have both Medicare and Medicaid are required to be in Centennial Care. This is the population currently in CoLTS.

Centennial Care Education Events

- ▶ By Thanksgiving, MAD will have conducted nearly 250 Centennial Care educational events
- ▶ Events were held at times and locations convenient for the many different populations that the Medicaid program serves.
- ▶ Over 50 events will have been held in Native American communities.
- ▶ As of last week, almost 10,000 people have attended a Centennial Care educational event.

Centennial Care Education

- ▶ Along with HSD program and education staff, the four MCOs have attended every event.
- ▶ At Native American–focused events, IHS or Tribal 638s have attended.
- ▶ As of Monday, almost 23,000 individuals had actively selected their MCO.

Centennial Care Education

- ▶ Event curriculum includes information about the Centennial Care program.
- ▶ Curriculum also includes information about the adult Medicaid expansion including:
 - Eligibility requirements
 - How to apply for expansion eligibility

Centennial Care & Expansion

- ▶ The Medicaid adult expansion group will be included in Centennial Care.*
- ▶ Expansion applicants (along with all new Medicaid applicants) can choose their MCO at the time of their application.
- ▶ Like all other Centennial Care members, they have a 90-day period at the beginning of their enrollment to select a different MCO if they want to.

*Note: Except for Native Americans who are not otherwise required to be in Centennial Care.

Expansion Update

- ▶ Adults from 19 through 64 years old with incomes up to 133% of the FPL are eligible for expansion.
- ▶ Applications for expansion eligibility started on October 1, 2013.
- ▶ Expansion eligibility begins on January 1, 2014.
- ▶ Applications can be submitted on-line through YES-NM. People do not have to go to an ISD office to apply.

Expansion Update

- ▶ People who apply for Medicaid are first assessed for current eligibility categories.
- ▶ If they do not qualify for current eligibility categories, they will receive a denial notice for the current eligibility categories.
- ▶ The notice will also inform the applicant that the application will be assessed for expansion eligibility.

Expansion Update

- ▶ If the applicant qualifies for expansion eligibility, a letter will notify the applicant that eligibility is effective January 1, 2014.
- ▶ The applicant will receive a third letter around mid-December that confirms eligibility for the new expansion category.
- ▶ Starting later this month, most new applicants will only receive one notice.

Expansion Update

- ▶ If the applicant doesn't qualify for expansion a letter will be sent notifying the applicant of the denial and that the application will be sent to the exchange for evaluation.

Expansion Update

- ▶ October 1 thru October 26, almost 19,000 people applied for Medicaid.
- ▶ This is about the same amount of applications submitted in September.
- ▶ So far, 2500 individuals who applied in September have been identified as eligible for expansion.

Expansion Update

- ▶ HSD will *automatically* enroll nearly 70,000 individuals in adult expansion eligibility effective January 1.
- ▶ These individuals are now in the State Coverage Insurance (SCI) program or in the family planning category of eligibility.
- ▶ These individuals will NOT have to submit a new application.
- ▶ People on the SCI waiting list will be getting a notice informing them how to apply for Medicaid or Exchange coverage.

Expansion Update

- ▶ Under the ACA, Medicaid programs must allow hospitals to conduct “presumptive eligibility” determinations for the new adult expansion group.
- ▶ HSD will also allow IHS, tribal health facilities, urban Indian health centers, State prisons and county jails to conduct presumptive eligibility determinations for the new adult expansion group.
- ▶ This will begin in early 2014.

Expansion Update

- ▶ The new adult group will receive a slightly different benefit package than other Medicaid members called the Alternative Benefit Plan (ABP).
- ▶ The ABP is a comprehensive benefit package that includes things like:
 - Preventive services
 - Mental health services
 - Substance abuse services
- ▶ HSD elected to add dental services

Expansion Update

- ▶ The ABP will have some limits on some services such as physical therapy.
- ▶ There will also be minimal copayments in the ABP.
- ▶ Exempted from minimal copayments:
 - Members with household income up to 100% FPL
 - Preventive services (medical and dental)
 - Behavioral health services
 - Prenatal and post-partum care
 - Family planning services

Expansion Update

- ▶ Copayments for unnecessary services are not exempted for the majority of members:
 - non-emergent use of the ER
 - brand name drugs when a generic is available (with the exception of psychotropic drugs.)
- ▶ Native Americans are not subject to copayments of any kind.

Expansion Update

- ▶ Pregnant women and medically frail individuals are exempt from the ABP.
- ▶ “Medically frail” includes:
 - individuals with disabling mental disorders,
 - individuals with serious and complex medical conditions, and
 - individuals with physical and/or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- ▶ People who are ABP exempt can choose either the ABP *or* the State Plan.

