Human Services Department
Medical Assistance Division
Centennial Care
Fact Sheet

Launched on January 1, 2014, Centennial Care places New Mexico among the leading states in the design and delivery of a modern, efficient Medicaid program.

Successful Transition to Centennial Care

- 11 month readiness phase proved successful.
- More than 200 educational events conducted statewide from mid-August through November 2013; 59 focused specifically on Native American communities.
- Numerous workgroups established during readiness to address specific implementation efforts.
- Seamless transition of more than 400,000 members on January 1, 2014.
- Command Center established in first few months as a rapid-response strategy to emergent transition issues.
- Ongoing meetings held with provider groups to address contracting and reimbursement issues.

Centennial Care Enrollment

- 538,165 individuals are enrolled in Centennial Care (as of 7/8/2014).
- Of those, 143,474 are enrolled in the new Adult Medicaid Expansion category.

New Benefits and Features in Centennial Care

- MCOs are required to provide robust care coordination to address each member's needs.
- Home and Community-Based Services are available to all who meet nursing-home level of care criteria.
- Community Intervener services now available to eligible deaf-blind Centennial Care members.
- The Member Reward program allows members to earn rewards for making healthy choices about their healthcare.
- Centennial Care adds new behavioral health benefits to the Medicaid program: Recovery Services, Family Support, and Respite for Youth
- Individuals who were receiving limited behavioral health services funded by State General Fund now have comprehensive coverage through the Medicaid expansion.

Care Coordination

- In Centennial Care, all members receive a health risk assessment (HRA) and are placed in an appropriate care coordination level.
- Those in higher care coordination levels receive a comprehensive needs assessment (CNA) to assess physical, behavioral and long-term care needs and receive a person-centered care plan.
- Care Coordination Level 2 members receive:
  - semi-annual in-person visits;
  - quarterly telephone contact; and
  - annual CNA to determine if the care coordination level and care plan are appropriate.
- Care Coordination Level 3 members receive:
  - monthly telephone contact;
  - quarterly in-person visits; and
  - semi-annual CNA to determine if the care coordination level and care plan are appropriate.

Community Benefit

- Prior to Centennial Care, recipients received home and community based services (HCBS) through allocation/slots to the Home and Community Based Services (HCBS) waiver; approximately 3,043 slots were available.
- In Centennial Care, all members with a nursing-facility level of care may receive home and community based services, known as the Community Benefit package:
  - Prior to Centennial Care, 15,000 recipients received only Personal Care Services; now, they have access to the full Community Benefit package, including assisted living, environmental modification, respite, private duty nursing, and skilled maintenance therapies.
  - As of July 1, 2014, 20,000 members are receiving home and community-based services.

Community Interveners

- Centennial Care allows eligible deaf-blind members to work one-on-one with Community Interveners. Community Interveners provide critical connections to other people and the environment:
  - open channels of communication between the individual and others;
  - help to provide access to information; and
  - facilitate the development and maintenance of self-directed independent living.

Member Rewards Program (www.centennialrewards.com)

- The member rewards program was developed to encourage members to become more active participants in their healthcare.
- As of July 8, 2014, 106,000 members are earning credits in the program.
- Members earn credits by making healthy choices, such as:
  - annual dentist check up;
  - joining the prenatal program;
  - managing asthma through controller refills;
  - managing diabetes through HbA1c and LDL tests; and
  - managing schizophrenia through medication refills.

Native American Advisory Meetings

- Centennial Care established the Native American Technical Advisory Committee, a subcommittee of the Medicaid Advisory Board, to:
  - advise the Medicaid program about how best to communicate with Native American Centennial Care members and how best to work with Indian Health Services, Tribal health providers and urban Indian providers to facilitate successful reimbursement and to reduce administrative burden;
  - meet quarterly with Tribal leaders to address issues related to enrollment, access to care and payment for services.
- The MCOs are also required to conduct quarterly Native American Consumer Advisory Board meetings to address issues related to benefits, access and delivery of services, and other concerns specifically related to Native American enrollees.

Addressing Provider Workforce Issues and Broadening Access to Care

- Ongoing initiatives to expand access to care by maximizing scopes of practice for certain provider types:
  - covering services performed by properly-supervised licensed, non-independent practitioners at particular provider practices;
  - allowing prescribing psychologists to be reimbursed for certain E & M codes; and
  - collaborating with the New Mexico Department of Health to implement a curriculum for community health workers.

Delivery System Improvement Targets for Year 1

- Centennial Care also sets targets for improvements in the Medicaid health care delivery system
- Increase the use of electronic health records and the number of contracted providers who participate in the exchange of electronic health information using the Health Information Exchange (HIE);
- A minimum of 15 percent increase in telehealth "office" visits with specialists, including behavioral health specialists, for members in rural and frontier areas;
- A minimum of 5 percent increase in the number of members being served by Patient-Centered Medical Homes; and
- A minimum of 10 percent reduction in non-emergent use of the emergency room.

Centennial Care Initiatives in Development

- Creation of health homes targeted to persons with chronic conditions.
- Implementation of Electronic Visit Verification (October 2014) that monitors member receipt and utilization of community-based services.
- Provider payment reform projects for both hospitals and other providers.