



4317 Lead Avenue SE, Albuquerque, NM 87108  
(505) 265-2300 [www.sclonm.org](http://www.sclonm.org)

## CENTENNIAL CARE FACT SHEET

### October 1, 2013 Overview

*[[All the details of how Centennial Care will operate are not yet fully clear. This summary reflects our best knowledge based on numerous government documents]]*

#### 1. What Is “Centennial Care”?

Centennial Care is the new name for New Mexico’s redesigned Medicaid program that *begins on January 1, 2014*. It makes many changes in the current program including integrating physical and behavioral health services, expanding the scope of available long term care services (the “**Community Benefit**”), and increasing the level of care coordination. As with the current program, most beneficiaries will be required to receive some or all Medicaid services through a managed care organization (MCO).

#### 2. What Services Will Be Provided and Managed By Centennial Care MCOs?

Each MCO will provide Medicaid-covered physical, behavioral, and long term care services to most of its enrollees, including what have long been known as home and community based (**HCBS**) “Waiver” services. Medicare/Medicaid “**Dual Eligibles**” will obtain *Medicare*-covered services from the Medicare providers of their choice, and Centennial Care MCOs will help coordinate those services with their Medicaid services.

#### 3. Who Must Enroll With Centennial Care MCOs?

Beneficiaries currently required to enroll with **SALUD!** MCOs will be required to enroll with Centennial Care MCOs. Beneficiaries currently required to enroll with “**CoLTS**” MCOs --- including nursing facility residents, Medicare/Medicaid “Dual Eligibles,” PCO services recipients, and “**CoLTS C**” Waiver recipients --- must also enroll. Adults who will qualify for Medicaid under the new “Medicaid Expansion” eligibility category for adults will have to enroll. Full benefit “Dual Eligible” Native Americans and those who need long term services must enroll. Beneficiaries receiving “**DD Waiver**” and

“**Medically Fragile Waiver**” services have to enroll to receive *acute care* services, but not their Waiver services. “**PACE**” program enrollees are *not* required to enroll.

#### 4. Who Are the Centennial Care MCOs?

The Centennial Care MCOs are **Blue Cross/Blue Shield, Molina Health Care, Presbyterian Health Plan, and UnitedHealthcare**. All are MCOs under the current Medicaid program, though United was a CoLTS MCO. Molina took over the Medicaid membership of the Lovelace Community Health Plan MCO effective August 1, 2013. One CoLTS MCO --- **Amerigroup** --- will not be a Centennial Care MCO, though you may still see its name if it continues to offer a *Medicare* managed care plan.

#### 5. When and How Do Beneficiaries Choose a Centennial Care MCO?

All current Medicaid beneficiaries required to enroll with Centennial Care MCOs --- including the current HCBS Waiver program recipients referred to in #3 --- will be able to *choose* a Centennial Care MCO between October 15 and December 2. If they do not choose one, the state Human Services Department (**HSD**) will *assign* them to one --- *probably* the one operated by the same company operating the MCO with which they are currently enrolled. Beneficiaries will receive an **orange-colored mailing** by early October providing more information about when and how to make their choice. They will also have a 90-day period starting 1/1/14 to switch MCOs. *Individuals who qualify for Medicaid after October 1, 2013 will choose an MCO at the time they apply.*

#### 6. What is the “Community Benefit”?

There will be an expanded home and community based long term services benefit (the “Community Benefit”), for beneficiaries with a nursing facility level of care need who are otherwise eligible for Medicaid. Beneficiaries can get these services without needing to wait for a Waiver services “slot,” and can choose to self-direct them. However, the scope of their services will be limited by a dollar figure related to nursing facility payment rates. The “CoLTS C” Waiver services benefit, for higher income individuals not otherwise eligible for Medicaid, will continue to exist --- with its limited number of slots and long waiting list (“**Central Registry**”). The state Human Services Department (HSD) claims that the waiting list will be shortened, and is taking steps to “verify continued interest and contact information for registrants.” Our FACT SHEET on Centennial Care Home and Community Based Services provides more information.

#### 7. How Is Care Coordination Being Increased?

HSD proclaims that enhanced Care Coordination is the “heart and soul” of Centennial Care. All beneficiaries will be assigned to one of three Care Coordination levels, based initially on a Health Risk Assessment (HRA), conducted usually by phone. Beneficiaries

will need a further in-person Comprehensive Needs Assessment to be assigned to the higher two levels; that assessment will in turn inform a Care Plan detailing the services the beneficiary should receive. Those assigned to the higher levels will have a specifically identified care coordinator. We urge beneficiaries and caregivers to participate fully in these assessments, and exercise the many rights they will have under Centennial Care (see #13).

#### **8. What Is Happening to the CoLTS Program?**

For the past five years all Medicaid nursing facility residents, full-benefit Dual Eligibles, CoLTS C and [some] Mi Via Waiver Services recipients, and persons receiving “Personal Care Option” (PCO) services have been required to enroll with CoLTS MCOs. Effective January 1, 2014, the CoLTS program will terminate and beneficiaries will have to be enrolled with Centennial Care MCOs.

#### **9. What Is Happening to the Statewide Behavioral Health MCO (“Optum”)?**

For several years Medicaid behavioral health services have been managed by a “Statewide Entity,” currently “OPTUMHealth”. Under Centennial Care, since primary responsibility for Medicaid behavioral health services will be assumed by the Centennial Care MCOs, OPTUM will no longer have statewide responsibilities for Medicaid behavioral health management. Direct provision of behavioral health *services* --- and, subject to MCO oversight, some care coordination services ---will still be provided by behavioral health providers and “Core Service Agencies.”

#### **10. What Is Happening to the “SCI” Program?**

SCI (“State Coverage Insurance”) is special health coverage established in 2005. It covers about 40,000 individuals, many of whom are members of a UNM-sponsored health coverage program. SCI enrollment is limited, so a large waiting list quickly developed. The SCI program will *end on December 31, 2013*. A large number of its enrollees have been determined by HSD to be likely eligible for Medicaid, and they will receive the same orange-colored mailing for MCO selections referred to in #4. However, other individuals still have the right to apply for Medicaid, or to obtain individual insurance through the Health Insurance Exchange.

#### **11. What Happens to Care You Are Already Receiving?**

When Centennial Care begins, beneficiaries will have care “**transition**” rights, *especially* beneficiaries receiving services under a HCBS Waiver and/or behavioral Care Plan. Affected beneficiaries will have the right to continue receiving those services under their Centennial Care MCO, including services from their existing provider (even if

the provider(s) does not have a contract with the MCO!). The new MCO must take specified steps before it can change the care plan, and may well expedite those steps.

## **12. What Are Some Other New Features Of Centennial Care?**

There will be two new **co-pays** under Centennial Care: one for “non-emergency” use of ERs; and one for use of a name-brand drug when a generic alternative is available. Some conditions and exceptions apply to both co-pays. There will also be a new set of “**rewards**” --- in the form of modest pharmacy-purchase credits --- for beneficiaries who comply with specified healthy behaviors.

## **13. What Complaint and Appeal Rights Do Beneficiaries Have?**

**Grievances:** As under current Medicaid rules, beneficiaries will have the right to pursue a **grievance** with their MCO to complain about quality of care and other problems that are not subject to an appeal;

**Appeals:** As under current Medicaid rules, beneficiaries will also have the right to appeal any action by their MCO that terminates, reduces or suspends services; denies or limits authorization for services; or fails to provide care or act on an authorization request in a timely manner. Appeal rights may apply, for example, to the content of a Care Plan. In exigent circumstances appeals can be expedited. Beneficiaries have certain rights to *continue* existing services pending the outcome of an appeal.

**Fair Hearings:** Beneficiaries can also request an appeal called a “Fair Hearing” *with HSD*. Beneficiaries who request a fair hearing also have the right to *continue* existing services pending outcome of an appeal. Certain timelines apply to requesting appeals.

## **14. Who Can Beneficiaries Turn to For Help?**

As in the past, beneficiaries are entitled to seek representation and assistance from independent organizations and individuals to help them understand and pursue their rights, including when pursuing appeals (see **page 6** for list of legal resources). Under Centennial Care there will also be *two new offices* that will be established to assist beneficiaries in understanding how the program works, in making better informed choices, and in pursuing their rights:

**“Independent Consumer Support System”:** HSD is required to establish this office --- which *might* use a different name --- to assist Centennial Care enrollees in understanding the program and resolving problems with service coverage, access to care, and other rights. It must be as independent as possible from HSD. The ICSS will *probably* be available just to beneficiaries receiving *long term services and supports*, although applicable rules are somewhat ambiguous. The ICSS is authorized to assist beneficiaries in

navigating the system; understanding enrollment choices; navigating the “pre-enrollment” process; and exercising grievance, appeal, and Fair Hearing rights. It is to be an “**access point**” for beneficiary complaints and concerns.

**State Call Center:** This call center will be available to help beneficiaries in making MCO choices, voicing complaints about the MCOs, and accessing other state resources. It must be independent of the MCOs. The call center phone number is 1-888-997-2583.

Each MCO is also required to have a Call Center to receive, react to, and as needed refer, enrollee questions. Each MCO will also have a “Nurse Line,” which can respond to beneficiary health care questions on a 24/7 basis.

In addition, there are two committees established to provide input to the state and to the MCOs about Centennial Care concerns specific to Native Americans. They are the **Native American Advisory Board** and the **Native American Technical Advisory Committee**. While these committees are not beneficiary Call Centers, they have been and will continue to solicit input from Tribal leaders and others.

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**HOW TO INFORM THE HUMAN SERVICES  
DEPARTMENT OF YOUR MCO CHOICE**

**Return the Orange-color mailing (see #5)**

**Phone:** Toll Free 1-866-251-4591

**On-Line:** <https://nmmedicaid.acs-inc.com>

New Mexico Medicaid Call Center

1-888-997-2583

**Senior Citizens’ Law Office, Inc.**  
**4317 Lead Ave. SE, Suite A**  
**Albuquerque, NM 87108**  
**(505) 265-2300**  
**www.sclonm.org**

SCLO is funded in part by the City of Albuquerque Area Agency on Aging, New Mexico Supreme Court’s IOLTA Program, New Mexico Civil Legal Services Commission, New Mexico Community Foundation, and New Mexico Commission on Access to Justice.

## **NEW MEXICO LEGAL RESOURCES**

### Disability Rights New Mexico

(505) 256-3100

1-800-432-4682

### DNA People's Legal Services

Crownpoint (505) 786-5277

1-800-789-7936

Shiprock (505) 368-3200

1-800-789-8894

Farmington (505) 325-8886

1-800-789-7997

### Law Access

(505) 998-4529

1-800-340-9771

### Lawyer Referral for the Elderly

(505) 797-6005

1-800-876-6657

### Native American Disability Law Center

1-800-862-7271

### New Mexico Center on Law and Poverty

(505) 255-2840

### New Mexico Legal Aid - ABQ office

(505) 243-7871

1-866-416-1922

### Senior Citizens' Law Office

(505) 265-2300

### Southwest Women's Law Center

(505) 244-0502

