

NEW MEXICO MEDICAID FACTS

Who is covered in New Mexico's Medicaid Program?

ELIGIBILITY GROUPS

EEC¹⁻³

MCO4,5

Incarcerated*

*

Children (0-18 years)

Undocumented , Immigrants+

Parents and other Caretaker Relatives

Pregnant Women

Aged, Blind, and Disabled Adults

nual Eligibles

n Disabled Children

Newly Eligible
Adults

↑ Qualified Non-Citizens**

American Indians/ Alaskan Natives

Intellectual and
Developmental
Disabilities

- Inpatient acute hospital services only.
- ** Qualified non-citizens are subject to a 5-year waiting requirement, except for children under 18 years of age and pregnant women.
- + Emergency Medicaid services only.

Important News

2011 - 80% of Salud! participants are individuals age 21 or younger and eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.⁶

March 2016 - New Mexico is required to identify \$87 million for the Medicaid program in order to receive \$330 million in federal matching funds. They announce plans to cut reimbursement rates to Medicaid providers as a strategy to identify the funds.⁷

January 2017 - Although New Mexico had planned to cut reimbursement rates for behavioral health services, they decided against it. The cut was intended to save \$30 million.⁸

June- September 2017 - New Mexico holds a series of public and tribal meetings to obtain feedback on the proposed as part of New Mexico's "Centennial Care 2.0" waiver proposal to CMS.⁹



Do Medicaid health plans provide coverage? 10



YES



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- Blue Cross Blue Shield of New Mexico
- Molina Healthcare
- Presbyterian Health Plan, Inc.
- UnitedHealthcare Community Plan of New Mexico

How has New Mexico's Medicaid program engaged in Managed Care? SECTION 1115 WAIVERS

Centennial Care is New Mexico's Medicaid modernization effort and plan to consolidate and make the Medicaid program more efficient. New Mexico proposes to consolidate current populations, waivers, and services under Centennial Care. The new managed care delivery system will offer current Medicaid services, including acute, behavioral health, home and community-based and long-term institutional care.¹²

New Mexico's "Centennial Care 2.0" proposal will modify some eligibility requirements and eligibility processes for certain Medicaid programs. They propose an age limit to be added to family planning services, expand eligibility for institutions for mental disease (IMD), align eligibility determinations for individuals who need long-term services and supports, and consolidate the 40 eligibility categories currently in use. The new waiver also aims to incentivize quality, as opposed to quantity, of services. The Centennial Care 2.0 waiver was submitted to CMS at the end of 2017 and is pending approval.¹³



APPROVAL:¹¹
1/12/2018
EFFECTIVE:¹¹
1/12/2018

EXPIRATION:11 12/31/2018

Status: Centennial Care 2.0, submitted at the end of 2017, is pending approval.





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How is New Mexico meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

New Mexico's Medical Home-Based Care Program and Insurance provides medical homes for members of the state's Medicaid, Children's Health working for small employers in the State Coverage Initiative (SCI) program. The program's main objectives include:^{14, 15}

- Improving the SALUD! physical health medical home model; Implement and integrate a medical home model in the behavioral (mental health and substance abuse) and long-term care
- Utilize new federal funding opportunities, specifically ACA Section 2703 health homes and Medicaid beneficiary incentive programs; and
- Develop a consistent and transparent payment methodology

CareLink NM Health Home is a team of behavioral health providers that partner with members to create and execute a comprehensive plan of care designed to meet all of their physical, behavioral, and social health needs.16

- Comprehensive care management services must include: 16

 - Care management plan development and health screenings based on the individual's risk assessment; and
 - Assignment of health team roles and responsibilities
- Health Promotion services must include:16
 - Developing self-management plans with the individual;
 - Educating members about the importance of immunizations and screening for overall general health;
 - Providing support for improving social networks; and
 - Providing health-promoting lifestyle interventions
- Facilitating transitional care activities must include: 16
 - Coordinating plans of care;
 - Reducing hospital admissions;
 - Easing the transition to long-term services and supports; and
 - Interrupting patterns of frequent hospital emergency department use
- Individual and family support services must include, but are not limited to:16
 - Navigating the health care system to access needed services;
 - Assisting with obtaining and adhering to medications;
 - Identifying and connecting individuals with resources to support them in attaining their highest level of health; and Arranging for transportation to medically necessary services
- New Mexico's Presbyterian Healthcare Services partnered with UnitedHealthcare to form an Accountable Care Organization (ACO). The ACO covers about 12,000 New Mexico residents enrolled in
- Through Centennial Care's comprehensive care coordination, the program offers bundled payment arrangements for episodes of care, such as maternity and orthopedic services
- Centennial Care includes a pay-for-performance (P4P) component in which providers are rewarded for achieving defined quality-of-care goals. Shared savings programs reward providers for meeting qualityof- care outcomes that save money for the program.¹⁸
- New Mexico established a Delivery System Reform Incentive Payment (DSRIP)-like program and quality improvements in hospitals and other providers serving a high volume of low-income patients. This program does not include projects outcome measures. The program also reimburses providers for the costs of providing uncompensated care.²⁰

Family Planning

New Mexico's family planning services provide coverage for nonpregnant individuals, including men, with qualifying income levels. and supplies related to birth control, pregnancy prevention,

Oral Health

Covered dental services vary by health plan.

Molina Healthcare provides coverage for the following services when medically necessary:22

- Restorative care, such as fillings, root canals, and crowns Prosthetics such as bridges and dentures

- Orthodontia (braces). Braces are covered when teeth are so crooked that they cause medical problems

Presbyterian Centennial Care provides coverage for the following services for all enrollees: 23

- Diagnostic services such as exams, including in an emergency

- Treating the nerves and blood vessels inside the tooth, such as a
- Oral surgery
- Extractions
- Using braces or other procedures to correct and straighten teeth

The following services are provided for those under 21 years of age: 23

- Dental cleanings every six months (every 12 months for adults)
- Dental varnish (up to six applications for children six months to three years of age)

BlueCross BlueShield provides the following services for enrollees of all ages:24

- Tooth extractions X-rays (with time limit)

- Fillings and crowns
- Emergency services Complete oral exam every 12 months
- Incision and draining of abscesses

- One cleaning and periodic exam every 6 months
- One fluoride treatment every 6 months General anesthesia and IV sedation, including nitrous oxide
- Therapeutic pulpotomy Orthodontic services

- Reimplantation of permanent teeth Fixed space maintainers

- General anesthesia and IV sedation, not including nitrous oxide One cleaning every 12 months One fluoride treatment every 12 months

UnitedHealthcare Community Plan provides the following services: 25

- - Exams and cleanings are covered every 6 months for members under the age of 21 or with special health care needs
- Exams and cleanings are covered every 12 months for members





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Mental Health and Substance Abuse Disorder

Covered mental health and substance use disorder services vary by health plan.

Blue Cross Blue Shield of New Mexico provides coverage for:24

- Psychological testing

- Therapy Behavior support consultation
- Pharmacy services

- Telehealth servicesRecovery services

In addition, enrollees under 21 years of age may qualify for the following services:

- Multi-systematic therapy Behavioral management skills

- School-based counseling

Molina Healthcare provides the following coverage for enrollees under 21 years of age:²⁶ - Day treatment services - Residential treatment center (RTC)

- Multi-systemic therapy services Treatment foster care
- School-based health services

- Psychological testing

- Comprehensive community support services
 Behavior management skills development services
 Medication-assisted treatment, partial hospitalization
- Intensive outpatient program services
- Non-accredited residential treatment centers Therapy (individual, family & group)
- Respite services
- Recovery services
 Psychosocial rehabilitation services

For enrollees over 21 years of age:

- Day treatment services Intensive outpatient program
- Therapy (individual, family & group)
- Medication assisted treatment (MAT) partial hospitalization

- Inpatient admissionsPsychosocial rehabilitation services
- Family support services
- Telehealth psychological testing
- Psychiatric emergency services at the University of New Mexico

Presbyterian Health Plan, Inc. provides coverage for the following services: 28

- Individual and group therapy
- Psychological evaluation After-care planning
- Alternative responses to cravings
- Mindfulness-based stress reduction Peer-support group resources
- Medication management service Building and maintaining social support

- Managing post-acute withdrawal symptoms Art therapy Communication skills training

UnitedHealthcare Community Plan provides coverage for the following services: Inpatient hospital services in a psychiatric unit of a general hospital Medication-assisted therapy (MAT) for opioid use

- Outpatient behavioral health professional services Outpatient services for alcoholism and drug dependency Assertive Community Treatment (ACT)

- Electroconvulsive therapy (ECT)

Covered drug therapies under all health plans: methadone, naloxone, naltrexone, acamprosate, and disulfiram.³

Women's Health

Pregnancy-related services include:21

- and treatment of conditions that could complicate or adversely affect a woman's pregnancy, a fetus's health, or a
- Two months of post-partum care or one month of care after the termination of a

Breast and Cervical Cancer Early Detection **Program** is dedicated to improving access to high-quality breast and cervical cancer screening and diagnostic services for women. Services include: 26

- Pelvic examPap test

Some additional cervical tests, if needed, such as ultrasound, biopsy, and colposcopy







Timeline

Federal New Mexico President Johnson signs Social Security 1965 Amendments of 1965, creating Medicaid as public health program for the poor. The State of New Mexico adopts the 1966 Early and Periodic Screening, Diagnosis, Medicaid program. 31 and Treatment (EPSDT) services are a requirement 967 for children enrolled in Medicaid. Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities. Home and Community-Based Services (HCBS) 1981 waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments. Children and pregnant women 984 become mandatory Medicaid eligibility groups. Children up to age 6 and pregnant women 1989 up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002. Balanced Budget Act of 1997 allows Medicaid New Mexico Salud!, a mandatory statewide program. to be delivered through managed care organizations; covers acute, primary, and specialty care, as well as State Children's Health Insurance Program (CHIP) pharmacy, dental care, and transportation. Covered created; states now have option to provide coverage populations include children, low-income adults, 997 for uninsured children in low-income families 1997 individuals with disabilities, and non-dual eligible, above FPI aged adults. 32 Olmstead decision allows expanded HCBS coverage for persons with disabilities. Salud! Behavioral Health launches as a separate program from both New Mexico Salud! and Coordinated Long-Term Supports and Services (CoLTS) programs, covers behavioral health services.³² 2005 CoLTS expands coverage, providing acute, primary, and specialty care, as well as long-term services and supports 2008 to older adults, individuals with disabilities, and dual eligibles who are not currently using long-term services, 32 Affordable Care Act (ACA) expands Medicaid eli-New Mexico creates a voluntary state coverage initiative 2010 2010 gibility to adults with incomes up to 138 percent FPL. (SCI) program to extend benefits to childless adults. Services include acute, primary and some specialty care, and behavioral health services.³² National Federation of Independent Business 2012 v. Sebelius decision makes Medicaid New Mexico authorizes Medicaid expansion to cover expansion optional for states. eligible adults up to 138% of the federal poverty 2013 level (FPL).33 2014 ACA implementation begins. New Mexico's Medicaid program is renamed to Centennial Care as the State transitions from a fee-for-2014 service (FFS) model to value-based managed care. The program provides coverage for physical health, behavioral/mental health, long-term care, and community benefits. The eligible beneficiaries include 31 states and the District of Columbia (DC) 2017 the previously enrolled members of New Mexico have expanded Medicaid since passage of the ACA. Medicaid and the newly eligible population.33

