NEW MEXICO MEDICAID FACTS

Who is covered in New Mexico’s Medicaid Program?

ELIGIBILITY GROUPS

**FFS**
- Incarcerated*
- Undocumented Immigrants*

**MCO**
- Children (0-18 years)
- Parents and other Caretaker Relatives
- Pregnant Women
- Aged, Blind, and Disabled Adults
- Dual Eligibles
- 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

- 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:14 1/12/2018
EFFECTIVE:15 1/12/2018
EXPIRATION:16 12/31/2018

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

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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 Insurance Program (CHIP), and low-income adults without insurance 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 delivery models;
- 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 partners with providers to achieve 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
  - Assessment of preliminary risk conditions and health needs;
  - 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 UnitedHealthcare’s employer-sponsored health plans.17
- Through Centennial Care’s comprehensive care coordination, the program offers bundled payment arrangements for episodes of care, such as maternity and orthopedic services.18,19
- 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 quality-of-care outcomes that save money for the program.18
- New Mexico established a Delivery System Reform Incentive Payment (DSRIP)-like program that incentivizes health system transformation and quality improvements in hospitals and other providers serving a high volume of low-income patients. This program does not include projects and only pays providers for meeting milestones on 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 non-pregnant individuals, including men, with qualifying income levels. Coverage includes consultations and supplies related to birth control, pregnancy prevention, and family planning-related services.21

Oral Health

Covered dental services vary by health plan.

Molina Healthcare provides coverage for the following services when medically necessary:22
- Preventive dental care, such as cleanings and x-rays
- Restorative care, such as fillings, root canals, and crowns
- Prosthetics such as bridges and dentures
- Periodontia (gum care)
- 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
- X-rays
- Emergency services
- Replacing teeth
- Treating the nerves and blood vessels inside the tooth, such as a root canal
- 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)
- Molar sealants (limited to one treatment per tooth every five years)
- 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
- Denture adjustments
- Emergency services
- Complete oral exam every 12 months
- Periodontic scaling and root planning
- Incision and drainage of abscesses

The following services are provided for enrollees under 21 years of age:24
- One cleaning and periodic exam every 6 months
- One fluoride treatment every 6 months
- General anesthesia and IV sedation, including nitrous oxide
- Therapeutic pulpotomy
- Orthodontia
- Hospital dental services
- Reimplantation of permanent teeth
- Fixed space maintainers

The following services are provided for enrollees age 21 and older:24
- 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
- Cleanings, checkups, and dental work
  - 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 over 21

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**How is New Mexico meeting the needs of Medicaid enrollees?**

### 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:
- Inpatient professional services
- Hospital outpatient services
- Psychological testing
- Counseling
- Therapy
- Behavior support consultation
- Pharmacy services

In addition, enrollees under 21 years of age may qualify for the following services:
- Residential Treatment Center (RTC)
- Treatment foster care
- Multi-systemic therapy
- Behavioral management skills development services

**Molina Healthcare** provides the following coverage for enrollees under 21 years of age:
- Day treatment services
- Adaptive skills building
- Group homes
- Inpatient admissions
- Partial hospitalization
- Multi-systemic therapy services
- Treatment foster care
- School-based health services
- Family support services
- Telehealth
- Psychological testing

For enrollees over 21 years of age:
- Adult psychological rehabilitation services
- Day treatment services
- Intensive outpatient program
- Therapy (individual, family & group)
- Recovery services
- Medication assisted treatment (MAT) partial hospitalization

**Presbyterian Health Plan, Inc.** provides coverage for the following services:
- Individual and group therapy
- Inpatient or outpatient hospital visits
- Psychological evaluation
- After-care planning
- Alternative responses to cravings
- Individual counseling
- Mindfulness-based stress reduction
- Peer-support group resources

**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)
- Psychosocial rehabilitation
- Electroconvulsive therapy (ECT)

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

### Women’s Health

Pregnancy-related services include:
- Care for pregnancy and delivery. Diagnosis and treatment of conditions that could complicate or adversely affect a woman’s pregnancy, a fetus’s health, or a child’s delivery.
- Two months of post-partum care or one month of care after the termination of a pregnancy

**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:
- Clinical breast exam (CBE)
- Pelvic exam
- Pap test
- Mammogram
- Some additional diagnostic breast and cervical tests, if needed, such as ultrasound, biopsy, and colposcopy
**Federal**

- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement 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) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- Children and pregnant women become mandatory Medicaid eligibility groups.
- Children up to age 6 and pregnant women 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 to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- ACA implementation begins.
- 31 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

**New Mexico**

- The State of New Mexico adopts the Medicaid program.\(^1\)
- New Mexico Salud!, a mandatory statewide program, covers acute, primary, and specialty care, as well as pharmacy, dental care, and transportation. Covered populations include children, low-income adults, individuals with disabilities, and non-dual eligible, aged adults.\(^2\)
- 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.\(^3\)
- CoLTS expands coverage, providing acute, primary, and specialty care, as well as long-term services and supports to older adults, individuals with disabilities, and dual eligibles who are not currently using long-term services.\(^4\)
- New Mexico creates a voluntary state coverage initiative (SCI) program to extend benefits to childless adults. Services include acute, primary and some specialty care, and behavioral health services.\(^5\)
- New Mexico authorizes Medicaid expansion to cover eligible adults up to 138% of the federal poverty level (FPL).\(^6\)
- New Mexico’s Medicaid program is renamed to Centennial Care as the State transitions from a fee-for-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 the previously enrolled members of New Mexico Medicaid and the newly eligible population.\(^7\)

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For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org