



FEBRUARY, 2019

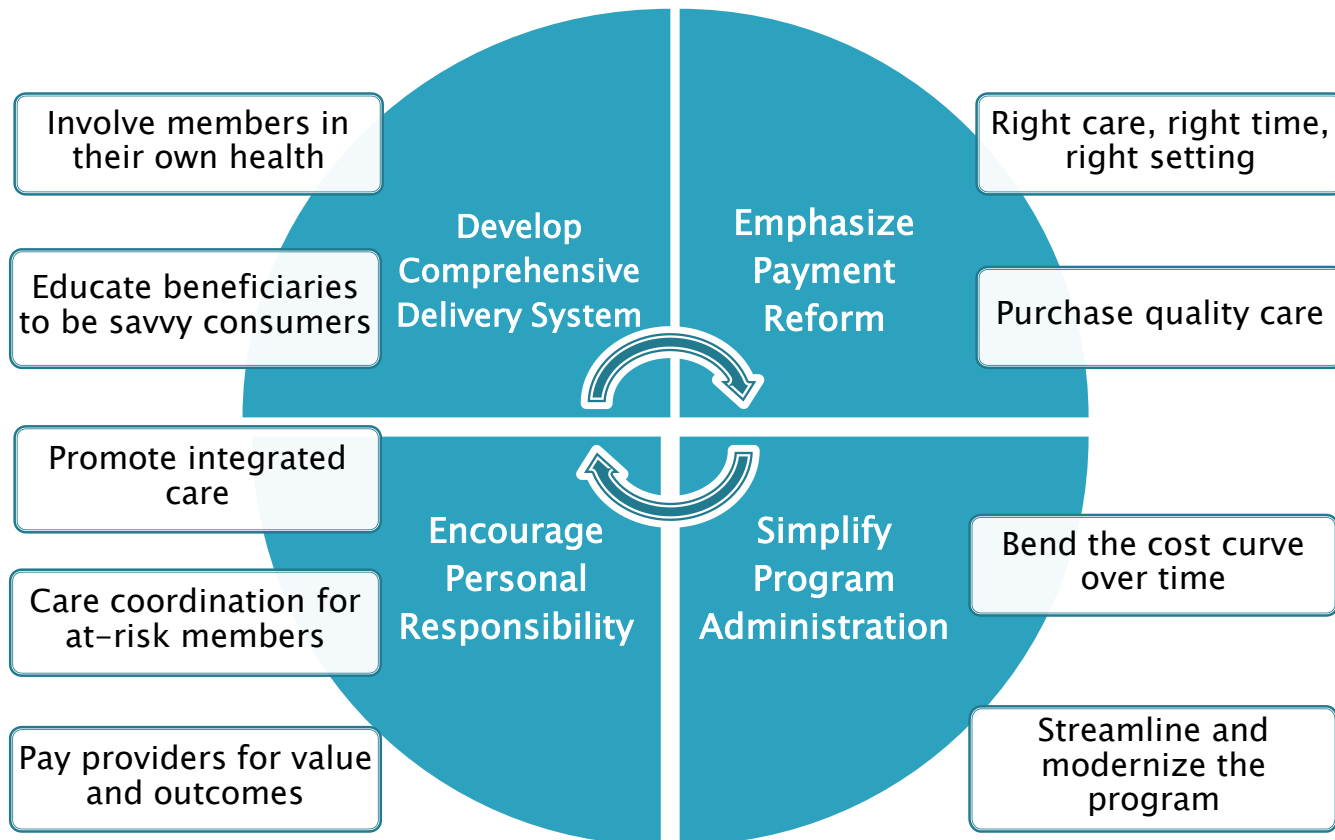


Centennial Care Agenda

- ▶ Centennial Care Overview
- ▶ Centennial Care updates effective January 1, 2019
 - Community Benefit Updates
 - New Centennial Care Benefits
 - Other Program Updates
- ▶ Centennial Care Managed Care Organizations and Open Enrollment Period

Centennial Care

Guiding Principles



Centennial Care – January 1, 2019

- ▶ Program updates were effective 1/1/19
- ▶ Basic program structure is the same as when Centennial Care began in 2014
- ▶ Change in MCOs that provide services and some new program initiatives
- ▶ The three MCOs selected by HSD to provide services effective January 1, 2019 are:
 - Blue Cross/Blue Shield of New Mexico
 - Presbyterian Health Plan
 - Western Sky Community Care

Community Benefit Changes

The Community Benefit provides home and community-based services so members who meet a nursing facility level of care (NF LOC) can stay in their homes and communities instead of moving to a nursing home.

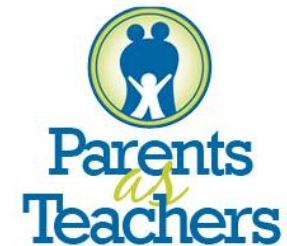
- Increase annual limit for Community Benefit Respite for people with long term care needs from 100 to 300 hours
- Nutritional Counseling added to Agency-Based Community Benefit (ABCB)
- Start-up goods, up to \$2,000 for new Self-Directed Community Benefit (SDCB) members that may include a computer, printer or fax machine

Community Benefit Changes

- ▶ Annual limits on certain SDCB services for new members entering SDCB on or after 1 / 1 / 19 (existing SDCB members are grandfathered)
 - Related Goods \$2,000
 - Specialized Therapies \$2,000
 - Non-Medical Transportation \$1,000
- ▶ SDCB Non-Medical Transportation Billing
 - Currently, providers can bill for transportation by time, trip, mileage, or carrier pass (bus pass or taxi)
 - Billing for time and trip will no longer be allowed for new or renewed SDCB plans after 1 / 1 / 19
 - Only mileage and bus/taxi pass will be allowed

New Benefits in Centennial Care

- ▶ Home-visiting pilot program in up to four designated counties, including Bernalillo, that focuses on pre-natal, post-partum and early childhood development
 - Working in collaboration with CYFD
 - Two delivery models identified:
 - Nurse Family Partnership and
 - Parents as Teachers
 - Different sets of services depending on type of visit:
 - Prenatal visits
 - Post-partum visits
 - Infant/child visits



Pre-Tenancy and Tenancy Services

- ▶ New supportive housing services beginning 7/1/19 for members with Serious Mental Illness (SMI) to assist with acquiring, retaining and maintaining stable housing
- ▶ Eligible members will access the program through a network of providers associated with the Linkages Supportive Housing Program
- ▶ The program utilizes certified peer support workers for service delivery

Expand Substance Use Disorder (SUD) Services

- ▶ Extend Screening, Brief Intervention, and Referral to Treatment (SBIRT) services through primary care, community health centers and urgent care facilities
- ▶ Provide SUD treatment for adults in accredited residential treatment centers
- ▶ Expand inpatient SUD services (Institutes for Mental Disease)

Other Program Changes in Centennial Care



Other Program Changes

- ▶ Phase out 3 month retroactive (retro) eligibility for most Centennial Care members
- ▶ 2019: allow one month of retro coverage
- ▶ 2020: eliminate retro coverage
- ▶ Some Centennial Care members can continue to receive retro coverage when requested:
 - Individuals eligible for Institutional Care (IC) categories of eligibility
 - Pregnant women
 - Children under age 19
 - Native Americans in Fee For Service Medicaid

Other Program Changes

- ▶ **Family Planning Eligibility**
 - Change to cover men and women through age 50
 - Will no longer cover individuals with other full health insurance
 - Individuals under age 65 who only have Medicare coverage can continue to receive Family Planning coverage

- ▶ **Nursing Facility Level of Care (NFLOC) Assessments**
 - Community Benefit members who meet certain criteria and who are always expected to meet NFLOC will not be required to have an annual NFLOC assessment

Managed Care Enrollment



Managed Care Enrollment

- ▶ Services provided through Managed Care Organizations (MCOs)
- ▶ MCO enrollment is for a 12-month period
- ▶ Each year, members can choose to change MCOs before the end of their 12-month enrollment
- ▶ This year there was a special enrollment period for January 1, 2019.

Centennial Care MCOs

- ▶ Current Centennial Care MCOs:
 - Effective September 1, 2018, all United Healthcare members were transitioned to Presbyterian Health Plan
 - Starting January 1, 2019, there were changes to the MCOs that provide Centennial Care services
- ▶ The three MCOs selected by HSD to provide services effective January 1, 2019 are:
 - Blue Cross/Blue Shield of New Mexico
 - Presbyterian Health Plan
 - Western Sky Community Care

Open Enrollment

- ▶ Special Open Enrollment
 - **October 1, 2018 – November 30, 2018**
- ▶ During these 2 months, Centennial Care enrollees were able to choose the MCO to provide their Medicaid services starting January 1, 2019
- ▶ Enrollment selections made during open enrollment were effective on **January 1, 2019**

Open Enrollment

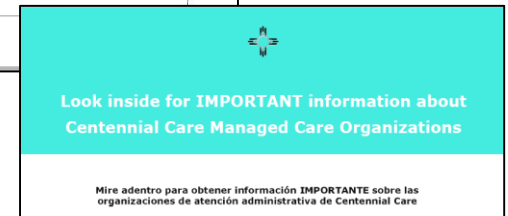
- ▶ Any individual who was enrolled with Blue Cross or Presbyterian and did not choose a new MCO was re-enrolled with his/her current MCO
- ▶ All other Centennial Care enrollees who did not choose an MCO were auto-assigned to a MCO
- ▶ MCO choices and assignments were effective on January 1, 2019
- ▶ All Centennial Care enrollees who choose or were assigned to a MCO during open enrollment have 3 months (starting January 1, 2019) to change their MCO

January 2019

Sun	Mon	Tue	Wed	Thu
		1	2	3
6	7	8	9	10

Choosing a MCO

- ▶ An open enrollment notice was sent to all members at the end of September
- ▶ The Enrollment Notice was sent by HSD in a **turquoise** envelope
- ▶ The **turquoise** envelope listed the MCOs that would be available to provide Centennial Care services starting January 1, 2019
 - Included instructions on how and when to choose a MCO



Choosing a MCO

- ▶ All Centennial Care MCOs offer the same Medicaid benefits for each approved Medicaid category of eligibility
- ▶ MCOs also offer Value-Added services (VAS)
- ▶ Value-added services are benefits above and beyond what the MCO is required to provide
- ▶ Benefits vary from one MCO to the next and may also be available for specific categories of eligibility

Choosing a MCO

- ▶ Members should
 - Ensure their providers are contacted with the MCO
 - Ensure medications are on the MCO's formulary
 - Evaluate the MCOs Value Added Services
- ▶ Contact the MCO by phone or verify online

Blue Cross Community Centennial

Phone: (866) 689-1523 Web: www.bcbsnm.com/community-centennial

Presbyterian Health Plan

Phone: (888) 977-2333 Web: www.phs.org

Western Sky Community Care

Phone: (844) 543-8996 Web: www.WesternSkyCommunityCare.com

