



Overview of the New Mexico Medicaid Program & Medicaid Expansion
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New Mexico Medicaid Basics

- ▶ Medicaid is a partnership between each state and the federal government to provide low-cost or no cost health insurance to low-income individuals, families and some disabled individuals.
- ▶ Eligibility for all Medicaid categories is based on citizenship/immigration status, residency, income and other factors.
- ▶ Benefit packages vary for different categories of eligibility.
- ▶ Some Medicaid categories are not considered “full coverage”. Individuals who are enrolled only in these categories may be considered uninsured.
- ▶ There is no cost to enroll in Medicaid. Although some categories of eligibility have co-pays, Native Americans are exempt from co-pays.
- ▶ In New Mexico, the Medical Assistance Division of the Human Services Department (HSD) is the administrator of the state’s Medicaid program.

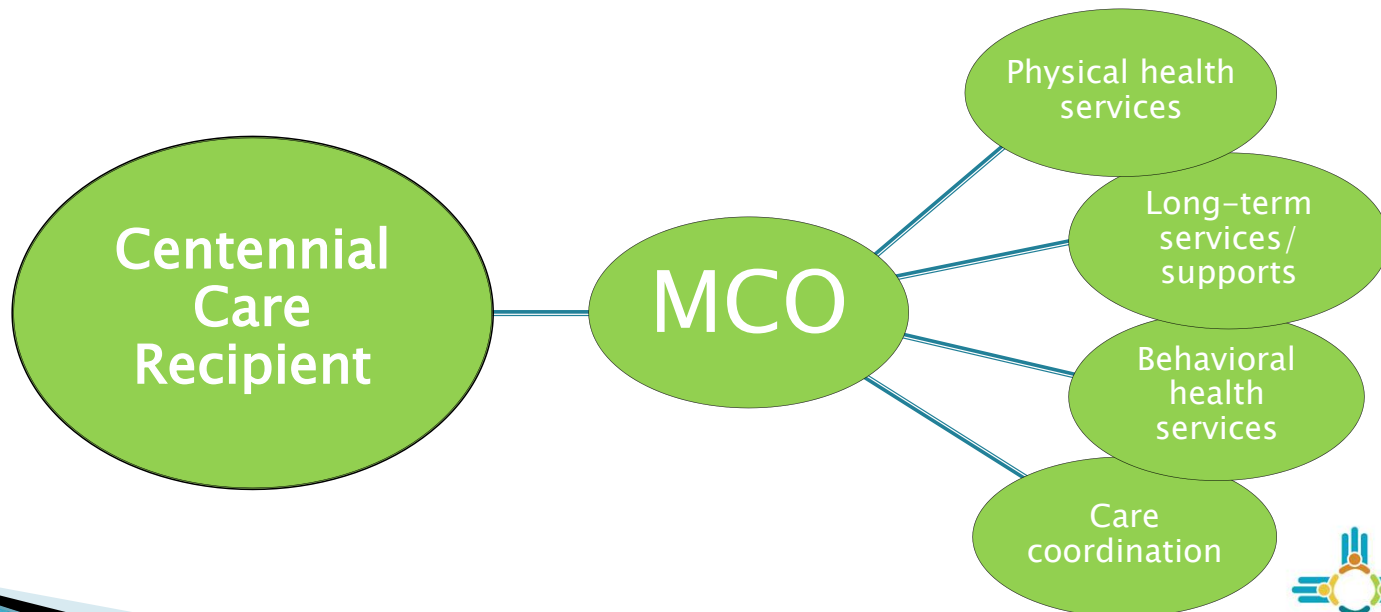
New Mexico Centennial Care

- ▶ On January 1, 2014, New Mexico implemented its Medicaid managed care redesign, called Centennial Care
 - Under Centennial Care, all physical health, behavioral health, and long-term services and supports are integrated under the managed care system.
- ▶ A managed care organization (MCO) is an insurance company that contracts with providers and medical facilities to provide health care services to its members, including most Medicaid recipients.
- ▶ Native Americans who are eligible for both Medicaid and Medicare or who have long-term care needs are required to enroll in New Mexico Centennial Care. All other Native Americans who are eligible for Medicaid have the choice to opt-in or opt-out of Centennial Care.
- ▶ Native Americans who do not opt-in to Centennial Care receive their health care services through the fee-for-service payment system.
- ▶ Fee-for-service does not cover enhanced care coordination, value-added services, nursing home care or home/community-based services, or member rewards.

New Mexico Centennial Care

The goals of Centennial Care are to:

1. Gain better health outcomes for recipients
2. Reward members for healthy behaviors
3. Make services more accessible through coordinated care
4. Achieve administrative efficiencies by reducing the number of MCOs



Expanded Features of Centennial Care

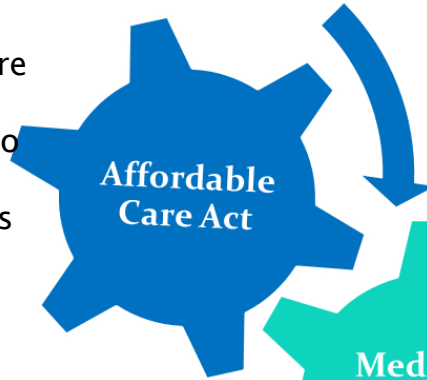
- ▶ MCOs offer expanded care coordination services for members with more complex health care needs.
- ▶ All Centennial Care members will receive a Health Risk Assessment (HRA) to determine the level of care coordination they may need.
 - HRA should be done within the first 30 days of MCO enrollment
- ▶ Some members who need additional support will have a care coordinator assigned to them. The care coordinator can help to arrange all of the member's services.
- ▶ Member Rewards Program – Members earn credits for completing healthy behaviors and can use credits to order products from a catalog.

IHS & Centennial Care

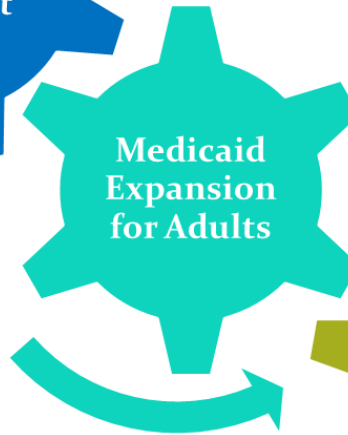
- ▶ Native Americans in Centennial Care can go to any IHS/, Tribal 638 or Urban Indian health center (I/T/U).
- ▶ Native Americans in Centennial Care can choose their I/T/U to be their primary care provider.
- ▶ I/T/Us do not have to contract with the MCOs in order to be paid their OMB rates for inpatient stays and outpatient visits.

Medicaid Expansion Update

The Affordable Care Act (ACA) gave states the option to expand their Medicaid programs to low-income childless adults.



On January 1, New Mexico implemented Medicaid Expansion for adults age 19–64 with income at or below 138%.



Most adults who are eligible for NM's Medicaid Expansion receive services through Centennial Care.



Native Americans who are eligible for Medicaid Expansion can choose to receive their services through fee-for-service Medicaid or a Centennial Care MCO.

Medicaid Expansion Overview

- ▶ The Medicaid Expansion covers low-income adults with income at or below 138% FPL, regardless of whether they have children.
 - Five percent income disregard, when applicable
 - Age 19–64; non-pregnant, non-disabled adults
 - Cannot be eligible for Medicare
 - 100% federally funded 2014–2017; phase down to 90% by 2020
- ▶ Part of NM’s Centennial Care program
 - Four MCOs (BlueCross, Molina, Presbyterian, United)
 - Native Americans exempt (fee-for-service)

Family Size	Household Income ≤ 138% FPL
1	\$1,343/month (\$16,116/year)
2	\$1,809/month (\$21,708/year)
3	\$2,276/month (\$27,312/year)
4	\$2,743/month (\$32,916/year)

Alternative Benefit Plan

- ▶ Most adults who are eligible for Medicaid Expansion will receive an Alternative Benefit Plan (ABP).
- ▶ The ABP covers each broad category of 10 Essential Health Benefits (EHBs), as defined by the ACA.
 - Standard Medicaid not subject to the EHB provision.

Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative and facilitative services and devices
Hospitalization	Laboratory services
Maternity and newborn care	Preventive services and chronic disease management
Behavioral health care, including substance abuse treatment	Pediatric services, including oral and vision care (19 and 20 year-olds only)

Alternative Benefit Plan

- ▶ The New Mexico ABP originated from the State Coverage Insurance (SCI) program benefit package.
 - Hybrid between commercial coverage available through the Health Insurance Exchange/Marketplace and Standard Medicaid coverage
 - Some differences from Standard Medicaid (see handout)
 - Long-term services and supports not covered
- ▶ Removed SCI limitations on inpatient hospitalization, behavioral health services and annual claims.
- ▶ Added nonemergency transportation.
- ▶ Added medically necessary services for 19 and 20 year-olds (EPSDT).
- ▶ Added dental services to align with Standard Medicaid (prevention and maintenance).

Alternative Benefit Plan

- ▶ ABP recipients who have special health care needs may qualify to receive Standard Medicaid services.
 - Serious or complex medical condition
 - Terminal illness
 - Chronic substance use disorder
 - Serious mental illness
 - Disability that impairs the recipient's ability to perform one or more activities of daily living
- ▶ AKA “Medically Frail”
- ▶ Recipients must self-identify.
 - Assessment done by the recipient's MCO or, if fee-for-service, by the Third-Party Assessor (TPA) contractor, Molina.
 - If Medically Frail, the recipient can choose whether to receive ABP or Standard Medicaid (ABP-exempt).
 - Standard Medicaid includes long-term services if the recipient meets level of care criteria.

Medicaid Expansion Enrollment

- ▶ NM chose to transition certain populations to the Medicaid Expansion category in January automatically:
 - SCI (~23,000)
 - SCI program was sunset on 12/31/13; recipients ineligible for Medicaid Expansion were referred to the Marketplace
 - Family Planning (~37,000)
 - Program continues through 2014; recipients referred to the Marketplace
 - Does not qualify as full coverage
- ▶ As of July 1, about 151,000 total were enrolled in Medicaid Expansion
 - Original projection was ~134,000 total in 2014; up to 170,000 in out years
 - Approximately 16,500 Native Americans (June 2014)
 - Total Medicaid enrollment of Native Americans approximately 94,000 (June 2014)
- ▶ HSD has received over 335,000 applications since October 1
 - Prior to October 1, HSD averaged 19,000 applications per month
 - Current average is over 37,000 per month

Eligibility & Enrollment Processes

- ▶ Eligibility determinations are coordinated with the Health Insurance Marketplace
- ▶ Apply for Medicaid: Blue/yellow – people who probably qualify for Medicaid or who already have children on Medicaid.
- ▶ Apply via Marketplace: Red – people who probably make too much money to qualify for Medicaid.

Family Size	100%	138%	150%	200%	250%	300%	400%
1	\$11,670	\$16,116	\$17,505	\$23,340	\$29,175	\$35,010	\$46,680
2	\$15,730	\$21,708	\$23,595	\$31,460	\$39,325	\$47,190	\$62,920
3	\$19,790	\$27,312	\$29,685	\$39,580	\$49,475	\$59,370	\$79,160
4	\$23,850	\$32,916	\$35,775	\$47,700	\$59,625	\$71,550	\$95,400
5	\$27,910	\$38,520	\$41,865	\$55,820	\$69,775	\$83,730	\$111,640
6	\$31,970	\$44,124	\$47,955	\$63,940	\$79,925	\$95,910	\$127,880
7	\$36,030	\$49,728	\$54,045	\$72,060	\$90,075	\$108,090	\$144,120
8	\$40,090	\$55,332	\$60,135	\$80,180	\$100,225	\$120,270	\$160,360

How to Apply

- ▶ Online: www.yes.state.nm.us
- ▶ Telephone: 1-855-637-6574
- ▶ In person at an Income Support Division office:
http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx
- ▶ Postal mail (to an Income Support Division office)
 - Applications can be downloaded at
<http://www.hsd.state.nm.us/LookingForAssistance/apply-for-benefits.aspx>
- ▶ At an IHS facility with the Patient Benefits Coordinator
- ▶ Health Insurance Marketplace applications:
 - Online: www.bewellnm.com
 - Telephone: 1-855-996-6449

How to Select an MCO

- ▶ Native Americans who are **required** to be in Centennial Care will be asked to select an MCO at the time they submit their application for Medicaid.
- ▶ If they do not select an MCO, they will be assigned one automatically.
- ▶ If they want to change their MCO, they have the first 90 days to switch to a different MCO.
- ▶ Then, they will be enrolled with that MCO for 12 months before they have the opportunity to switch again.

How to Select an MCO

- ▶ Native Americans who are **not required** to be in Centennial Care – *but who want to be* – may select their MCO when they apply for Medicaid.
- ▶ If they do not select an MCO, they will not be assigned to one automatically.
- ▶ It is very important that Native Americans identify themselves as Native American on the Medicaid application.
- ▶ There are two places on the application to indicate that the applicant is Native American.
- ▶ Applicants should make this indication in both places.
- ▶ No proof that the applicant is Native American is required.
- ▶ Native Americans who want to opt-in to Centennial Care after the application process is completed can contact Xerox at 1-888-997-2583. Native American individuals can opt-in at any time.

Other ACA Medicaid–Related Changes

- ▶ Integrated streamlined application launched 10/1/13
 - YES–NM online application portal: www.yes.state.nm.us
 - Version 2.0 scheduled for 11/15/14
 - Medicaid Expansion Hotline: 1–855–637–6574
- ▶ Account transfers between HSD and Marketplace
 - Marketplace must assess applications for financial assistance as potentially Medicaid–eligible
- ▶ Verification of electronic sources of income and identity as much as possible
- ▶ Presumptive eligibility (PE) for adults at hospitals, prisons/jails and IHS/tribal facilities
- ▶ Implementation of Modified Adjusted Gross Income (MAGI) eligibility methods
 - Tied to how people file taxes
 - MAGI “conversion” of mandatory pre–ACA eligibility levels

2014 Eligibility Levels

Category	2014 Eligibility Threshold
Parents and caretaker relatives	42% FPL
Pregnant women (pregnancy-related coverage)	250% FPL
Medicaid children age 0-5	240% FPL
CHIP children age 0-5	300% FPL
Medicaid children age 6-18	190% FPL
CHIP children age 6-18	240% FPL
Family Planning	250% FPL

Questions?

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