

New Mexico Managed Care Program Features, as of 2014

Features	Centennial Care	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Bernalillo County, Sandoval County, Valencia County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	1/1/2014	7/1/2004
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits	Mandatory	
Low-income adults eligible under ACA Section VIII	Mandatory	
Full Duals	Mandatory	Voluntary
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	Exempt
Enrollment choice period	Other	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period	Members have 90 days to switch to MCO's when initially enrolled and during recertification.	Disenrollments permitted every 30 days.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning		
Dental services (medical/surgical)	X	X
Dental (preventative or corrective)	X	X

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Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory, Surgical, Anesthesia, Diagnostic Imaging, Imaging and Therapeutic Radiology services, Dialysis, Durable Medical Equipment and Medical Supplies, Hearing and Audiology, Immunization, Medical Service Providers, Midwife, Nutritional, Occupational Therapy, Physical Therapy, Podiatry, Pregnancy Termination (State Funded), Prosthetics and Orthotics, Rehabilitation, Reproductive Health, School Based, Speech Therapy, Telehealth, Transplant, Transportation, Vision, Pediatricians	Adult Day/Health Center, Optometry, Audiology, Podiatry, Alternative Therapies (Chiropractic, Acupuncture)
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Healthsight	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans	X	
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Blue Cross Blue Shield of NM; Presbyterian Health Plan; UnitedHealthcare Community Plan; Molina Healthcare of New Mexico Inc	Innovage Greater New Mexico PACE dba Total Community Care

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Notes		
Program notes	Native American/Alaskan Native Enrollment would be manditorily enrolled if receiving LTSS or dually eligible.	To be eligible to enroll, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care, and reside in the service of a PACE organization. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid covered services, as specified in the State's approved Medicaid plan, all Medicare covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely throught the PACE organization.