Managed Care in New Mexico

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about two thirds of Medicaid beneficiaries were enrolled in at least one of six managed care programs in New Mexico. New Mexico **Salud!**, which started in 1997, covers acute, primary and specialty care, as well as pharmacy, dental care, and transportation; covered populations include children, low income adults, and non-dual eligible aged adults. The program has been offered statewide on a mandatory basis since its inception, including for individuals with disabilities. In 2011, eighty percent of Salud! participants were individuals aged 21 or younger and eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.[1] **Coordinated Long Term Supports and Services (CoLTS)**, which started in 2008, provides acute, primary, and specialty care, as well as long term services and supports to older adults, individuals with disabilities, and dual eligibles not currently using long-term services (that is, "healthy dual eligibles"). Behavioral health services are not provided (or carved out from) both NM Salud! and COLTS programs, and are instead covered under a separate limited benefit-plan contract as part of the **Salud! Behavioral Health** program, which was established in 2005. In 2010, New Mexico established the **State Coverage Initiative (SCI)** to extend benefits to childless adults; acute, primary and some specialty care, and behavioral health services are included. Enrollment in the program is voluntary. New Mexico also operates a voluntary **PACE** program that provides all Medicaid and Medicare services to adults age 55 and over needing a nursing facility level of care and residing in the Albuquerque area.

In in January 2014, New Mexico's Medicaid program is restructured as Centennial Care and offers nearly universal managed care under an 1115 wavier. Centennial Care consolidates the Salud! and CoLTS programs to includ behavioral health services, reduce the number of contracting plans, and focus on care coordination and payment reforms to promote cost-effective care.

Participating Plans, Plan Selection, and Rate Setting

New Mexico contracts with six managed care plans, most of which participate in more than one program. In 2011, participating plans including five **for-profit, national plans** (Amerigroup, Lovelace, , OptumHealth, and United), **one not-for-profit national plan** (BlueCross BlueShield), and **one not-for-profit local plan** (Presbyterian Health Plan). Historically, New Mexico has set managed care rates through competitive bidding within rate ranges.   Under this demonstration, New Mexico will consolidate its existing 1915(b) and 1915(c) waivers to create a comprehensive managed care delivery system. Centennial Care's contracted health plans will offer the full array of current Medicaid services, including acute, behavioral health, institutional, and community-based long term services and supports. Other features of
Centennial Care will include expanded care coordination for all beneficiaries and a beneficiary
reward program, offered through managed care organizations, to provide incentives for
beneficiaries to pursue healthy behaviors. Centennial Care also creates a Safety Net Care Pool
made up of two sub-pools: an Uncompensated Care (UC) Pool and a Hospital Quality
Improvement Incentive (HQII) Pool.

Quality and Performance Incentives

New Mexico requires managed care organizations (MCOs) to report HEDIS and CAHPS data to the state. Plans participating in Salud! and SCI are required to develop pay for performance (P4P) models based on measures of quality of care, access to care, and satisfaction with providers. Plans participating in CoLTS are required to establish a P4P program based on the health home/medical home model, which will withhold 0.5 percent from member capitation rates and allow plans to earn it back based the state's determination of performance.

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[1] New Mexico. Section 1915(b) Waiver Proposal For MCO, PIHP, PAHP, PCCM Programs And FFS Selective Contracting Programs. March 24, 2011; page 7. Accessed August 23, 2013 from
http://www.hsd.state.nm.us/mad/pdf_files/salud/Waiver%201915%28b%29%20Renewal%20PH%20FINAL%20%20-%2003.24.11.pdf.

Table: Managed Care Program Features, as of August 2014

Program Name		Program for the All-Inclusive Care for the Elderly (PACE)	Salud! Behavioral Health		State Coverage Initiative (SCI)	Centennial Care
Program Type		PACE	MH/ PIHP		MCO	MCO
Program Start Date		July 2004	July 2005		January 2010	January 2014
Statutory Authorities		PACE	1115(a)		1115	1115
Geographic Reach of Program		Single Region	Statewide		Statewide	Statewide
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*						
Aged		X	X			x
Disabled Children & Adults		X (age 55+)	X			x
Children			X			x
Low-Income Adults			X		X (childless adults only)	
Medicare-Medicaid Eligibles ("duals")		X (age 55+)				X
Foster Care Children			X			X
American Indians/ Alaska Natives						X
Mandatory or Voluntary enrollment?		Voluntary	Mandatory		Voluntary	Mandatory
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.)*						
Inpatient hospital		X			X	X
Primary Care and Outpatient Services		X			X	X
Pharmacy		X	X		X	X
Institutional LTC		X				X
Personal care/HCBS		X				X
Inpatient Behavioral Health Services		X	X		X	
Outpatient Behavioral Health Services		X	X		X	
Dental		X				X

Program Name		Program for the All-Inclusive Care for the Elderly (PACE)	Salud! Behavioral Health		State Coverage Initiative (SCI)	Centennial Care
Transportation		X				

Program Name		Program for the All-Inclusive Care for the Elderly (PACE)	Salud! Behavioral Health		State Coverage Initiative (SCI)	Centennial Care
Participating Plans or Organizations		1. Total Community Care	1. OptumHealth New Mexico	1.	1. 2. Molina Healthcare of New Mexico 3. Presbyterian Health Plan	4.
Uses HEDIS Measures or Similar		NA	X		X	x
Uses CAHPS Measures or Similar		NA	X	X	X	x
State Requires MCOs to submit HEDIS or CAHPS data to NCQA	Yes					
State Requires MCOs Accreditation	Yes					
External Quality Review Organization	HealthInsight					
State Publicly Releases Quality Reports	Yes					

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* The 2011 National Summary of State Medicaid Managed Care programs does not list United as a CoLTS contractor, but according to a recent compliance audit, New Mexico has contracted with United (formerly Evercare) since July 2008. See http://www.hsd.state.nm.us/mad/pdf_files/salud/CoLTS%20Compliance%20Final%20Report.pdf.