

New Mexico Managed Care Program Features, as of 2016

| 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 | 01/01/2014 | 07/01/2004 |
| Waiver expiration date (if applicable) | 12/31/2018 | |
| If the program ended in 2016, indicate the end date | | |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Mandatory | |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | Mandatory | |
| Populations enrolled: Full Duals | Mandatory | Voluntary |
| Populations enrolled: Partial Duals | | |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Exempt |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt |
| Populations enrolled: Enrollment choice period | Other | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | | |
| Populations enrolled: 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 |

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| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | X | X |
| Benefits covered: Outpatient hospital physical health | X | X |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X | X |
| Benefits covered: Partial hospitalization | X | |
| Benefits covered: Physician | X | X |
| Benefits covered: Nurse practitioner | X | X |
| Benefits covered: Rural health clinics and FQHCs | X | |
| Benefits covered: Clinic services | X | X |
| Benefits covered: Lab and x-ray | X | X |
| Benefits covered: Prescription drugs and prosthetic devices | X | X |
| Benefits covered: EPSDT | X | |
| Benefits covered: Case management | X | X |
| Benefits covered: SSA Section 1945-authorized health home | | |
| Benefits covered: Health home care (services in home) | X | X |
| Benefits covered: Family planning | X | |
| Benefits covered: Dental services (medical/surgical) | X | X |
| Benefits covered: Dental (preventative or corrective) | X | X |
| Benefits covered: Personal care (state plan option) | X | X |
| Benefits covered: HCBS waiver services | X | |
| Benefits covered: Private duty nursing | X | X |
| Benefits covered: ICF-IDD | | |
| Benefits covered: Nursing facility services | X | X |
| Benefits covered: Hospice care | X | |
| Benefits covered: Non-Emergency Medical Transportation | X | X |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X | |

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| Benefits covered: 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 |
| Quality assurance and improvement: CAHPS data required? | Yes | No |
| Quality assurance and improvement: Accreditation required? | Yes | No |
| Quality assurance and improvement: Accrediting organization | NCQA | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | HealthInsight | |
| Performance incentives: Payment bonuses/differentials to reward plans | | |
| Performance incentives: Preferential auto-enrollment to reward plans | X | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | |
| Performance incentives: Withholds tied to performance metrics | X | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | |
| 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 |
| Notes: Program notes | Native American/Alaskan Native Enrollment would be mandatorily enrolled if receiving LTSS. | |