What is New Mexico Centennial Care?
Centennial Care is the name of the New Mexico Medicaid program. Most people who have Centennial Care receive services through one of four managed care organizations (MCOs). Covered services include physical health (medical, dental, and vision), behavioral health (to help with issues such as stress, depression, anxiety, and addictions), long-term care and community benefits (services like adult day health, respite care and personal care services).

Each MCO also offers certain Value Added Services, in addition to what they are required to provide by Medicaid. See Index of MCO Value Added Services, Effective January 1, 2016 at hsd.state.nm.us/LookingForInformation/value-added-services.aspx

What may members receive?
- All Centennial Care members receive a Health Risk Assessment (HRA) to determine the level of care coordination they may need. Members who have behavioral health, community support, or long-term care needs, and/or other complex medical conditions, will have a Care Coordinator assigned to them.
- A Care Coordinator is someone who looks at physical and/or behavioral health needs and works directly with the member and their family to get the services the member needs.
- The Community Benefit Option is for members who need a nursing facility level of care, meaning they need assistance with activities such as dressing, bathing, brushing teeth, toileting, etc. Services like adult day health and respite care are included in this option.
- The Member Rewards Program allows members to earn credits for healthy behaviors. These credits can be used to order products from a catalog.

What about services for Native Americans?
Native Americans who use Medicaid have the option of using Exempt/Fee-for-Service or selecting an MCO. Either way, Indian Health Service (IHS), or Tribal clinics and hospitals may be used. For those with special or complex health needs it may be helpful to select Centennial Care, as a Care Coordinator is only available through an MCO. For anyone on a waiver, or for Community Benefit/Long-Term Care services, such as personal care, assisted living, respite, home health aide, etc., enrolling with an MCO is required.

How does someone qualify for Centennial Care?
The applicant must be a US citizen and meet residency and income requirements. To find out more, visit hsd.state.nm.us/LookingforAssistance/centennial-care-overview.aspx or call the Medicaid Expansion Hotline.

People enrolled in the Developmental Disabilities (DD) and Medically Fragile (MF) Waivers also receive medical services through Centennial Care.

To apply:
Go online to yes.state.nm.us, call the Medicaid Expansion Hotline listed to the right, or contact the nearest Income Support Division (ISD) office.

Remember:
- Once enrolled with an MCO, an Ombudsman Specialist is available at no cost to review and address concerns regarding services. They advocate for the member’s rights by using Medicaid guidelines and the resources from the MCO they work for. They may also help members understand policies and connect with appropriate personnel.