

**FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide *consistency* across States in the structure, content, and format of the report, **AND**
- Build on data *already collected* by HCFA quarterly enrollment and expenditure reports, **AND**
- Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: New Mexico

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Robert Maruca, Director

SCHIP Program Name (s)

SCHIP Program Type X Medicaid SCHIP Expansion Only
Separate SCHIP Program Only

Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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Date : January 1, 2001

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program's changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter ?NC? for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility – *No changes in eligibility were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
2. Enrollment process - *No changes in the enrollment process were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
3. Presumptive eligibility - *No changes in presumptive eligibility were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
4. Continuous eligibility - *No changes in continuous eligibility were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
5. Outreach/marketing campaigns – *During Federal Fiscal Year 2000, New Mexico included an additional element to its outreach and marketing campaign. The New Mexico Human Services Department (HSD) entered into a joint powers agreement with the State of New Mexico Taxation and Revenue Department (TRD) to conduct a cross match of the eligibility files and tax records with the purpose of identifying potentially eligible households. These households were mailed a joint letter from HSD and TRD informing them of their potential eligibility for SCHIP or Medicaid. The letter directed those who were interested to contact the state Medicaid toll-free number. Callers were given information on contacting their local HSD office, or the nearest Presumptive Eligibility Determiner to make application. Since New Mexico SCHIP is a Medicaid Expansion program, households with income below 185% FPL were enrolled in Children's Medicaid, and those households who were between 185% and 235% of FPL and did not voluntarily cancel health insurance in the preceding 12 months were enrolled in SCHIP.*
6. Eligibility determination process - *No changes in the eligibility determination processes were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
7. Eligibility redetermination process – *Presumptive Eligibility Determiners who conducted the initial application screening for enrollees are permitted to conduct redetermination*

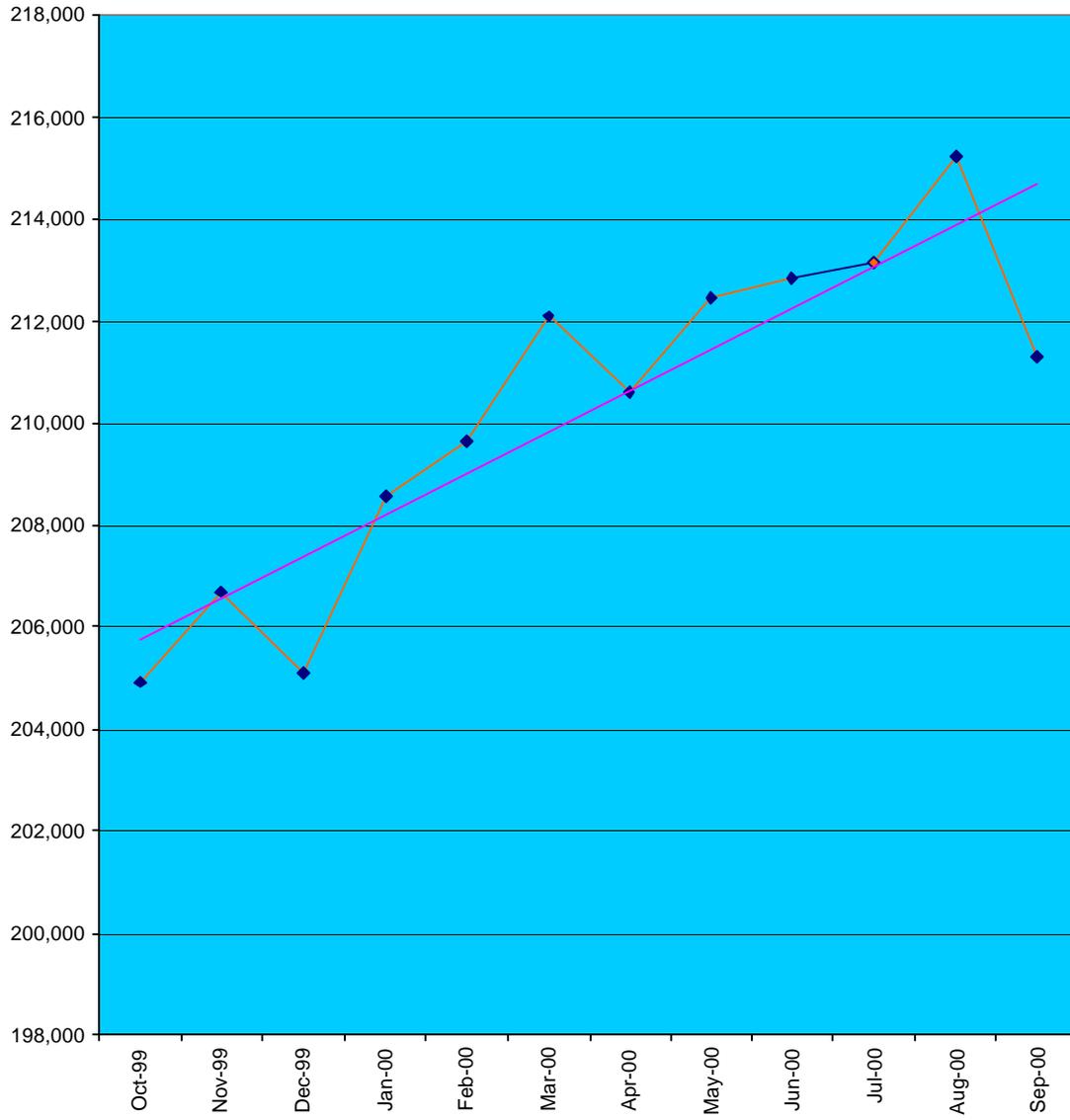
interviews.

8. Benefit structure – *No changes in the benefit structure were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
 9. Cost-sharing policies – *During the Federal Fiscal Year 2000, changes in cost sharing for Native American enrollees were implemented. Specifically, Native American children are now exempt from any cost sharing provisions of New Mexico SCHIP.*
 10. Crowd-out policies - *No changes in crowd-out policies were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
 11. Delivery system – *New Mexico made changes in its Managed Care policies as they pertain to Native Americans. Under the previous policy, Native Americans were enrolled in Managed Care, and could take action to “opt-out” of Managed Care. The policy was changed to an “opt-in” policy. A Native American would automatically be a fee-for-service client, unless he/she took an affirmative action to enroll in Managed Care.*
 12. Coordination with other programs (especially private insurance and Medicaid) - *No changes were made for New Mexico SCHIP in this area during Federal Fiscal Year 2000.*
 13. Screen and enroll process - *No changes were made for New Mexico SCHIP in this area during Federal Fiscal Year 2000.*
 14. Application - *No changes in application procedures were made for New Mexico SCHIP during Federal Fiscal Year 2000.*
 15. Other – *Though not effective in Federal Fiscal Year 2000, New Mexico will be “carving out” behavioral health from Managed Care as a condition of its 1915 Waiver renewal to operate a Managed Care program. By March 1, 2001 behavioral health will return to fee-for-service.*
- 1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.
1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information. *The estimated baseline for the number of children not covered is 100,000. New Mexico has not changed its original numbers that were based on the 1997 Bureau of the Census Current Population Survey.*

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.
While there has been an increase in activity on the state toll-free line as a result of outreach effort, there have not been any studies conducted as to enrollment directly based on outreach activities. We have figures available as to what prompted people to make contact. These figures will be presented in an appendix report.

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State. *See the following Charts and Figures.*

Children's Medicaid Enrollment
All Categories Including Trend Line



Children Enrolled in Medicaid – All Categories All Children

MONTH YY	COE 002	COE 003	COE 004	COE 006	COE 017	COE 019	COE 027	COE 028	COE 029	COE 030	COE 031	COE 032	COE 033	COE 034	COE 035/1	COE 035/3	COE 036	COE 037	COE 044	COE 046	COE 047	COE 049	COE 066	COE 071/1
Apr-98	52,120	60	7,244	568	4	2	0	2,711	0	398	7,701	55,150	34	0	1,363	197	46,344	1,116	7	24	168	45	986	0
May-98	53,158	60	7,249	544	5	3	0	2,164	0	382	7,716	54,883	22	0	1,362	179	46,205	1,118	6	23	170	46	1,018	0
Jun-98	54,466	59	7,234	514	5	5	0	1,795	0	380	7,774	54,965	15	0	1,349	165	46,207	1,121	6	26	174	51	1,030	0
Jul-98	37,005	61	7,201	497	5	5	0	1,493	159	361	8,006	54,978	11	0	1,339	181	46,428	1,135	6	27	175	49	1,028	0
Aug-98	42,460	60	7,236	486	6	5	0	1,229	324	357	7,960	54,718	11	0	1,319	148	46,717	1,150	6	24	176	55	1,039	0
Sep-98	47,313	61	7,216	460	6	3	0	1,044	483	352	7,716	54,592	13	0	1,332	153	47,526	1,168	5	24	180	47	1,036	0
Oct-98	50,044	59	7,162	465	6	3	0	830	609	348	7,766	51,718	8	0	1,326	176	51,247	1,179	6	23	185	46	1,064	0
Nov-98	52,878	60	7,127	462	6	3	0	921	786	355	7,832	52,461	8	0	1,330	162	51,857	1,195	6	24	189	44	1,082	0
Dec-98	52,406	61	7,098	473	8	3	0	879	930	352	7,960	53,472	8	0	1,336	155	52,815	1,202	6	25	193	48	1,073	0
Jan-99	53,118	63	7,066	467	8	3	0	847	1,045	354	7,938	54,743	8	0	1,403	137	53,908	1,201	5	30	198	43	1,059	0
Feb-99	53,644	60	7,032	489	6	1	0	814	1,172	344	7,927	55,978	4	0	1,384	129	54,767	1,224	4	28	207	41	1,051	0
Mar-99	53,452	63	6,995	503	9	0	0	841	1,267	345	8,090	57,158	0	0	1,434	128	56,008	1,251	4	33	209	48	1,087	501
Apr-99	53,069	67	7,013	493	10	0	0	1,084	1,377	329	8,050	57,901	0	0	1,438	126	56,715	1,272	4	31	208	50	1,067	718
May-99	47,926	68	7,046	486	11	1	0	4,000	1,447	321	8,143	59,889	0	0	1,447	127	57,199	1,284	3	32	215	53	1,084	878
Jun-99	45,971	65	6,934	461	10	3	5	4,841	1,530	306	8,165	60,627	0	0	1,416	149	58,038	1,298	3	32	219	61	1,104	1,063
Jul-99	45,285	65	6,870	436	12	4	5	5,221	1,618	322	8,259	60,868	0	0	1,440	129	58,651	1,317	2	33	221	65	1,100	1,174
Aug-99	47,106	66	6,888	453	13	3	27	4,706	1,721	337	8,324	61,359	0	0	1,431	130	59,525	1,329	1	27	227	61	1,088	1,335
Sep-99	44,742	66	6,855	418	12	4	80	5,746	1,815	307	8,215	62,205	0	0	1,424	149	60,295	1,368	2	24	236	61	1,097	1,639
Oct-99	43,889	63	6,837	379	15	4	64	5,902	1,866	289	8,201	58,696	0	0	1,383	150	64,792	1,347	2	23	239	55	1,111	1,910
Nov-99	44,444	64	6,790	393	15	3	350	5,507	1,932	308	8,163	59,676	0	0	1,399	137	65,414	1,361	2	24	232	47	1,089	2,172
Dec-99	44,767	60	6,745	371	15	4	136	4,783	1,992	307	8,256	60,132	0	0	1,378	126	65,726	1,372	1	21	250	39	1,064	2,395
Jan-00	43,837	59	6,754	371	12	3	214	4,762	2,025	302	8,188	60,624	0	0	1,431	138	65,923	1,394	1	23	247	49	1,035	2,591
Feb-00	44,011	61	6,745	379	14	4	129	5,141	2,070	295	8,188	61,197	1	0	1,429	156	65,969	1,406	1	27	244	46	1,045	3,010
Mar-00	44,052	62	6,746	381	18	6	47	4,321	2,160	306	8,162	61,931	0	0	1,482	141	66,734	1,407	2	27	255	34	1,067	3,416
Apr-00	42,979	65	6,723	362	17	9	0	4,872	2,211	297	8,099	63,060	0	0	1,485	130	65,784	1,441	2	25	258	36	1,071	3,445
May-00	42,215	61	6,720	360	14	10	0	5,191	2,240	297	8,156	63,866	0	0	1,496	114	66,435	1,457	2	23	253	26	1,077	3,875
Jun-00	42,015	60	6,724	361	14	10	0	5,622	2,274	288	8,127	63,694	0	0	1,475	116	66,471	1,493	3	26	251	34	1,036	4,233
Jul-00	41,458	59	6,688	362	14	8	0	6,124	2,297	294	8,210	63,708	0	0	1,460	135	66,227	1,510	2	27	254	54	1,009	4,741
Aug-00	43,766	60	6,641	362	13	4	0	5,531	2,325	281	8,274	63,203	0	0	1,406	149	66,399	1,533	2	22	256	61	1,008	5,052
Sep-00	40,830	57	6,593	384	13	5	0	6,558	2,315	251	8,058	61,974	0	0	1,273	174	65,319	1,544	1	22	253	69	942	5,198

COE 071/3	COE 072	COE 073	COE 084	COE 086	COE 090	COE 094	COE 095	COE 096	TOTAL
0	0	0	2	7	2	43	121	264	176,681
0	0	0	2	5	2	42	118	267	176,749
0	0	0	2	9	2	42	122	267	177,785
40	17,983	0	2	9	2	42	120	262	178,610
142	14,708	0	3	15	2	41	120	265	180,782
211	11,083	0	3	16	2	41	123	270	182,479
299	8,932	0	4	18	2	40	125	275	183,965
480	5,958	0	2	16	2	40	126	268	185,680
581	6,181	0	2	21	2	40	126	270	187,726
777	5,554	0	2	22	2	40	128	271	190,440
921	5,254	3	2	20	2	41	128	273	192,950
1,018	5,472	3	2	21	2	41	133	274	196,392
996	4,742	5	3	21	2	39	131	277	197,238
866	4,116	5	4	20	2	40	130	279	197,122
758	4,967	5	3	22	1	40	132	284	198,513
740	5,281	8	4	24	1	39	132	284	199,610
1,104	4,799	8	3	21	1	37	134	287	202,551
1,317	5,281	8	4	20	1	37	135	302	203,865
1,411	5,772	9	3	21	1	36	134	313	204,917
1,218	5,422	9	4	22	1	35	134	325	206,692
1,008	3,587	10	5	24	1	33	140	341	205,089
1,183	6,843	11	6	24	1	31	136	338	208,556
1,390	6,124	9	6	25	1	29	135	348	209,635
1,331	7,437	6	4	25	1	29	136	352	212,078
1,077	6,602	8	5	26	1	27	136	360	210,613
991	7,000	2	4	23	1	27	137	364	212,437
1,213	6,744	2	3	27	0	27	142	359	212,844
1,133	6,800	2	4	28	0	26	141	359	213,134
1,317	7,001	2	4	31	0	26	142	359	215,230
1,967	6,955	1	4	28	0	24	141	357	211,310

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

No, skip to 1.3 - *However, the state is reconsidering such a change due to the fact that New Mexico is almost at 100% of its target number in SCHIP enrollment.*

Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate? *N/A*

What was the justification for adopting a different methodology? *N/A*

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.) *N/A*

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

- 1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ??NC (for no change) in column 3.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
<p>94,500 uninsured children under 185% of Federal Poverty Level to be enrolled in Medicaid.</p> <p>5,500 uninsured children to be enrolled in SCHIP</p>		<p>Data Sources and Methodology: The data source is based on the U.S. Census Bureau Current Population Survey for 1996, which estimated the total number of uninsured children in New Mexico that year to be 108,788. The projected numbers for 1997 of total uninsured children, adjusted for population growth, were 109,926.</p> <p>The percentages of uninsured children above and below 185% federal poverty level (FPL) come from statistical analysis of the 1993 Robert Wood Johnson Foundation Family Survey of Health Insurance in New Mexico. The percentages are applied to the estimates of uninsured children to arrive at the number of uninsured families with income below 185% FPL, and those uninsured children with incomes 185% to 235% FPL.</p> <p>The estimate of 14% of uninsured children in families at or above 185% FPL is generally consistent with the statistics from the Employee Benefits Research Institute which show 14.8% of uninsured children in the U.S. were in families at or above 200% FPL in 1992. The estimate is also generally consistent with the statistics from the State Level Databook on Health Care Access and Financing from the Urban Institute. Their analysis of CSP data for 1991, 1992 and 1993 shows 24% of nonelderly uninsured people (adults and children) were in families at or above 200% FPL.</p> <p>The estimate of 86% of uninsured children in families with incomes below 185% FPL is generally consistent with conjecture among Medicaid professionals that the Medicaid participation rate has been approximately 60%. Information from the Medicaid MARS Eligibility Report (HMRG 152X 6/97) indicates 164,073 children were enrolled in Medicaid in June, 1997. Those are about 63% of 258,610, which is the sum of 164,073 enrolled children and approximately 94,500 children who are estimated to qualify under the 185% FPL guidelines but are not enrolled. Our estimate of the number of children at or below 185% FPL is generally consistent with the 258,610, lending support to the estimates</p> <p>Progress Summary: As of September 2000, a total of 211,310 children were enrolled in</p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		Medicaid – an increase since July 1997 of 37,378. This represents approximately 37% of the 100,000 figure of uninsured children.
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
5,500 Estimated Children Eligible		Data Sources & Methodology: See above Progress Summary: As of September 2000, 5,198 children were enrolled in SCHIP. This is approximately 94.5% of the identified eligible children for SCHIP.

- 1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.
- 1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.
- 1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.
- 1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

Number of adults *N/A*

Number of children *5,198*

3. How do you monitor cost-effectiveness of family coverage? *N/A*

2.2 Employer-sponsored insurance buy-in:

This Section Not Applicable to New Mexico

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).
2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

Number of adults

Number of children

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program? *Children who are insured are not eligible for SCHIP. We require a 12-month waiting period for any voluntary cancellation of insurance.*
2. How do you monitor and measure whether crowd-out is occurring? *In March of 2000 a system programming change was initiated to begin tracking the number of denied applications and closed cases due to voluntary cancellation of Health Insurance coverage, or acquisition of health insurance. Programming changes were completed in July 2000 with*

figures available for the quarter covering July through September 2000.

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. *In reviewing the data for the period covering July 2000 through September 2000, results indicate a slightly higher number of case closures upon acquisition of health insurance that those denied cases at application. These closures would seem to indicate that parents are acquiring health insurance coverage when available and affordable even though the children were covered by SCHIP. There were 101 cases denied due to possession or voluntary cancellation of health insurance. During the same period, 107 existing cases were closed due to acquiring health insurance. The figures indicate that: 1) there is no significant crowd-out occurring, and 2) parents are purchasing health insurance upon availability or affordability despite the fact that they could have not purchased the insurance and still maintained their child(rens)'s eligibility in those cases. (see attachment)*

SCHIP Applications 3rd Quarter By County

County	Denied Insurance	Closed Insurance	SCHIP To Reg Medicaid	Reg Medicaid To SCHIP	Age 1-5	Ages 6-12	Ages 13-19
Bernalillo	27	18	0	20	425	530	421
Catron	0	0	0	0	0	2	3
Chaves	20	18	0	5	62	66	57
Cibola	0	1	0	0	31	43	29
Colfax	4	0	0	0	3	20	16
Curry	0	0	0	0	34	39	28
De Baca	0	0	0	0	2	2	1
Donaana	7	8	0	9	148	203	138
Eddy	8	8	0	0	48	63	33
Grant	3	1	0	0	20	32	28
Guadalupe	0	0	0	0	7	7	6
Harding	0	0	0	0	0	2	0
Hidalgo	0	0	0	0	5	8	4
Lea	2	2	1	2	78	78	69
Lincoln	3	3	0	1	24	23	23
Los Alamos	0	0	0	0	2	5	1
Luna	2	7	0	0	15	23	17
McKinley	0	0	0	0	61	83	71
Mora	0	0	0	0	7	11	15
Otero	8	6	0	0	44	63	58
Quay	1	4	0	0	13	18	19
Rio Arriba	4	1	0	0	50	64	60
Roosevelt	2	0	0	0	7	13	22
Sandoval	2	0	0	0	74	124	97
San Juan	0	8	0	5	115	132	103
San Miguel	0	0	0	0	26	34	32
Santa Fe	0	0	0	2	80	98	80
Sierra	0	9	0	0	15	30	20
Socorro	1	0	0	0	1	4	10
Taos	0	0	0	0	35	60	38
Torrence	7	10	0	1	25	43	38
Union	0	0	0	0	6	3	1
Valencia	0	3	0	3	55	82	53
Totals	101	107	1	48	1518	2008	1591

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information. *The 12-month waiting period is the only anti-crowd-out policy. Application denials on the basis of having insurance, or voluntarily dropping insurance is tracked through a system indicator.*

2.4 Outreach:

1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness? *The state-wide toll free telephone line tracking of inquiries on “New Mexikids”, the name of New Mexico’s outreach effort indicate that the television advertising campaign is the most effective in generating interest when commercials ran.*

The next most effective outreach measure in terms of calls to the toll free line was a mailing contact made to potentially eligible households. A list was generated through a data match with the state’s Taxation and Revenue Department. Based on tax records, households with potential income eligibility were identified. The list was then cross matched with current Medicaid rolls in order to avoid contacting households already enrolled. The first mailing went in July 2000. A total of 47,000 households were mailed through the fiscal year.

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness? *No actual measurement as to which outreach activity is most effective regarding population segments. However, enrollment in geographic areas with high minority populations appears to follow the same trends as the state on the whole.*
3. Which methods best reached which populations? How have you measured effectiveness?

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? ***12 months continuous eligibility regardless of changes in income.***
2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

X Follow-up by Presumptive Eligibility/ Medicaid On-Site Application Assistance Determiners

X Renewal reminder notices to all families – periodic review notices are generated by the data system

X Targeted mailing to selected populations, specify population - potentially income eligible based on tax records

X Information campaigns – on-going ad campaign.

X Simplification of re-enrollment process, please describe - simplified form, SCHIP and Medicaid application is the same form. Application form is now available for down load on the internet.

X Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe. Survey in the process of being designed

Other, please explain

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.
Yes
4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?
12 months continuous eligibility.
5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? ***YES. New Mexico's SCHIP program is a Medicaid expansion.***
2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. ***At redetermination, the child is placed by the state eligibility worker in the appropriate category.***

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? **YES.** *New Mexico's SCHIP program is a Medicaid expansion. All services and provider networks are exactly the same.*

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **N/A**
2. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? **If so, what have you found? Encounter data analysis is currently in progress.**

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. **At present, a survey is being designed to assess customer satisfaction. Additionally, the Quality Assurance Bureau reviews encounter data. As of this report, the data was still under review and analysis.**

One item that is noteworthy is the dearth of Fair Hearings in New Mexico's SCHIP program among Managed Care enrollees. SCHIP enrollees are entitled to the same rights to a Fair Hearing as all other Medicaid recipients. During the Federal Fiscal year 2000, only three Fair Hearings requests were filed by SCHIP recipients. Two of these cases were withdrawn, while the third case was dismissed due to the client not showing for the hearing. Fair Hearings are conducted telephonically – through the client may show in person if he/she wishes.

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care? **Encounter data reported to the Medicaid Quality Assurance Bureau. The Quality Assurance Bureau has oversight responsibility for Quality Assurance in all Medicaid Categories.**
3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available? **There is a research design in progress – our target date for the completion of the research and report is the next regular quarterly report.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter ?NA? for not applicable.

1. Eligibility – *Simplified eligibility coupled with our Presumptive Eligibility/Medicaid On-Site Application Assistance program continues to be a successful mechanism to enroll children in both Medicaid and SCHIP.*
2. Outreach – *The outreach efforts continue to heighten awareness of the availability of health coverage for children.*
3. Enrollment – *During FFY 2000, New Mexico’s SCHIP enrollment reached 5,198. This figure represents 94.5% of the target number of children between 185% of FPL and 235% of FPL. There was a small dip in enrollment from March to April in several counties in New Mexico with a noticeable flattening of enrollment growth statewide. However, during the same period, there was continued growth in the children’s Medicaid categories. The Federal Poverty Figures go into effect in April, which leads us to conclude that those households with income just above the cut-off for Medicaid became eligible upon implementation of the new poverty guidelines.*
4. Retention/disenrollment - *N/A*
5. Benefit structure - *N/A*
6. Cost-sharing - *N/A*
7. Delivery systems – *N/A*
8. Coordination with other programs – *N/A*
9. Crowd-out – *Based on an analysis of those required to wait due to insurance or voluntary dropping of insurance, there does not appear to be a significant crowd-out issue.*
10. Other

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			
Managed care	1,679,666.86	1,828,265.84	1,828,265.84
per member/per month rate X # of eligibles			
Fee for Service	2694,778.90	2,933,184.16	2,933,184.16
Total Benefit Costs	4,374,445.76	4,761,450.00	4,761,450.00
(Offsetting beneficiary cost sharing payments)	0.00	0.00	0.00
Net Benefit Costs	4,374,445.76	4,761,450.00	4,761,450.00
Administration Costs			
Personnel	0.00	158,600.00	158,600.00
General administration	0.00	0.00	0.00
Contractors/Brokers (e.g., enrollment contractors)	0.00	211,500.00	211,500.00
Claims Processing	0.00	0.00	0.00
Outreach/marketing costs	0.00	158,700.00	158,700.00
Other	0.00	0.00	0.00
Total Administration Costs	0.00	528,800.00	528,800.00
10% Administrative Cost Ceiling			
Federal Share (multiplied by enhanced FMAP rate)	3,557,299.29	4,320,018.15	4,332,976.26
State Share	817,146.47	970,231.85	957,270.74
TOTAL PROGRAM COSTS	4,374,445.76	5,290,250.00	5,290,250.00

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations (such as United Way, sponsorship)
- Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

No Changes anticipated in Non-Federal Sources of funding.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program
Program Name	<i>State Children's Health Insurance Program</i>
Provides presumptive eligibility for children	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? <i>For children, up to 60 days.</i>
Provides retroactive eligibility	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? <i>For the children, up to 3 months.</i>
Makes eligibility determination	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input checked="" type="checkbox"/> Other (specify) <i>Though the final determination is determined by eligibility workers, the Presumptive Eligibility/Medicaid On-Site Application Assistance Determiner does issue presumptive Eligibility and assists in the application process.</i>
Average length of stay on program	Specify months <i>Not Available</i>
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Has a mail-in application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input checked="" type="checkbox"/> No <i>Application form is downloadable from the internet. The applicant can fill out the form and have a Presumptive Eligibility/Medicaid On-Site Application</i>

Table 5.1	Medicaid Expansion SCHIP program
	<i>Assistance Determiner sign-off.</i> _____ Yes
Requires face-to-face interview during initial application	_____ No <input checked="" type="checkbox"/> Yes – <i>Can be done through a PE/MOSAA determiner</i>
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____ No _____ Yes, specify number of months <u>12</u> What exemptions do you provide? <i>If child lost coverage through involuntary means – such as job loss by a parent. We do not require the COBRA Continuation.</i>
Provides period of continuous coverage <u>regardless of income changes</u>	_____ No <input checked="" type="checkbox"/> Yes, specify number of months <u>12</u> Explain circumstances when a child would lose eligibility during the time period – <i>Child moves out of state, is incarcerated in a juvenile corrections facility, or ages out.</i>
Imposes premiums or enrollment fees	<input checked="" type="checkbox"/> No _____ Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____
Imposes copayments or coinsurance	_____ No <input checked="" type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No – <i>we do allow for PE/MOSAA determiners located outside of the State Agency to perform the reviews for redetermination, with the final determination done by the state agency.</i> _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

No differences

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or

185% of FPL for children under age 19

Medicaid SCHIP Expansion

235% of FPL for children aged 19

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ?NA.?*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) Yes No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	\$90	\$90	\$
Self-employment expenses	\$per tax returns or other official documentation	\$per tax returns or other official documentation	\$
Alimony payments Received	\$0	\$0	\$
Paid	\$0	\$0	\$
Child support payments Received	\$ entire amount	\$ entire amount	\$
Paid	\$0	\$0	\$
Child care expenses	up to \$250/child for children under 2; up to \$175/child above age 2.	up to \$250/child for children under 2; up to \$175/child above age 2.	\$
Medical care expenses	\$0	\$0	\$
Gifts	\$entire amount	\$entire amount	\$
Other types of disregards/deductions (specify)	\$	\$	\$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups No ___ Yes, specify countable or allowable level of asset test _____
Medicaid SCHIP Expansion program No ___ Yes, specify countable or allowable level of asset test _____
State-Designed SCHIP program ___ No ___ Yes, specify countable or allowable level of asset test _____
Other SCHIP program _____ ___ No ___ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2000? ___ Yes No

SECTION 7: FUTURE PROGRAM CHANGES

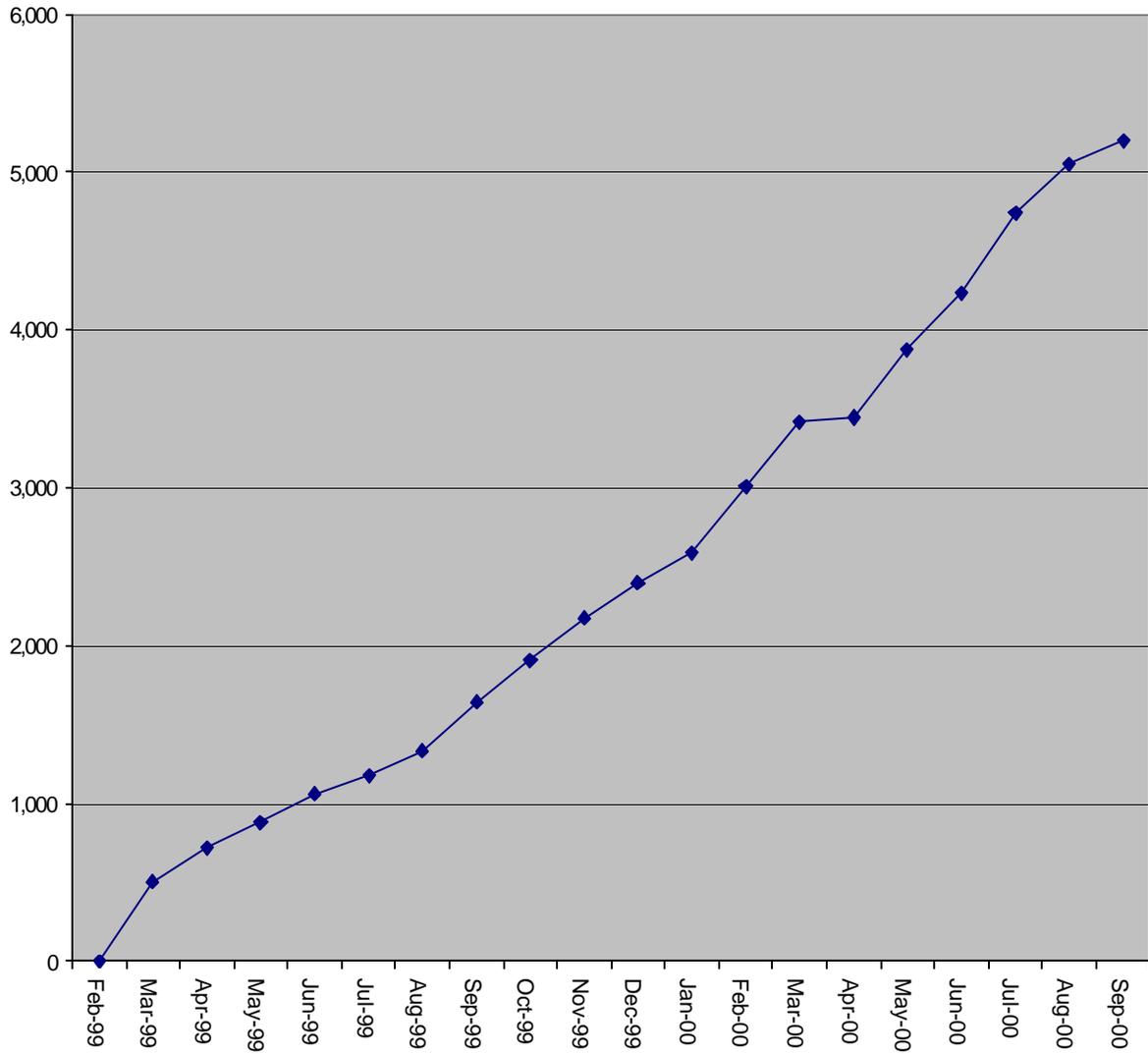
This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage
2. Employer sponsored insurance buy-in
3. 1115 waiver – *To use SCHIP funds to cover both Medicaid and SCHIP children with enhanced Wrap-around services beyond the Medicaid Package. The drafting of the Waiver proposal began at the end of FFY 2000. It was submitted December 1, 2000 – we will learn of its disposition during FFY 2001.*
4. Eligibility including presumptive and continuous eligibility
5. Outreach
6. Enrollment/redetermination process
7. Contracting
8. Other

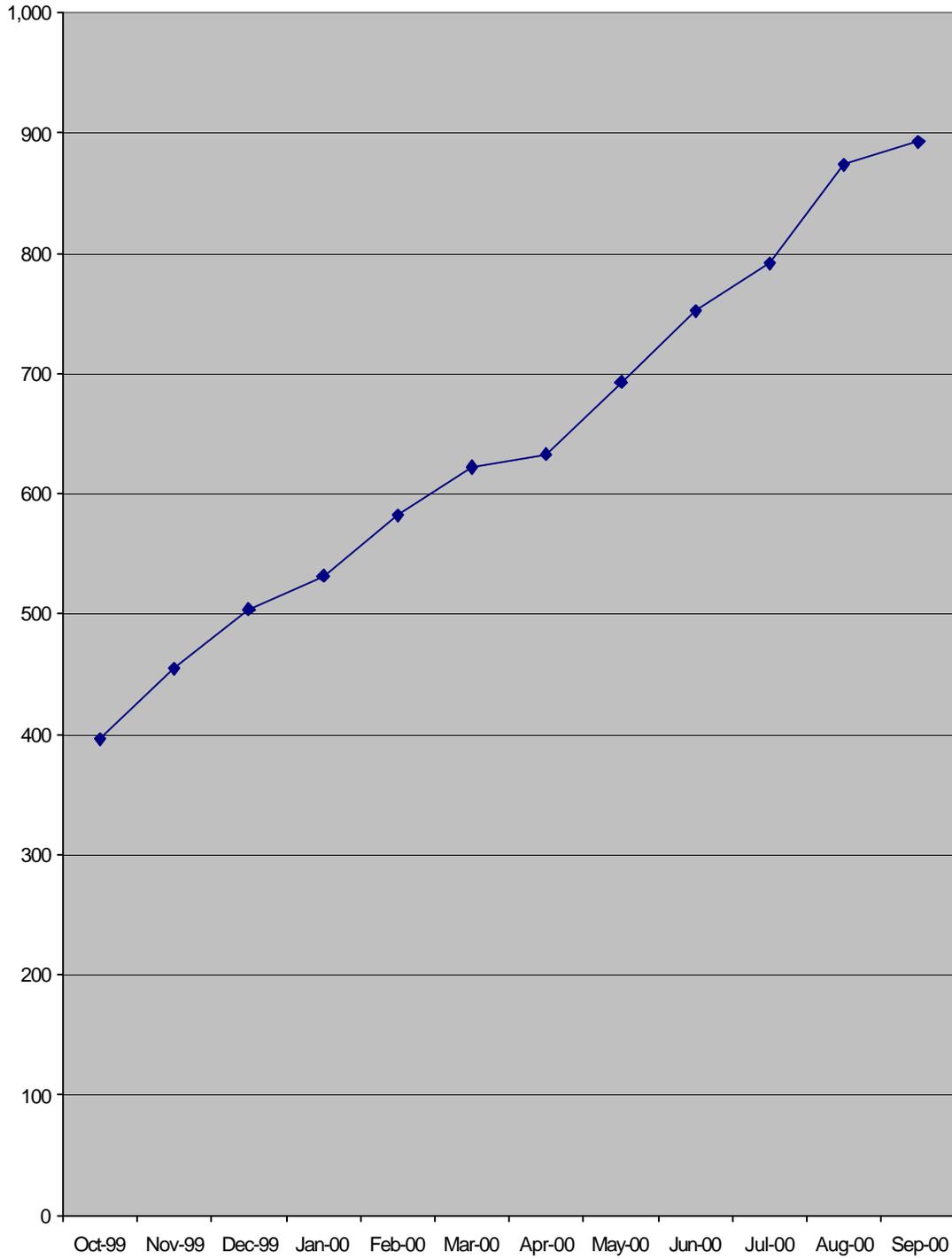
(New Mexico SCHIP Annual – Part B)

**State-wide SCHIP Enrollment Trends
FFY 2000**



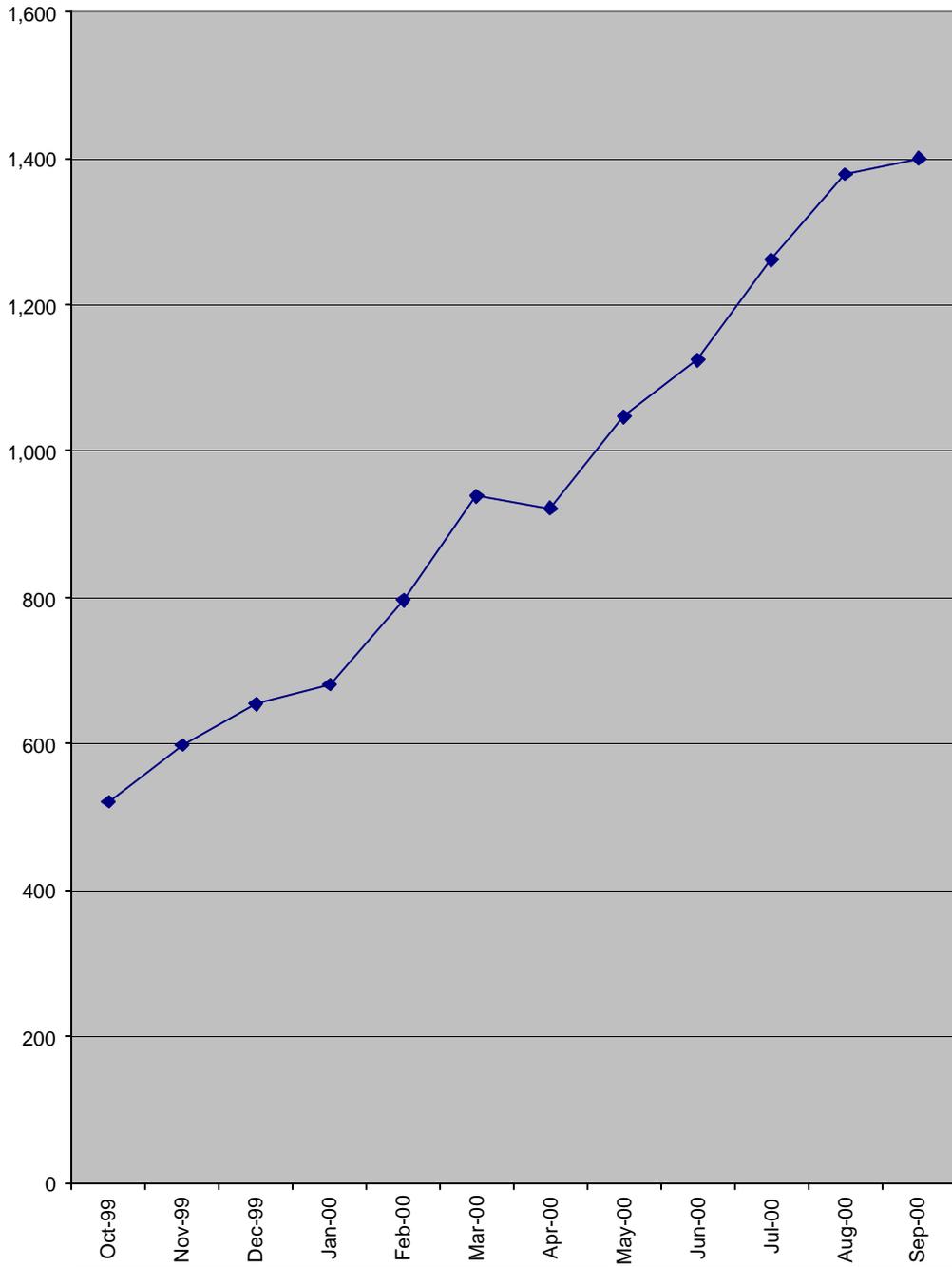
Oct-99	1,910
Nov-99	2,172
Dec-99	2,395
Jan-00	2,591
Feb-00	3,010
Mar-00	3,416
Apr-00	3,445
May-00	3,875
Jun-00	4,233
Jul-00	4,741
Aug-00	5,052
Sep-00	5,198

Native American Children FFY 2000 SCHIP Enrollment



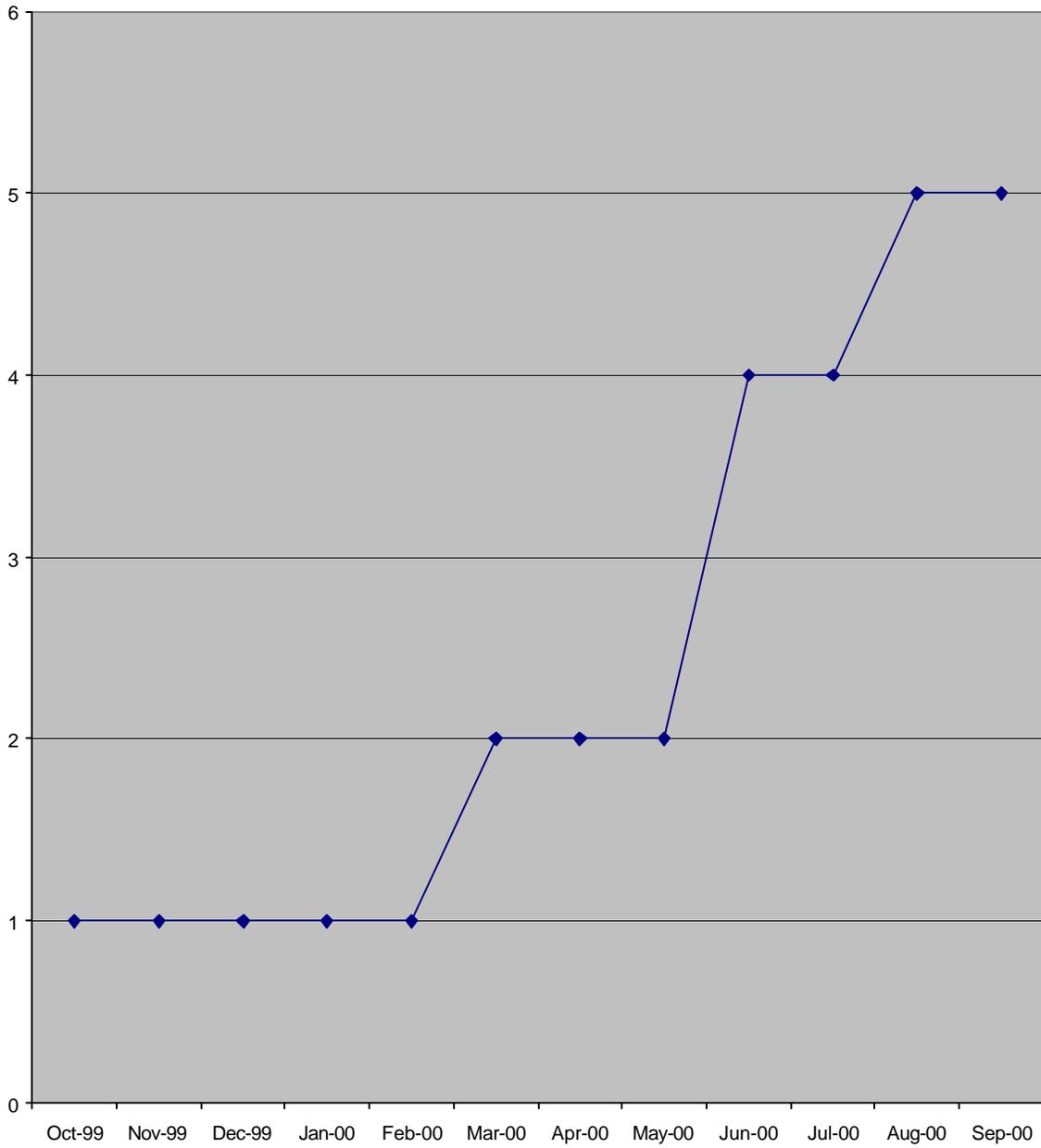
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	396	455	504	532	582	622	633	693	752	792	874	893

SCHIP Enrollment Trends - Bernalillo Co. FFY 2000



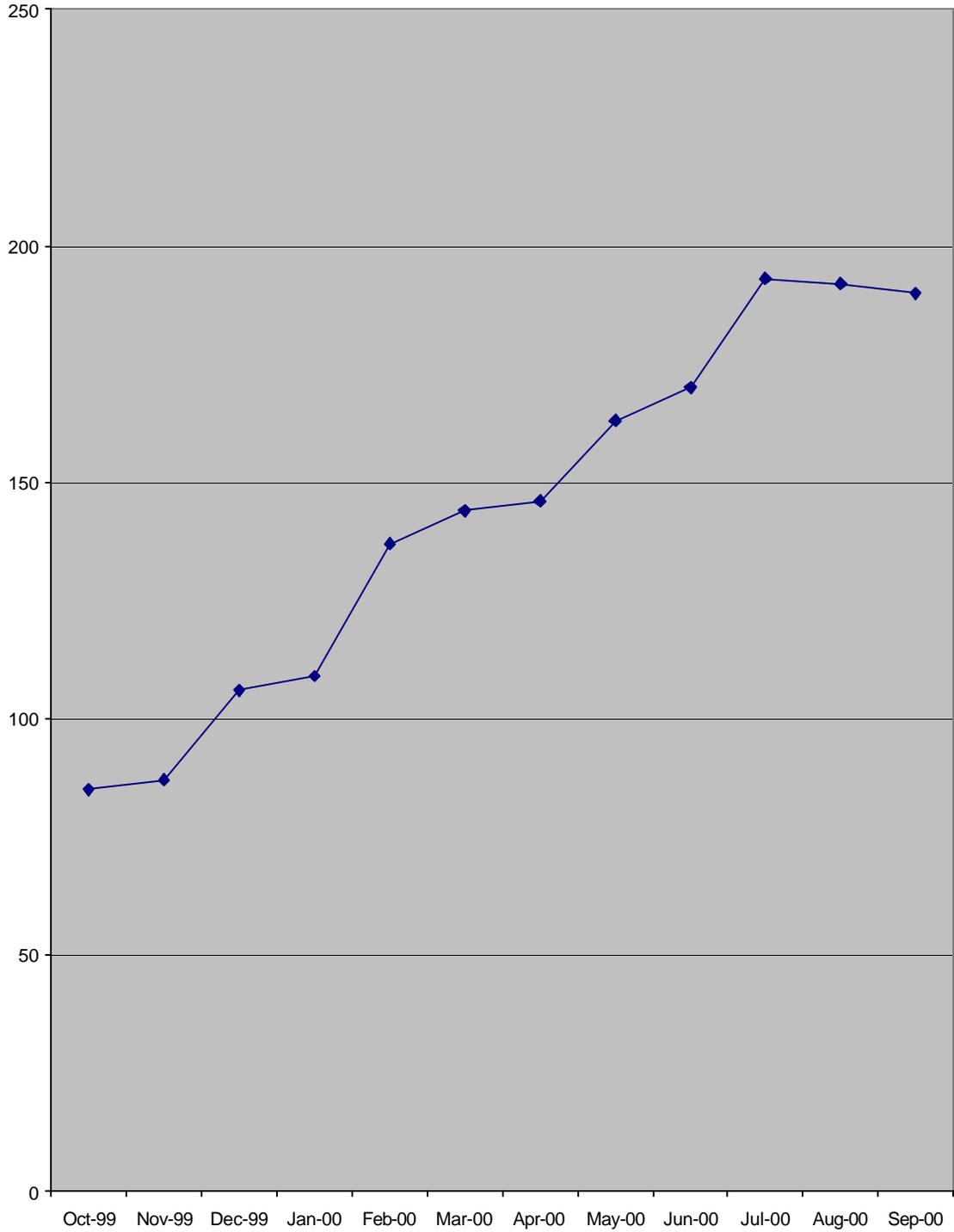
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	521	598	654	681	796	938	922	1,047	1,124	1,261	1,378	1,400

Catron County FFY 2000 SCHIP Enrollment Trends



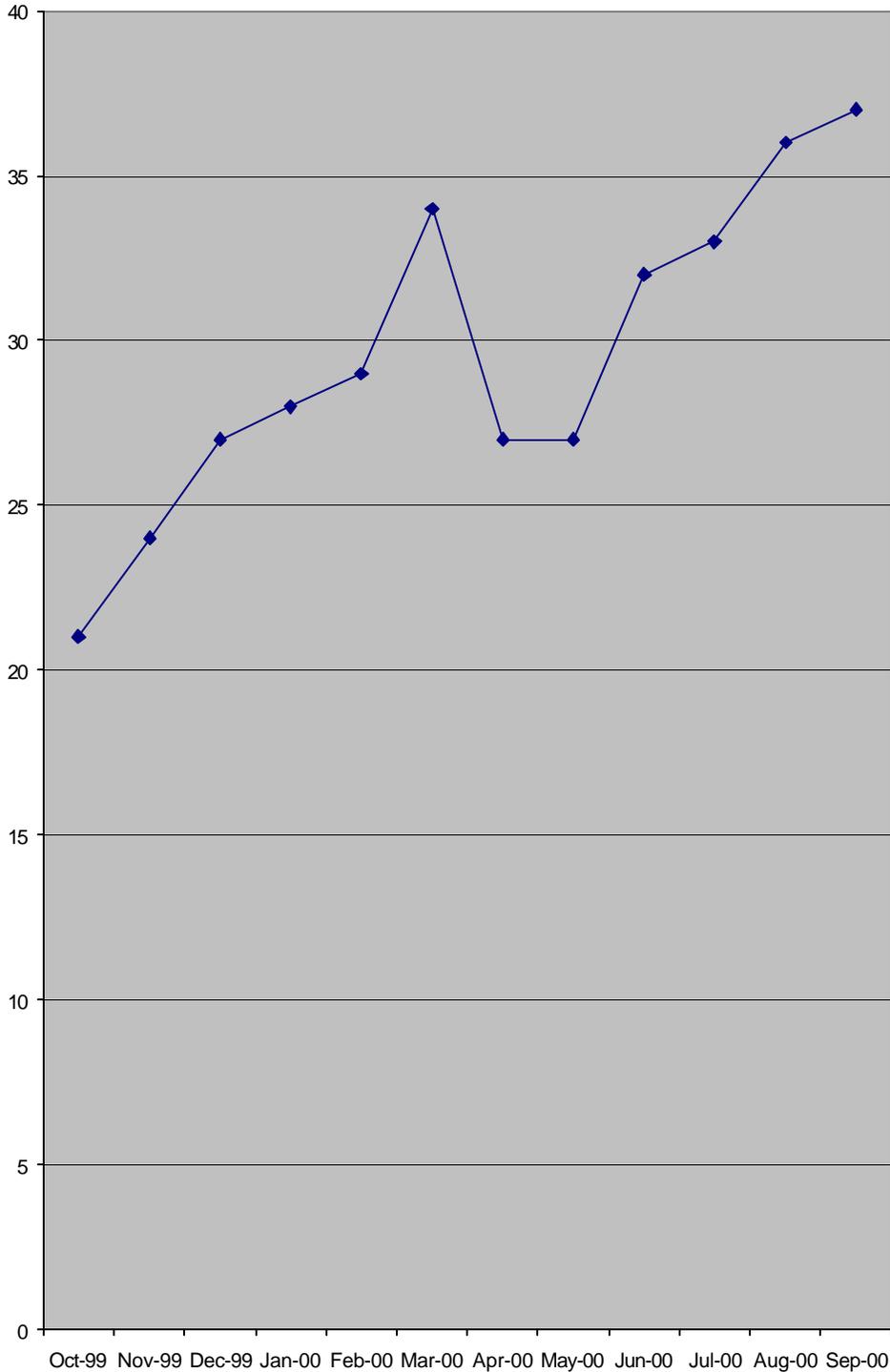
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	1	1	1	1	1	2	2	2	4	4	5	5

Chaves County FFY 2000 SCHIP Enrollment Trends



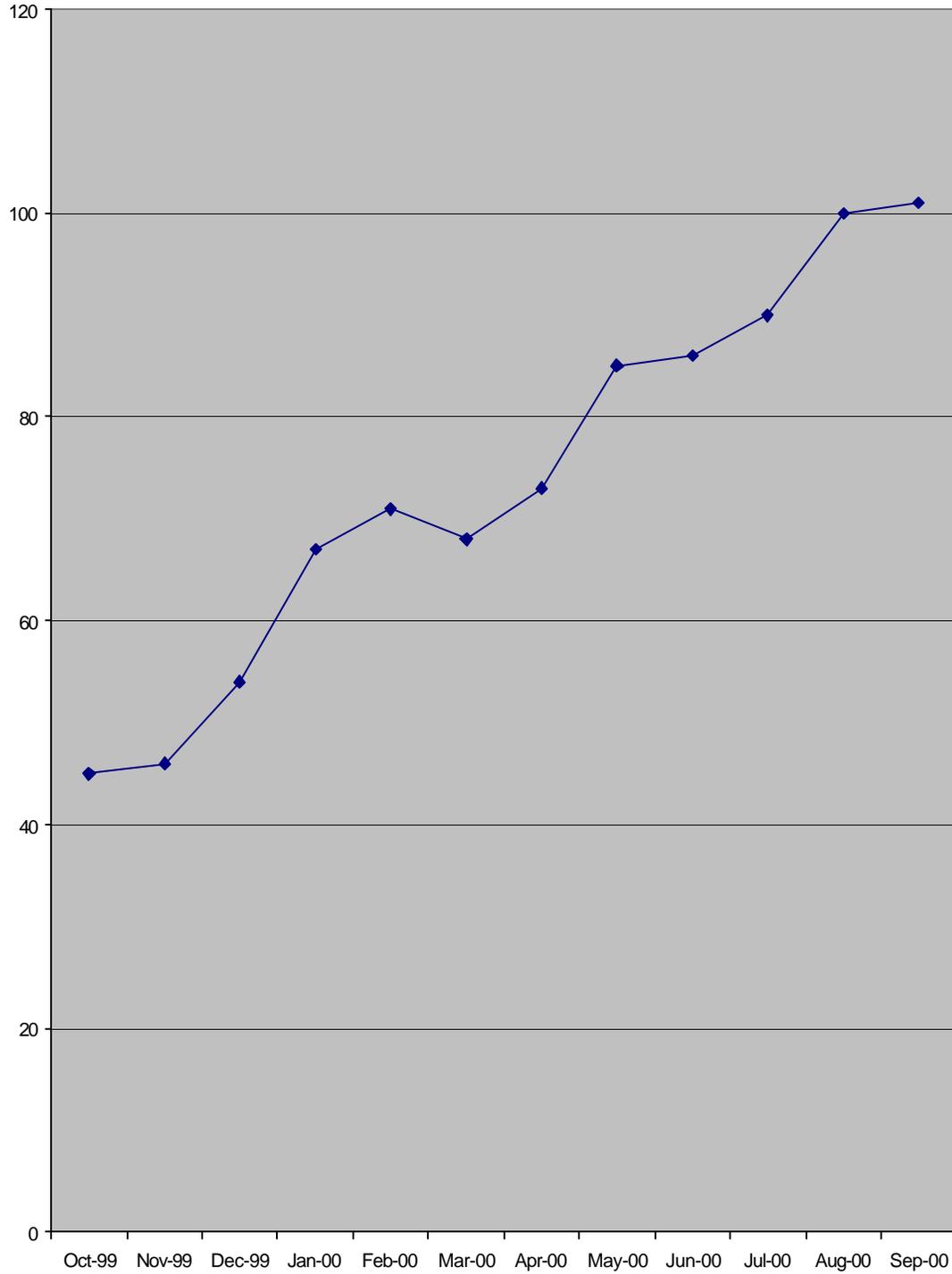
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	85	87	106	109	137	144	146	163	170	193	192	190

Colfax County FFY 2000 SCHIP Enrollment Trends



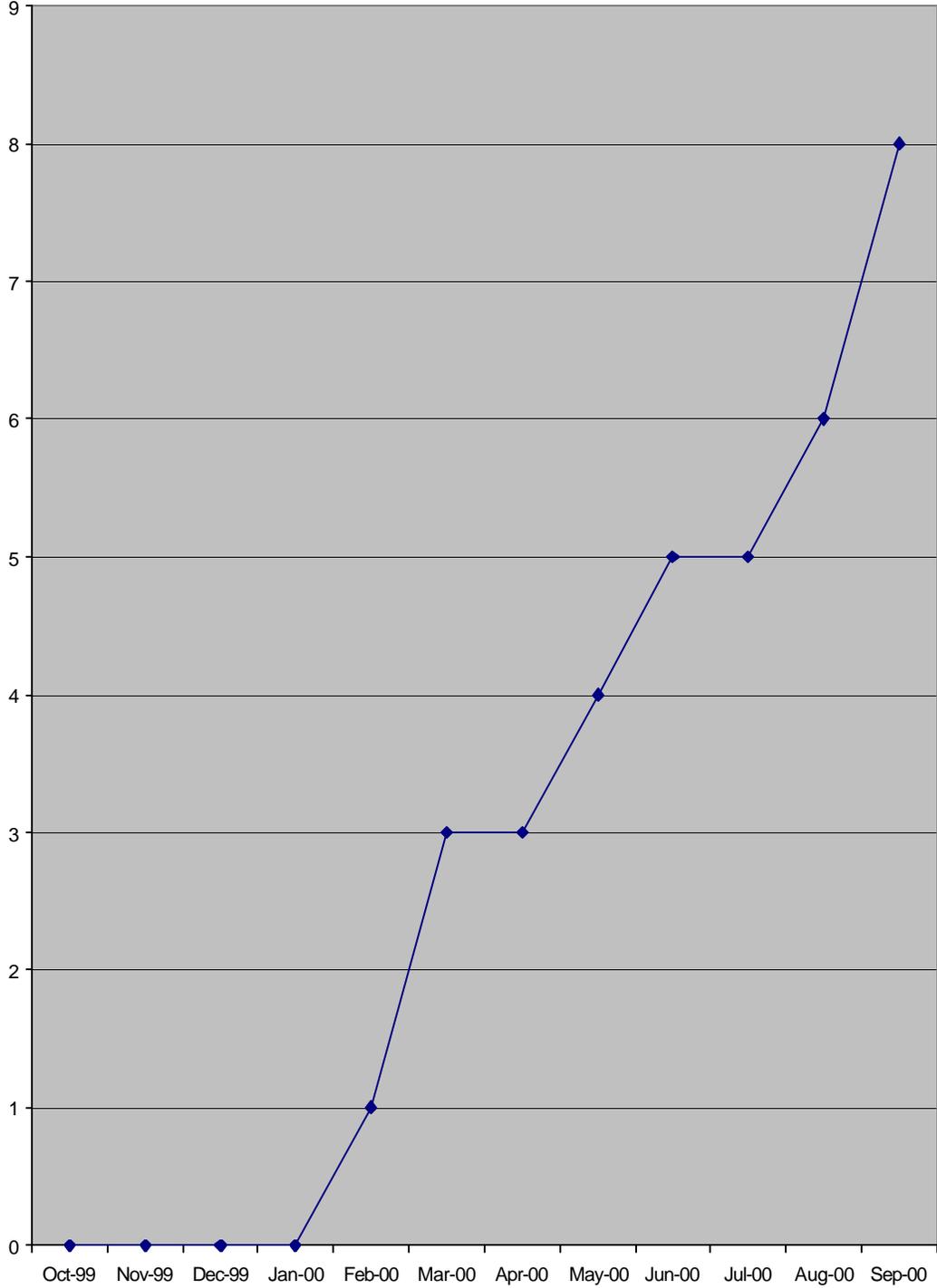
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	21	24	27	28	29	34	27	27	32	33	36	37

Curry County FFY 2000 Enrollment Trends



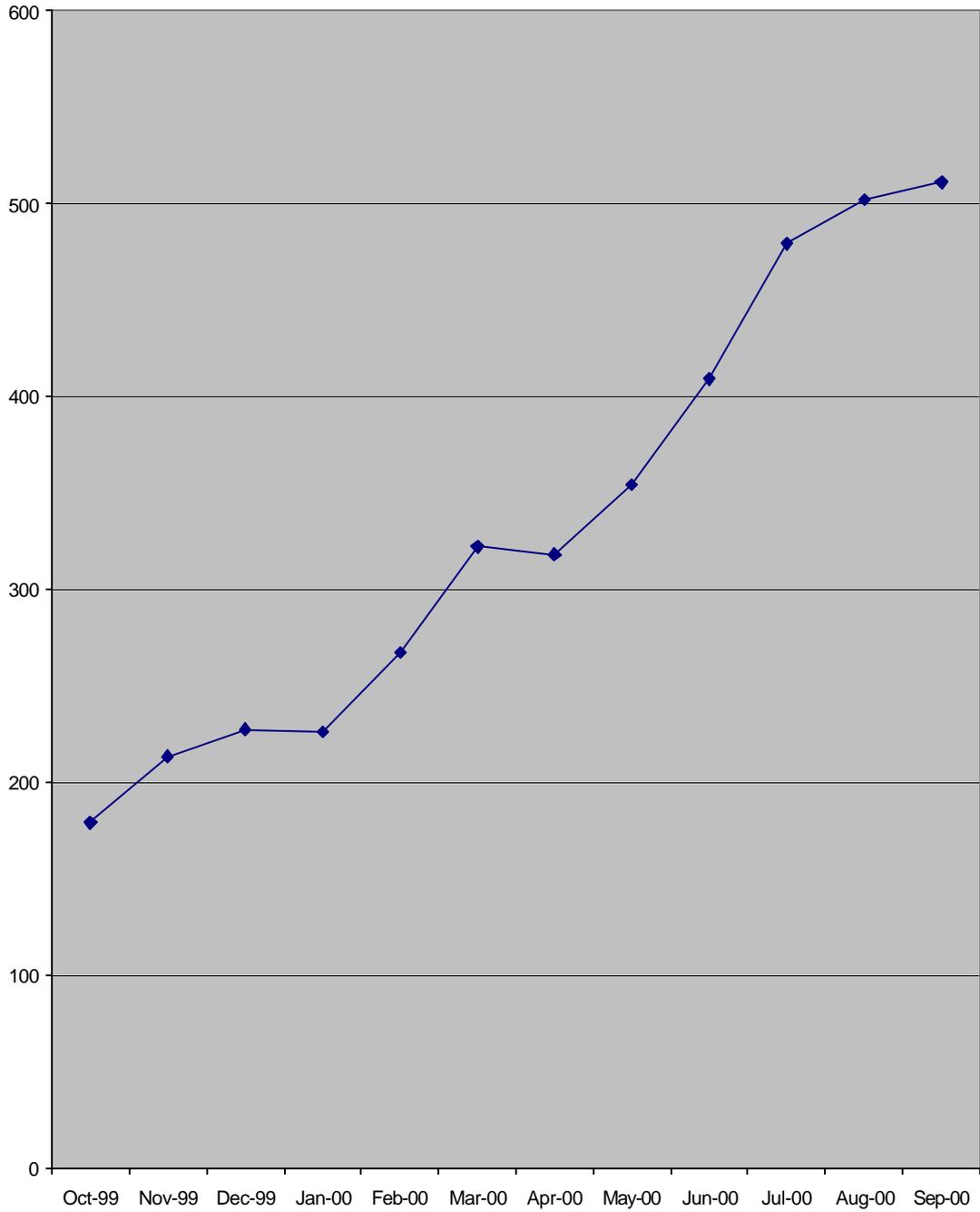
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	45	46	54	67	71	68	73	85	86	90	100	101

DeBaca County FFY 2000SCHIP Enrollment Trends



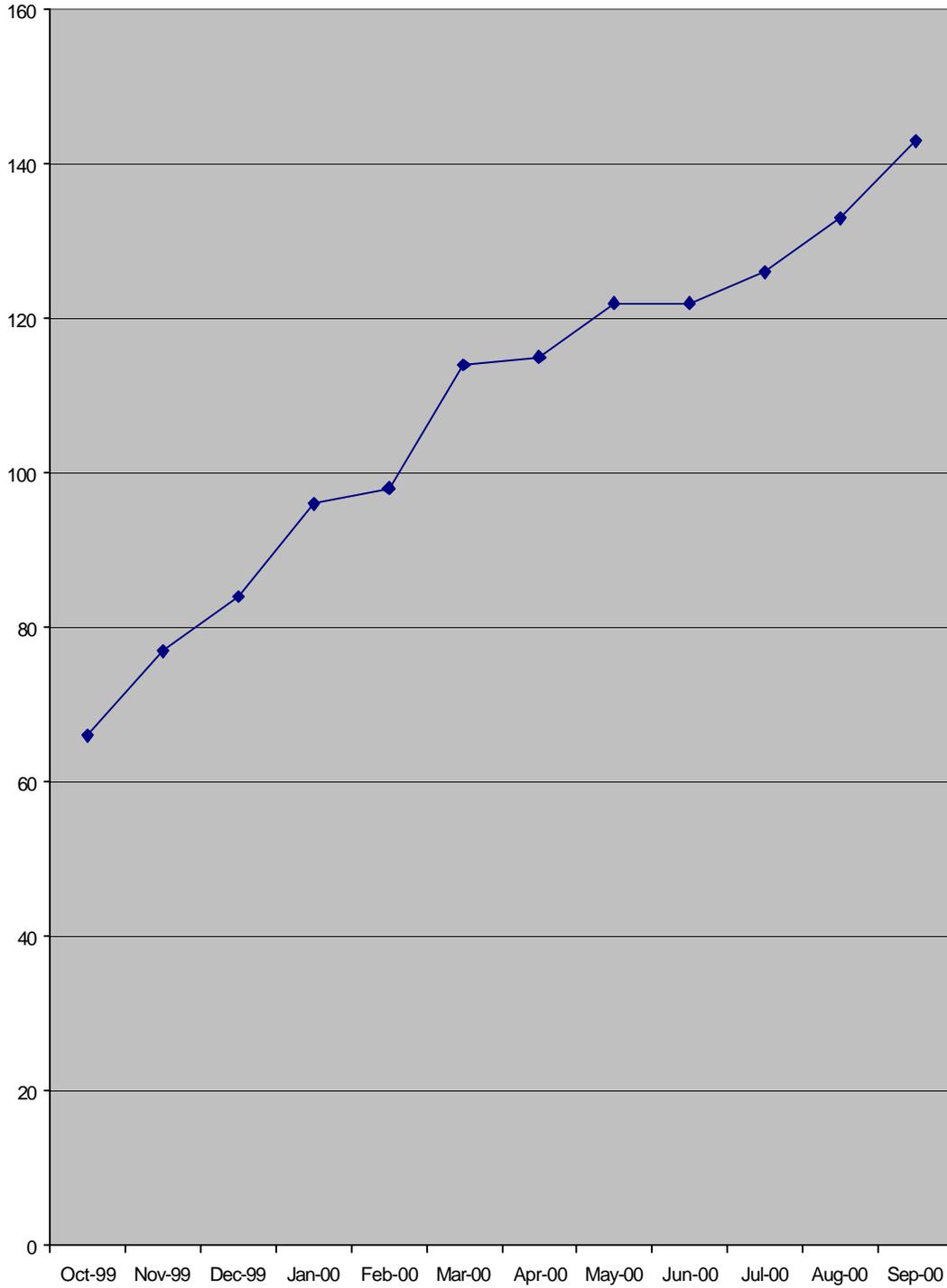
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	0	0	0	0	1	3	3	4	5	5	6	8

Dona Ana County FFY 2000SCHIP Enrollment Trends



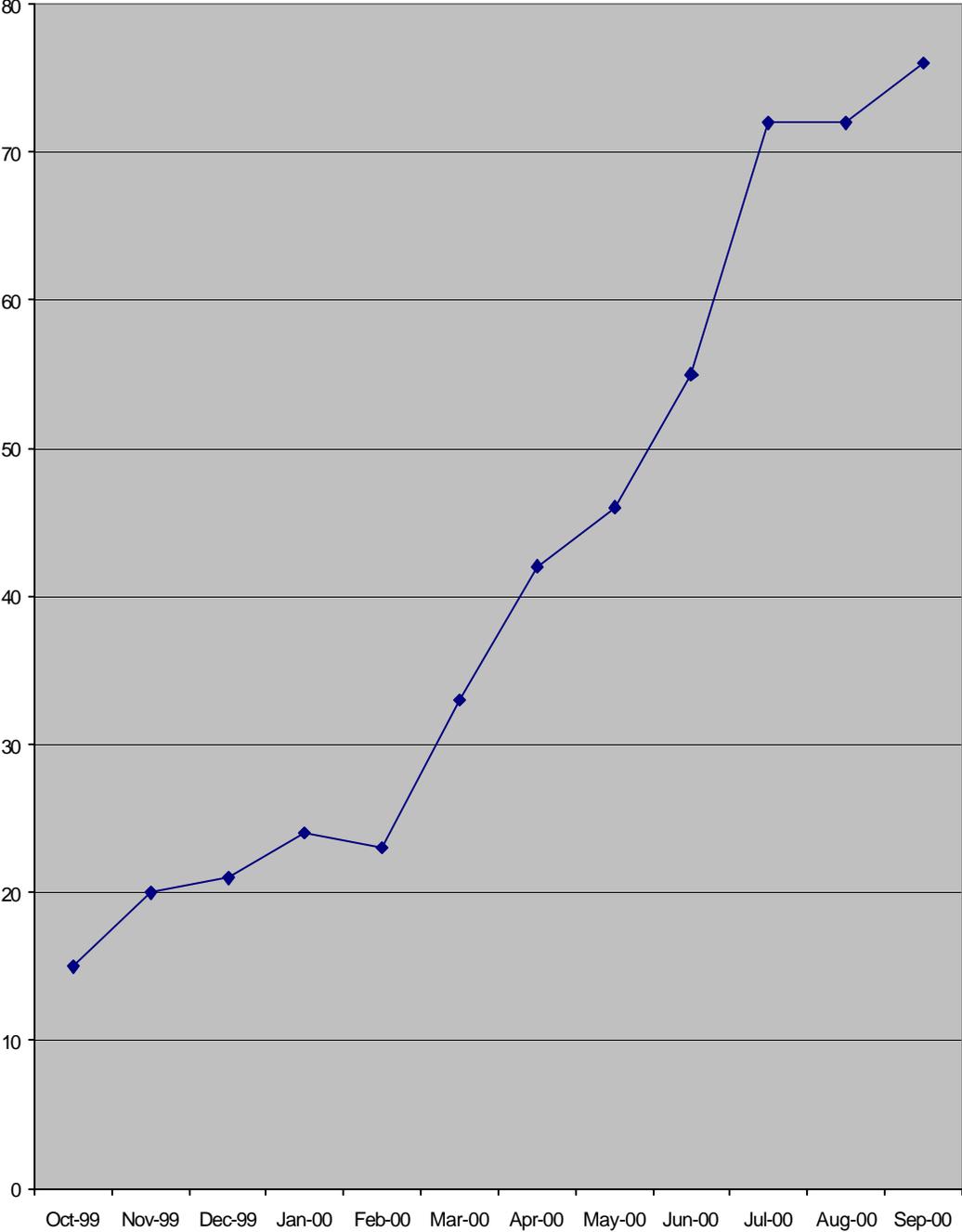
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	179	213	227	226	267	322	318	354	409	479	502	511

Eddy County FFY 2000SCHIP Enrollment Trends



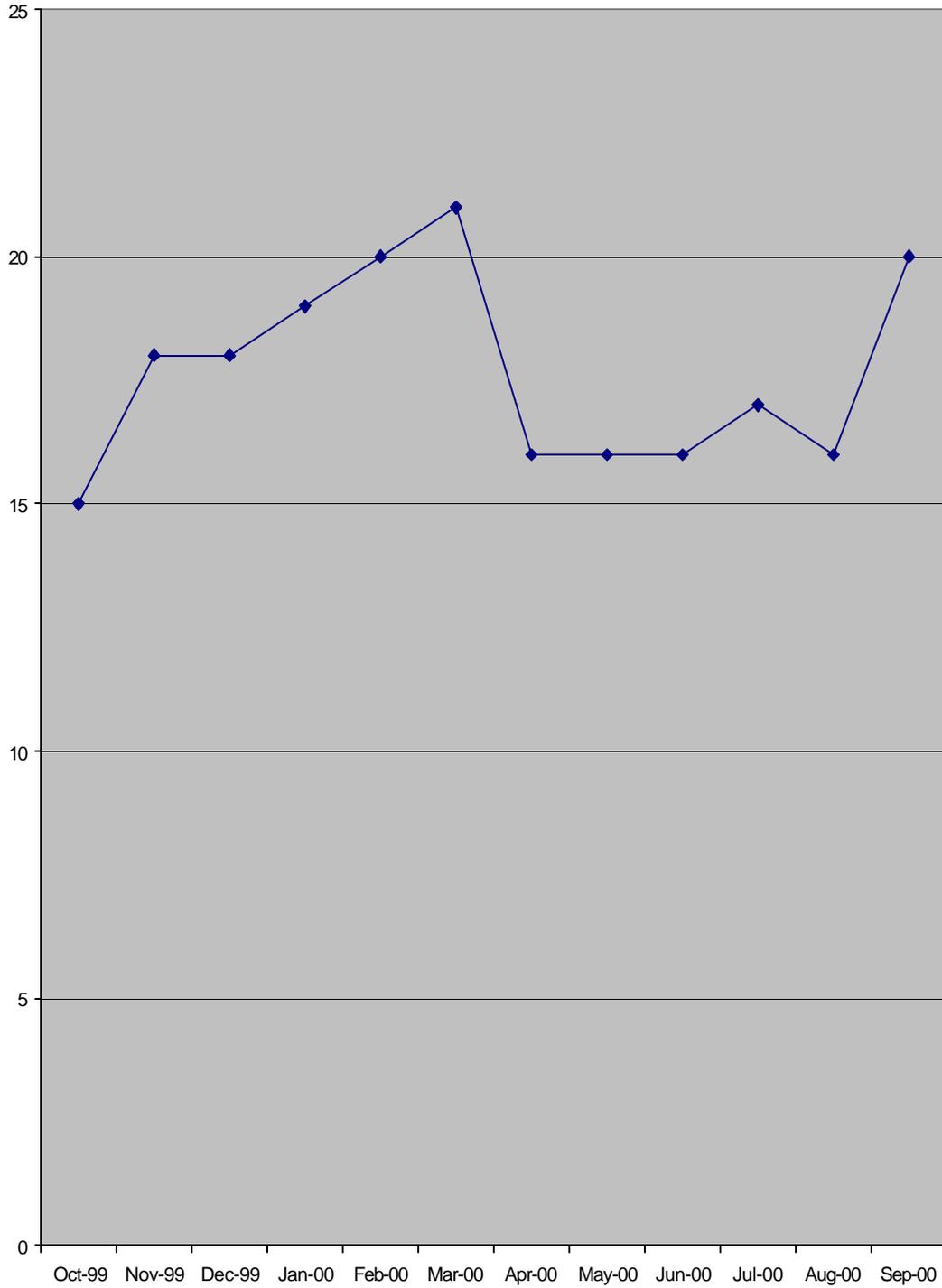
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	66	77	84	96	98	114	115	122	122	126	133	143

Grant County FFY 2000SCHIP Enrollment Trends



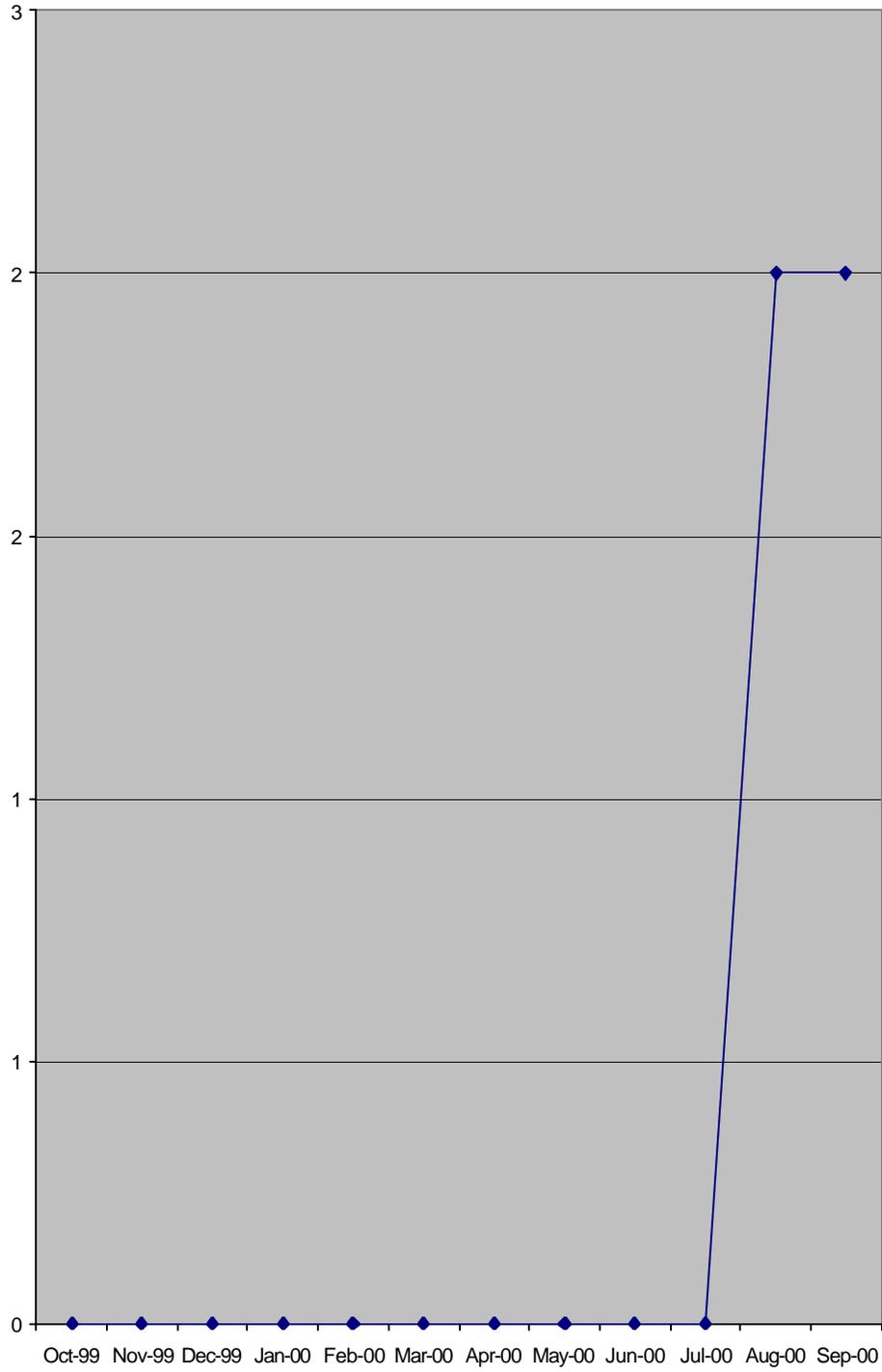
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	15	20	21	24	23	33	42	46	55	72	72	76

Guadalupe County FFY 2000SCHIP Enrollment Trends



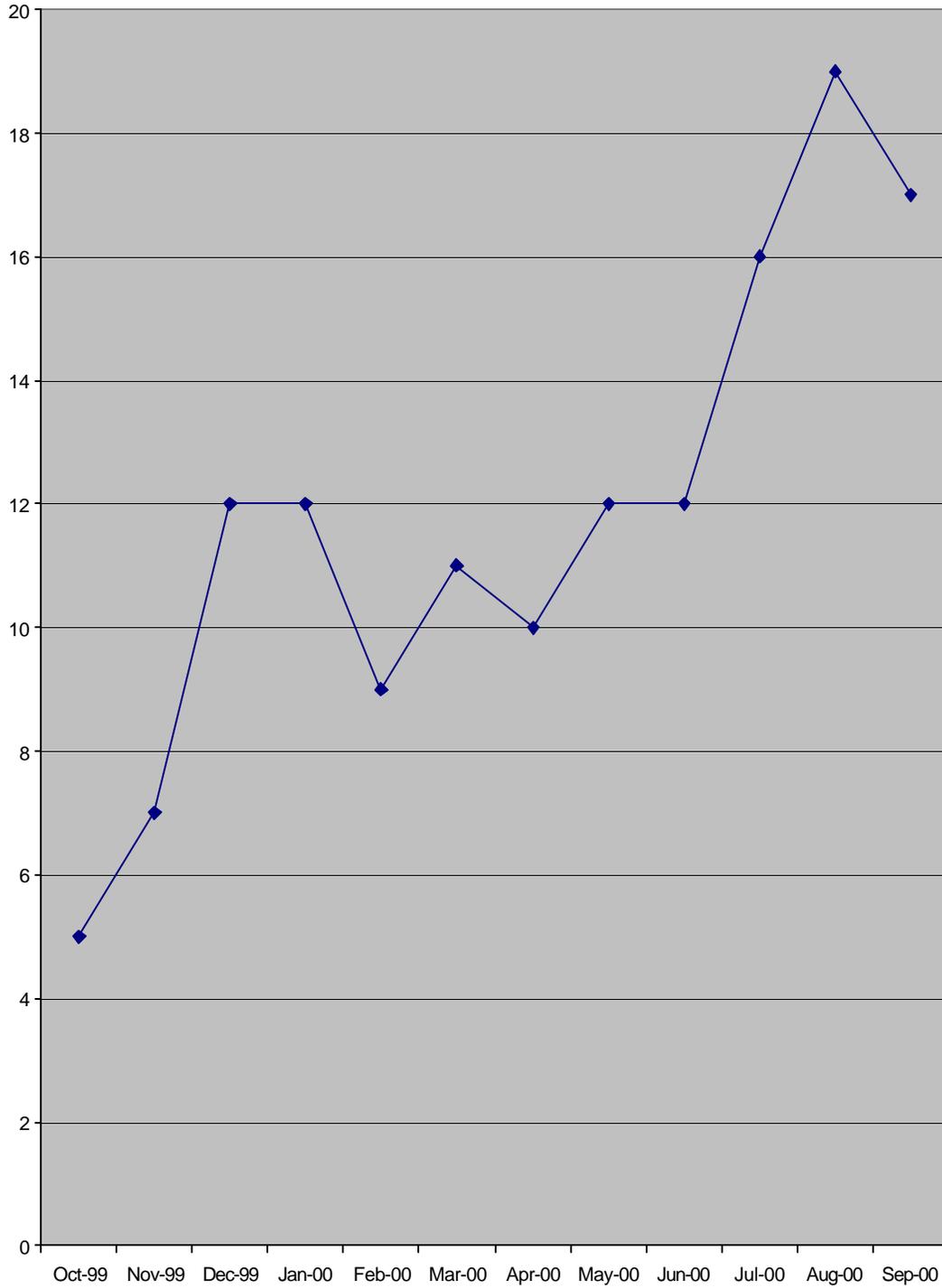
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	15	18	18	19	20	21	16	16	16	17	16	20

Harding County FFY 2000 SCHIP Enrollment Trends



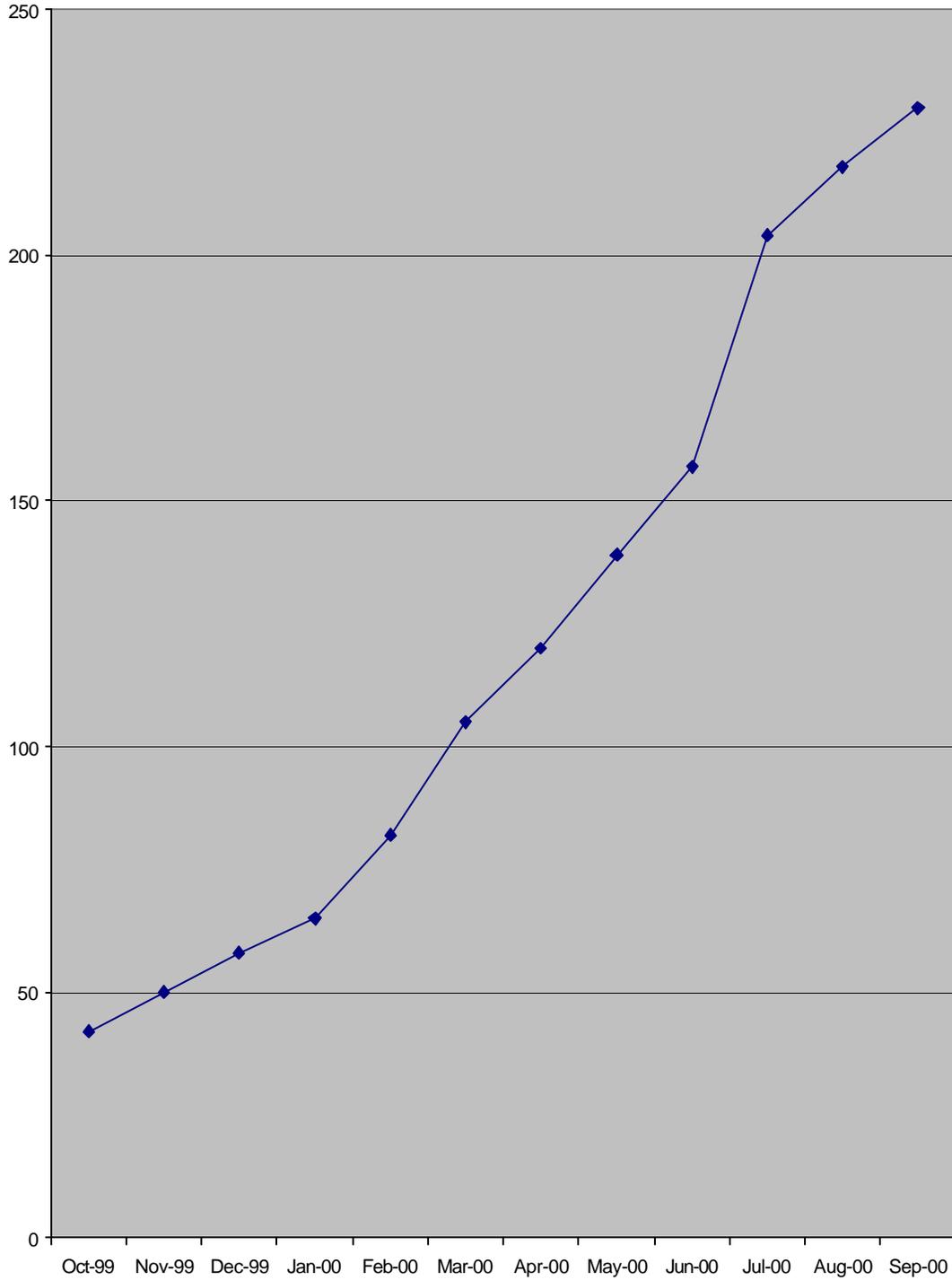
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	0	0	0	0	0	0	0	0	0	0	2	2

Hidalgo County FFY 2000 SCHIP Enrollment Trends



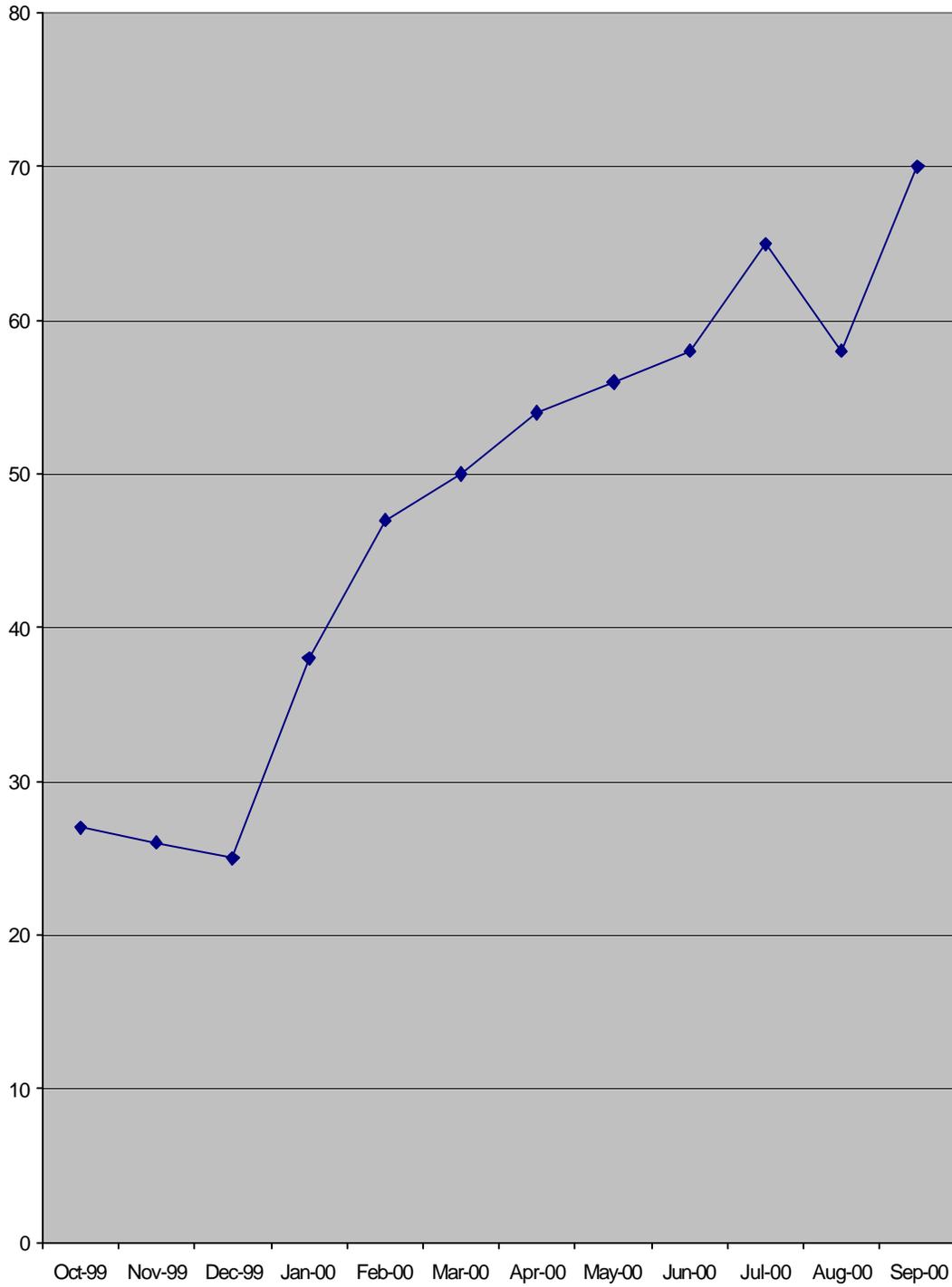
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	5	7	12	12	9	11	10	12	12	16	19	17

Lea County FFY 2000 SCHIP Enrollment Trends



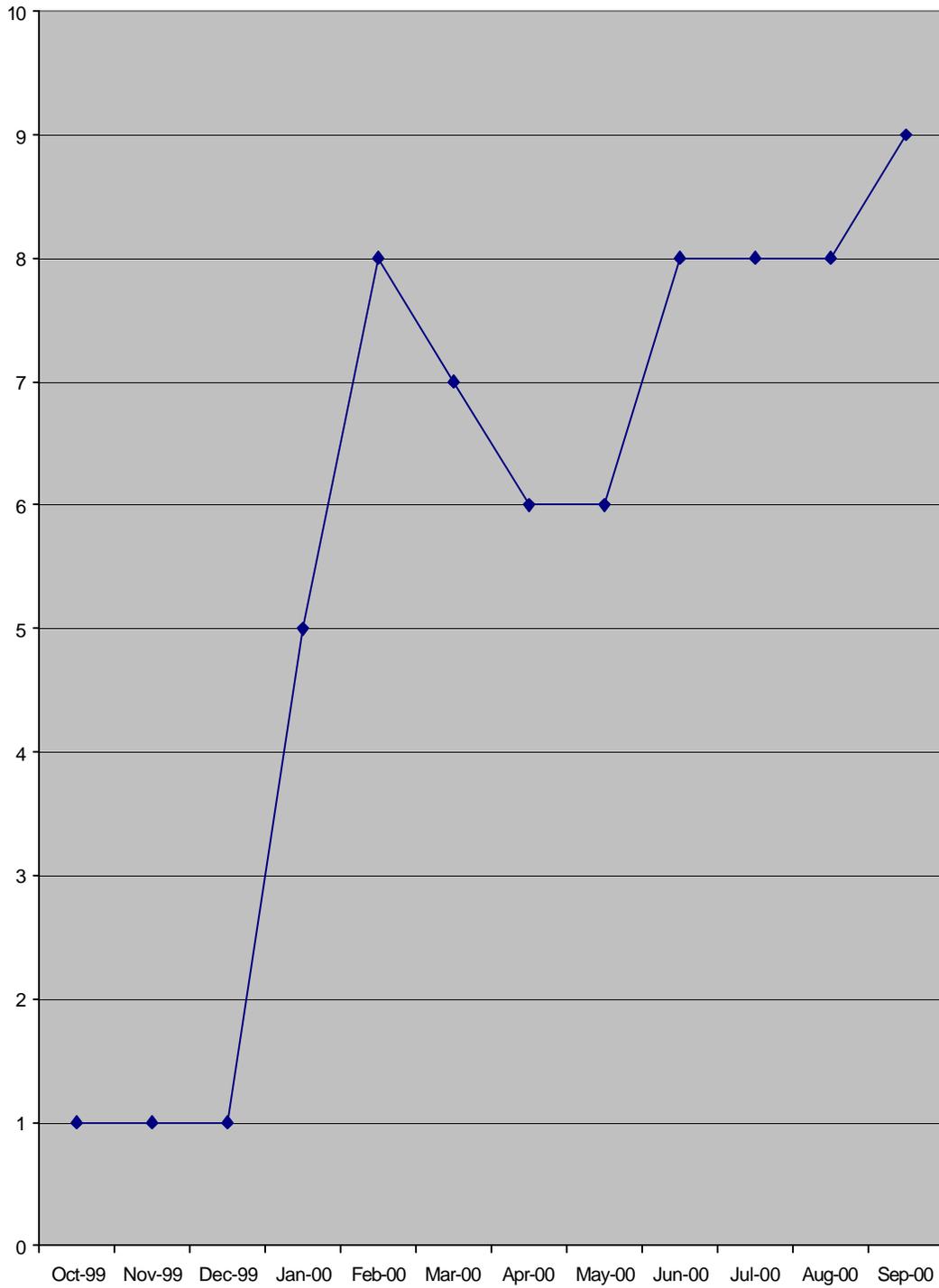
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	42	50	58	65	82	105	120	139	157	204	218	230

Lincoln County FFY 2000 SCHIP Enrollment Trends



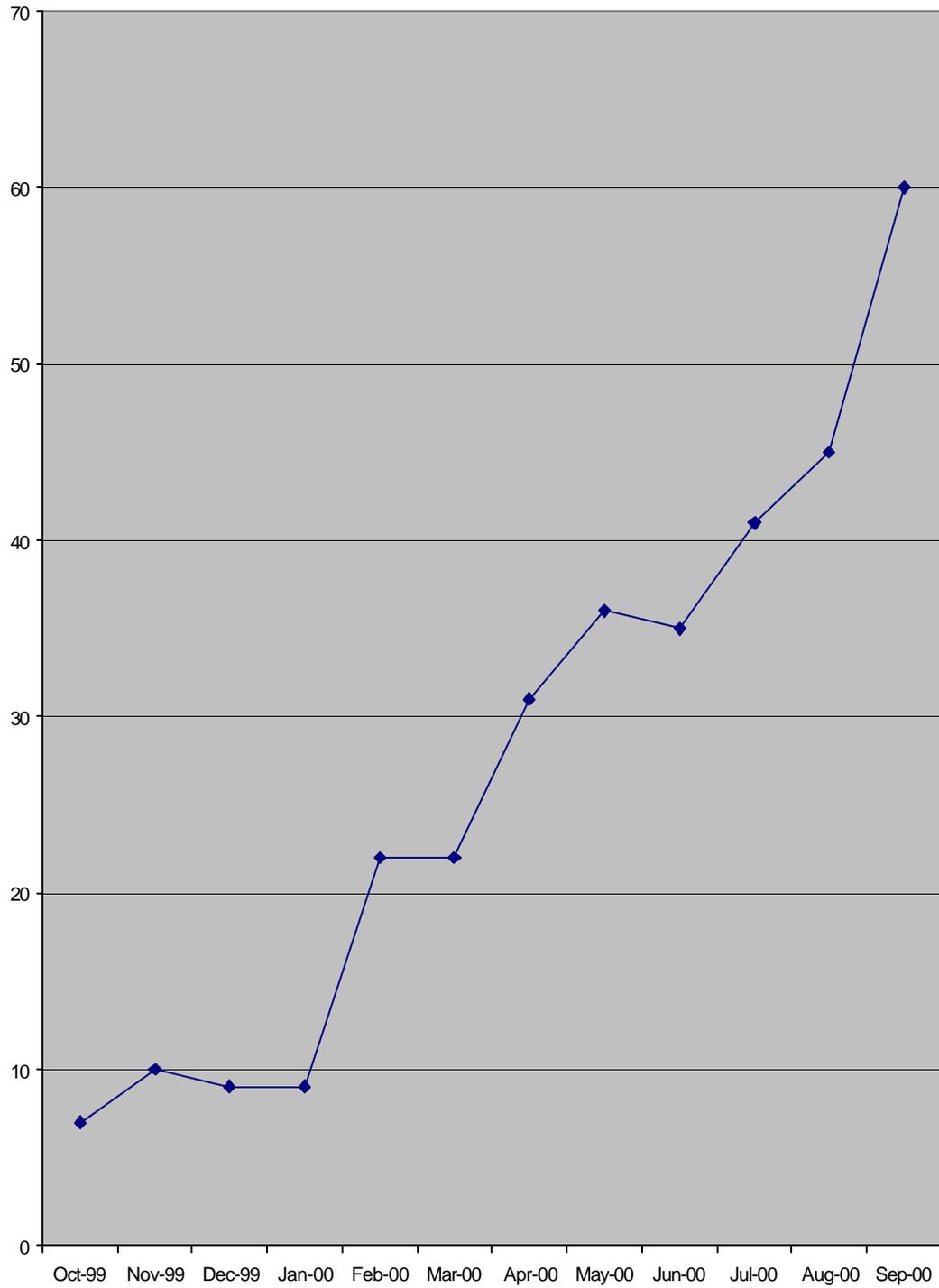
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	27	26	25	38	47	50	54	56	58	65	58	70

Los Alamos County FFY 2000 SCHIP Enrollment Trends



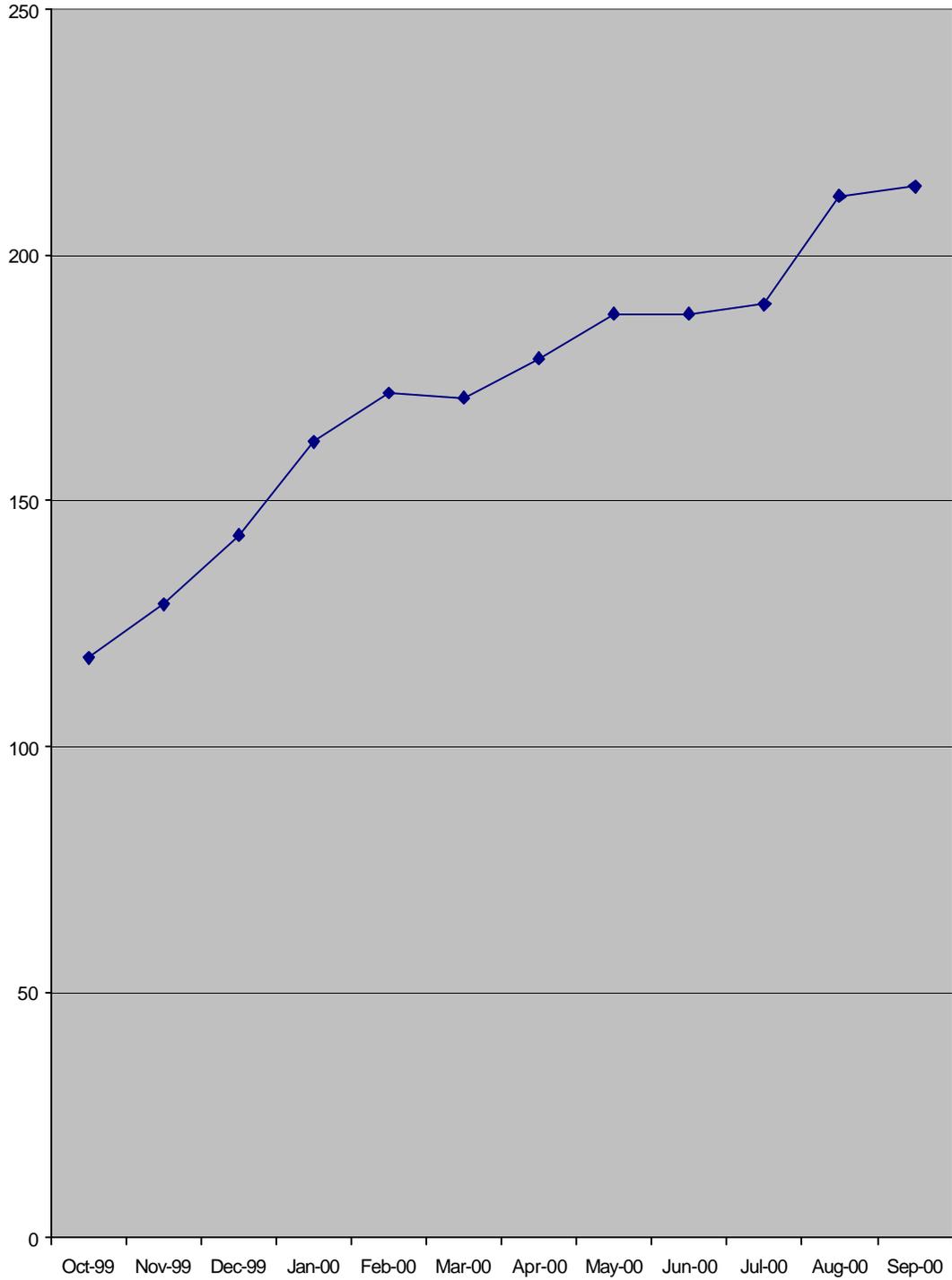
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	1	1	1	5	8	7	6	6	8	8	8	9

Luna County FFY 2000 SCHIP Enrollment Trends



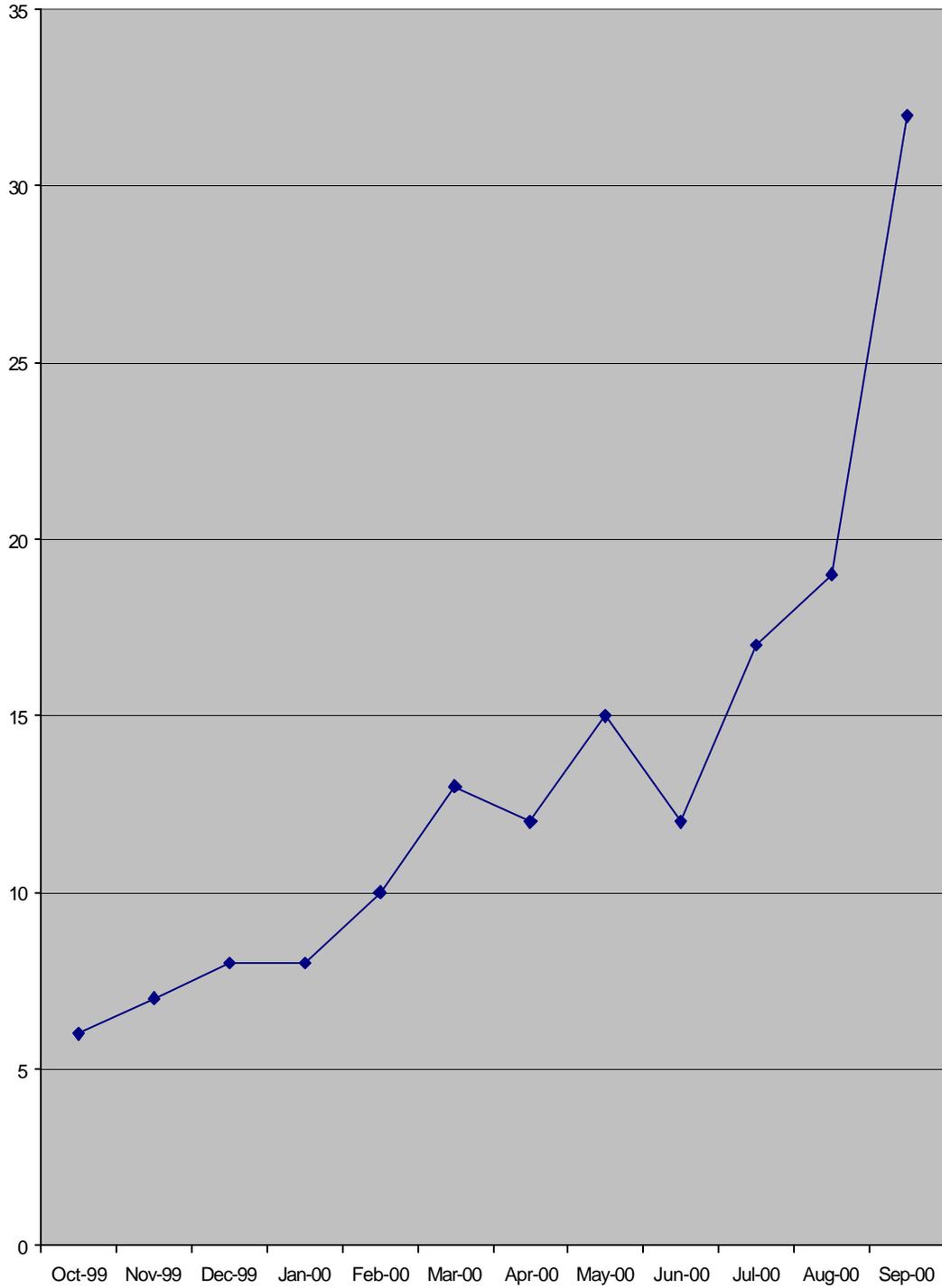
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	7	10	9	9	22	22	31	36	35	41	45	60

McKinley County FFY 2000 SCHIP Enrollment Trends



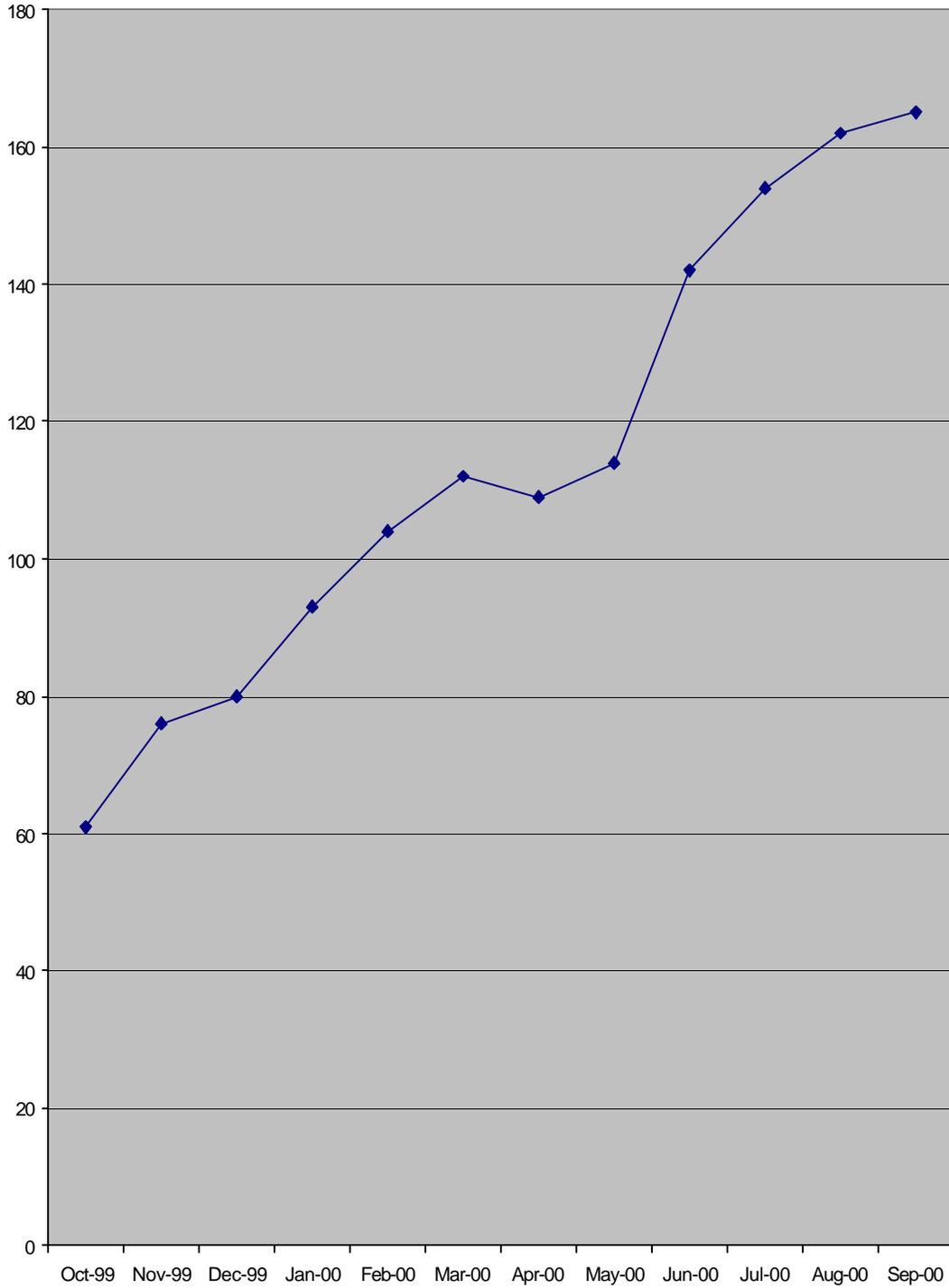
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	118	129	143	162	172	171	179	188	188	190	212	214

Mora County FFY 2000 SCHIP Enrollment Trends



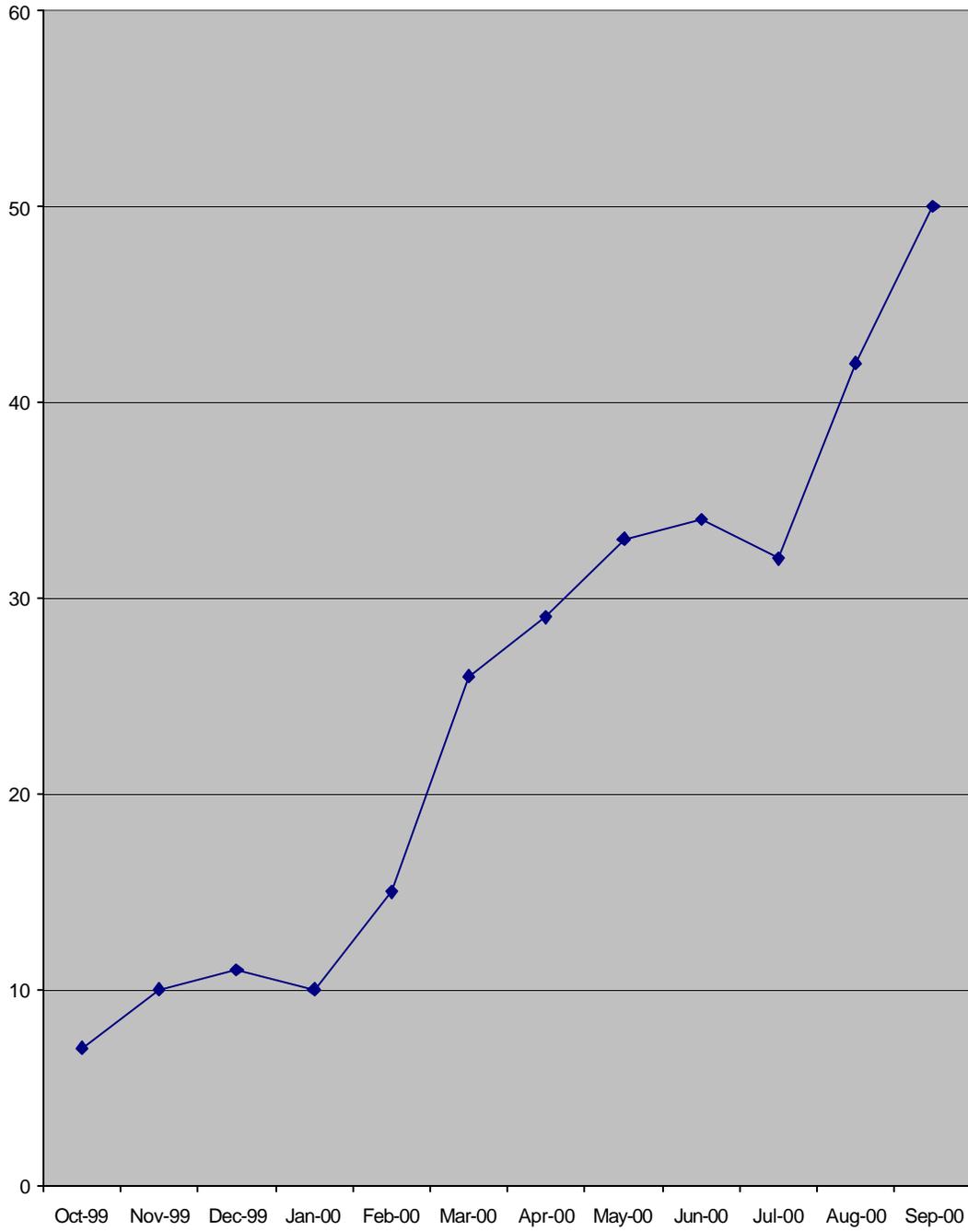
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	6	7	8	8	10	13	12	15	12	17	19	32

Otero County FFY 2000 SCHIP Enrollment Trends



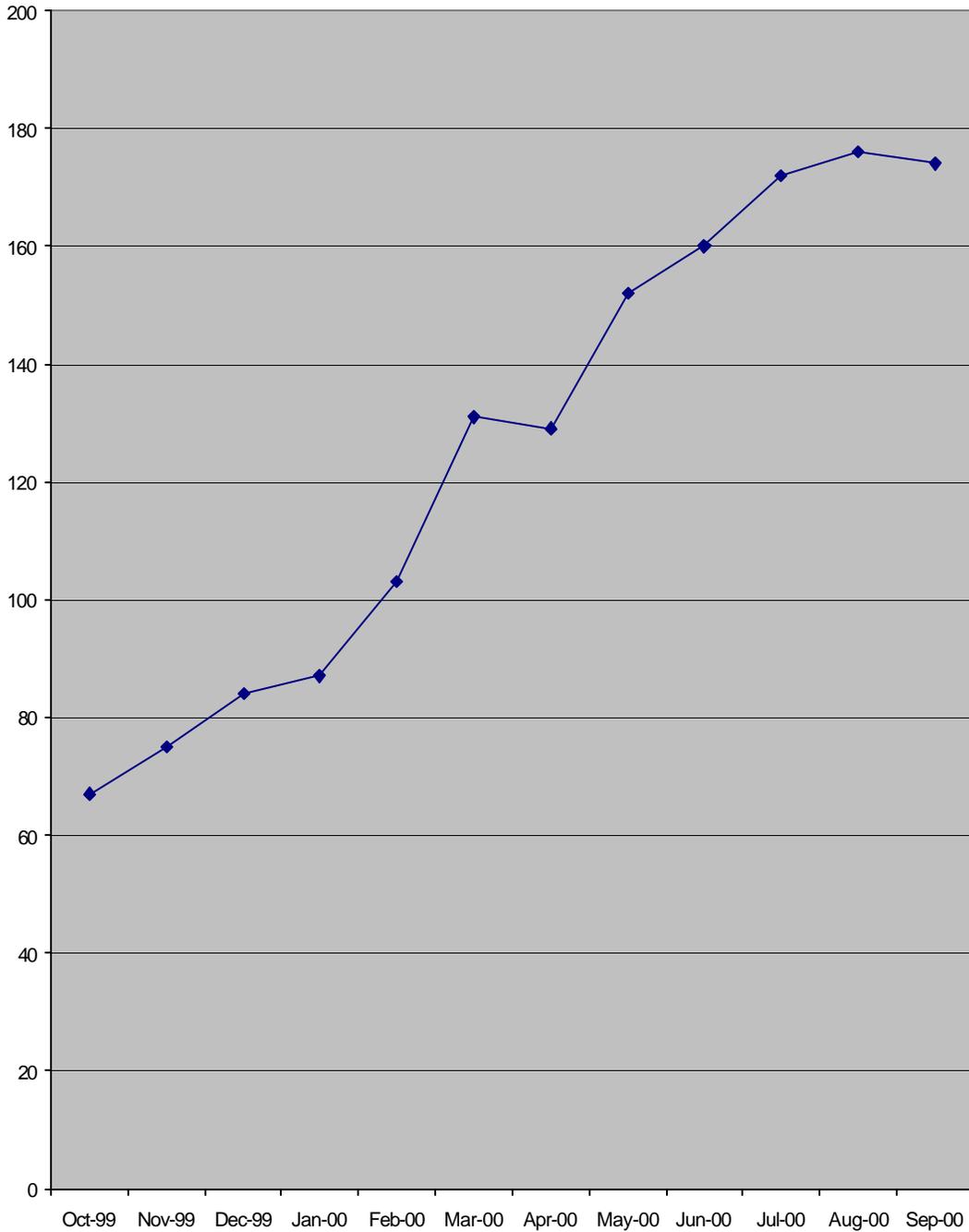
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	61	76	80	93	104	112	109	114	142	154	162	165

Quay County FFY 2000 SCHIP Enrollment Trends



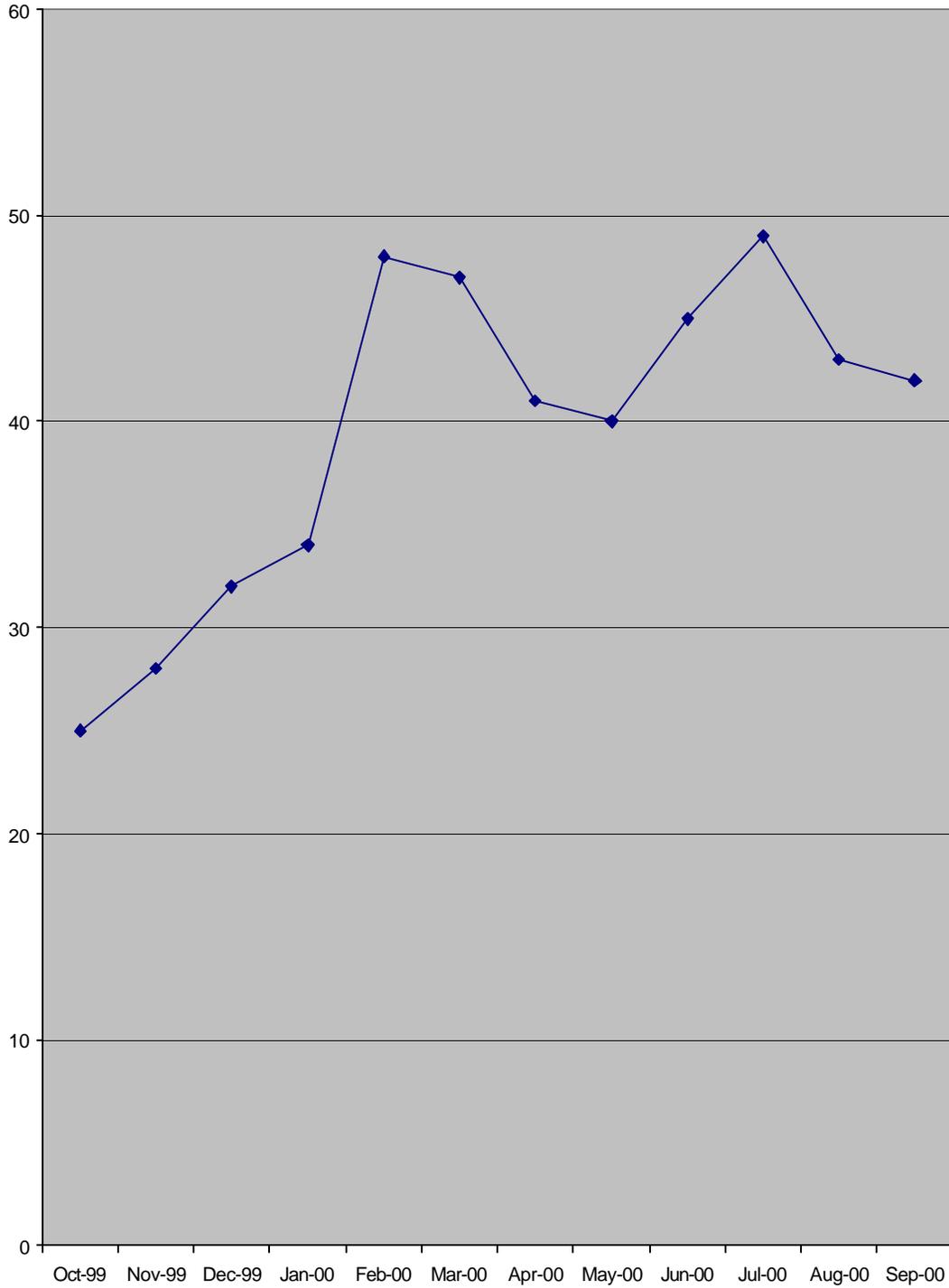
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	7	10	11	10	15	26	29	33	34	32	42	50

Rio Arriba County FFY 2000 SCHIP Enrollment Trends



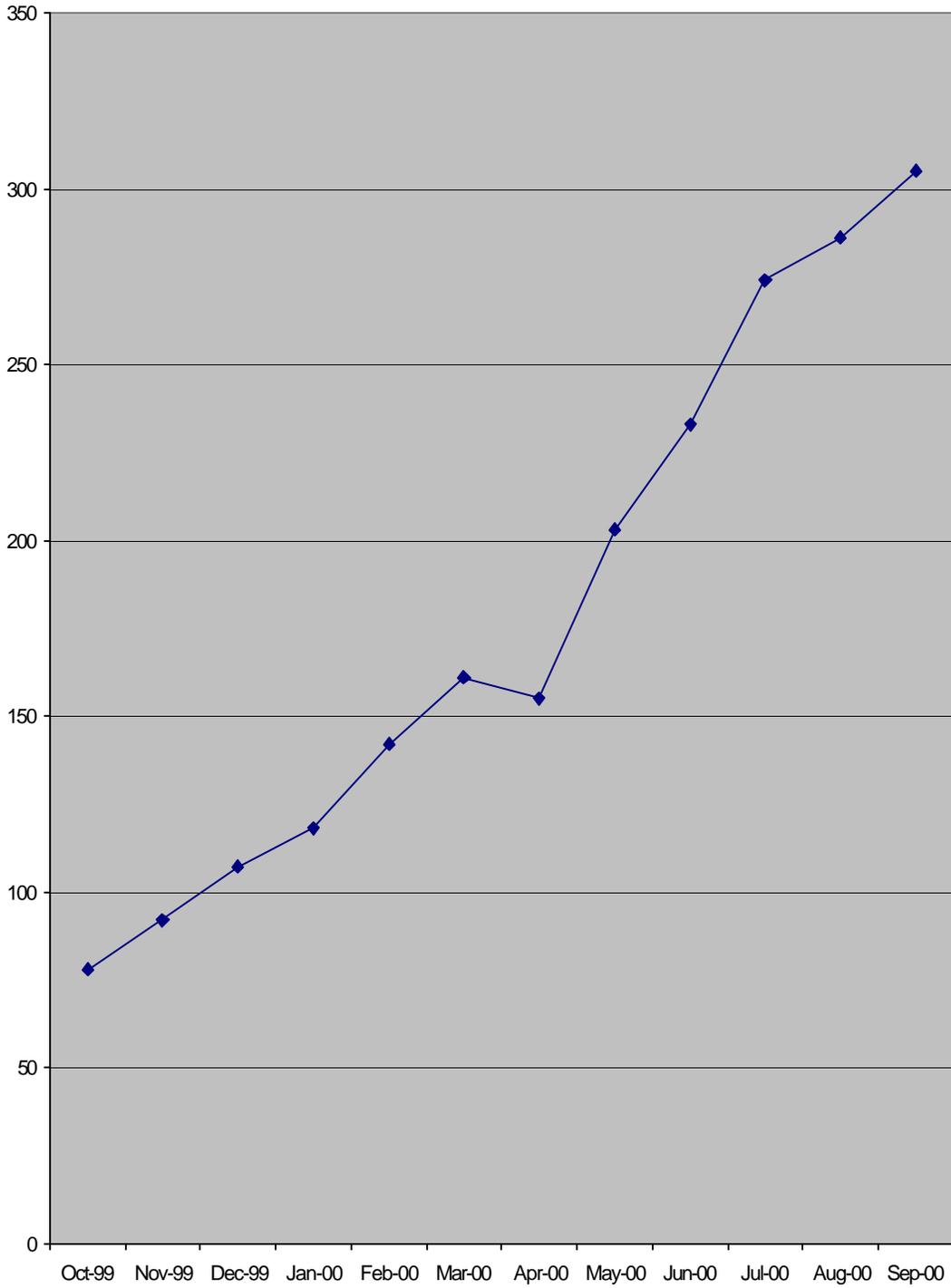
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	67	75	84	87	103	131	129	152	160	172	176	174

Roosevelt County FFY 2000 SCHIP Enrollment Trends



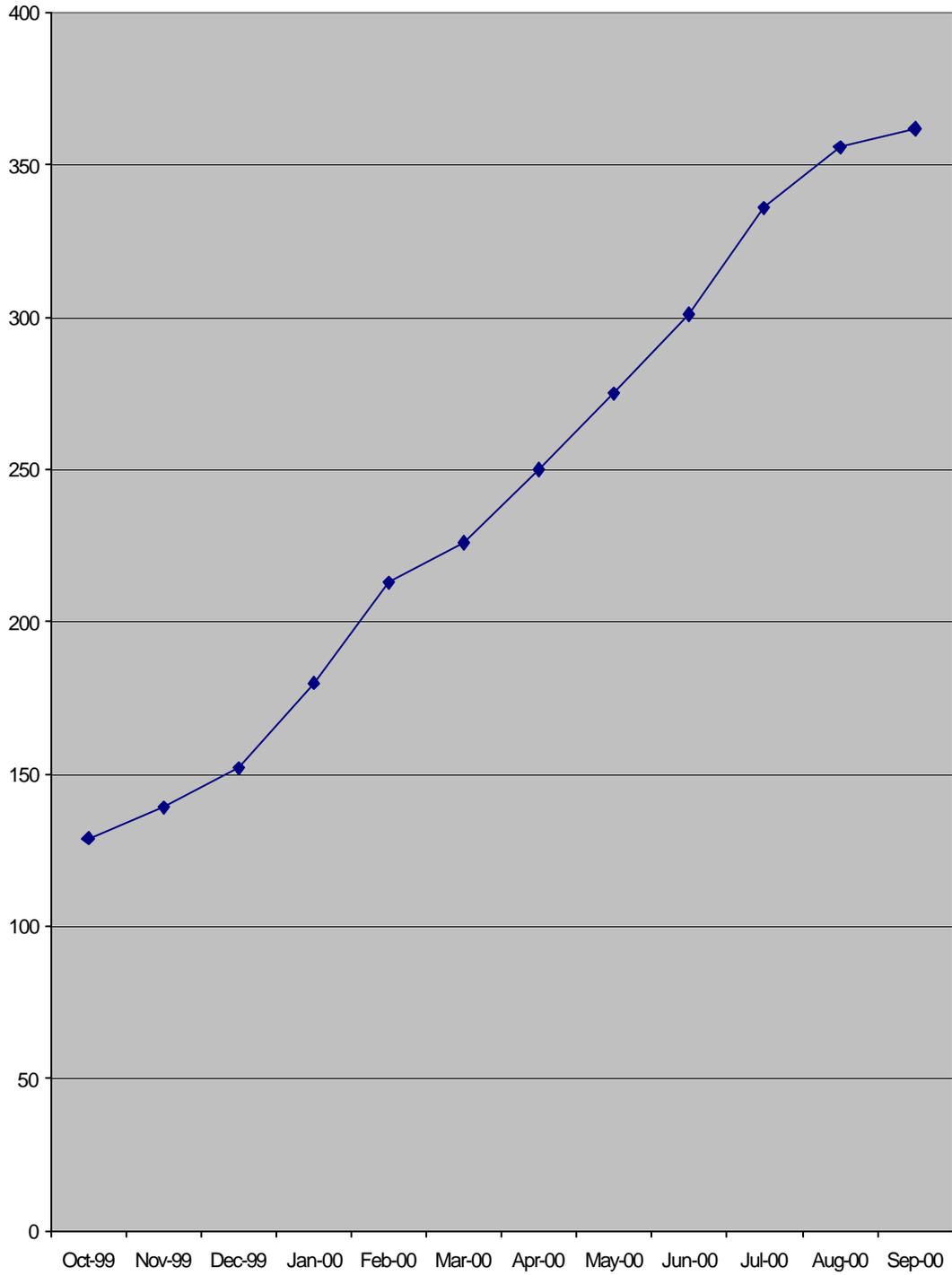
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	25	28	32	34	48	47	41	40	45	49	43	42

Sandoval County FFY 2000 SCHIP Enrollment Trends



	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	78	92	107	118	142	161	155	203	233	274	286	305

San Juan County FFY 2000 SCHIP Enrollment Trends



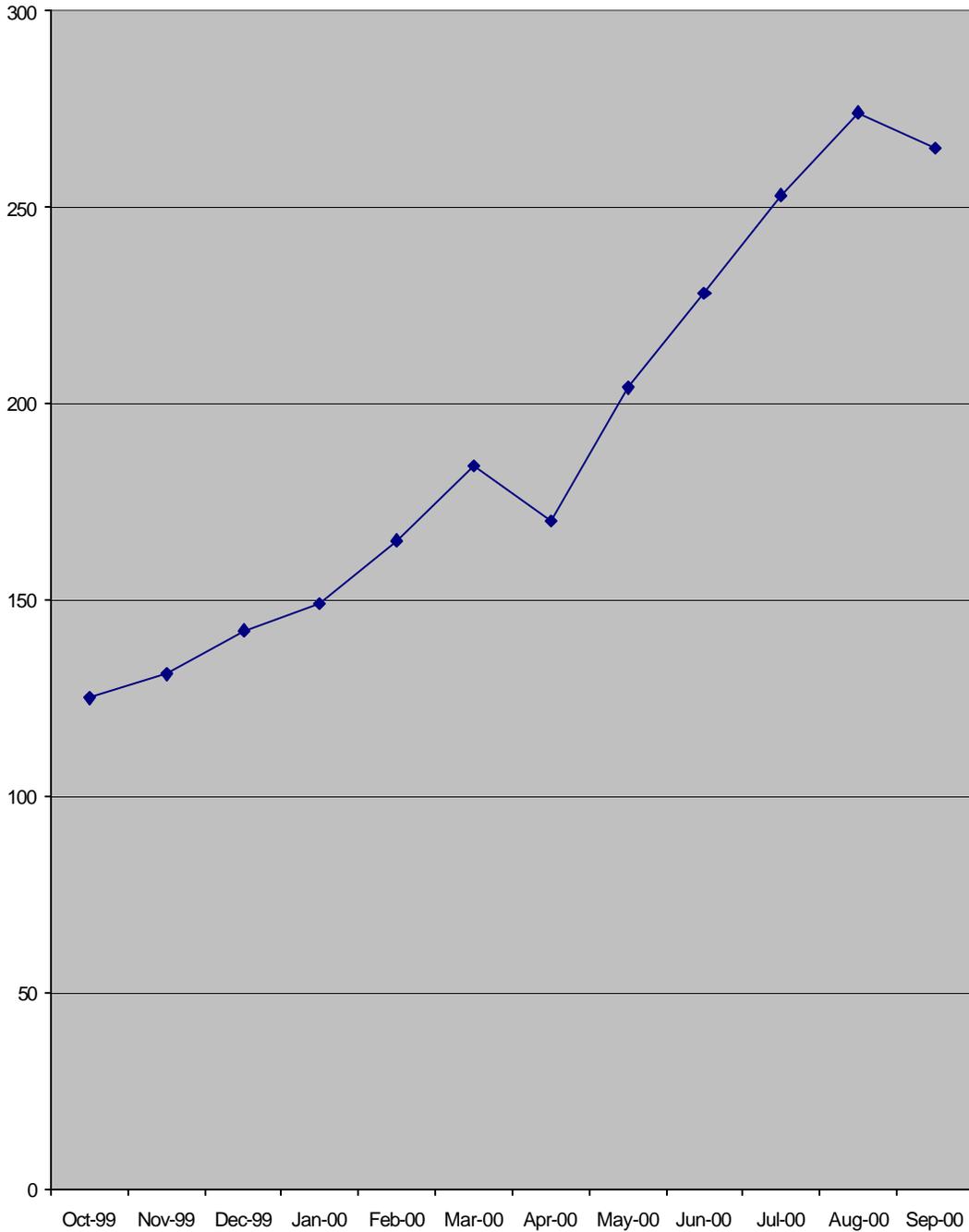
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	129	139	152	180	213	226	250	275	301	336	356	362

San Miguel County FFY 2000 SCHIP Enrollment Trends



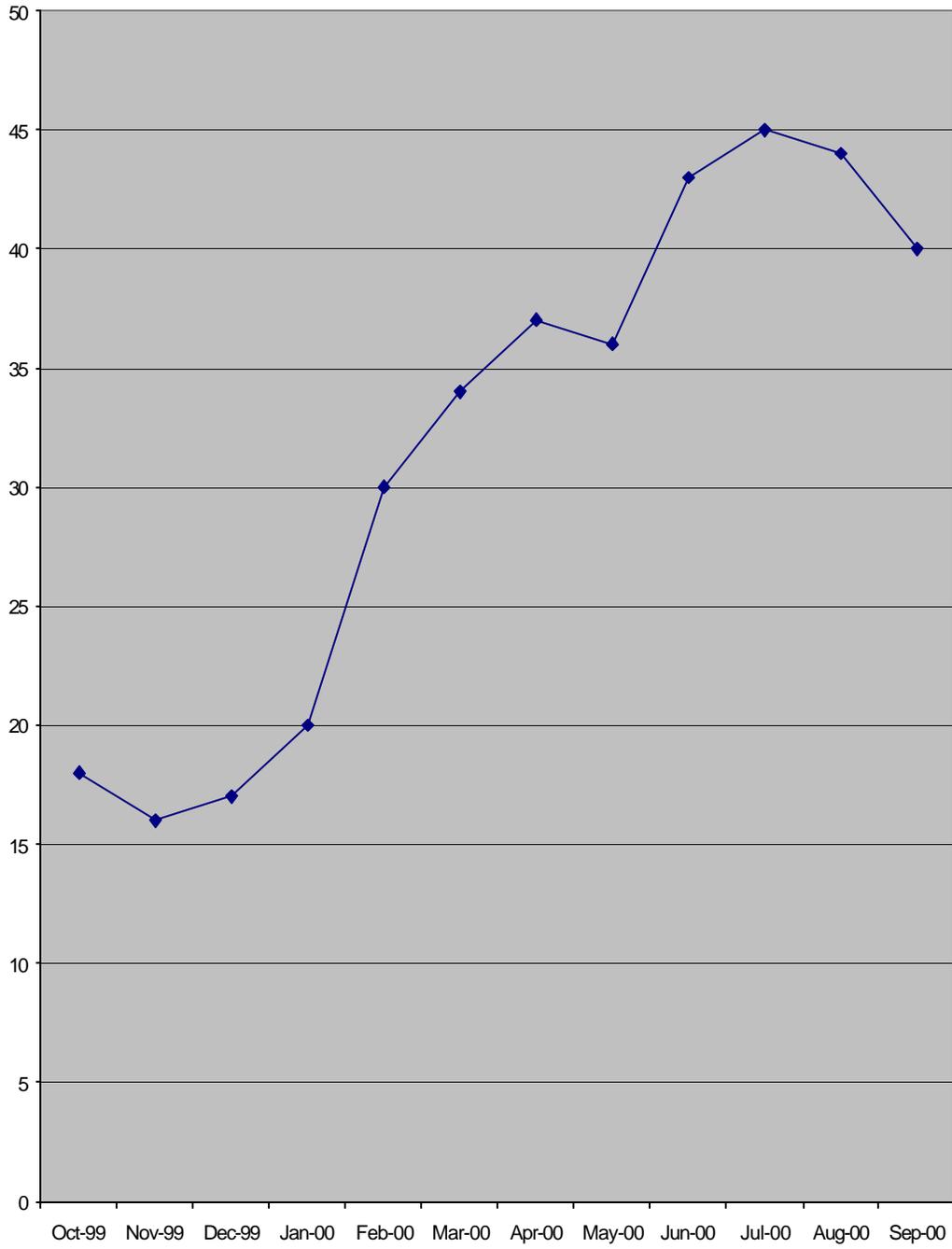
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	28	28	28	29	46	43	45	55	69	72	81	92

Santa Fe County FFY 2000 SCHIP Enrollment Trends



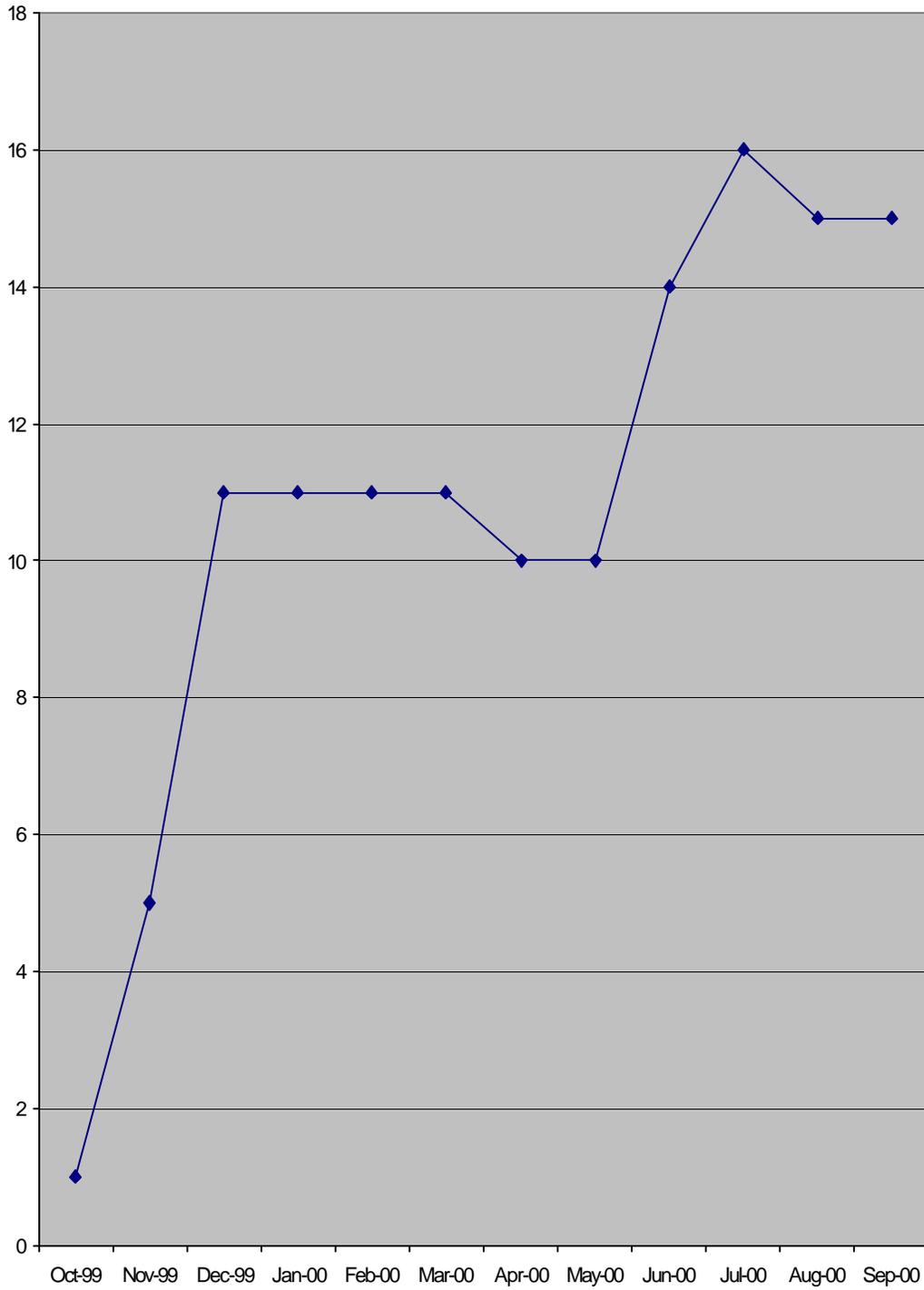
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	125	131	142	149	165	184	170	204	228	253	274	265

Sierra County FFY 2000 SCHIP Enrollment Trends



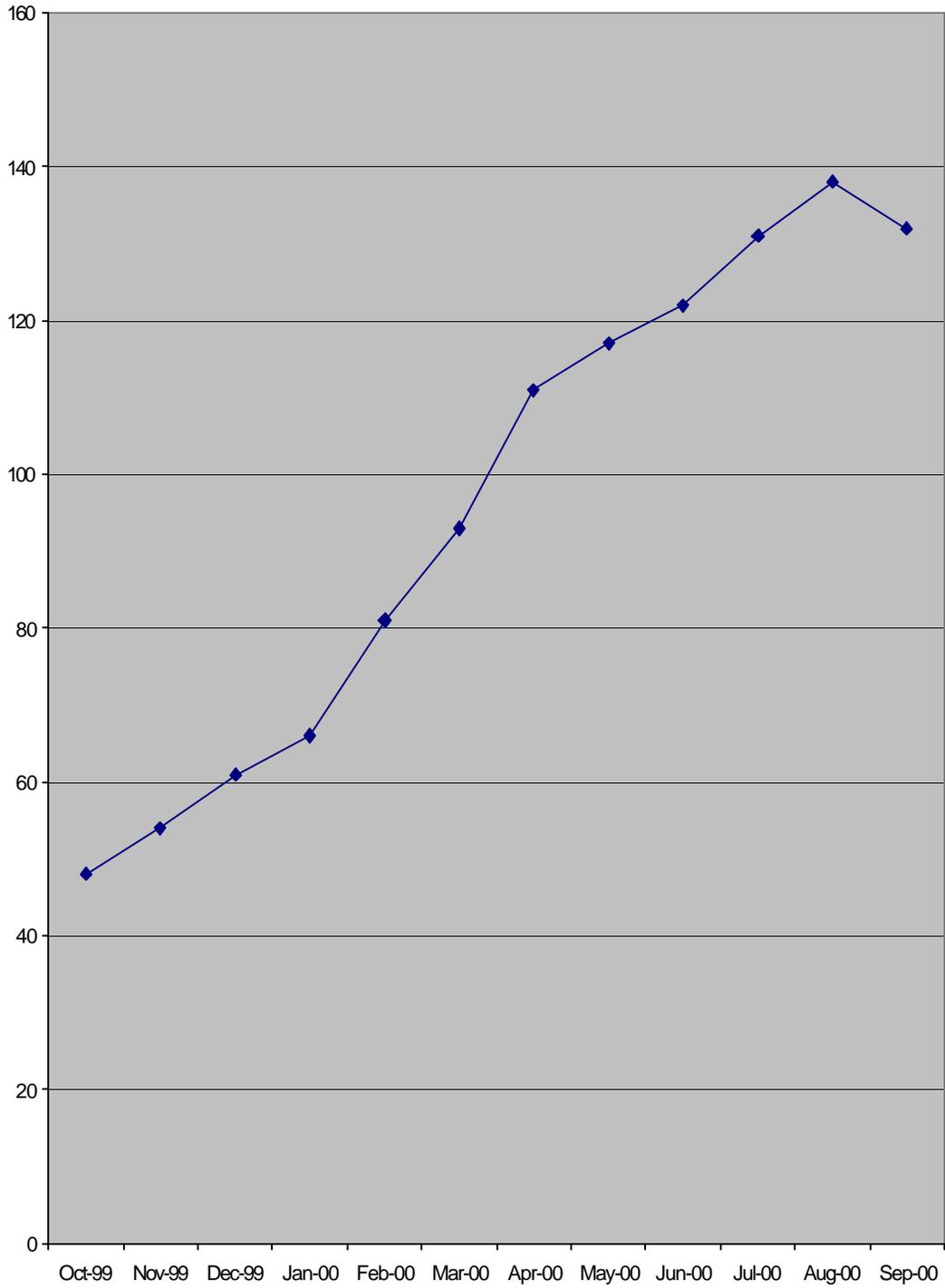
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	18	16	17	20	30	34	37	36	43	45	44	40

Socorro County FFY 2000 SCHIP Enrollment Trends



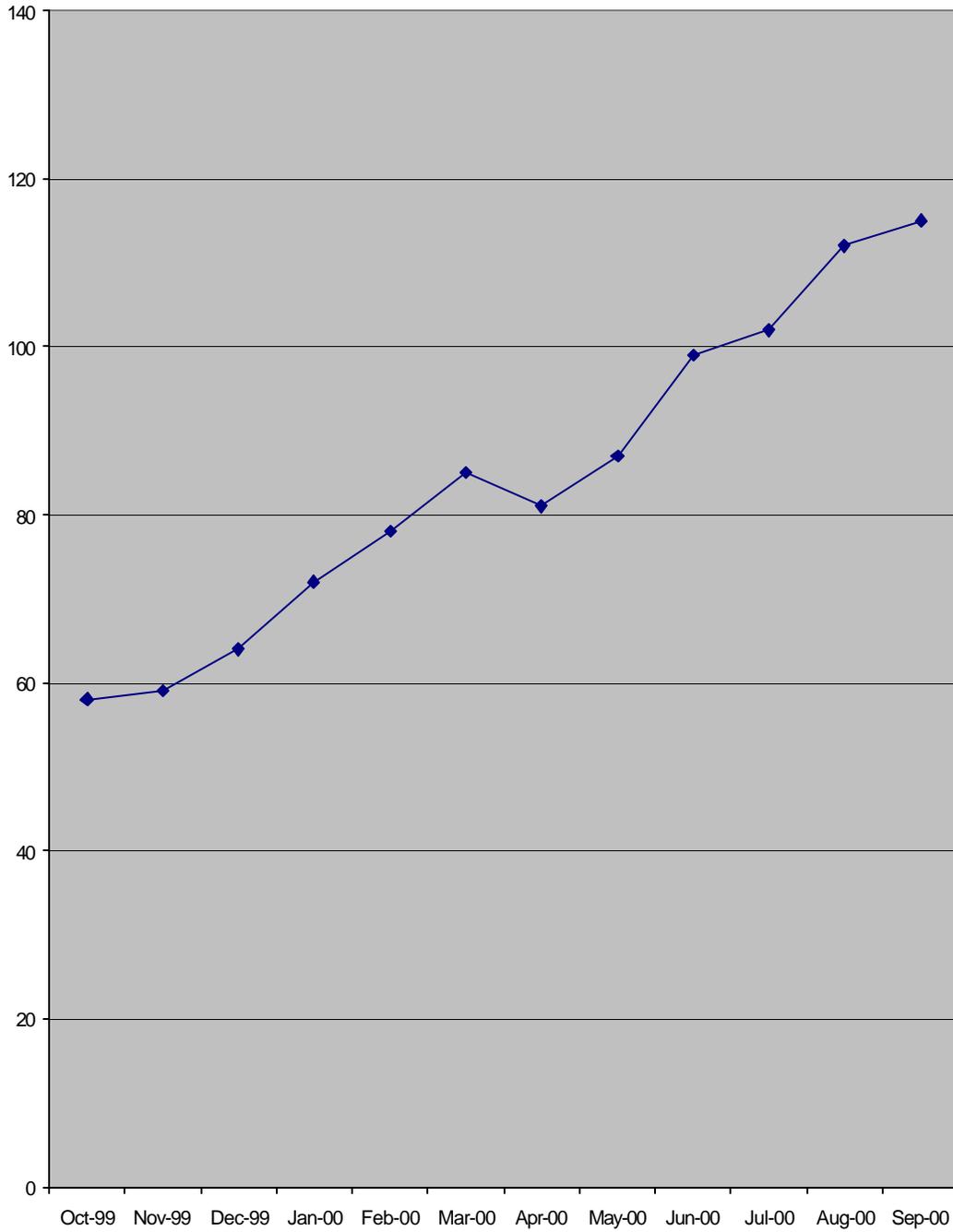
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	1	5	11	11	11	11	10	10	14	16	15	15

Taos County FFY 2000 SCHIP Enrollment Trends



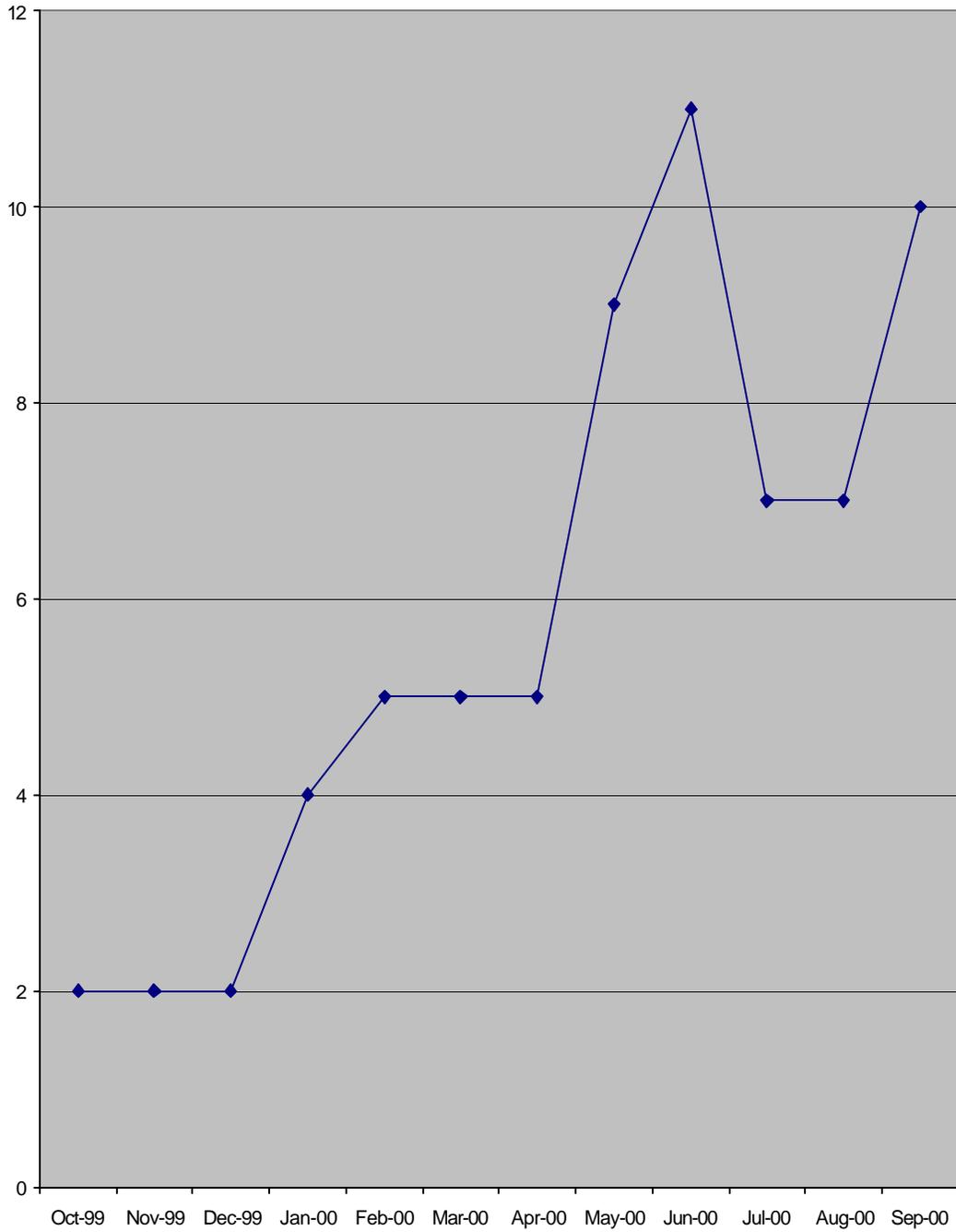
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	48	54	61	66	81	93	111	117	122	131	138	132

Torrence County FFY 2000 SCHIP Enrollment Trends



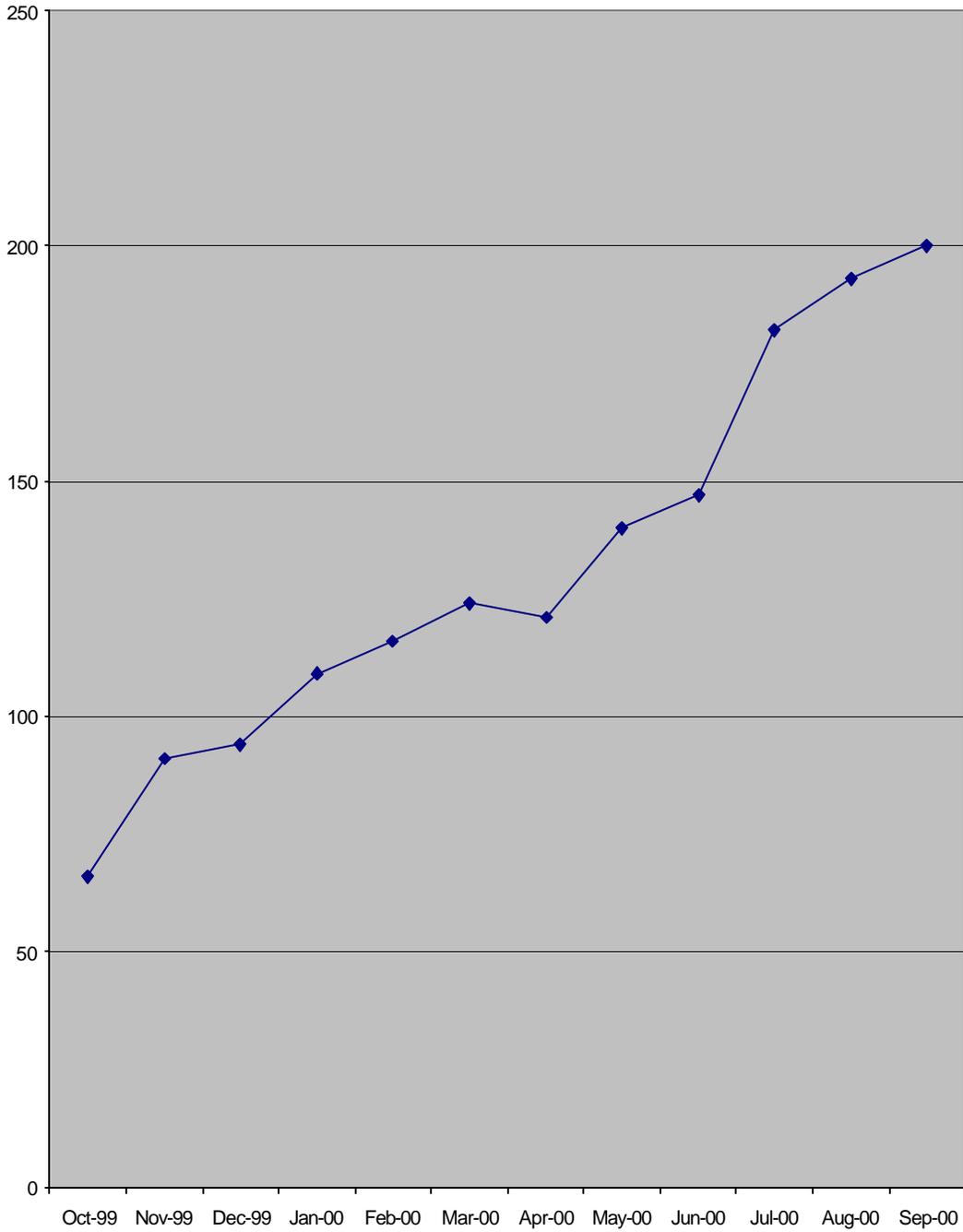
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	58	59	64	72	78	85	81	87	99	102	112	115

Union County FFY 2000 SCHIP Enrollment Trends



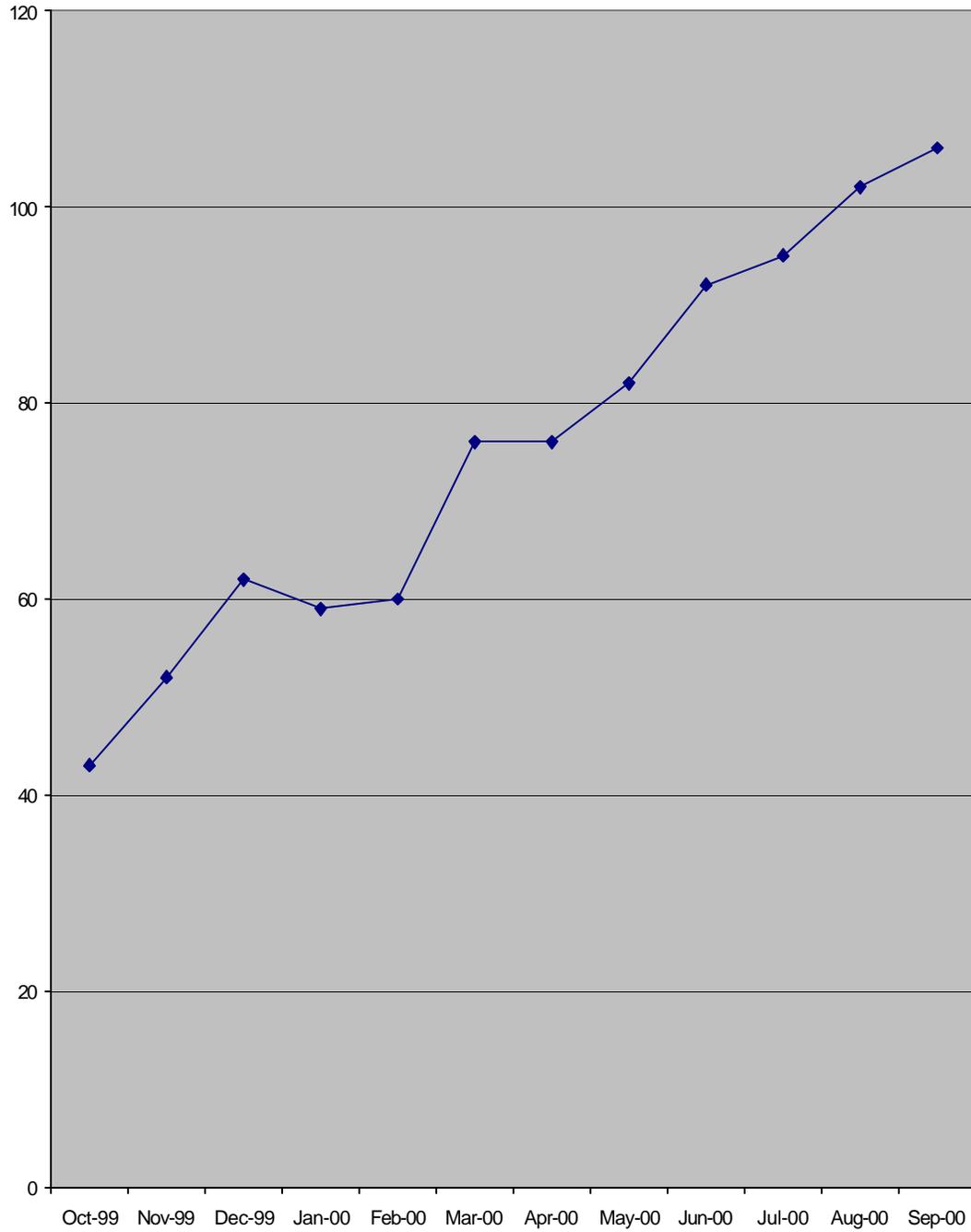
	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	2	2	2	4	5	5	5	9	11	7	7	10

Valencia County FFY 2000 SCHIP Enrollment Trends



	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	66	91	94	109	116	124	121	140	147	182	193	200

Cibola County FFY 2000 SCHIP Enrollment Trends



	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00
Series1	43	52	62	59	60	76	76	82	92	95	102	106