

NEW MEXICO TITLE XXI PROGRAM
FACT SHEET

Name of Plan: New Mexico State Children's Health Insurance Program

Date Plan Submitted: May 19, 1998
Date Plan Approved: January 11, 1999
Effective Date: March 31, 1999

Date First Amendment Submitted: April 15, 1999
Date First Amendment Disapproved: July 8, 1999

Date Second Amendment Submitted: August 1, 2000
Date Second Amendment Approved: October 30, 2000
Date Second Amendment Effective: July 1, 2000

Date Third Amendment Submitted: October 16, 2001
Date Third Amendment Approved: January 9, 2002
Date Third Amendment Effective: July 1, 2001

Date Fourth Amendment Submitted: July 17, 2002
Date Fourth Amendment Approved: October 3, 2002

Background

- On May 19, 1998, New Mexico submitted its Title XXI plan to expand Medicaid eligibility under Title XIX for uninsured children from birth through age 18, from 186 to 235 percent of the Federal Poverty Level (FPL).

Amendments

- On July 8, 1999, HCFA disapproved a State plan amendment whereby the State requested to utilize their remaining Title XXI funds for health services beyond the basic Medicaid benefit package for all Medicaid eligible children to 235 percent of the FPL.
- On August 1, 2000, New Mexico submitted a State plan amendment in which the State exempted Native American children from paying co-payments to access covered services.
- On October 16, 2001, New Mexico submitted a title XXI State plan amendment in which the State eliminated the requirement for a 12-month waiting period without health insurance coverage prior to enrollment in its title XIX Medicaid expansion program.

- On July 17, 2002, New Mexico submitted its fourth amendment, which updates and amends the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations.

Children Covered Under the Program

- The State reports that there were 10,347 children enrolled in the Medicaid expansion program during Federal fiscal year 2001.

Administration

- The New Mexico Human Services Department, Medical Assistance Division, administers the program.

Health Care Delivery System

- Services are provided through the current Medicaid delivery system that is a statewide managed care program operated under 1915(b) waivers.

Benefit Package

- The current Medicaid benefit package is provided.

Crowd-Out Strategy

- The State abolished, by State plan amendment, the 12-month waiting period in the Medicaid expansion program effective July 1, 2001. New Mexico is continuing to track children who drop insurance or have other insurance coverage prior to enrolling in the Medicaid expansion program. The State submitted a section 1115 demonstration proposal, currently under review by CMS, that when approved will implement a 6-month waiting period without health insurance coverage prior to enrollment in its title XXI funded Medicaid expansion program.

Cost Sharing

- The State has, under Section 1115 demonstration authority, implemented cost sharing in its Medicaid expansion program that is above current Medicaid allowable limits. Co-payments are applicable to all families with incomes from 186 percent through 235 percent of the FPL. Native American and Alaska Natives are exempt from cost sharing requirements. The co-payment schedule is as follows:

\$5 per physician visit
\$5 per outpatient services (clinic, therapy)
\$15 per urgent care and emergency room visit
\$25 per inpatient hospital admission
\$15 per outpatient hospital services
\$2 per prescription
\$5 per dental visit

Application of the yearly maximum payment of co-payment amounts does not exceed the

following standards, based upon FPL income status at the time of initial eligibility determination or redetermination:

186%-200%	-	3%
201%-215%	-	4%
216%-235%	-	5%

- At the time of approval, families are informed of the dollar amount of their cap for that calendar year. Families are responsible for tracking their co-pays and informing the Human Services Department when they have met that amount. The Department enters the information into the system when so informed and a new Medicaid client identification card is generated informing providers that they must no longer collect co-payments on children in that family.

State Outreach and Enrollment Activities

- New Mexico is implementing the Presumptive Eligibility (PE) option enacted by the Balanced Budget Act of 1997. The requirement that the PE providers complete a Medicaid On-Site Application Assistance (MOSAA) application with each PE determination will further assure Medicaid eligibility access. The MOSAA process allows the PE providers to assist the PE recipient in completion of the actual Medicaid application and gathering of the necessary documentation. The PE provider documents interview information, and the application package is forwarded to the local Income Support Division (ISD) office for final processing.
- The New Mexico Human Services Department (HSD) is partnering with the Department of Health to provide publicity campaign via a private contractor. SCHIP outreach will be coordinated with other public health outreach.
- The Department issues Salud! Newsletters with a wide and varied circulation list. These newsletters address SCHIP implementation.
- The State assures SCHIP access to Native Americans via a variety of mechanisms including assuring that all Indian Health Service facilities in the State are trained and actively participating in the MOSAA program and working to assist Native Americans in their efforts to design and implement a Native American Health Maintenance Organization.

Financial Information

Total FY 2002 SCHIP Allotment -- \$33,494,942
Enhanced Federal Matching Rate (FY 02) – 81.13%
FY 2002 Costs -- \$18,395,389
State Share -- \$3,471,210
Federal Share -- \$14,924,179

The sources of all non-Federal SCHIP funds are from New Mexico's State General Fund.

Last updated: October 4, 2002