New Mexico CARTS FY2021 Report

Basic State Information

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

1. State or territory name:

New Mexico

2.

Program type:

- ○ Both Medicaid Expansion CHIP and Separate CHIP
- ◉ Medicaid Expansion CHIP only
- ○ Separate CHIP only

3. CHIP program name(s):

CHIP

Who should we contact if we have any questions about your report?

4. Contact name:

Jacinta Narvaiz

5. Job title:

Eligibility Bureau CHIP Program Manager

6. Email:

Jacinta.Narvaiz@state.nm.us

7. Full mailing address:

Include city, state, and zip code.

Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87505

8. Phone number:

505-709-5461

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Program Fees and Policy Changes

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2.

Does your program charge premiums?

- ○ Yes
- ◉ No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ○ No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

N/A

5.

Which delivery system(s) do you use?

Select all that apply.

- ☑ Managed Care
- ☐ Primary Care Case Management
- ☑ Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Managed Care and Fee For Service. Native American members enrolled in CHIP have the option to opt out of managed care.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2.

Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4.

Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5.

Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes
- ◉ No
- ○ N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

- ○ Yes
- ◉ No
- ○ N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10.

Have you made any changes to the enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

11.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ○ Yes
- ◉ No
- ○ N/A

12.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

13.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

14.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

- ○ Yes
- ◉ No
- ○ N/A

15.

Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

16.

Have you made changes to any other policy or program areas?

- ○ Yes
- ◉ No
- ○ N/A

Part 4: Separate CHIP Program and Policy Changes

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	9,613	6,830	-28.95%
Separate CHIP	0	0	0%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

The above numbers reflect all children in our CHIP expansion group. New Mexico was not able to enroll more children in CHIP instead we saw children moving from CHIP to Children's Medicaid due to the Public Health Emergency.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	16,000	3,000	3.1%	0.6%
2017	16,000	3,000	3.2%	0.5%
2018	14,000	3,000	2.9%	0.6%
2019	16,000	3,000	3.3%	0.7%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

New Mexico appears to be seeing a slow increase of uninsured individuals resulting from loss of employer sponsored insurance and loss of employment because of the Public Health Emergency.

2.

Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

- ○ Yes
- ◉ No

3.

Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

- ○ Yes
- ◉ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

N/A

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Program Outreach

1.

Have you changed your outreach methods in the last federal fiscal year?

- ○ Yes
- ◉ No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

- ◉ Yes
- ○ No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

There are no specific outreach efforts for uninsured children. The outreach efforts are being applied to all individuals who are potentially Medicaid-eligible.

4. Is there anything else you'd like to add about your outreach efforts?

HSD partnered with the NM Department of Health (DOH) to promote outreach for the COVID-19 Vaccination Campaign developed by the DOH. The Campaign promoted COVID-19 vaccinations for all Medicaid enrollees.

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1.

Do you track the number of CHIP enrollees who have access to private insurance?

- ○ Yes
- ◉ No
- ○ N/A

2.

Do you match prospective CHIP enrollees to a database that details private insurance status?

- ○ Yes
- ◉ No
- ○ N/A

0 %

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

New Mexico does not have a database to check if an applicant has group health plan coverage prior to approving an applicant for Children's Medicaid or CHIP. However post eligibility New Mexico does have a contracted vendor (HMS) we utilize to screen for group health plan coverage.

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

- ○ Yes
- ○ No
- ◉ N/A

2.

In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- ◉ Yes
- ○ No

3.

Do you send renewal reminder notices to families?

- (•) Yes
- ( ) No

4. What else have you done to simplify the eligibility renewal process for families?

New Mexico has implemented Automated Administrative Renewals and Auto Renewals if changes are reported or received prior to the recertification date.

5. Which retention strategies have you found to be most effective?

Automated Administrative Renewals and Auto Renewals are the most effective.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

Tracking is kept via system reports generated by our eligibility system ASPEN such as the Administrative Renewal Percentages report.

7. Is there anything else you'd like to add that wasn't already covered?

N/A

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2021?

Don't include applicants being considered for redetermination - this data will be collected in Part 3.

9

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

3

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

6

3a.

How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

2

4.

How many applicants were denied CHIP coverage for other reasons?

0

5. Did you have any limitations in collecting this data?

N/A

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

Type	Number	Percent
Total denials	9	100%
Denied for procedural reasons	3	33.33%
Denied for eligibility reasons	6	66.67%
Denials for other reasons	0	0%

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in CHIP in FFY 2021?

8388

2.

Of the eligible children, how many were then screened for redetermination?

7723

3.

How many children were retained in CHIP after redetermination?

7678

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

45

Computed: 45

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

0

4b.

How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

45

4c.

How many children were disenrolled for other reasons?

0

5. Did you have any limitations in collecting this data?

N/A

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	7723	100%
Children retained after redetermination	7678	99.42%
Children disenrolled after redetermination	45	0.58%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	45	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	45	100%
Children disenrolled for other reasons	0	0%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in Medicaid in FFY 2021?

196561

2.

Of the eligible children, how many were then screened for redetermination?

186246

3.

How many children were retained in Medicaid after redetermination?

185784

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

462

Computed: 3

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

2

4c.

How many children were disenrolled for other reasons?

1

5. Did you have any limitations in collecting this data?

N/A

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	186246	100%
Children retained after redetermination	185784	99.75%
Children disenrolled after redetermination	462	0.25%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	462	100%
Children disenrolled for procedural reasons	Not Answered	Not Answered
Children disenrolled for eligibility reasons	2	0.43%
Children disenrolled for other reasons	1	0.22%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉ Yes

○ No

January - March 2020 (start of the cohort): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
41	132	331	173

July - September 2020 (6 months later): included in 2020 report.

4.

How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
18	66	211	108

5.

How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	0	0	3

6.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	0	0	0

7.

How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
23	66	120	62

8.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
20	58	113	57

9. Is there anything else you'd like to add about your data?

N/A

January - March 2021 (12 months later): to be completed this year.

This year, please report data about your cohort for this section

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
16	46	169	87

11.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	0	0	2

12.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	0	0	0

13.

How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
25	86	162	84

14.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
23	77	152	78

July - September of 2021 (18 months later): to be completed this year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
12	37	144	77

16.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0			1

17.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0			1

18.

How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
29	95	187	95

19.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
27	86	175	87

20. Is there anything else you'd like to add about your data?

N/A

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2021. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉ Yes

○ No

January - March 2020 (start of the cohort): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
646	2642	2995	1510

July - September 2020 (6 months later): included in 2020 report

You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

4.

How many children were continuously enrolled in Medicaid six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
549	2462	2587	1416

5.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
21	52	59	34

6.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	3	12	5

7.

How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
76	128	79	60

8.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	8	10	6

9. Is there anything else you'd like to add about your data?

N/A

January - March 2021 (12 months later): to be completed this year

This year, please report data about your cohort for this section.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
523	2344	2762	1359

11.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
22	70	75	43

12.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	5	13	5

13.

How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
101	228	158	108

14.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	6	8	5

July - September of 2021 (18 months later): to be completed next year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
500	2230	2651	1306

16.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
30	87	89	62

17.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	8	14	5

18.

How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
116	325	255	142

19.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
	3	9	6

20. Is there anything else you'd like to add about your data?

N/A

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- ○ Yes
- ◉ No

Eligibility, Enrollment, and Operations

Program Integrity

Eligibility, Enrollment, and Operations

Dental Benefits

Eligibility, Enrollment, and Operations

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to

ARHQ.

1.

Did you collect the CAHPS survey?

- (•) Yes
- ( ) No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1.

Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

2.

Which CHIP population did you survey?

- (•) Medicaid Expansion CHIP
- ( ) Separate CHIP
- ( ) Both Separate CHIP and Medicaid Expansion CHIP
- ( ) Other

3.

Which version of the CAHPS survey did you use?

- ( ) CAHPS 5.0
- (•) CAHPS 5.0H
- ( ) Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

- [ ] None
- [x] Children with Chronic Conditions
- [ ] Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

- [x] NCQA HEDIS CAHPS 5.0H
- [ ] HRQ CAHPS
- [ ] Other

6. Is there anything else you'd like to add about your CAHPS survey results?

MCO's complete the NCQA required CAHPS report annually and submit the results report to HSD annually on October 15th.

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- ○ Yes
- ◉ No

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different. Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Increase CHIP children enrollment by 1 percent.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

The difference in CHIP enrollees from 2020 and 2021.

4.

Numerator (total number)

153

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

All CHIP enrolled children as of September 30, 2021.

6.

Denominator (total number)

9174

Computed: 1.67%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2020

End

mm/yyyy

09 / 2021

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico saw an increase of 1.67% in CHIP enrollment. New Mexico observed a trend of more individuals being eligible for state benefits due to the Public Health Emergency and decrease in hours of employment or job loss.

10. What are you doing to continually make progress towards your goal?

There has been a statewide effort to close the gap between individuals who are potentially eligible for Medicaid and who are enrolled, including Public Health Emergency activities and promoting safe COVID-19 practices.

11. Anything else you'd like to tell us about this goal?

New Mexico submitted a revised CHIP State Plan (SPA) to align with current reporting on Strategic Objectives and Performance Goals, which was approved effective October 1, 2021.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Increase Medicaid enrollment for children by 1 percent.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

The difference in Children's Medicaid enrollees from 2020 and 2021.

4.

Numerator (total number)

12095

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

All Medicaid enrolled children as September 30, 2021.

6.

Denominator (total number)

378082

Computed: 3.2%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2020

End

mm/yyyy

09 / 2021

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico saw an increase of 3.2% from October 2020 through September 2021. Goal met.

10. What are you doing to continually make progress towards your goal?

There has been a statewide effort to close the gap between individuals who are potentially eligible for Medicaid and who are enrolled, including Public Health Emergency activities and promoting safe COVID-19 practices.

11. Anything else you'd like to tell us about this goal?

New Mexico submitted a revised CHIP State Plan (SPA) to align with current reporting on Strategic Objectives and Performance Goals, which was approved effective October 1, 2021.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase Access to Care

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Increase the percentage of children two (2) through twenty (20) years of age who had at least one dental visit during the measurement year.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The total number of children ages 2 (two) - 20 (twenty) who had their annual dental visit in the last calendar year. New Mexico does not collect CHIP only data from HEDIS.

4.

Numerator (total number)

149388

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The total number of children ages 2 (two) - 20 (twenty) enrolled in Medicaid, which includes our CHIP population. New Mexico does not collect CHIP only data from HEDIS.

6.

Denominator (total number)

276446

Computed: 54.04%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico reports Annual Dental Visit (ADV), which is the percentage of members who received at least one dental visit during the measurement year (Jan. 1 - Dec. 31) between the ages of two (2) through twenty (20) years of age. The MCOs report Administrative data of encounters and claims received during the measurement year and this rate has decreased for calendar year 2020. This rate was impacted significantly by the Public Health Emergency due to COVID-19 as dental offices were closed and limited access to care for many children. For encounters received after December 31st, the fourth quarter data may be affected by claims lag, therefore may not be included in the annual HEDIS percentage. The annual average HEDIS percentage reported by the three MCOs for 2020 is 54.04%.

10. What are you doing to continually make progress towards your goal?

The ADV measure is an MCO Tracking Measure, which requires MCOs to report this data quarterly as specified by the HSD/MCO Contract. ADV data is monitored and trended both by the State and contracted MCOs. This is also a Legislative Finance Committee (LFC) performance measure, where Fiscal Year targets are established and must be met by MCOs.

11. Anything else you'd like to tell us about this goal?

New Mexico is pleased to announce the Strategic Objectives and Performance Goals in the New Mexico CHIP State Plan (SPA) have been updated to align with this report.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Increase the percentage of eligible children aged two (2) years who have received their combination 3 immunization.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV) Vaccines (Combination 3).

4.

Numerator (total number)

821

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The total number of children aged two (2) years old enrolled in Medicaid, which includes our CHIP expansion. New Mexico does not collect CHIP only data from HEDIS.

6.

Denominator (total number)

1233

Computed: 66.59%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico reports Childhood Immunization Status (CIS) Combination 3 which is the percentage of children who received their vaccines on or before their second birthday. The MCOs report Hybrid data of encounters, claims and medical record review during the measurement year and this rate has remained stable. There was a 2.33 percentage point decrease from CY19 to CY20, which can be attributed to the Public Health Emergency due to COVID-19, as provider offices were closed and limited access to care for many children. For encounters received after December 31st, the fourth quarter data may be affected by claims lag, therefore may not be included in the annual HEDIS percentage. The annual average HEDIS percentage reported by the three MCOs for 2020 is 66.59%.

10. What are you doing to continually make progress towards your goal?

The CIS Combo 3 measure is an MCO Performance Measure, which requires MCOs to report this data quarterly as specified by the HSD/MCO Contract. CIS data is monitored and trended both by the State and contracted MCOs. Calendar Year (CY) targets are established by HSD and must be met by MCOs in order to avoid monetary penalties for this measure.

11. Anything else you'd like to tell us about this goal?

New Mexico is pleased to announce the Strategic objectives and Performance Goals in the New Mexico CHIP State Plan (SPA) have been updated to align with this report.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

To increase the percentage of Well-Child Visits for children who turned fifteen (15) months during the measurement year and had six (6) or more well child visits with a Primary Care Practitioner.

2.

What type of goal is it?

- (•) New goal
- ( ) Continuing goal
- ( ) Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of children who turned fifteen (15) months during the measurement year and had six (6) or more well child visits with a primary care practitioner.

4.

Numerator (total number)

6960

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The number of children who turned fifteen (15) months during the measurement year.

6.

Denominator (total number)

13409

Computed: 51.91%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico reports Well Child Visits in the First 15 Months of Life (W30) which is the percentage of children who received at least 6 well-child visits in the first fifteen months of life. The MCOs report Administrative data of encounters and claims received during the measurement year. This rate had a significant decrease from the previous year, which can be attributed to the Public Health Emergency due to COVID-19, as provider offices were closed and limited access to care for many children. For encounters received after December 31st, the fourth quarter data may be affected by claims lag, therefore may not be included in the annual HEDIS percentage. The annual average HEDIS percentage reported by the three MCOs for 2020 is 51.91%.

10. What are you doing to continually make progress towards your goal?

The W30 measure is an MCO Performance Measure, which requires MCOs to report this data quarterly as specified by the HSD/MCO Contract. W30 data is monitored and trended both by the State and contracted MCOs. Calendar Year (CY) targets are established by HSD and must be met by MCOs in order to avoid monetary penalties for this measure.

11. Anything else you'd like to tell us about this goal?

New Mexico is pleased to announce the Strategic Objectives and Performance Goals in the New Mexico CHIP State Plan (SPA) have been updated to align with this report.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

To increase the percentage of children six (6) through twelve (12) years of age, newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication, who had at least three (3) follow-up care visits within a ten (10) month period, one of which was within thirty (30) days of the when the first ADHD medication was dispensed. Two (2) rates are reported: 1. Initiation Phase

2.

What type of goal is it?

- (•) New goal
- ( ) Continuing goal
- ( ) Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

4.

Numerator (total number)

903

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The number of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication.

6.

Denominator (total number)

2359

Computed: 38.28%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico reports Follow-Up Care for Children Prescribed ADHD Medication (ADD) which is the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The MCOs report Administrative data of encounters and claims received during the measurement year and this rate has improved from the previous year. For encounters received after December 31st, the fourth quarter data may be affected by claims lag, therefore may not be included in the annual HEDIS percentage. The annual average HEDIS percentage reported by the three MCOs for 2020 is: Initiation Phase - 38.28%

10. What are you doing to continually make progress towards your goal?

The ADD measure is an MCO Tracking Measure, which requires MCOs to report this data quarterly as specified by the HSD/MCO Contract. ADD data is monitored and trended both by the State and contracted MCOs.

11. Anything else you'd like to tell us about this goal?

New Mexico is pleased to announce the Strategic Objectives and Performance Goals in the New Mexico CHIP State Plan (SPA) have been updated to align with this report.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Goal 4a: To increase the percentage of children six (6) through twelve (12) years of age, newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication, who had at least three (3) follow-up care visits within a ten (10) month period, one of which was within thirty (30) days of the when the first ADHD medication was dispensed. Two (2) rates are reported: 2. Continuation of Maintenance Phase

2.

What type of goal is it?

- (•) New goal
- ( ) Continuing goal
- ( ) Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

4.

Numerator (total number)

253

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The number of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication.

6.

Denominator (total number)

524

Computed: 48.28%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

New Mexico reports Follow-Up Care for Children Prescribed ADHD Medication (ADD) which is the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The MCOs report Administrative data of encounters and claims received during the measurement year and this rate has improved from the previous year. For encounters received after December 31st, the fourth quarter data may be affected by claims lag, therefore may not be included in the annual HEDIS percentage. The annual average HEDIS percentage reported by the three MCOs for 2020 is: Continuation Phase - 48.28%.

10. What are you doing to continually make progress towards your goal?

The ADD measure is an MCO Tracking Measure, which requires MCOs to report this data quarterly as specified by the HSD/MCO Contract. ADD data is monitored and trended both by the State and contracted MCOs.

11. Anything else you'd like to tell us about this goal?

New Mexico is pleased to announce the Strategic Objectives and Performance Goals in the New Mexico CHIP State Plan (SPA) have been updated to align with this report.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

As part of NM HSDs Quality Assurance Program, NM HSD has included in the Managed Care Organization (MCO) Contracts, Annual Dental Visits (ADV) and Follow-Up Care for Children Prescribed ADHD Medication (ADD) as Tracking Measures and Childhood Immunization Status (CIS) and Well Child Visits in the First 30 Months of Life (W30) as Performance Measures. All measures apply HEDIS Technical Specifications. The MCOs are required to submit quarterly reports to NM HSD as well as their Annual Audited HEDIS Reports. This allows NM HSD the ability to monitor for improved outcomes, identify gaps and to provide performance feedback to the MCOs throughout the year.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

At this time NM HSD does not plan to add new strategies for measuring and reporting on our goals and objectives.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

At this time NM HSD does not conduct any focus studies for CHIP population.

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Program Financing

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 23,756,724	**$** 23,443,420	**$** 29,105,479

2.

How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 1,383,777	**$** 1,047,144	**$** 1,086,264

3.

How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	**$**	**$**

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	**$**	**$**

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	23756724	23443420	29105479
Fee for Service	1383777	1047144	1086264
Other benefit costs	Not Answered	Not Answered	Not Answered
Cost sharing payments from beneficiaries	Not Answered	Not Answered	Not Answered
Total benefit costs	25140501	24490564	30191743

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on personnel in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 46,670	**$** 48,000	**$** 48,000

2.

How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	**$**	**$**

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 528,471	**$** 546,000	**$** 528,000

4.

How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	**$**	**$**

5.

How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	**$**	**$**

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	**$**	**$**

7.

How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 1,053,332	**$** 1,865,082	**$** 1,450,412

Table 2: Administrative Costs

This table is auto-populated with the data you entered above. Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

Type	**FFY 2021**	**FFY 2022**	**FFY 2023**
Personnel	46670	48000	48000
General administration	Not Answered	Not Answered	Not Answered
Contractors and brokers	528471	546000	528000
Claims processing	Not Answered	Not Answered	Not Answered
Outreach and marketing	Not Answered	Not Answered	Not Answered
Health Services Initiatives (HSI)	Not Answered	Not Answered	Not Answered
Other administrative costs	1053332	1865082	1450412
Total administrative costs	1628473	2459082	2026412
10% administrative cap	2793389	2721173.78	3354638.11

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding. This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	**FFY 2021**	**FFY 2022**	**FFY 2023**
Total program costs	26768974	26949646	32218155
eFMAP	81.42	81.6	Not Available
Federal share	21795298.63	21990911.14	Not Available
State share	4973675.37	4958734.86	Not Available

8.

What were your state funding sources in FFY 2021?

Select all that apply.

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [ ] Tobacco settlement
- [x] Other

8a. What other type of funding did you receive?

New Mexico implemented the Children's Health Insurance Program (CHIP) as a Medicaid expansion. Thus, in additional to State appropriations, miscellaneous revenues such as the state share of drug rebates, cost settlements, and/or overpayment recoveries, and County supported Medicaid Fund, can also be used as the state share.

9.

Did you experience a shortfall in federal CHIP funds this year?

- ○ Yes
- ◉ No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1.

How many children were eligible for Managed Care in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021	2022	2023
7660	7230	8654

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021	2022	2023
$ 258	**$** 270	**$** 280

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	7660	7230	8654
PMPM cost	258	270	280

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1.

How many children were eligible for Fee for Service in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021	2022	2023
632	460	447

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2021	2022	2023
$ 182	**$** 190	**$** 203

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	632	460	447
PMPM cost	182	190	203

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

N/A

2.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

New Mexico's optional Adult expansion group covers approximately 298,000 individuals. The number of children on CHIP is approximately 7,500. Overall children's enrollment increased by about 21,000 individuals over the past year despite the lower number of CHIP children. The fiscal environment continues to be poor in New Mexico due to the public health emergency. The administration's goals are to continue to ensure that every qualified New Mexican receives timely and accurate benefits, to enhance the public trust, and implement technology to give customers and staff convenient access to services and information.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

The ability to implement eligibility system changes during the public health emergency is the greatest challenge our CHIP program has faced in FFY 2021.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

New Mexico moved from a federal exchange to a state-based exchange (BeWellnm). Marketplace applications will be referred to Medicaid from BeWellnm and New Mexico will send referrals to the state-based exchange.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

New Mexico is planning on implementing the new state plan option effective April 01, 2022 that allows for a 12-month postpartum period for pregnant women contingent on legislative funding. The expectation is this will allow for improved health outcomes for children and pregnant women.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

N/A

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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