

## NEW MEXICO SECTION 1115 WAIVER

### Status as of January 2003

- Submitted April 3, 2002
- Approved August 23, 2002
- Not yet implemented

### Overview

- New Mexico's approved waiver allows the state to use SCHIP funds to provide premium assistance for a state-established reduced commercial benefit package. The state will offer this premium assistance to certain uninsured parents and other adults with incomes at or below 200% of poverty who were previously ineligible for Medicaid or SCHIP, subject to an enrollment cap.
- The state will contract with managed care organizations (MCOs) to offer the new benefit package. Under the package, beneficiaries with incomes above poverty pay monthly individual premiums and some beneficiaries at all income levels pay employer premiums (see next bullet). Beneficiaries at all income levels pay copayments for most services on a sliding scale.
- To receive premium assistance, eligible individuals must either have an employer that agrees to contribute a monthly premium of \$75 per enrollee or they must pay both the employer's and their individual premium contribution. Individuals also cannot have voluntarily dropped commercial coverage in the last six months.
- Employers that agree to contribute toward their employees' premiums must not have eliminated commercial coverage within the last 12 months. The state anticipates that MCOs offering coverage will require participating employers to cover at least 75% of their employees (through a combination of waiver and other group coverage), as is the industry norm for commercial coverage in the state.
- Expenditures under the waiver are limited to available state and SCHIP funds. Available SCHIP funds will first be used to cover SCHIP children, then newly eligible childless adults, and finally newly eligible parents. If SCHIP funds are depleted, the state may lower income eligibility, stop enrollment, or discontinue coverage for the newly eligible parents and other adults. The state also has the option of shifting to Medicaid financing for the newly eligible parents, but not for the childless adults.

### Individuals Covered by Waiver

	Eligible for Premium Assistance
<b>Eligible Prior to Waiver</b>	(No individuals who were eligible for Medicaid prior to the waiver will receive premium assistance)
<b>Newly Eligible Under Waiver (subject to an enrollment cap)</b>	<ul style="list-style-type: none"> <li>• Parents <math>37 \leq 200\%</math> FPL</li> <li>• Other adults <math>0 \leq 200\%</math> FPL</li> </ul> Must be between the ages of 19-64 and not have voluntarily dropped commercial coverage in the last 6 months.
TABLE NOTES: Other adults include blind and disabled adults whose incomes exceed SSI levels (74% FPL).	

**Premiums/Enrollment Fees, Benefits, & Cost Sharing for  
State's Basic Medicaid Program for Adults and Waiver Coverage**

(This table shows coverage and cost sharing for a selected list of benefits; other benefits not shown on this list may also be covered.)

	State's Basic Medicaid Program for Adults		Waiver Coverage: State-Established Benefit Package for Premium Assistance				
Premiums/ Enrollment Fees	None		Premiums for individuals	with a contributing employer:	without a contributing employer:		
			0-100% FPL:	\$0 per month	\$75 per month		
			101-150% FPL:	\$20 per month	\$95 per month		
			151-200% FPL:	\$35 per month	\$110 per month		
Groups Exempt from Cost Sharing	No cost sharing		None				
Benefits & Cost Sharing	Covered	Benefit Limits	Covered	Benefit Limits and Copayments/Coinsurance	0-100% FPL	101-150% FPL	151-200% FPL
Inpatient Hospital	✓		L	Inpatient care and home health care limited to a combined total of 25 days per year. Medical/Surgical, per day:	\$25	\$75	\$150
				Maternity per day:	\$25	\$75	\$100
				Maternity annual maximum on out-of-pocket costs:	\$100	\$100	\$100
Outpatient Hospital	✓		✓	Per surgery/procedure:	\$25	\$75	\$150
Emergency Room	✓		✓	Emergency services:	\$15	\$30	\$45
				Emergency services that do not meet prudent layperson standard:	\$25	\$75	\$125
				Urgent care:	\$5	\$10	\$20
Physician Services	✓		✓	Per visit:	\$5	\$10	\$20
				Pre-/post-natal care exempt from copayments			
Lab and x-ray	✓		✓	Diagnostics:	\$25	\$75	\$100
				Routine lab and x-ray exempt from copayments			
Ambulance	✓						
Non-emergency transportation	✓						
Home health care	✓		L	Inpatient care and home health care limited to a combined total of 25 days per year. Home health is only available in lieu of hospitalization.			
Long-term care	✓						
Prescription drugs	✓		✓	Per generic drug:	\$10	\$10	\$10
				Per name brand formulary drug:	\$25	\$25	\$25
Mental health and chemical dependency	✓		L	Mental health inpatient/outpatient hospitalization services limited to 25 days per year; substance abuse care limited to 10-30 days per year, based on type of service. Outpatient, per visit:	\$5	\$10	\$20
				Inpatient, per day:	\$25	\$75	\$150
Durable medical equipment	✓		✓	Equipment and supplies:	\$5	\$10	\$25
Dental	✓	Routine exams limited to 1 per year					
Vision	✓						
Hearing	✓						
PT, OT, SLP	✓		✓	Per visit:	\$5	\$10	\$25
Other Provisions			Benefits limited to a \$100,000 maximum Out-of-pocket annual maximum: 5% of family income				

**TABLE NOTES:**

Information on the state's basic Medicaid program for adults from the New Mexico Program Policy Manual (<http://www.state.nm.us/hsd/mad/ProgManIndex.htm>) & state plan (<http://www.cms.gov/medicaid/stateplans/map.asp>).

L= Limits in amount, scope, or duration of benefit as compared to state's basic Medicaid benefit package.

PT = Physical Therapy, OT = Occupational Therapy, SLP = Speech Language Pathology Therapy