

**State:** New Mexico

**Demonstration Name:** State Coverage Insurance

**Description & Status:**

The New Mexico State Coverage Insurance (SCI) Demonstration continues coverage for non-pregnant childless adults who were originally covered under the State's title XXI Health Insurance Flexibility and Accountability (HIFA) Demonstration approved in August 2002. Approximately 27,000 childless adults, ages 19 – 64 with incomes up to and including 200 percent of the Federal poverty level (FPL) who are not eligible for Medicaid, are covered under the Demonstration. Enrollees receive a comprehensive benefit package delivered through Managed Care Organizations (MCOs). Premiums and co-pays are required. The Demonstration is designed to provide health care coverage to uninsured individuals who are unemployed, self-employed, or employed by an employer with 50 or fewer employees.

Fundamental program initiatives include the following:

- Improving access to affordable healthcare for populations that are not otherwise eligible under the Medicaid State plan.
- Promote personal responsibility for health and healthcare.
- Provide coordinated and integrated care through the use of Medical Homes.

**Populations:**

- Non-pregnant, childless adults age 19-64 with income up to and including 200 percent of the FPL who are not eligible under the Medicaid State plan.

**Approval Date:** December 30, 2009

**Effective Date:** January 1, 2010

**Expiration Date:** September 30, 2014

**Pending Actions:**

There are no pending actions for the SCI Demonstration.

**NEW MEXICO STATE COVERAGE INSURANCE  
SECTION 1115 DEMONSTRATION  
FACT SHEET**

Last Updated September 1, 2011

Name of Section 1115 Demonstration:	State Coverage Insurance (SCI)
Date Proposal Submitted:	September 28, 2009
Date Proposal Approved:	December 30, 2009
Date Implemented:	January 1, 2010
Date Expires:	September 30, 2014
Number of Amendments:	0

**SUMMARY**

The New Mexico State Coverage Insurance (SCI) Demonstration continues coverage for non-pregnant childless adults who were originally covered under the State's title XXI Health Insurance Flexibility and Accountability (HIFA) Demonstration approved in August 2002. Approximately 27,000 childless adults, ages 19 – 64 with incomes up to and including 200 percent of the Federal Poverty Level (FPL) who are not eligible for Medicaid, are covered under the Demonstration. Enrollees receive a comprehensive benefit package delivered through Managed Care Organizations (MCOs). Premiums and co-pays are required. The Demonstration is designed to provide health care coverage to uninsured individuals who are unemployed, self-employed, or employed by an employer with 50 or fewer employees. The State maintains a waitlist for the program.

**AMENDMENTS**

To date, New Mexico has not requested an amendment to the SCI Demonstration.

**ELIGIBILITY**

The SCI Demonstration covers non-pregnant, childless adults age 19-64 with income up to and including 200 percent of the FPL who are not eligible under the Medicaid State plan, CHIP, or Medicare.

**DELIVERY SYSTEM**

The SCI Demonstration utilizes a managed care delivery system.

**BENEFITS**

Benefits under the SCI Demonstration are structured to be similar to basic, comprehensive commercial benefit packages in New Mexico. Each beneficiary is limited

to a \$100,000 maximum per benefit year and some services are subject to limitation. The package includes inpatient and outpatient hospital services, physician and laboratory services, preventive services, women’s health services, emergency and urgent care, home health care, prescription drugs, behavioral health and substance abuse, and occupational, speech, and physical therapy.

**QUALITY AND EVALUATION PLAN**

Evaluation of the SCI Demonstration is divided into individual and employer group measures. Access to primary care providers is measured by the ratio of enrollees to total primary care providers, and HEDIS measures are used to assess utilization rates for ambulatory care, emergency services, HbA1c screening for diabetics, and breast cancer screening. The State monitors the timeliness of premium payments by employer groups and the number of terminated employer groups and individuals due to non-payment of the premium. The consumer experience is measured by the call timeliness and abandonment rates of call centers operated by the contracting managed care organizations. Additionally, the timeliness of provider payments by the managed care organizations is also tracked.

**COST SHARING**

Beneficiaries are required to pay monthly premiums based on a sliding scale of the enrollee’s level of income. Beneficiaries that are self-employed or unemployed must satisfy both the beneficiary and employer premium payments. Preventive services, diagnostic services, and pre- and post-natal care are not subject to a copayment. Annual cumulative cost-sharing (co-pays and premiums) cannot exceed 5 percent of the family’s annual gross income.

<b>SCI Program Premiums</b>		
<b>Beneficiary FPL Level</b>	<b>Beneficiary Premium</b>	<b>Employer Premium</b>
0%-100% FPL	\$0	\$75
101%-150% FPL	\$20	\$75
151%-200% FPL	\$35	\$75

<b>Sampling of SCI Program Copayments</b>			
<b>Service</b>	<b>0%-100% FPL</b>	<b>101% - 150% FPL</b>	<b>151%-200% FPL</b>
Physician/Outpatient	\$0	\$5	\$7
Inpatient Hospital	\$0 per admission	\$25 per admission	\$30 per admission
Emergency Services	\$0	\$15 per visit	\$20 per visit (waived if admitted)
Behavioral Health	\$0	\$5	\$7
Inpatient/Outpatient	\$0	\$25 per admission	\$30 per admission
Prescription Drugs	\$3	\$3	\$3

**STATE FUNDING SOURCE**

The State of New Mexico certifies that State/local monies are used as matching funds for the demonstration and that such funds shall not be used as matching funds for any other Federal grant or contract, except as permitted by law.

CMS Central Office Contact – Nicole Kaufman, (410) 786-6604,  
Nicole.Kaufman@cms.hhs.gov

CMS Regional Office Contact – Suzette Seng, (214) 767-6478,  
Suzette.Seng@cms.hhs.gov