8.8.4. ☐ Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))

8.8.5. ☐ No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary, to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)

8.8.6. ☐ No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children (Section 2107(a)(2)) (42CFR 457.710(b))

Objective 1: Reduce the number of uninsured children
Objective 2: Increase access to care

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Objective 1: Reduce the number of uninsured children
Goals:
Goal 1: Increase CHIP children enrollment by 1 percent annually.
Goal 2: Increase Medicaid enrollment for children by 1 percent annually.

Objective 2: Increase access to care
Goals:
Goal 1: ~~To increase the percentage of children two (2) through Twenty (20) years of age who had at least one dental visit during the measurement year.~~ Increase the percentage of children and adolescents receiving Well-Care visits by 3% by 2032. Baseline performance rate: State aggregate rate CY25 Child and Adolescent Well-Care Visits: Total-49.54%
Goal 2: ~~Increase the percentage of eligible children aged two (2) years who have received their combination 3 immunizations.~~ Increase the percentage of dental services for beneficiaries under the age of 21 by 3% by 2032. Baseline performance rate: State aggregate rate CY25 Oral Evaluation Dental Services

(OED): 52.80%.

Goal 3: ~~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.~~ Increase access to follow-up care for children prescribed ADHD by a quarter of a percentage point year over year. Baseline performance rate: State aggregate rate CY25 Follow-up Care for Children Prescribed ADHD Medication: Initiation Phase - 46.26% and Continuation phase.

Goal 4: ~~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. Continuation and Maintenance Phase~~
Increase the number of members receiving the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which provides comprehensive and preventive health care services for children under age 21, by 3% in five years.

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS contains measures for the general population, for which breakouts by children's age bands - are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures specific to the measurement year can be found in the HEDIS manual published annually by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

9.3. Describe how performance under the plan will be measured through objective,

independently verifiable means and compared against performance goals in order to determine the State's performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A), ~~The~~ (B)) (42CFR 457.710(d))

~~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 Attention-deficit/hyperactivity disorder (ADHD) medication (ADD) as Tracking Measures. In addition, Childhood Immunization Status, combination three (3), (CIS) and Six (6) or more Well-Child Visits with a PCP, for children who turned fifteen (15) months of age (W30), are included as Performance Measures (PMs) with NM HSD specified annual performance targets. The PMs are subject to monetary penalties should the established target not be met. All measures apply HEDIS Technical Specification. The MCOs are required to submit quarterly reports to NM HSD as well as 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.~~

New Mexico's Medicaid Program and New Mexico's Quality Strategy drives the section 9.2 performance goals in an effort to achieve improvement for the two CHIP objectives (reduce the number of uninsured children and increase access to care). New Mexico Medicaid utilizes a variety of data sources such as Managed Care Organization (MCO) quarterly monitoring reports, annual audited NCQA HEDIS rates, and additional state-directed approaches for collecting measurable data for dental care, well-care visits, and expanding access to services for behavioral and physical health for New Mexico's children. New Mexico's Quality Strategy encompasses a range of strategic approaches for ensuring New Mexico's Medicaid/CHIP Program is reaching Quality Compass National Averages by performance target setting. New Mexico's variety of measurable indicators leverage reporting and quality accountability.

Check the applicable suggested performance measurements listed below that the State plans to use: (Section 2107(a)(4))

9.3.1. ☒ The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

9.3.2. ☒ The reduction in the percentage of uninsured children.

9.3.3. ☐ The increase in the percentage of children with a usual source of care.

9.3.4. ☒ The extent to which outcome measures show progress on one or more of the health problems identified by the state.

9.3.5. ☒ HEDIS Measurement Set relevant to children and adolescents younger than 19.

9.3.6. ☐ Other child appropriate measurement set. List or describe the set used.

9.3.7. ☐ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

- **9.3.7.1.** ☐ Immunizations
- **9.3.7.2.** ☐ Well childcare

9.3.7.3. ☐ Adolescent well visits
9.3.7.4. ☐ Satisfaction with care
9.3.7.5. ☐ Mental health
9.3.7.6. ☐ Dental care
9.3.7.7. ☐ Other, list:

9.3.8. ☐ Performance measures for special targeted populations.

9.4. ☒ The State assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)

Guidance: The State should include an assurance of compliance with the annual reporting requirements, including an assessment of reducing the number of low-income uninsured children. The State should also discuss any annual activities to be undertaken that relate to assessment and evaluation of the program.

9.5. ☒ The State assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the State's plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

In accordance with New Mexico's approved 1115 Demonstration ~~Centennial Care 2.0~~ Waiver, Special Terms and Conditions (STCs), Evaluation Design, and Quality Strategy, ~~required~~ assessment and evaluation tools and processes are in place. Additional ~~These same~~ tools and processes will be utilized for Title XXI~~.~~ assessment and evaluation including New Mexico Medicaid's ~~The Medical Assistance Division's~~ External Quality Review Organization contractor for the External Quality Review ~~Waiver, IPRO,~~ that will be conducted. ~~the assessment and evaluation.~~

9.6. ☒ The State assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review or audit. (Section 2107(b)(3)) (42CFR 457.720)

Guidance: The State should verify that they will participate in the collection and evaluation of data as new measures are developed or existing measures are revised as deemed necessary by CMS, the states, advocates, and other interested parties.

9.7. ☒ The State assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))

9.8. The State assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a State under Title XIX: (Section 2107(e)) (42CFR 457.135)

9.8.1. ☒ Section 1902(a)(4)(C) (relating to conflict of interest standards)

9.8.2. ☒ Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)

9.8.3. ☒ Section 1903(w) (relating to limitations on provider donations and taxes)

9.8.4. ☒ Section 1132 (relating to periods within which claims must be filed)

Guidance: Section 9.9 can include discussion of community-based providers and consumer representatives in the design and implementation of the plan and the method for ensuring ongoing public involvement. Issues to address include a listing of public meetings or announcements made to the public concerning the development of the children's health insurance program or public forums used to discuss changes to the State plan.

9.9. Describe the process used by the State to accomplish involvement of the public in the design and implementation of the plan and the method for ensuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

New Mexico involved the public in the development of the state's CHIP plan at several levels. ~~The Human Services Department~~ New Mexico Medicaid followed a process that included public notification, tribal notification and web posting for the CHIP SPA.

A public notice, along with a complete copy of the CHIP SPA was posted to the Department's website on July 28, 2021 and allowed for a 30-day public comment period. The public notice was also mailed and emailed to Interested Parties.

A written Tribal Notification was mailed, emailed and posted to the Department's website on July 28, 2021. Legal ads were published on July 28, 2021.

New Mexico Medicaid amended its CHIP State Plan effective July 1, 2026, to update New Mexico's strategic objectives and performance goals to align with annual CHIP reporting. Public and tribal notices for a 30-day public comment period were provided on August 27, 2026, and posted to the Department's website. Legal ads were also published on August 27, 2026. To ensure ongoing public involvement, New Mexico Medicaid will obtain public input on program performance, eligibility, access, and service delivery during its Medicaid Advisory Committee (MAC), Beneficiary Advisory Committee (BAC), and Native American Technical Advisory Committee (NATAC) meetings.

9.9.1. Describe the process used by the State to ensure interaction with Indian Tribes and organizations in the State on the development and implementation of the procedures required in 42 CFR 457.125. States should provide notice and consultation with Tribes on proposed pregnant women expansions. (Section 2107(c)) (42CFR 457.120(c))

The Medical Assistance Division has a dedicated Tribal Liaison ~~and the Policy and Provider Services Bureau are~~ who coordinates internally on ~~responsible for~~

~~coordinating~~ notification and consultation activities with the Tribal leaders and the Indian Affairs Department. The Tribal Liaison coordinates and participates in meetings with New Mexico Medicaid ~~the Human Services Department~~, Tribal leaders and staff, Tribal organizations, and/or the Indian Health Service to provide updates and receive feedback on policy changes. Individual letters to Tribal leaders from the Medical Assistance Division are also sent to highlight policy changes specific to American Indian constituents. A face-to-face consultation may also be requested with all Tribal leaders to discuss policy changes and to receive input. Tribal leaders, Tribal organizations, the Indian Health Service and interested parties are included in the mailing lists for the Medicaid Tribal notifications and New Mexico Medicaid ~~Human Services Department~~ Register Notices.

~~HSD/MAD has a~~ The Tribal Liaison ~~to~~ coordinates ~~ongoing~~ regular~~ly scheduled~~ meetings and discussions between Tribal Leaders, Indian Health Service Facilities, other Tribal Health Providers, agency administrators, program administrators, and M~~m~~anaged C~~e~~are O~~o~~rganizations (MCOs). Participants provide input, advice, and comments on issues regarding all aspects of the Medicaid program. Meetings are to be held at least quarterly, and at the request of the participants.

9.9.2. For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), describe how and when prior public notice was provided as required in 42 CFR 457.65(b) through (d).

This amendment does not make changes to eligibility or benefits; however, prior public notice was provided on July 28, 2021.

The amendment effective July 1, 2026, did not make changes to eligibility or benefits.

9.9.3. Describe the State's interaction, consultation, and coordination with any Indian tribes and organizations in the State regarding implementation of the Express Lane eligibility option.

Not applicable

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
    - Projected amount to be spent on health services.