Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Superseding Pages of MAGI CHIP State Plan Material

State: New Mexico

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
NM-14-0010 Approval Date: 07/23/14 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
NM-14-0011 Approval Date: 06/17/14 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1

Superseding CHIP

Transmittal Number	Description	Superseded Plan Section(s)
NM-21-0009 Approval Date: 12/7/2021 Effective/Implementation Date: 10/1/2021	Updates New Mexico's strategic objectives and performance goals by removing obsolete goals and incorporating new objectives and goals that align with the state's current CHIP. In addition, the state provides updates to other state plan sections related to its Medicaid expansion program within the most up-to-date state plan template.	Model Application Template for State Child Health Plan Under Title XXI of the Social Security Act State Children's Health Insurance Program Pages 1-35 NM-14-0010 XXI Medicaid Expansion (CS3) Eligibility for Medicaid Expansion Program NM-14-0011 Establish 2101(f) Group (CS14) Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards
NM-26-0010 Approval Date: mm/dd/yyyy Effective/Implementation Date: July 1, 2026	This Children's Health Insurance Program (CHIP) SPA updates New Mexico's strategic objectives and performance goals to align with annual CHIP reporting.	NM-21-0009 Page 1 Pages 8-9: Section 1.4 Pages 105-109: Section 9

1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

This amendment does not make changes to eligibility or benefits; however, opportunity for a Tribal Consultation was solicited in Tribal Notification ~~(#21-16)~~ #26-21 on ~~July 28, 2021~~August 27, 2026.

The amendment effective July 1, 2026, included public and tribal notice for a 30-day public comment period effective August 27, 2026 – September 26, 2026. Materials were also posted to the Department's website on August 27, 2026, and legal ads were published on August 27, 2026. As part of tribal notice, New Mexico Medicaid offered Tribal Leadership an opportunity to request a formal government-to-government consultation.

~~TN No: Approval Date Effective Date TN #21-16: Approval Date: July 28, 2021: Effective Date: October 1, 2021.~~

Section 2. **General Background and Description of Approach to Children's Health Insurance Coverage and Coordination**

In 1996 there were an estimated 109,000 uninsured children in New Mexico, based on HSD/MAD analysis of a recently released Consumer Population Survey (CPS) estimates and Medicaid program data. This estimate reflects most, if not all, of the expansion of Medicaid eligibility to children in families up to 185% federal poverty level (FPL), which began in April 1995. The expansion to 185% FPL has resulted in over 38,000 additional children with Medicaid coverage. Sixteen percent of children enrolled in Medicaid for children up to 185% FPL had private health insurance at time of enrollment however 25% of those with private insurance had dropped their private coverage.

In New Mexico, employment-based health insurance for children has been about 48% to 50% for the past seven years, according to HSD/MAD analysis of the CPS statistics for 1996. By 2013, the year prior to the Affordable Care Act of (ACA) 2010 going into effect, the employment-based coverage had dropped to 41.8%. The average employment-based coverage from 2014 to 2018 is 39.9% from CPS data. From that same CPS data set, the uninsured rate for children ages 0 to 18 is about 7.0%. As for children living in family with income between 190% and 300% of the federal poverty level (FPL) who can qualify for the Children's Health Insurance Program (CHIP) category of eligibility, the uninsured rate is 8.6% or about 3,800 children. This is the number of children who can qualify for CHIP under the modified adjusted gross income (MAGI) methodology established by the ACA. Under the current MAGI methodology, children age 0 to 5 between 240% and 300% FPL along with children age 6 to 18 between 190% and 240% FPL can qualify for CHIP under New Mexico Medicaid eligibility rules.

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics
- Info per region/Geographic information