

How to Close the Health Care Gap in **New Mexico**

1. Make Medicaid available to all adults under 138% FPL¹

- ✓ Over 150,000 New Mexicans will get health insurance.
- ✓ At no cost to the state until 2017, and only 10 cents on the dollar afterward. These costs will be offset by expanded state revenues that will come in from the healthcare sector.
- ✓ If we refuse, our federal tax dollars will be used to cover folks in other states while New Mexicans are left behind.

2. Provide outreach and education in rural communities

- ✓ The state should do outreach in areas with the most uninsured families (ex: San Juan, McKinley and Cibola).
- ✓ HSD and MCO's must partner with community based health workers to provide effective information about Medicaid.
- ✓ The state must develop a robust Navigator program through the Exchange that 1) facilitates enrollment in Medicaid and 2) awards grants to community-based organizations, as well as I/T/U's²

3. Make enrollment easier

- ✓ HSD should match data with programs like SNAP and WIC to identify and enroll low income families in Medicaid.
- ✓ HSD should involve Medicaid beneficiaries and community health workers in testing the new ASPEN enrollment system.

4. Track progress with improving access to care

- ✓ The state should provide clear information about how MCO's and healthcare providers are performing in their areas.
- ✓ HSD should measure access to care by race/ethnicity and geographic areas so disparities can be addressed (ex: track enrollment and access to primary care and annual exams).
- ✓ The state should track the reasons why applicants are denied or lose coverage to identify administrative barriers to enrollment.

¹ According to the 2012 federal poverty guidelines, 138% FPL amounts to \$14,868 per year for a single person; \$20,124 for a family of 2

² Tribes, tribal organizations and urban Indian organizations may receive navigator funding under 42 C.F.R. § 155.210(c)(2)(viii)