

Working Definitions

Health Coverage for New Mexicans Committee

Adopted August 10, 2006

A. General terms:

1. Universal Coverage: Realistic opportunity for all people living in New Mexico to purchase or be provided health care coverage, whether public or private.
2. People Living in New Mexico: People who are physically present, domiciled, or a legal resident of New Mexico; and who have been in New Mexico for at least six consecutive months.
3. Coverage: Different types of benefit options offered under a public or private plan or insurance contract.
4. Uninsured: No coverage of any kind over previous calendar year (US Census definition).
5. Underinsured: Coverage that is: a) interrupted during a year; b) does not cover all the basic insurance plan services; c) is for catastrophic coverage only; and/or d) has high deductibles or coinsurance and does not provide first dollar coverage.
6. Continuity of coverage: Continuity = consistency; not interrupted over time; not only available for part of the year.
7. Single Payer System: Health coverage for all people living in New Mexico paid for out of one publicly administered fund replacing the current multi-payer system and eliminating commercial insurance companies, except perhaps as contracted administrators of the publicly administered fund; could be one or multiple benefit options; practitioners could be publicly or privately employed.
8. Social Insurance or "Socialized Medicine": Health care provided by publicly employed or contracted practitioners for all persons living in or citizens of a particular jurisdiction.

B. Levels of coverage:

1. Basic Insurance Plan or Policy: Includes the following services or benefits:
 - Inpatient Hospital
 - Durable Medical Equipment (DME)
 - Physicians' Services, Inpatient And Outpatient
 - Primary/Preventive/Early Detection, Including Family Planning and Oral Health
 - Emergency Room Services
 - Diagnostic And Assessment Services
 - Therapeutic And Diagnostic Radiological Services
 - Laboratory Services
 - Prescription Drug Coverage
 - Behavioral Health (Mental Health and Substance Abuse) Inpatient and Outpatient provided on a parity basis
 - Organic Eye and Natural Tooth Injury Treatments

The amount of services available in a basic plan (i.e., limitations on the benefits and co-pays) can vary.

2. Comprehensive Insurance Plan or Policy: A Basic Policy/Plan to which any of the following services are added:
 - Chiropractic/Massage/Acupuncture
 - Other Practitioners' Services, Including But Not Limited to Traditional Medicine Men/Healers
 - Dental
 - Vision
 - Hearing
 - Home Health
 - Hospice
 - PT/OT/ST
 - Rehabilitation Services
 - Nutritional Services
 - Crystal Therapy, Aromatherapy, Herbal Therapy
 - Non-Medically Necessary Elective Services
 - Any of the Long-Term Care Policy Services

3. Long-Term Care Insurance Policy or Plan: Includes any of the following services:
 - Habilitation services
 - Home Health
 - Assisted Living
 - Skilled Nursing Facility
 - Intermediate Care Facility for Mental Retardation
 - Individual Living/Personal Care/Attendant Care

4. Catastrophic Insurance Policy or Plan: One in which the amount of deductible or premium and co-pays paid by the insured before the coverage pays for services is significantly higher than most basic or comprehensive coverage policies/plans.

5. Minimum Insurance Policy or Plan: One in which:
 - Benefits are significantly less than in a basic plan/policy; and
 - All services are capped annually and/or over insured's lifetime at a significantly lower amount than most policies/plans; or
 - There are limitations to or no legally mandated services and legal rights protections for the insured.

In a minimum policy or plan, there may or may not be co-payments, co-insurance and/or deductibles once coverage begins.

The covered benefits of each of the above described policies/plans may or may not be evidence-based.