# Alternative Benefit Plan Populations

**Alternative Benefit Plan Population Name:** New Mexico Expansion Alternative Benefit Plan

**Eligibility Groups Included in the Alternative Benefit Plan Population:**

<table>
<thead>
<tr>
<th>Eligibility Group:</th>
<th>Enrollment is mandatory or voluntary?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Group</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enrollment is available for all individuals in these eligibility group(s). Yes

**Geographic Area**

The Alternative Benefit Plan population will include individuals from the entire state/territory. Yes

Any other information the state/territory wishes to provide about the population (optional):

---

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

---

**STATE:** New Mexico  
**DATE RECEIVED:** 3/18/14  
**DATE APPROVED:** 6/12/14  
**EFFECTIVE DATE:** 1/1/14  
**TN:** 13-30

**TN:** NM 13-30  
**Approved:** 6/12/14  
**Effective:** 1/1/14