

JANUARY, 2009

NEW MEXICO MEDICAID AND PREMIUM ASSISTANCE PROGRAMS

Eligibility Categories

Individuals become eligible for New Mexico Medicaid when they meet the specific criteria for one of the eligibility categories. The attached pages give basic information about these eligibility categories. The actual process of determining eligibility is complex because numerous financial and non-financial factors are considered.

Regulations for New Mexico's Medicaid programs are promulgated by the Human Services Department, Medical Assistance Division. The Department's Income Support Division offices make eligibility determinations for Medicaid, except for those categories administered by the Children, Youth and Families Department, the Social Security Administration, and the Premium Assistance programs.

(Updates to this pamphlet are made periodically. The most current version is on <http://www.state.nm.us/hsd/mad/Index.html>)

The eligibility categories for the Medicaid program are common on the ISD2 Eligibility System and to the Medical Assistance Division (MAD), if eligibility is determined by ISD. Some category numbers translate to different numbers on Omnicaid, (Medicaid's Management Information System).

Of the applicable categories that are common to both ISD2 and MAD, the following categories translate to different numbers on Omnicaid.

<u>CATEGORY ON ISD2</u>	<u>ISD2's HOUSEHOLD BUDGET GROUP</u>	<u>CATEGORY ON OMNICAID</u>
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Medicaid for Children

032	M (up to 133% FPL)	032
032	L (133% to 185% FPL)	036
032	C (185% to 235% FPL – SCHIP)	071
-	Premium Assistance for Kids (235% FPL and above)	071

Pregnancy Related/Family Planning

035	M (Pregnancy Related)	035
-	Premium Assistance for Maternity (185% FPL and above)	035
035	Z (Family Planning)	029

Medicaid for Families (JUL Medicaid)

072	- JUL Medicaid only (effective 12/01/01)	072
002	- JUL Medicaid only (prior to 12/01/01)	072
002	- JUL Medicaid and TANF (prior to 12/01/01)	002

Qualified Medicare Beneficiaries

040		041 (Aged/over 65)
040		044 (Aged/under 65)

Working Disabled Individual

043		074
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State Coverage Insurance

062A	(0-100% FPL)	062
062B	(101-150% FPL)	063
062C	(151-200% FPL)	064

MEDICAID ELIGIBILITY CATEGORIES

<u>Category</u>	<u>Description</u>
001	Supplemental Security Income (SSI) or Medicaid Extension (aged)
072	JUL Medicaid
003	Supplemental Security Income (SSI) or Medicaid Extension (blind)
004	Supplemental Security Income (SSI) or Medicaid Extension (disabled)
006	Foster Care (Non-IVE)
007	Children's Medical Services
017	Adoption Subsidy (IV-E), established by other states
027	Medicaid for four (4) months following loss of Category 072 due to receipt of, or increase in, child support collections under the IV-D program
028	Transitional Medicaid - provides benefits for up to 12 months following loss of Category 072 due to increased gross earnings or loss of earned income disregard
030	Medical Assistance for Pregnant Women - full Medicaid coverage
031	Medical Assistance for Newborns
032	Medical Assistance for Children
033	Medicaid for individuals ineligible for Category 072 due to deemed income from a stepparent, grandparent or sibling
034	Medicaid for individuals ineligible for SSI due to deemed income/resources from a stepparent
035	Medical Assistance for pregnancy-related services only or family planning services for women with incomes under 185% of Federal Poverty Level Guidelines
037	Adoption Subsidy (IV-E), in-state
040	Qualified Medicare Beneficiaries (QMBs)
042	Qualified Disabled Working Individuals (QDs)
043	Working Disabled Individuals (WDI)
045	Specified Low-Income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (QIIs)
046	Foster Care, placed out of state (no card issued- services by prior approval only)
047	Adoption Subsidy (IV-E), placed out of state (no card issued- services by prior approval only)
049	Medical Assistance for Refugees
052	Breast or Cervical Cancer
059	Refugee Medical Assistance Spend-down
060	Child placed under Juvenile Justice component of CYFD (non IV-E)
061	Child placed under Juvenile justice component of CYFD (IV-E eligible)
062	State Coverage Insurance (SCI)
066	Foster Care (IV-E)
081	Institutional Care (aged)
083	Institutional Care (blind)
084	Institutional Care (disabled)
085	Emergency Medical Services for Undocumented Aliens
086	(IV-E) Foster Care- custody with state other than New Mexico

Home and Community Based Waivers (aka CCIC) for:

- 090 AIDS
- 092 Mi Via Brain Injury
- 091 Disabled and Elderly (aged)
- 093 Disabled and Elderly (blind)
- 094 Disabled and Elderly (disabled)
- 095 Medically Fragile
- 096 Developmentally Disabled

PREMIUM ASSISTANCE PROGRAMS

- Premium Assistance for Kids (PAK)
- Premium Assistance for Maternity (PAM)

New Mexico Works (NMW) Related Medicaid Categories

Category 072 (JUL Medicaid) covers families with dependent children. The income eligibility mirrors that of the Temporary Assistance for Needy Families (TANF) program, known as New Mexico Works. There is no resource test for this category.

Category 027 provides continuous Medicaid coverage for four (4) months when Category 072 eligibility is lost due to increased child support.

Category 028 (Transitional Medicaid) provides twelve months of Medicaid for families who lose eligibility for Category 072 due to increased earnings or loss of the earned income disregard.

Category 033 provides Medicaid coverage for individuals when income derived from a stepparent, grandparent, or sibling results in Category 072 ineligibility.

Medical Assistance for Women and Children (MAWC)

The MAWC categories cover children, pregnant women, and women who want family planning services.

Category 030 covers pregnant women in families who meet Aid to Families with Dependent Children (AFDC) income and resource standards. The women are eligible for the full range of covered services.

Category 031 covers newborn babies born to mothers eligible for and receiving Medicaid, or to mothers deemed to have been eligible for and receiving Medicaid at the time of the birth. The babies are eligible for one year as long as the mother remains eligible for Medicaid (or would be eligible if she were still pregnant) and the child remains with the mother. Both mother and child must continue to reside in New Mexico.

Category 032 covers children who are under age nineteen (19) and are in families with incomes under 185% of the Federal Poverty Level Guidelines. Children under nineteen (19) years of age may be eligible for Medicaid under the State Children's Health Insurance Program (SCHIP), if the countable income of the family is between 185-235% of the Federal Poverty Level Guidelines. In order to be eligible for SCHIP, a child cannot have other health insurance coverage. A child, whose health insurance was voluntarily dropped, is ineligible for SCHIP for six months, starting from the first month the health care coverage was dropped. There is no resource test for this category.

Authorized determiners make presumptive eligibility determinations for this category.

The Federal Poverty Level Guidelines for 2008 are as follows:

<u>Size of Assistance Unit</u>	<u>185% of Federal Poverty Level Guidelines</u>	<u>235% of Federal Poverty Level Guidelines</u>
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1	\$1,604	\$2,037
2	\$2,159	\$2,742
3	\$2,714	\$3,447
4	\$3,269	\$4,152
5	\$3,824	\$4,857
6	\$4,379	\$5,562
7	\$4,934	\$6,267
8	\$5,489	\$6,972

Category 035 covers women in families whose income is below 185% of the Federal Poverty Level Guidelines. Pregnant women may be eligible for pregnancy-related services only. Women of childbearing age may be eligible for family planning services.

There is no resource test for this category.

Authorized medical providers make presumptive eligibility determinations for pregnancy-related services only.

Foster Care and Adoption Subsidy

Categories 006, 017, 037, 046, 047, 060, 061, 066, and 086 provide Medicaid for children in state substitute care programs and in adoption subsidy situations. The Children, Youth and Families Department make eligibility determinations for these categories. To be eligible on the basis of income, a child in a substitute care placement must have an income below the maximum Category 002 standard of need for one person.

Supplemental Security Income (SSI)

Categories 001, 003, and 004 – The Social Security Administration determines eligibility for these categories. SSI provides cash benefits and Medicaid provides health care coverage for eligible individuals under aged (Category 001), blind (Category 003), or disabled (Category 004).

The maximum monthly income benefits provided under this program are \$674 for an individual and \$1,011 for a couple. If the applicant is a minor child, a certain portion of the parents' income is considered available to the child. Resource limits are \$2,000 for an individual and \$3,000 for a couple. A burial fund of up to \$1,500 is excludable.

Category 034 provides Medicaid coverage for individuals who are ineligible for SSI due to income/resources deemed from a stepparent.

Medicaid Extension

Designated as Categories 001, 003 and 004 - Section 503.Title V of Public Law 94-566 continues Medicaid coverage for persons who lose eligibility for SSI and Medicaid solely due to Social Security cost-of-living increases. The "Pickle Amendment" extends coverage to people who

meet SSI eligibility criteria when Social Security cost-of-living increases are disregarded.

Public Law 100-203 extends Medicaid eligibility to widow(er)s between the ages of 60 and 64 who lose SSI eligibility due to receipt of or an increase in early widow(er)'s Title II benefits. Eligibility terminates when the individual becomes eligible for Medicare Part A.

Public Law 99-243, Section 6 extends Medicaid eligibility to certain disabled adult children (DACs) who lose SSI eligibility due to receipt of or increase in Title II DAC benefits.

The Omnibus Budget Reconciliation Act of 1990 extends Medicaid coverage to certain disabled widow(er)s and disabled surviving divorced spouses who lose SSI eligibility due to receipt of or increase in disabled widow(er)'s/disabled surviving divorced spouse's Title II benefits. Medicaid eligibility terminates when the individual becomes eligible for Medicare Part A.

The state has also opted to extend Medicaid eligibility to non-institutionalized individuals who lose SSI eligibility because the amount of their initial Title II benefit exactly equals the income ceiling for the SSI program.

Individuals who lose SSI eligibility for other reasons may qualify for up to two (2) months of extended Medicaid eligibility to give them an opportunity to apply under one of the other categories of coverage.

Institutional Care Medicaid

Categories 081 (aged), 083 (blind), and 084 (disabled) provide Medicaid to individuals requiring institutional care in nursing facilities (NFs) designated as High NFs or Low NFs, Intermediate Care Facilities for the Mentally Retarded (ICF-MR's) or acute care hospitals. These individuals must meet all SSI eligibility criteria except income. As of January 1, 2008 the maximum allowable countable income limit is \$2,022 per month. (Persons with less than \$50 in income must apply for SSI). The resource limit for this program is \$2,000.

For married applicants, special income and resource rules apply. An amount up to \$109,560 of the couple's resources can be protected for the non-institutionalized spouse when one member of the couple begins institutionalization for a continuous period of at least 30 days on or after January 1, 2008. Different resource criteria apply depending on when the applicant is institutionalized.

After being approved, a patient liability or "medical care credit" is calculated and is paid to the institution to defray the cost of institutional care. A certain portion of the recipient's income is allowed for personal needs (\$60); non-covered medical expenses (up to \$96.40), and actual health insurance premiums; and an allowance for maintenance of spouse and dependents at home.

Home and Community Based Waivers

Category 090 HIV/AIDS

Category 091 Disabled and Elderly-Age 65 or older

Category 092 Brain Injury

Category 093 Disabled and Elderly- Blind

Category 094 Disabled and Elderly- Disabled

Category 095 Medically Fragile

Category 096 Developmentally Disabled

Recipients in these programs are persons who qualify both financially and medically for institutional care but who remain in the community. The Department of Health must determine that adequate care can be provided to the individual in the community at a lesser cost than in an institutional setting. Income and resource limits are the same as for Institutional Care Medicaid.

Qualified Medicare Beneficiaries (QMBs)

Category 040 entitles individuals to payment of Medicare premiums as well as the deductible and coinsurance amounts on Medicare-covered services. To be eligible, the applicant must already have, or be conditionally eligible for Medicare Part A (Hospital Insurance). Income limits are \$867 for an individual and \$1,167 for a married couple. The resource limit is \$4,000 for an individual and \$6,000 for a couple.

Specified Low-Income Medicare Beneficiaries (SLIMBs)/ Qualified Individuals 1 (QI1s)

Category 045 entitles individuals to payment of their Medicare Part B premiums, if their income is below 120% of the Federal Poverty Level Guidelines. Countable monthly income must be at least \$867 but no more than \$1,040 for an individual and at least \$1,167 but no more than \$1,400 for an applicant with an ineligible spouse when income is deemed.

The SLIMB category was expanded to cover an additional group of individuals known as Qualified Individuals 1 (QI1's), if their income is between 120-135% of the Federal Poverty Level Guidelines. Countable monthly income must be at least \$1,040 but no more than \$1,170 for an individual and at least \$1,400 but no more than \$1,575 for an applicant with an ineligible spouse when income is deemed.

The resource limit for SLIMB and QI1's is \$4,000 for an individual and \$6,000 for a couple.

The applicant must be enrolled in Medicare Part A. Medicaid does not pay the Medicare Part A premium. Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

Qualified Disabled Working Individuals (QDs)

Category 042 entitles individuals to payment of their Medicare Part A. No other benefits are provided and no Medicaid card is issued. These individuals must have lost entitlement to free Part A due to substantial gainful employment. They must, however, continue to meet the Social

Security Administration's definition of disability and be enrolled for premium Part A. The income limits are \$1,734 for an individual and \$2,334 for an applicant couple or an applicant with an ineligible spouse when income is deemed.

Working Disabled Individuals (WDIs)

Category 043 covers disabled working individuals, who, because of earnings, do not qualify for Medicaid under any other programs. Individuals must meet the Social Security Administration's (SSA) criteria for disability without regard to "substantial gainful activity". The program also covers those individuals with a recent attachment to the work force. An individual is considered to have recent attachment to the work force if he/she 1) has enough earnings in a quarter to meet the SSA's definition of a qualifying quarter, or 2) has lost SSI and Medicaid due to the initial receipt of Social Security Disability Insurance (SSDI) benefits, until Medicare entitlement.

Medical Assistance for Refugees

Category 049 provides Medicaid coverage for low-income refugees. Coverage is limited to a maximum of eight-months from the date the individual enters the U.S. There are 4 scenarios under which Refugee Medical Assistance can be approved:

1. Applicant meets AFDC standard of need when the earned income disregard is applied;
2. Applicant meets all criteria for refugee cash assistance but wishes to receive only refugee medical assistance;
3. Four month refugee medical assistance extension when eligibility for refugee cash assistance is lost due to earned income;
4. Spend-down (Category 059).

Breast or Cervical Cancer

Category 052 covers women who are under 65 years of age, uninsured, and have met screening criteria as set forth in the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The New Mexico Department of Health is responsible for verifying that women referred for treatment have met screening requirements that include an income test of 250% of the Federal Poverty Level Guidelines and diagnostic testing by a contracted CDC provider that results in a diagnosis of breast or cervical cancer including pre-cancerous conditions.

State Coverage Insurance (SCI)

Category 062 - A hybrid that combines a commercial style basic health benefit plan offered through an employer with partial funding through the state and federal governments. SCI is available to uninsured, low-income adults, ages 19 thru 64, with countable family incomes of up to 200% of the Federal Poverty Level Guidelines, who are not eligible for other public or private

health insurance programs such as Medicaid (Title XIX), Medicare, and, CHAMPUS. This is a cost sharing health plan, with premiums and co-payments that are based on a sliding scale. Annual benefits are capped at \$100,000. Maximum out of pocket costs are also capped on a sliding scale basis.

Emergency Medical Services for Undocumented Aliens

Category 085 provides coverage of emergency services for certain undocumented or ineligible aliens who meet all eligibility criteria for an existing Medicaid category except for their alien status. The alien must receive bona fide emergency medical services and been referred to the local Income Support Division (ISD) office by the provider. If s/he is found eligible by ISD, s/he must notify the provider so that the claim can be submitted to the department's utilization review (UR) contractor. Coverage is available only for emergencies approved by the UR contractor and only for the duration of the specific emergency.

Premium Assistance For Kids (PAK)

Premium Assistance for Kids is for uninsured children up to the age of twelve, and children up to the age of 18 if part of a sibling group that includes a child up to the age of twelve, with countable family incomes above 235% of the Federal Poverty Guidelines (no upper income limit). The state pays a portion of the monthly premium (generally 50%) for a comprehensive health care plan approved by the Department while the parent pays the remainder of the premium and all deductibles and co-payments directly to the health plan. To be eligible, the applicant must be screened and found ineligible for Medicaid and/or SCHIP due to income.

Premium Assistance for Maternity (PAM)

Premium Assistance for Maternity (PAM) is for pregnant women with countable family incomes above 235% of the Federal Poverty Guidelines (no upper income limit) and covers only pregnancy-related services. The applicant must be screened and found ineligible for Medicaid due to income. The applicant pays a one-time premium fee per pregnancy depending on the trimester in which she enrolls. For example, if the client enrolls during the first 20 weeks of pregnancy (months one-five) the premium is \$150. However, if the client enrolls during the second 20 weeks of pregnancy (months six-nine), the premium is \$300. The difference in the premium cost is to encourage pregnant women to start receiving health care services early in the pregnancy, ensuring healthier births.

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