Presenters

- Introductions
  - Lori Peña

- Medicaid Eligibility and Updates
  - Lori Peña

- Presumptive Eligibility Program
  - Jeanelle LeRouge
Agenda

- Medicaid Eligibility
- Updates
- Presumptive Eligibility
- Questions
Eligibility for Aged, Blind and Disabled Medicaid will remain unchanged for the categories below:

- Supplemental Security Income (SSI)
- Medicaid Extensions (001,003,004)
- Working Disabled/Medigap (043)
- Medicare Savings Programs (040 & 045)
- Breast and Cervical Cancer (52)
- Institutional Care (081,083,084)
- Waivers (090–096)
Medicaid and the Affordable Care Act

Lori Peña
ACA Categories of Eligibility

- Other Adult
- Children
- Newborn
- Parent/Caretaker
- Full Pregnancy
- Transitional Earned/Spousal Support
- Pregnancy Related Services
What is MAGI?

- **Modified Adjusted Gross Income**

- MAGI is a methodology based on Federal tax rules for determining adjusted gross income

- No asset test or disregards, except a 5% disregard based on income level

- Various Federal and pre-tax income deductions can exist, verification is required (such as tax forms)

- Tax filer and relationship play a role in determining household size for each individual
Other Adult

Who Is Eligible?
- An Individual age 19 to 65 with income below 138% FPL
- Cannot be entitled to or eligible for Medicare – What happens if there is an overlap in coverage?
- Dental and Vision services are limited
- Receives the Alternative Benefit Plan (ABP) unless Medically Frail

Parent Caretaker

Who Is Eligible?
- Must be a natural, step or adoptive parent, or are within 5th degree of relationship provided they live with the child
- Income guidelines based on Fixed Standard not FPL (approximately 46% FPL)
- If earned income or alimony close Parent Caretaker and the individual does not qualify for Other Adult the individual(s) should be eligible for Transitional Medicaid
Children

- **Who Is Eligible?**
  - Under nineteen years of age
  - Some special groups of children may be covered up to the age of 21

- **Children’s Medicaid**
  - Age 0-5 years FPL 0%-240% and 6-19 years FPL 0%-190%

- **Children’s Health Insurance Plan (CHIP) Medicaid**
  - Cannot have other full coverage health insurance
  - Age 0-5 years FPL 240%-300% and 6-19 years FPL 190%-240%

**Newborn Medicaid**

- Infants born to mothers who have been determined to be eligible to receive New Mexico Medicaid at the time of birth
- Emergency Medical Services Aliens (EMSA) meets this qualification
Who Is Eligible?

- A woman who is pregnant
- Self Attestation of pregnancy accepted
- Income guidelines based on Fixed Standard not FPL (approximately 46% FPL)
- Un-born Child(ren) are included in budget group
- Cannot have a minor child already living with them, if minor children are in the home they will qualify for Parent Caretaker Medicaid

Full Pregnancy

Pregnancy Related Services
Transitional Medicaid

- **Loss of Parent Caretaker Medicaid due to Spousal Support**
  - Received parent caretaker Medicaid in at least one month of the six months prior to ineligibility for parent caretaker Medicaid
  - Lost parent caretaker Medicaid wholly or in part due to new or increased spousal support income
  - At least one Medicaid eligible minor child living in the home
  - Qualifies for a four month period of eligibility effective the month after the closure of Parent Caretaker

- **Loss of Parent Caretaker Medicaid due to Earnings From Employment**
  - Received parent caretaker Medicaid in at least one month of the six months prior to ineligibility for parent caretaker Medicaid
  - Lost parent caretaker Medicaid wholly or in part due to new or increased earnings from employment
  - At least one medicaid eligible minor child living in the home
  - 12 months beginning the month after the closure of Parent Caretaker

*Individuals will be screened for Other Adult Medicaid prior to TMA*
Family Planning

Who Is Eligible?

- Any Individual of child bearing age up to 250% FPL
- Limited to services, consultations, and supplies related to birth control, pregnancy prevention and family planning services

Refugee

Who Is Eligible?

- A “Refugee” is an immigrant, who because of persecution or fear of persecution on account of race religion or political opinion, fled from his or her home country and cannot return because of fear of persecution because of race, religion or political opinion and the household calculated income is less than 185% of the Fixed Standard.
- Does not qualify for other full Medicaid coverage categories
- Benefits are limited to eight months from date of entry into the U.S
Households vs. Budget Group vs. Assistance Unit

- A household is all individuals listed on an application.
- Assistance Unit is the individual being evaluated for Medicaid eligibility.
- All applicants need to be evaluated for the budget group individually.
- Countable income will be based on who is included in your budget group at an individual level.
Important Updates
Transitional Medicaid Categories

Transitional Medicaid (TMA) eligible individuals will first be looked at for other categories of eligibility, in order they are:

- Pregnant Women
- Other Adult
- If they meet the eligibility criteria for one of the above categories the individual will be enrolled in that category.
- Only when the individual does not qualify for Pregnant Women or Other Adult will they be placed in TMA.
- The TMA 12/4 month period will be honored.
- Children will remain on Children’s Medicaid for the TMA certification period unless they too do not meet the Children’s Medicaid eligibility criteria, they will then be placed on TMA.
Who can sign an application on behalf of a minor?

Signing an application involves certain functions that are legally binding such as the signature acknowledging reporting and fraud responsibilities, consent to release information of a confidential nature, computer matching with the IRS, assignment of medical and child support rights, and the assignment of rights to third party liability. Additionally, the applicant must be in a position to access information essential to the eligibility determination process, such as income verifications, other insurance coverage, etc. A child cannot enter into a legally binding document; therefore an application for coverage of a child must be made by the parent, other relative or adult acting in a responsible role on behalf of the child.

Please refer to Interim Policies and Procedures – IPP 15-06 at http://www.hsd.state.nm.us/LookingForInformation/interim-policies-and-procedures-ipps-.aspx
Children in New Mexico for Treatment Purpose Only

- A child may temporarily relocate to New Mexico from another state for treatment purposes. This child is not eligible for New Mexico Medicaid as the child does not meet residency criteria.

- 42 CFR 435.403 State residence.
- (e) Placement by a State in an out-of-State institution—(1) General rule. Any agency of the State, including an entity recognized under State law as being under contract with the State for such purposes, that arranges for an individual to be placed in an institution located in another State, is recognized as acting on behalf of the State in making a placement. The State arranging or actually making the placement is considered as the individual's State of residence. (3) For any institutionalized individual who is neither married nor emancipated, the State of residence is—
  (i) The parent's or legal guardian's State of residence at the time of placement (if a legal guardian has been appointed and parental rights are terminated, the State of residence of the guardian is used instead of the parent's); or
  (ii) The current State of residence of the parent or legal guardian who files the application if the individual is institutionalized in that State (if a legal guardian has been appointed and parental rights are terminated, the State or residence of the guardian is used instead of the parent's).
  (iii) The State of residence of the individual or party who files an application is used if the individual has been abandoned by his or her parent(s), does not have a legal guardian and is institutionalized in that State.
Exceptions for Minor Applicants

- A minor may sign their own application if they are an emancipated minor or a married minor.
- For more information on Emancipation you may look at the “Emancipation of Minors Act [32A-21-1 to 32A-21-7NMSA 1978]”
Medicaid Benefits & More...
Medicaid Benefits

Different categories of eligibility have different benefits. Full coverage Medicaid categories include:

- Ambulatory (outpatient) services
- Emergency Services
- Hospitalization
- Maternity and newborn care
- Behavioral Health services (including Mental Health and Substance Abuse) – added 3 new services: Family Support Services, Recovery Services and Respite.
- Specialty Care
- Prescription Drugs
- Rehabilitative services and devices
- Laboratory Services
- Preventive services and chronic disease management
- Some categories of eligibility may also cover vision and dental service
Adults in the Other Adult Group will receive an Alternative Benefit Plan (ABP)

Covers all 10 “essential health benefits” in the ACA

- Ambulatory patient services
- Prescription drugs
- Emergency services
- Rehabilitative and habilitative services and devices
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Preventive services and chronic disease management
- Behavioral health care (including substance abuse)
- Pediatric services, including oral and vision (19 and 20 year-olds only)
- Also includes the Medicaid dental benefit package for adults
Medicaid recipients in the Other Adult Group who have special health care needs may qualify to receive Standard Medicaid services.

Individuals who have a:
- serious or complex medical condition,
- a terminal illness,
- a chronic substance use disorder,
- a serious mental illness,
- or a disability that significantly impairs their ability to perform one or more activities of daily living.
A Health Risk Assessment (HRA) must be completed for the individual to qualify for the Standard Medicaid Services. Individuals who think they have special health care needs should contact their Centennial Care managed care organization (MCO). Native American individuals who are not enrolled with a Centennial Care MCO should call the Qualis Health Third-Party Assessor (TPA) toll-free at (866) 962–2180.
Your Eligibility System
New Mexico
(YES NM)
Create an account and use it to:

- Apply for benefits
- Recertify benefits
- Make changes to case information
- Check status of your benefits
- Express Eligibility – coming soon

For more details or information on your case, go online at [www.yes.state.nm.us](http://www.yes.state.nm.us) and click on “Check My Benefits”, or call the ISD Information Line, available 24/7, at 1–855–309–3766. You can also contact our Customer Service Center at 1–800–283–4465.
Presumptive Eligibility

Jeanelle LeRouge
Presumptive Eligibility (PE)

- Presumptive Eligibility (PE) is short-term Medicaid coverage for eligible individuals.
- If screened correctly, applicants will most likely be approved for ongoing Medicaid coverage (an ongoing application must be submitted for the applicant to be considered for the ongoing Medicaid eligibility).
- PE coverage provides immediate access to care for eligible recipients.
- PE coverage is valid through the last day of the month following the month the PE is granted (if an application is submitted, PE coverage will continue until the application is processed).
- PE can only be granted once in a 12 month period (or once per pregnancy).
- PE coverage may only be granted by certified PE Determiners (PEDs)
Presumptive Eligibility Determiners (PEDs)

- Complete a webinar training session
  - Full PED Webinar Training Sessions (second Tuesday of the month)
  - YESNM–PE Demo Sessions (optional) – “YES Fridays” (Third Friday of the month)

- Pass a comprehension test of 90% or higher

- Must meet certification requirements and performance standards
PED Specialty Type

170 (DOH, Clinic, SBHC, Other)
- Children up to age 19
- Pregnant women

171 (IHS, Hospitals, Prisons and Jails)
- Children up to age 19
- Pregnant women
- Medicaid Expansion COEs (Other Adult Group)
PE Program Tools

- YESNM–PE
  - Determine Presumptive Eligibility
  - Submit applications for Medicaid
  - PE Screenings & Applications must be submitted through YESNM–PE

- New Mexico Medicaid Web Portal
  - Reviews for current and prior eligibility
  - Entry of PE
New Mexico Legislature passed Senate Bill 42 in early 2015; Governor Susana Martinez signed it into law effective July 1, 2015.

Primary goal was to ensure that the Medicaid-eligible inmate population has timely access to health care services when released from prison or jail:
- Behavioral health conditions and substance use disorders
- Co-morbidities
- Reduce recidivism
JUST Health
Key Provisions

Incarceration shall not be a basis to terminate or deny eligibility for Medicaid.

An incarcerated individual not enrolled in Medicaid, may apply while incarcerated, or maintain a suspended status if enrolled.

Upon release, an individual shall remain eligible for Medicaid for continuity of treatment.
The Human Services Department (HSD) entered into intergovernmental agreements with participating prisons and jails. Participating prisons and jails required to share daily inmate booking and release information with HSD through a secured interface.

Interfaces directly with the Medicaid eligibility system (ASPEN), which then interfaces with the Medicaid Management Information System (MMIS)

Automatically suspends Medicaid benefits when an enrollee is incarcerated for 30 days or more

Managed care individual moves to fee-for-service (FFS); capitation payments cease

Inpatient hospital claims paid under FFS not managed care

Automatically reactivates Medicaid benefits when the inmate is released from prison/jail

Individual moves back to managed care; capitation payments resume
Eligibility rule excludes an inmate from the household if he or she neither files a tax return nor is claimed as a tax dependent; must be living with other household members.

- Decision to apply change in household composition only at annual recertification, administrative renewal or auto-renewal
- Protects other household members from detrimental eligibility changes due to reduced household size
STMII
(Short Term Medicaid for Incarcerated Individuals)
STMII
(Short Term Medicaid for Incarcerated Individuals)

- Incarcerated Individuals:
  ◦ Must be Medicaid-approved (with benefits in suspended status)
  ◦ Receive inpatient hospital services (24 hrs or more)
  ◦ Services must be Medicaid-covered benefits
  ◦ May be eligible for STMII multiple times a year
  ◦ Medicaid application may be completed after return to correctional facility
  ◦ Hospital PE staff may not issue PE for incarcerated individuals
JUST Health in the Medicaid Web Portal

The suspension will be viewable in the New Mexico Medicaid Portal with the original Category of Eligibility the individual was determined eligible for.

Client has been determined eligible for Medicaid as shown below, but Medicaid benefits are suspended from 11/01/2016 through 01/27/2017.

<table>
<thead>
<tr>
<th>COE Code</th>
<th>Benefit Description</th>
<th>Begin Date</th>
<th>End Date</th>
<th>COE Add Date</th>
<th>Co-Pay</th>
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</thead>
<tbody>
<tr>
<td>100</td>
<td>Alternative Benefit Plan. Some services have limitations in amount or scope. Additional preventive services are included. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment.</td>
<td>10/01/2016</td>
<td>12/31/9999</td>
<td>10/12/2016</td>
<td>Click here for additional copay info</td>
</tr>
</tbody>
</table>
PED Information

- Request YES–NM demo session schedules
- Request PED Training session schedules
- For information on PED enrollment status
- Questions regarding JUST Health

HSD.PEDeterminers@state.nm.us
Contact Information

- Medical Assistance Division
  - Customer Service Hot Line: (888) 997–2583

- Income Support Division
  - ISD Customer Service Center: (800) 283–4465
  - Local to Albuquerque: (505) 222–9160
  - Low-Income Home Energy Assistance Program: (888) 523–0051

- Income Support Division Director
  - Constituent Services: (505) 827–7250

- Behavioral Health Services Division
  - (505) 476–9266

- Fair Hearings Bureau
  - (505) 476–6213

- Office of Inspector General
  - HSD Office of Inspector General: (800) 228–4802
  - Medicaid Provider fraud: (505) 827–3146
  - HSD-NMMedicaidFraud@state.nm.us
  - http://www.hsd.state.nm.us/LookingForAssistance/Report_Fraud.aspx
Contact Information

- ACA Medicaid Eligibility
  Jordan Barela (505) 476–6818
  Lori Peña (505) 827–1336
- Aged, Blind, and Disabled Medicaid
  Sonya Pierce (505) 827–7777
  Renay Martinez (505) 476–6867
  Joey Kellenaers (505) 827–6208
- Presumptive Eligibility
  Jeanelle Le Rouge (505) 827–7713
  Kathy Slater–Huff (505) 476–7196
Questions?