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TITLE 8 SOCIAL SERVICES
CHAPTER 252 MEDICAL ASSISTANCE PROGRAM ELIGIBILITY - BREAST AND CERVICAL
CANCER PROGRAM
PART 600 BENEFIT DESCRIPTION

8.252.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.252.600.1 NMAC - Rp, 8.252.600.1 NMAC, 1/1/2019]

8.252.600.2 SCOPE: This rule applies to the general public.
[8.252.600.2 NMAC - Rp, 8.252.600.2 NMAC, 1/1/2019]

8.252.600.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See Section 27-1-12 *et seq.*, NMSA 1978.
[8.252.600.3 NMAC - Rp, 8.252.600.3 NMAC, 1/1/2019]

8.252.600.4 DURATION: Permanent.
[8.252.600.4 NMAC - Rp, 8.252.600.4 NMAC, 1/1/2019]

8.252.600.5 EFFECTIVE DATE: January 1, 2019, or upon a later approval date by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section.
[8.252.600.5 NMAC - Rp, 8.252.600.5 NMAC, 1/1/2019]

8.252.600.6 OBJECTIVE: The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility policy manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining MAD eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.
[8.252.600.6 NMAC - Rp, 8.252.600.6 NMAC, 1/1/2019]

8.252.600.7 DEFINITIONS: [RESERVED]

8.252.600.8 [RESERVED]
[8.252.600.8 NMAC - Rp, 8.252.600.8 NMAC, 1/1/2019]

8.252.600.9 GENERAL BENEFIT DESCRIPTION: A woman who is determined eligible for medicaid coverage under the breast and cervical cancer program (Category 052) can receive the full range of medicaid covered.
[8.252.600.9 NMAC - Rp, 8.252.600.9 NMAC, 1/1/2019]

8.252.600.10 BENEFIT DETERMINATION: Completed applications must be acted upon and notice of approval, denial, or delay sent out within 45 days of the date of application. The applicant will have time limits explained, and be informed of the date by which the application should be processed.
[8.252.600.10 NMAC - Rp, 8.252.600.10 NMAC, 1/1/2019]

8.252.600.11 INITIAL BENEFITS: Eligibility is always prospective and begins the month of application. When an eligibility determination is made, notice of the approval or denial is sent to the applicant. If the application is denied, the notice shall include reason(s) for denial and the applicant's right to request a fair hearing.
[8.252.600.11 NMAC - Rp, 8.252.600.11 NMAC, 1/1/2019]

8.252.600.12 ONGOING BENEFITS: An eligible recipient is responsible to report changes affecting eligibility within 10 calendar days from the date on which the change took place. Changes in eligibility status will be effective the first day of the following month. A redetermination of eligibility is made every 12 months.
[8.252.600.12 NMAC - Rp, 8.252.600.12 NMAC, 1/1/2019]

8.252.600.13 RETROACTIVE BENEFIT COVERAGE: Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.
[8.252.600.13 NMAC - Rp, 8.252.600.13 NMAC, 1/1/2019]

8.252.600.14 CHANGES IN ELIGIBILITY: A recipient's eligibility ends when medical assistance division (MAD) receives information from the treating physician or from the recipient that her course of treatment is completed. A case is closed, with provision of advance notice, when the recipient becomes ineligible. The case is closed the month following the death of an eligible recipient.
[8.252.600.14 NMAC - Rp, 8.252.600.14 NMAC, 1/1/2019]

HISTORY OF 8.252.600 NMAC:

History of Repealed Material:

8.252.600 NMAC, Benefit Description, filed 6-14-02 - Repealed effective 1/1/2014.
8.252.600 NMAC, Benefit Description, filed 12/2/2013 - Repealed effective 1/1/2019.