

**New Mexico Medicaid Transition Plan
Version 2; Draft: 09/09/13**

Current Eligibility Category & Authority	1/1/14 Eligibility Category & Authority	Covered Benefits	Delivery System(s)	Process for Transition
Mandatory Parents & Caretaker Relatives (State Plan)	No change	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change
Mandatory Pregnant Women (State Plan)	Eligibility level raised to 138% FPL (State Plan)	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change
Mandatory Pregnant Women (State Plan – limited to pregnancy-related services)	Lower eligibility threshold increased due to changes in the full coverage pregnancy category (above)	<ul style="list-style-type: none"> • State Plan benefits limited to pregnancy-related services only • Qualified Health Plan (QHP) for full coverage 	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) • QHP – Marketplace (full coverage) 	<ul style="list-style-type: none"> • No change for current recipients in this category • New recipients in the limited-benefit pregnant women category also directed to the Marketplace for evaluation of full coverage options
Medicaid Children Age 0-5 (State Plan)	No change	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change
Medicaid Children Age 6-18 (State Plan)	No change	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change
CHIP Children Age 0-5 (State Plan)	No change	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) 	No change

			<ul style="list-style-type: none"> • Fee-for-service (Native American option) 	
CHIP Children Age 6-18 (State Plan)	No change	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change
Family Planning (State Plan)	<ul style="list-style-type: none"> • Individuals $\leq 138\%$ FPL – Medicaid expansion adult category (State Plan) • Individuals $\geq 138\%$ FPL – Marketplace • Family Planning State Plan category sunsets 1/31/14 	<ul style="list-style-type: none"> • Individuals $\leq 138\%$ FPL – Alternative Benefit Plan (ABP) • Individuals $\geq 138\%$ FPL – Qualified Health Plan (QHP) 	<ul style="list-style-type: none"> • Managed care (most recipients) – Medicaid • Fee-for-service (Native American option) – Medicaid • QHP – Marketplace 	<ul style="list-style-type: none"> • Automatic transition before 1/31/14 for individuals $\leq 138\%$ FPL to Medicaid Adult category • Individuals $\geq 138\%$ FPL directed to Marketplace
State Coverage Insurance – parents and childless adults (1115 waivers)	<ul style="list-style-type: none"> • Individuals $\leq 138\%$ FPL – Medicaid expansion adult category (State Plan) • Individuals $\geq 138\%$ FPL – Marketplace • SCI waiver sunsets 12/31/13 	<ul style="list-style-type: none"> • Individuals $\leq 138\%$ FPL – Alternative Benefit Plan (ABP) • Individuals $\geq 138\%$ FPL – Qualified Health Plan (QHP) 	<ul style="list-style-type: none"> • Managed care (most recipients) – Medicaid • Fee-for-service (Native American option) – Medicaid • QHP – Marketplace 	<ul style="list-style-type: none"> • Automatic transition on 1/1/14 for individuals $\leq 138\%$ FPL to Medicaid Adult category • Individuals $\geq 138\%$ FPL directed to Marketplace
Mandatory Foster Care up to Age 21 (State Plan)	Eligibility up to age 26 (State Plan)	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change
Breast & Cervical Cancer Program (State Plan)	No change	State Plan benefits	<ul style="list-style-type: none"> • Managed care (most recipients) • Fee-for-service (Native American option) 	No change

Notification

To avoid recipient confusion and reduce administrative workload, only individuals transitioning from one category of eligibility to a new category, or those who will lose coverage because their income is above January 2014 thresholds, will receive notice of ACA-based changes. These individuals include:

- Family Planning recipients with income at or below 138% FPL.
- Family Planning recipients with income above 138% FPL.
- State Coverage Insurance (SCI) recipients with income at or below 138% FPL.
- SCI recipients with income above 138% FPL.

Family Planning and SCI recipients will receive initial notices via postal mail in September 2013, and second notices in December 2013. Notices are developed by Human Services Department/Medical Assistance Division (HSD/MAD) staff and reviewed by the HSD/MAD Director and HSD Income Support Division (HSD/ISD) Director. Individuals will be able to ask questions by calling the HSD/MAD Help Desk toll-free number, which will be included in all notices.

Content of Notices

All notices will comply with the notice requirements in 42 CFR 431.206, 431.210 and 431.213, and will include information on appeal and hearing rights as outlined in 42 CFR 431.220 and 431.221.

Notices are being drafted and will be provided once available. In general, information contained in notices for individuals transitioning to other Medicaid categories will include, as applicable:

- The basis of the determination;
- A description of benefits and cost-sharing;
- An explanation of benefit options (e.g., exemption from the ABP for individuals who are medically frail);
- An explanation of the opportunity for a non-MAGI determination;
- A description of the service delivery model;
- Notice of the effective date of the coverage transition;
- Notice of appeal rights;
- Notice of the renewal date and a description of the renewal process;
- Notice of the requirement to report changes in income; and

- A toll-free telephone number for questions and/or assistance.

Information contained in notices for individuals losing Medicaid coverage will include, as applicable:

- Notice of termination of Medicaid coverage;
- The basis of the determination;
- Information about potential eligibility for Advance Premium Tax Credits and/or Cost-Sharing Reductions;
- Description of how to apply through the Marketplace;
- Information about open enrollment dates;
- An explanation of the opportunity for a non-MAGI determination;
- Notice of appeal rights; and
- A toll-free telephone number for questions and/or assistance.

Community Outreach

New Mexico is actively engaged in extensive community outreach about the launch of Centennial Care, the name of the state's 1115 Medicaid demonstration waiver and rebranded Medicaid program. Information about Medicaid expansion to low-income adults and population transitions is being presented at these community events statewide. More than 200 public events have been scheduled through November 2013. Of these, more than 50 are taking place in predominantly tribal communities. A formal tribal consultation is scheduled on August 29, 2013, to discuss ACA changes and the transitions outlined in this plan. Information about Centennial Care – including details about Medicaid expansion and transitions – will be posted on the Centennial Care website at www.hsd.state.nm.us/CentennialCare/index as it becomes available. In addition, HSD intends to work with advocates, the media, other state health agencies, and community-based organizations to ensure accurate, concise and consistent messaging over the next several months.