

Other Adult Eligibility Notices

Applicable category: COE 100 (Other Adult Group)

These triggers are applicable for approvals and recertifications.

1. Trigger Condition: Approval for Other Adult Medicaid (COE 100).

You are covered for medical expenses for the duration listed above provided that you remain eligible for this category of Medicaid.

If you are Native American, you will receive services through the Medicaid fee-for-service program, unless you picked a Centennial Care managed care organization (MCO) on your application. You may choose to enroll with a Centennial Care MCO at any time in the future.

You have been enrolled into the Medicaid Expansion Alternative Benefit Plan (ABP). The Medicaid ABP pays for doctor visits, preventive care, hospital care, emergency room and urgent care, specialist visits, lab and x-ray services, mental health and substance abuse treatment, prescriptions, certain dental services, and more. To see a listing of the services that are covered under the Medicaid ABP, you can go to www.insertweblink.nm.us.

If you are 19 or 20 years-old, you are eligible to receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services as part of the Medicaid ABP. This means that you can receive all medically necessary diagnostic and treatment services that are covered under Medicaid for children, including services that are not otherwise included in the Medicaid ABP. You may receive EPSDT services through your Centennial Care MCO or, if you are Native American, through the Medicaid fee-for-service program.

You might qualify for more services through the New Mexico Medicaid program if you have special health care needs, such as a serious or complex medical condition, a terminal illness, a chronic substance use disorder, a serious mental illness, or a physical, intellectual or developmental disability that significantly impairs your ability to perform one or more activities of daily living.

If you think you have special health care needs, call your Centennial Care MCO. If you are Native American and are not enrolled in Centennial Care, please call the Molina Third Party Assessor toll-free at (866) 916-3250. They will help to determine if you have special health care needs and are eligible to receive additional services through the New Mexico Medicaid program. If you have special health care needs, it is your choice whether you want to receive services under the Medicaid ABP or through the standard Medicaid program. To see a comparison of the Medicaid ABP to the standard Medicaid program, you can go to www.insertweblink.nm.us or call (xxx) xxx-xxxx to request this information over the phone.

2. Trigger Condition: Approval for Other Adult Medicaid (COE 100) and the FPL is 100% or below.

Medicaid recipients have co-payments, which are out-of-pocket fees that are due upon receipt for some medical services. Your co-payments are:

\$3	per brand name drug when there is a less expensive drug available
\$8	for non-emergent use of the emergency room

There are no co-payments for Native Americans for items or services that are provided directly by an Indian health care provider; an Indian Tribe, Tribal Organization or Urban Indian Organization (I/T/U); or through providers of contract health services (CHS) under a referral from an Indian health care provider.

There are no co-payment charges for emergency services, Medicare crossover claims, pregnant women, prenatal drug items, provider preventable conditions; or when the family limit has been exceeded. Psychotropic drug items are exempt from the brand name co-payment.

3. Trigger Condition: Approval for Other Adult Medicaid (COE 100) and the FPL is greater than 100%.

Medicaid recipients have co-payments, which are out-of-pocket fees that are due upon receipt for some medical services. Your co-payments are:

\$3	per drug item (does not apply if the \$8 co-payment for a brand name drug is applied)
\$8	per brand name drug when there is a less expensive drug available
\$8	per outpatient visit to a physician or other practitioner, dental visit, or rehabilitative or habilitative therapy session
\$8	for non-emergent use of the emergency room
\$25	per inpatient hospital admission

There are no co-payments for Native Americans for items or services that are provided directly by an Indian health care provider; an Indian Tribe, Tribal Organization or Urban Indian Organization (I/T/U); or through providers of contract health services (CHS) under a referral from an Indian health care provider.

There are no co-payment charges for emergency services, family planning services, hospice patients, Medicare crossover claims, pregnant women, prenatal and postpartum care and deliveries, prenatal drug items, mental health (behavioral health) and substance abuse services, preventive services; or when the family limit has been exceeded. Psychotropic drug items are exempt from the brand name co-payment.