8.215.600.1 ISSUING AGENCY: New Mexico Human Services Department. [8.215.600.1 NMAC – Rp, 8.215.600.1 NMAC, xx/xx/xxxx]

8.215.600.2 SCOPE: The rule applies to the general public. [8.215.600.2 NMAC – Rp, 8.215.600.2 NMAC, xx/xx/xxxx]

8.215.600.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991). [8.215.600.3 NMAC – Rp, 8.215.600.3 NMAC, xx/xx/xxxx]


8.215.600.5 EFFECTIVE DATE: [February 1, 1995.] January 1, 2019, or upon approval by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section. [8.215.600.5 NMAC – Rp, 8.215.600.5 NMAC, xx/xx/xxxx]

8.215.600.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program. [8.215.600.6 NMAC – Rp, 8.215.600.6 NMAC, xx/xx/xxxx]

8.215.600.7 DEFINITIONS: [RESERVED]

8.215.600.8 [RESERVED]

8.215.600.9 GENERAL BENEFIT COVERAGE: Medicaid coverage for services based on determinations made using the SSI methodology varies based on the category of eligibility. For applicants/recipients who are eligible for SSI, full medicaid coverage for services is available. If applicants/recipients are eligible for medicare coverage, medicaid covers medicare premium amounts. [8.215.600.9 NMAC – Rp, 8.215.600.9 NMAC, xx/xx/xxxx]

8.215.600.10 SSI RETROACTIVE BENEFIT COVERAGE: [Up to three months of retroactive medicaid coverage can be furnished to applicants who have received medicaid-covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three months prior to the month of application [42 CFR Section 435.914].] Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.

[A.] Application for retroactive benefit coverage: Application for retroactive medicaid can be made checking “yes” in the “application for retroactive medicaid payments” box on the application/redetermination of eligibility for medical assistance (MAD 381) form or by checking “yes” to the question on “does anyone in your household have unpaid medical expenses in the last three (3) months?” on the application for assistance (ISD 100 S) form. Applications for retroactive SSI medicaid benefits for recipients of supplemental security income (SSI) must be made by 180 days from the date of approval for SSI. Medicaid-covered services which were furnished more than two (2) years prior to approval are not covered.

B. Approval requirements: To establish retroactive eligibility, the ISS must verify that all conditions of eligibility were met for each of the three (3) retroactive months and that the applicant received medicaid-covered services. Eligibility for each month is approved or denied on its own merits.

(1) Applicable benefit rate: The federal benefit rate (FBR) in effect during the retroactive months based on the applicant’s living arrangements is applicable for retroactive medicaid eligibility determinations. See 8.200.520 NMAC, Income Standards. If the applicant’s countable income in a given month exceeds the
applicable FBR, the applicant is not eligible for retroactive medicaid for that month. If the countable income is less than the FBR, the applicant is eligible on the factor of income for that month. A separate determination must be made for each of the three (3) months in the retroactive period.

(2) Disability determination required: If a determination is needed of the date of onset of blindness or disability, the ISS must send a referral to disability determination services (ISD 305) to the disability determination unit.

C. Notice:

(1) Notice to applicant: The applicant must be informed if any of the retroactive months are denied.

(2) Recipient responsibility to notify provider: After the retroactive eligibility has been established, the ISS must notify the recipient that he/she is responsible for informing all providers with outstanding bills of the retroactive eligibility determination. If the recipient does not inform all providers and furnish verification of eligibility which can be used for billing and the provider consequently does not submit the billing within 120 days from the date of approval of retroactive coverage, the recipient is responsible for payment of the bill.

D. Categories of retroactive eligibility: Retroactive medicaid is available for all SSI medicaid recipients, except qualified medicare beneficiaries (category 040). Eligibility for category 040 starts no sooner than the month after the month of the eligibility determination.

HISTORY OF 8.215.600 NMAC:
Pre NMAC History: The material in this part was derived from that previously filed with the State Records Center.

History of Repealed Material:

8.215.600.11 CHANGES IN ELIGIBILITY: A case is closed, with provision of advance notice when the recipient becomes ineligible. If a recipient dies, the case is closed the following month.

[8.215.600.11 NMAC – Rp, 8.215.600.11 NMAC, xx/xx/xxxx]