



HUMAN  
SERVICES  
DEPARTMENT

Medical Assistance Division

MEDICAID ON-SITE APPLICATION ASSISTANCE

(MOSAA)

AND

PRESUMPTIVE ELIGIBILITY

(PE)

TRAINING MANUAL

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## Module 1 -Overview

### What is Medicaid Presumptive Eligibility (PE)?

Presumptive Eligibility (PE) is short-term (60 days or less) Medicaid coverage for eligible children up to age 19 or for pregnant women and also now includes certain providers the ability to also process Presumptive Eligibility for Other Adult (COE100) and Parent Caretaker (COE200). It is also the process of applying for this short-term coverage. Presumptive Eligibility is effective from the date of the eligibility determination until the last day of the following month. This means covered medical services accessed during this time by the eligible individual will be paid by Medicaid. Presumptive Eligibility allows children and pregnant woman to get access to Medicaid without having to wait for their application to be fully processed. Certain approved providers will also be able to provide Presumptive Eligibility for the new Affordable Care Act Categories to be discussed further in the training (Other Adult & Parent/Caretaker)

### Presumptive Eligibility Determiners (PEDs)

States can authorize “qualified entities” -- health care providers, employees at doctors’ offices, hospitals or clinics and community-based organizations, among others -- to screen for Medicaid eligibility and immediately enroll children and pregnant adults who appear to be eligible. Qualified entities can also help families gather the documents needed to complete the full application process, thereby reducing the administrative burden on states to obtain missing information.

There are a number of individuals, called PE/MOSAA Determiners, throughout the state that are trained and certified to help individuals with Presumptive Eligibility and Medicaid On-Site Application Assistance (MOSAA).

### Responsibilities of PE Determiners

As a PE/MOSAA determiner you are responsible for assisting applicants with their application for Medicaid, and doing an eligibility determination.

After successfully completing the PE/MOSAA training, you must pass a training test and submit documents to request a PE Determiner Number to participate in the PE Program, see Module 10 for further instructions. Once certified, PE Determiners will be required to check for Medicaid Eligibility through the Xerox Web

## Definitions

**MEDICAID ON SITE APPLICATION ASSISTANCE (MOSAA)** refers to the process of completing a Medicaid application for low income families, children under the age of 19, pregnant women, and new Affordable Care Act (ACA) categories (Other Adult & Parent/Caretaker)

**PRESUMPTIVE ELIGIBILITY (PE)** is the short-term (up to 60 days) determination for Medicaid coverage for children under age 19 or for pregnant women. Certain approved providers will be able to provide Presumptive Eligibility for the new Affordable Care Act (ACA) which includes Other Adult & Parent/Caretaker. We “presume” the client’s statement regarding citizenship and income is true and correct. PE should only be completed if it is an urgent or emergency situation.

**DETERMINER AND DETERMINER NUMBER** is the number you will be assigned once you complete this course and fulfill the paperwork requirements. You will NOT be able to access AVRS (Automated Voice Response System) or

Portal (AKA Omnicaid) or through the Automated Voice response System (AVRS). You are also required to adhere to the following:

- 90% of PE results in on-going Medicaid eligibility
- 100% of PE results in a complete Medicaid application being submitted

This training will provide you with eligibility guidelines for PE determinations for Children's Medicaid and Pregnancy Medicaid and for certain provider types you will also be trained on how to determine eligibility for the Other Adult Category and the Parent/Caretaker category.

## Medicaid Eligibility Rules in New Mexico

There are rules that guide the eligibility process.

### **PRESUMPTIVE ELIGIBILITY**

Medicaid benefits start with the date of the Presumptive Eligibility determination and end with the last day of the following month.

Only one Presumptive Eligibility for a child, Other Adult or Parent/Caretaker is allowed every twelve months

Only one Presumptive Eligibility for a pregnant woman is allowed per pregnancy.

- A. Presumptive Eligibility determinations can be made only by individuals employed by eligible entities and certified as Presumptive Eligibility Determiners by the Medical Assistance Division. Determiners must notify the MAD claims processing contractor of the determination within 24 hours of the determination of presumptive eligibility.
- B. **Provider responsibility:** The presumptive eligibility provider must process both presumptive eligibility as well as an application for medical assistance (MOSAA).
- C. **Provider eligibility:** Entities who may participate must be:
  - a. disproportionate share hospital (DSH facility), a federally qualified health center (FQHC), an Indian health service (IHS) facility, a Department of Health (DOH) clinic, a school, a Children, Youth and Families Department (CYFD) child care bureau staff member, a prison social worker, community services partner, a primary care provider who is contracted with at least one Centennial Care HMO, or a head start.
  - b. Certain approved providers will be able to provide presumptive eligibility for all new Affordable Care Act categories.
- D. **Health insurance:** Under the old rules In order to be eligible for Children's Health Insurance Program (CHIP), a child could not have other health insurance coverage. From October – December, 2013 an individual whose health insurance was voluntarily dropped will be ineligible for coverage under CHIP for three months, starting with the first month that the health care coverage was dropped. Beginning January 1, 2014 this no longer applies; the individual may drop other health coverage without penalty.

## Module 2 – Medicaid Centennial Care Overview

Medicaid is a partnership between each state and the federal government to provide low-cost or no cost health insurance to low-income individuals and families.

- **New Mexico’s Medicaid Managed Care program is called Centennial Care and is effective January 1, 2014.**
- Eligibility for all Medicaid programs is based on citizenship/immigration status, residency, income and other factors.
- In New Mexico, the Human Services Department (HSD) Medical Assistance Division (MAD) administers the Medicaid program. The HSD Income Support Division (ISD) makes eligibility determinations for Medicaid.
- Although there is no cost to enroll in Medicaid, some categories of eligibility may require minimal co-pays for doctor visits, emergency room care and prescriptions.
- Benefit packages vary for different categories of eligibility.
- Most Medicaid recipients receive Centennial Care services through one of four managed care organizations (MCOs). An MCO is an insurance company that contracts with providers and medical facilities to provide health care services to its members.
- The four MCOs that provide Centennial Care services are:
  - BlueCross BlueShield of New Mexico
  - Molina Health Care of New Mexico, Inc.
  - Presbyterian Health Plan, Inc.
  - United Health Care Community Plan of New Mexico

## Definitions

**MEDICAID** is state and federally funded health coverage for people who meet certain requirements. There are numerous categories of Medicaid, each with specific eligibility requirements and benefit packages. States establish their own eligibility standards; determine the type, amount, rate of payment, duration and scope of services based on broad national parameters set by CMS (Centers for Medicare and Medicaid Services, a federal agency). The New Mexico Medical Assistance Division (part of the Human Services Department) administers the Medicaid program.

**CENTENNIAL CARE** is the new name of the New Mexico Medicaid program. Centennial Care will begin January 1, 2014 and services will be provided by four managed care organizations (MCOs). These services include physical health, behavioral health, long-term care and community benefits.

**THE PATIENT PROTECTION AND AFFORDABLE CARE ACT** commonly called the **AFFORDABLE CARE ACT (ACA)**, is a United States federal statute signed into law in 2010. The ACA is aimed at increasing the affordability and rate of health insurance coverage for Americans, and reducing the overall costs of health care to increase the coverage rate and health insurance affordability.

- Income qualification guidelines are set by the US Department of Health & Human Services and are called federal poverty levels (FPLs). Income limits are usually based on Federal Poverty Levels (FPLs).
- Overall household size for applicants is required to calculate the correct income for making a Medicaid eligibility determination.
- Household size should include people living in the same household and their tax-based relationships with each other.
- When the applicant does not file taxes, the relationships indicated on the application form will be based on the composition of the household and family relationships to the applicant.
- Native Americans, with a couple of exceptions cited below this bullet, do not have to select an MCO and will receive their Medicaid services through regular fee-for-service Medicaid.
- Native Americans who want or need long-term care services that require a nursing facility level of care must select an MCO.
- Native Americans who receive both Medicare and Medicaid must select an MCO.
- All other Medicaid recipients must select an MCO.

## Module 3 – What’s Changing?

Effective January 1, 2014

- The way Household Size (HHS) is determined will be different. Budget Group/HHS will be the new terminology for what was previously just called HHS.
- Each Individual’s eligibility must be determined separately depending on the individual’s tax status, or lack of tax status.
- Income will no longer be based on net income, but will be based on gross income standards. States have to base eligibility on the new Modified Adjusted Gross Income (MAGI) methodology.
- There are several new categories of eligibility effective January 1, 2014. You will now be able to do Presumptive Eligibility for two categories of Pregnancy Medicaid: Full Medicaid for pregnant women and pregnancy-related services. Certain approved providers will also be able to do presumptive eligibility for two new ACA categories which includes Other Adult and parent/Caretaker.
- The new adult expansion allows for qualified Medicaid Applicants, between the ages of 19-64 to apply for Medicaid under the Other Adult Category. The Parent/Caretaker category (income levels for this category are very low) but, it has no age restriction.
- There will no longer be deductions or disregards. A 5% of 100% FPL standard deduction may apply (to certain populations and categories).
- Pregnancy no longer needs a Doctor’s verification, it will be through self-attestation, the client will still provide an Estimated Due Date.
- ISD2 – the computer system previously used by the Income Support Division (ISD) offices is being replaced by a new system called the Automated System Program and Eligibility Network (ASPEN) certain areas already have ASPEN.
- Presumptive Eligibility should only be used for urgent or emergency situations.

### Definitions

**Modified Adjusted Gross Income or “MAGI”**—for determining Medicaid income eligibility across the country. The adoption of MAGI, which is based on adjusted gross income as defined in the Internal Revenue Code §36B(d)(2), will standardize the calculation of income across the nation. Additionally, since income will be based on an income tax definition, family size and household income will be based on tax filing unit, which is a change from the current methodology used by Medicaid.

**FPL** is an abbreviation used for Federal Poverty Levels or Federal Poverty Guidelines. This is the federally administered income standard for individuals and families living at poverty level. This guideline is updated each year in January by the Federal Government and becomes effective in April of each year.

### Key Differences on Income Tax Definitions Related to Budget Group/ Household Size (HHS)

The new rules change how family size is calculated and how household income is defined. Currently under Medicaid, states take different approaches to determining family size and which family members’ income to count depending on whom in the family is applying for benefits.

In general, Medicaid programs must consider the incomes of parents and spouses in determining an individual’s eligibility. Income of other family members is counted only if they are also applying for coverage.

For example, Medicaid would exclude the income of a grandmother caring for her grandchild in determining eligibility of the child, but if the grandmother was applying for coverage with the grandchild, the grandmother's income might need to be counted in determining whether she and her grandchild are eligible (dictated by the filing or non-filing tax status- as each person must be determined separately). Previously, Grandmother could not have been considered for any program of Medicaid (except possibly JUL if they were income eligible) and her income would not have been counted as she was not considered financially responsible for the child.

**Step-Parents.** Assume, for example, that a family includes a taxpayer and the taxpayer's spouse — both of whom work — their child, and a child of the taxpayer from a previous marriage. The taxpayer's tax return includes the spouse and both children. Under ACA, the family's MAGI will be determined based on the income of both parents. Under current Medicaid rules, however, most states would initially determine the eligibility of the entire family counting both spouses' income, but if the family's income exceeded the Medicaid eligibility limits, the eligibility of the step-child would then be determined considering only her own parent's income (because the step-parent is not legally responsible for the child).

**Under the new rules, family size and household income will be based on the tax filing unit.**

All individuals claimed as a dependent on a taxpayer's return will be included in determining that taxpayer's Budget Group/HHS. The total income of a household will be equal to the MAGI of all individuals in the tax filing unit, including the MAGI reported on a separate tax return for any of these individuals if they were required to file a separate return.

For example, if a teen-age child has an after-school job and earns income that exceeds the minimum tax filing threshold, the teen-ager is required to file his or her own tax return even though the teenager's parents still claim him or her as a dependent on their own return. In determining the family's eligibility for Medicaid however, the teen-ager's MAGI will be added to the rest of the family's MAGI.

## MAGI as a Determiner for Income

In Medicaid today, the rules for counting income vary from state to state and also differ based on the category through which an individual is eligible for the program. For example, Medicaid allows applicants to disregard some child support payments and the first \$90 of earned income, and to deduct certain childcare expenses from income when determining eligibility for benefits.

Starting in 2014, with the switch to MAGI, states will no longer be able to maintain their current disregards and deductions in determining whether someone qualifies for benefits. Instead, there will be a single gross income methodology that will determine how income is counted.

The new rules also are very different from the way Medicaid calculates gross income today. In particular, many types now included as income for the purposes of determining Medicaid eligibility are excluded from taxable

## Definitions

**THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)**, commonly called the **AFFORDABLE CARE ACT (ACA)**, is a United States federal statute signed into law by President Barack Obama on March 23, 2010.. The ACA is aimed at increasing the affordability and rate of health insurance coverage for Americans, and reducing the overall costs of health care (for individuals and the government). It includes mandates, subsidies, and tax credits to employers and individuals to increase the coverage rate and health insurance affordability. The ACA requires insurance companies to cover all applicants within new minimum standards, and offer the same rates regardless of pre-existing conditions or sex.

income for purposes of the federal income tax — and hence will not count when using MAGI. We will be covering this topic in depth in Step 4.

## System Changes

- Beginning January 01, 2014 all trained Presumptive Eligibility determiners will be able to do PE for children and pregnancy.
- Certain Facilities will be able to do Presumptive Eligibility for all Categories.
- Certified PE/MOSAA determiners will still access the Xerox Web Portal (AKA Omnicaid) to check for current Medicaid. HSD/MAD is trying to automate the process so that Pregnancy Presumptive Eligibility, Other Adult and Parent Caretakers can also be entered via the Web Portal (Anticipating a January 1, 2014 start date). Currently Pregnancy PE can only be submitted by certain determiners certified as pregnancy determiners. The Other Adult and parent Caretaker Categories will only be available to certain approved providers.
- ASPEN is the new eligibility system used by Income Support Division (ISD) offices to determine eligibility for HSD programs (e.g. SNAP, TANF, LIHEAP, and Medicaid).
- Yes!NM is an online application portal available to New Mexicans to submit their information which goes directly into ASPEN for review by ISD staff for eligibility consideration. No determination is given to the client at the time of submission; they will be notified via mail about their eligibility.
- In February 2014 (approximately) we hope to have a separate portion of the YES!NM website called “Am I Eligible” in place, where either you or your client will be able to enter the applicant’s information and it will run it through the system and determine if it looks like the applicant will be eligible for Medicaid, you will then be able to use this determination for your Presumptive Eligibility Process.

## New Categories of Eligibility

There are several new ACA categories. Also, currently a PE determiner could only process PE applications for two COEs, Category 032 (Full coverage for children) and 035 (pregnancy-related services only). Going forward, PE determiners will be able to process PE applications for children and both pregnancy COEs. Refer to the table below for a list of the new COEs. Certain Providers will also be able to provide PE Coverage for the Other Adult and Parent caretaker Categories.

<u>Previous COE List</u>	<u>New COE List</u>
Full coverage Medicaid for children under age 19 (Category 032)	Children (COEs <b>400</b> , 401, 402, 403, <b>420</b> , and 421)
Medicaid for pregnancy - related services only (Category 035)	Full Pregnancy (COE 300) Pregnancy Related Services (COE 301)
Full coverage Medicaid for pregnant women only (Category 030)	Other Adult (COE 100)
Medicaid for family planning services for men and women (Category 035F)	Parent/Caretaker (COE 200)
Medicaid for families with low income (Category 072 – JUL)	Newborn (COE 031)

## Determining Eligibility during the Transition Period (October – December)

Client comes to your office ---

Step 1: Have them complete the MAD100 application

Step 2: Submit the MAD100 with all proof required to

**Central ASPEN Scanning Area (CASA)**

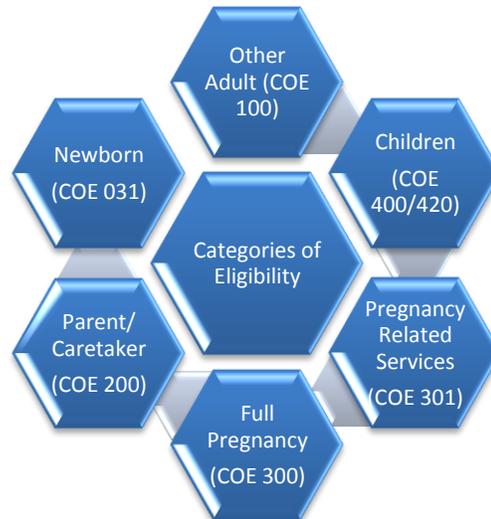
**PO BOX 830**

**Bernalillo, NM 87004**

*An E-fax number will be provided to you in the near future.*

The client will be evaluated using the old guidelines.

If eligible – they will be placed on a current category of Medicaid using the “old” methodology.



### How categories of eligibility will transition

Category #	Category of Eligibility	Effective Dates	FPL Criteria
035P	Pregnancy-Related Services	<ul style="list-style-type: none"> <li>No new enrollment after 1/1/14.</li> <li>TBA: Women already enrolled in this category may be switched to Category 300 effective 1/1/14.</li> </ul>	
035F	Family Planning Services Only for Men & Women	<ul style="list-style-type: none"> <li>No New clients to this category after 1/1/14.</li> <li>All Family Planning clients will be evaluated for either category 100 or 200 or be referred to the HIX during January 2014.</li> <li>Family Planning ends 1/31/14</li> </ul>	
032 (includes Omnicaid Categories 071 & 036)	Children's Medicaid 185%-235% Children's Medicaid (Chip) 185-235% Children's Medicaid 133% - 185%	<ul style="list-style-type: none"> <li>No new clients to this category after 1/1/14</li> <li>Current COE 032 clients with a recertification date from 1/1/14-3/31/14 will be evaluated using COE 032 policy</li> <li>Current 032 clients with a recertification date from 4/1/14 or later will be evaluated for a new ACA category</li> <li>COE 032 ends 3/31/2015</li> </ul>	
072	Also referred to as JUL Medicaid	<ul style="list-style-type: none"> <li>No new clients to this category after 1/1/14</li> <li>Current COE 072 clients with a recertification date from 1/1/14-3/31/14 will be evaluated using the appropriate COE policy for either children or adults.</li> <li>Current 072 clients with a recertification date from 4/1/14 or later will be evaluated for a new ACA category</li> <li>COE 072 ends 3/31/2015</li> </ul>	
062,063, 064	Also referred to as SCI	<ul style="list-style-type: none"> <li>No new clients to this category</li> <li>All SCI clients will be evaluated for either category 100 or 200 or be referred to the HIX during December, 2014.</li> <li>SCI ends 12/31/13</li> </ul>	

### Example 1

On November 15<sup>th</sup> – Tom, a 24 year old student, wants to see if he is eligible for the new Other Adult category of Medicaid (COE100). You determine he would be eligible for Category 35F (Family Planning). He will be placed on Family Planning – he will also be placed in a queue to be considered for the Adult Expansion Category. Since Category 35F Family Planning ends on 1/31/14 he will be reevaluated under the new rules for the Adult Expansion Category in January at which time he will be evaluated for Category 100 “Other Adult” <133% FPL (138% with the 5% disregard). Budget Group/HHS = 1 (that is of course unless his parents claim him as a dependent) \$1,274.00 per month.

- i. No New clients to this category (35F) after 1/1/14.
- ii. All Family Planning clients will be evaluated for eligibility for an ACA Category or be referred to the Health Insurance Exchange (HIX) during January 2014.
- iii. Family Planning ends 1/31/14.

### Example 2

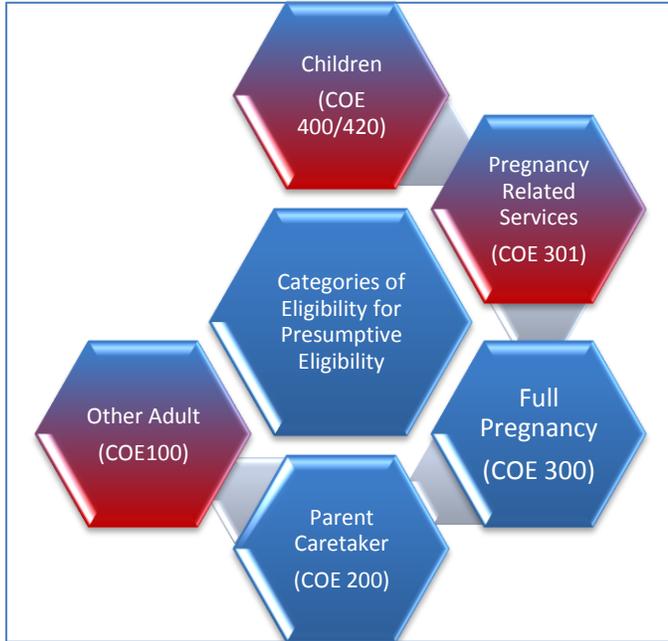
A single pregnant woman comes to your office on 11/30/13 seeking a PE for her and the unborn child, you determine she would be eligible, both financially and based on her US citizenship under the old guidelines. You would still use the MAD 100 to take her application, submit the application to the ISD office closest to where the client lives. Issue the PE, if she needs immediate services.

Under continuous coverage she will remain on Category 35P until the end of her pregnancy (positive or negative outcome) and two months post partum. Her child who was born to a Medicaid mother will automatically be placed on Newborn Medicaid (Category 031) upon notification from the hospital. The Mother will be evaluated automatically for either the Other Adult Category or the Parent/Caretaker category depending on her income and Budget Group/HHS after the two months postpartum.

- iv. No new enrollment after 1/1/14. Applicant will be evaluated under new ACA guidelines for either category 300 or 301.

# Module 4 – Relevant Categories of Medicaid for Presumptive Eligibility

Effective January 1, 2014



There are now six categories of Medicaid available; eligibility for each category is based on income and the client’s age. The only time you need to know specific categories is when doing a PE, and these will be available with a drop down menu through the web portal.

The Medicaid categories highlighted on the left may be processed through the Presumptive Eligibility (PE) Medicaid On-Site Application Assistance (MOSAA) procedure.

If entering an application through YES!NM The process will automatically place the child in the correct category based on their Budget Group/HHS and income directly into ASPEN.

We will be walking through the steps of completing the application manually, so that you will understand

the methodology behind the computer system.

First let’s discuss COEs for which a PE application can be processed.

Two types of Medicaid coverage for Children	Two tiers of benefits available for pregnant women
Regular Medicaid for Children	Full Pregnancy
Children’s Health Insurance Program (CHIP)	Pregnancy-Related Services

Medicaid for Children Under 19 Years of Age

## Regular Medicaid Categories 400, 401 & 402, 403

- Children can have other forms of health insurance and still be eligible.
- This category of coverage will have some co-pays; brand name drugs and non-emergency use of the emergency room.

Medicaid for Children COEs		
Category	Age	Income Guideline
400	0 to 5 years	Up to 200% of the FPL
402	0 to 5 years	200% of the FPL up to 240% of the FPL
401	6 to 19 years	Up to 138% of the FPL
403	6 to 19 years	138% - up to 190% FPL

## Regular Medicaid Categories 400, 401 & 402, 403

- Category 400 – Children 0-5 @ <240% FPL: If the countable income of the household unit is less than 240% of the Federal Income Poverty Guidelines, provides full coverage Medicaid for children under 19.

## Children's Health Insurance Program (CHIP)

### CHIP Categories 420 & 421

- Children **may not** have any other form of health insurance coverage.
  - There will no longer be a penalty or waiting period if other insurance is dropped.

CHIP COEs		
Category	Age	Income Guideline
420	0 to 5 years	240%-up to 300% of the FPL
421	6 to 19 years	190% of the FPL up to 240% of the FPL

- CHIP includes co-pays. (Native American children are exempt from co-pays.)  
The co-payments are:
  - \$5 per doctor, dentist, outpatient, and urgent care visit
  - \$2 per prescription
  - \$5 per brand name prescription
  - \$15 per emergency room visit
  - \$25 per inpatient hospital admission
  - \$50 for non-emergent use of the ER

### Important Notes for all Children Categories of Eligibility (Medicaid and CHIP)

- Once a final eligibility determination has been made by ISD for any category of children's coverage, the child will remain covered for a full 12 months, regardless of any income or household changes (except in the case of death of a HH member, move out of state or the child turns 19).
- By 3/31/2015 all previous clients will be changed to varying categories in the 400 series depending on Budget Group/HHS and income.

## Pregnancy Medicaid

### Pregnancy Categories 300 & 301

There are two tiers of benefits available to pregnant women. Eligibility for each tier is based on income. Note that if a child who is born to a Medicaid mother will automatically be placed on

Pregnancy Medicaid	
Category	Income Guideline
300	Up to 138% of the FPL
301	138% of the FPL up to 250% of the FPL

Newborn Medicaid (Category 031) upon notification from the hospital.

Pregnant women are required to enroll in Centennial Care and choose an MCO at application, unless the woman is Native American in which case enrollment into an MCO is optional. (Note: a woman in her 3rd trimester can keep her OB/GYN provider even if her OB/GYN is not a network provider with a Centennial Care MCO).

### **Category 300 – Full Coverage Medicaid for Pregnant Women**

- If the Budget Group/HHS of the applicant's Income is less than 138% of the FPL they will be placed on Category 300 which is Full Medicaid for Pregnant Women.
- Full Coverage Medicaid means all benefits provided under full Medicaid will be available.
- Pregnant women **may** also have other insurance coverage.
- Pregnancy can be verified through self-attestation.

Pregnant women who are eligible for Medicaid remain covered for two months post partum after their child is born, regardless of income or household changes.

### **Category 301 – Pregnancy-Related Services**

- If the Budget Group/HHS of the applicant's Income is between 138% - 250% of the FPL they will be placed on Category 301 which is Pregnancy related Services.
- Coverage is for Pregnancy-Related services only (unless the MCO's choose to add any value-added services)
- Pregnant women **may** also have other insurance coverage (Medicaid is the payor of last resort)
- Pregnancy can be verified through self-attestation.

Pregnant women who are eligible for Medicaid remain covered through the second month after their child is born, regardless of income or household changes.

### **Presumptive Eligibility for Pregnancy**

During the PE short-term period (60 days or less) for pregnant women, ONLY ambulatory prenatal care is covered for either category of Pregnancy Medicaid. This includes amniocentesis, sonograms, lab work, pregnancy-related prescriptions, pregnancy termination services, pre-decision counseling, and miscarriages. She will not be covered for her delivery expenses unless the full application is completed and approved by ISD.

***Certain Approved Providers will be able to provide Presumptive Eligibility for the two new categories of Medicaid.***

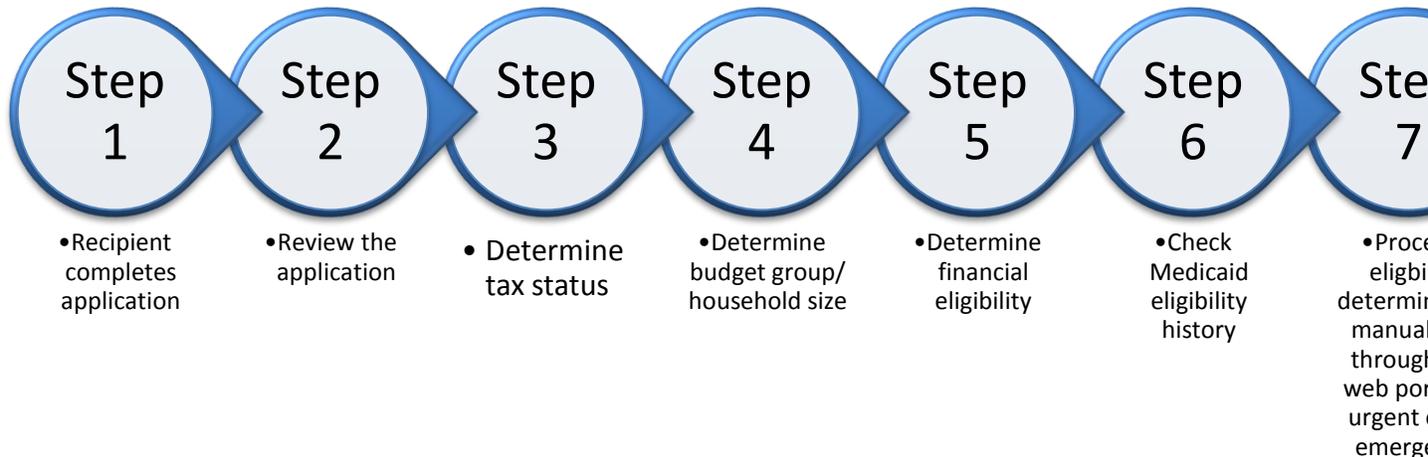
### **Category 100 – Other Adult**

- If the Budget Group/HHS of the applicant's Income is below 133% of the FPL they will be placed on Category 100 which is The Other Adult category. There is a 5% (of 100%) standard disregard available.
- Coverage is for Adults who are 19 through 64.

### **Category 200 – Parent/Caretaker**

- If the Budget Group/HHS of the applicant's Income is below 42% of 100% of the 2013 FPL (Fixed Standard of Need) they will be placed on the Parent/Category.
- There is no age restriction for this category.
- There is NO 5% (of 100%) standard disregard available unless the individual is in receipt of Medicare or has reached the age of 65

## Module 5 – The PE/MOSAA Process



- Step 1** Have the Client complete the application entirely. An application is not considered complete until an adult signs the application.
- You may interpret the questions on the applications if asked, but you may not complete the application on behalf of the applicant unless you are using the iReach software (only until 12/31/13) or YES!NM.
  - Gather necessary documents and information from the client.
- Step 2** Review the Application.
- Step 3** Determine each applicant’s tax status.
- Step 4** Determine the Budget Group/Household Size.
- Step 5** Determine Financial Eligibility.
- Calculate the household income based on the new MAGI rules – Each individual in a household will need to be evaluated separately
  - Use the Eligibility worksheet to help.
  - Compare the income to the appropriate income standards for the category, using the FPL guidelines. Do they qualify? If YES, begin the PE process, **PE should be done only in urgent or emergency situations.**
- Step 6** Check the Web Portal System or Automated Voice Response System (AVRS) to check to see if this client is already on Medicaid or has had PE previously (only 1 PE for children every 12 months only 1 PE per pregnancy for a pregnant woman).
- Step 7** Register the PE through the Web Portal or process the PE manually within 24 hours.
- Step 8** Submit application and necessary required documentation to the ISD Office (closest to where your client lives) by mail, or fax

# MEDICAID

## Module 6 – Completing the Application

### Step 1: Completing the Application & Other Required Forms

The 1<sup>st</sup> step in the PE/MOSAA process is to have the client complete the Medicaid Application (MAD100). If you are using the iReach Program (available through 12/31/13) or the YES!NM program, the process is similar except you will be asking the client the questions as opposed to having them fill out the paperwork. **This training is being provided to train you on the manual process of submitting a PE/MOSAA.** You can assist the client in processing their application via the YES!NM website, however, it will not provide you with any results on the client's eligibility at this time.

Have the client completely fill out and sign the application (MAD100 – Medicaid Only) and gather documentation.

#### Assistance Programs

Depending on your income an individual may qualify for full or partial benefits. The following are types of Medicaid that you may qualify for:

- Newborns
- Children up to age 18
- Parent(s)/Caretaker(s)
- Pregnant women
- Low-income adults
- Emergency Services for Aliens

(If you or your household does not qualify for Medicaid, your application will be automatically forwarded to the Health Insurance Marketplace where you or your household may be eligible for other health insurance affordability programs.)

## Section 1: Tell Us About You

Information in this field should be for the adult who wishes to be listed as the Head of Household and the main contact for all communications with or from HSD. When completing the rest of the application all questions should refer to YOU (the person completing the application).

<b>1. Tell Us About You:</b>						
If you need help filling in this application or in getting the needed information, contact your local ISD office. If you are applying for someone else, complete this section for that person.						
First Name, Middle Initial, Last Name			E-Mail Address		Best Time to Contact You	
Street Address		City	County	State	Zip Code	Telephone Number ( )
<i>If your mailing address is different, please fill it in below. If not, please leave blank.</i>						
Street or PO Box Address			City		State	Zip Code
Are you a resident of New Mexico? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you intend to remain in New Mexico? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you want to receive information electronically? If YES, please fill out your most current e-mail address above.					<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 2: Person to Represent You

An authorized representative can help an applicant by assisting them in accessing and applying for benefits from HSD. *According to the U.S. Department of Health and Human Services, the definition of a "legally authorized representative" is any individual person, judicial body or other body of individuals who are authorized under state and federal laws to consent on behalf of a legally designated person.*

<b>2. Person to Represent You (Authorized Representative or Guardian)</b>		
The authorized representative may or may not be the same individual designated as an authorized representative for the application processing or for meeting reporting requirements. The authorized representative designation must be made in writing.		
Do you want this person to:		<input type="checkbox"/> Apply for benefits on your behalf?
Name of Authorized Person(s)	Mailing Address	Preferred Telephone # / TDD
		( )
		( )

### Section 3: Tell Us About the People Who Live with You

All persons living in the household of the applicant should be listed in this section. Relationship to the applicant should be completed, as should the gender and date of birth for all persons listed. The social security number (SSN), citizenship/immigrant status and tax information is only required for persons applying for Medicaid coverage. Tell us about all the family members who live with you. If you file taxes, we need to know about everyone on your tax return (you don't need to file taxes to get health coverage).

The amount of assistance or type of program you qualify for depends on the number of people in your family and their incomes. This information helps us make sure everyone gets the best coverage they can. **You don't need to provide immigration status or a SSN for family members who don't need health coverage or are not eligible.**

- First line, where it says (Self) is the person whose name appears in Section One (1).
- PLEASE NOTE: Provide SSN and Citizenship **ONLY** for those who are applying for assistance.
- Also, complete the gray area for anyone who wants to be considered For Medicaid.

3. Tell us About the People who live with You:									
Please list everyone that lives in your household even if you do not want to apply for them. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. Remember that you do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD. If needed, please use an additional sheet of paper for additional household members who do not fit on this page.									
List the names and information for yourself and <u>all</u> the people who live with you:						Fill out this section <b>ONLY</b> for each person applying for benefits.			
Name (First and Last)	Relationship	Sex M/F	Date of Birth	Race & Ethnicity (Optional)	SSN # (Optional for non-applicants)	U.S. Citizen Y/N	Legal immigrant status? Y/N	Will you file federal income taxes for the current year? Y/N	Will you claim this person on your current year's tax return? Y/N
1.	(Self)								
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Racial and ethnic data on participating households is voluntary, it will not affect the eligibility or the amount of benefits your household will receive. Native Americans are urged to identify themselves as such because Native Americans are entitled to certain special protections under the law. The reason we ask everyone for racial and ethnic information is to assure that benefits are distributed without regard to race, color, or national origin.

## Section 4: Federal Income Tax Questions

Eligibility for Medicaid is based on tax relationships to the extent possible. Tax relationship is based on the relationship between the tax filer and who they claim on their tax return. We will discuss tax status later on in the training manual.

- Children living in the household who are claimed as tax dependents by someone not living in the household should be listed here.
- If the applicant does not file taxes or does not know whether their dependent(s) are claimed by someone else, this section should be left blank.

**4. Please answer these Federal Income Tax Questions only about the people listed in Section 3 who will NOT be claimed as the applicant's tax dependents if they appear on a different tax return. \*Applicant can still get Medicaid if they don't file Federal taxes.**

Please list each individual tax filer and their dependent that are listed on the application, below.

Tax filer 1. \_\_\_\_\_ Dependent Name: \_\_\_\_\_; Relationship: \_\_\_\_\_

Dependent Name: \_\_\_\_\_; Relationship: \_\_\_\_\_

Tax filer 2. \_\_\_\_\_ Dependent Name: \_\_\_\_\_; Relationship: \_\_\_\_\_

Dependent Name: \_\_\_\_\_; Relationship: \_\_\_\_\_

Tax filer 3. \_\_\_\_\_ Dependent Name: \_\_\_\_\_; Relationship: \_\_\_\_\_

Dependent Name: \_\_\_\_\_; Relationship: \_\_\_\_\_

## Section 5: Information About the People Who Live with You

These fields should be completed with information regarding any applicant listed on the application. Of primary interest here will be the pregnancy information. Pregnancy no longer needs to be verified by a doctor, it is through self-attestation.

<b>5. Please Answer the Following Questions About the People You Listed in Section 3 who are seeking health coverage.</b>	
List all individuals applying for coverage who have legal immigrant status and add information below.	
Who? _____; Document Type _____; ID Number: _____	
Who? _____; Document Type _____; ID Number: _____	
Who? _____; Document Type _____; ID Number: _____	
Has any non-citizen applicant lived in the U.S. since 1996? Who _____	
Is any non-citizen applicant or spouse or parent a veteran or on active duty with the U.S military? Who: _____	
Is any applicant getting benefits in another state? If YES, Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any applicant already in or going into a nursing home, hospital or treatment facility? Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what type of facility: <input type="checkbox"/> Nursing Home/Nursing Facility <input type="checkbox"/> Hospital <input type="checkbox"/> PACE	
<input type="checkbox"/> Intermediate Care facility for the Mentally Retarded (ICFMR) <input type="checkbox"/> Other: If other, where? _____	
Is anyone disabled? Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any applicant in the household receiving Supplemental Security Income (SSI)? Who? _____ Which State? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in the household pregnant? Who? _____ How many babies are expected from this pregnancy? _____ Estimated Due Date _____ Name of the Father of the unborn? (optional) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant received a <i>Primary Freedom Of Choice</i> letter for a Home and Community Based Services Waiver? If YES, Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
In any applicant a former Foster care recipient under the age of 26? If Yes, Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 6: Earned and Unearned Income

All income should be listed for all members of the household who are applying for benefits, or who might be affected by the income. You may need to ask further tax related questions, but go ahead and enter all the information and collect the necessary documentation. If it is not needed, it will be disregarded, however if it does become necessary then the application process will be delayed while the ISD sends a HUMAD and waits for the information. The first part of this section is for earned income. The second part is for unearned income (i.e., child support, unemployment, etc.).

Income must be verified by HSD/ISD. Electronic data sources of income are used to verify income as much as possible, but applicants should provide HSD/ISD with proof of current income sources (i.e., paystubs) as a last resort, if available.

<b>6. Tell Us About Your Earned Income</b>					
Note: If you are offered health insurance from any employer please fill out the Employer Coverage form attached to this application.					
Have you or has anyone living with you received earned income or expect to receive income this month? If yes, please complete the chart below.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Person with income	Average number of hours worked?	Income from? (work, self employment, odd job)	How Often Received? (Yearly, Monthly, Biweekly, Weekly, etc)	How much do they receive?	Does this employer offer Health Insurance? (Y/N)  If yes, fill out the employer coverage form on Page 16.
				\$	
				\$	
				\$	
				\$	
<b>Tell Us About Your Other Income:</b>					
Examples of unearned income include, but are not limited to: Unemployment, Social Security, pensions, retirement, rental income, Indian monies, capital gains, dividends/interest, and per capita payments. Note: You don't need to tell us about child support, veteran's payment or Supplemental Security Income (SSI)					
Person with income	Unearned Income from?	How Often Received? (Yearly, Monthly, Biweekly, Weekly, etc)		How much do they receive?	
				\$	
				\$	
				\$	

## Section 7: Expected Changes in Income

Record any anticipated changes to income for the coming year, as well as any federal tax deductions that the applicant expects to claim or changes in income that are not steady – would be entered here.

7. Will There be Changes in Income?			
Do you or anyone living with you have changes in income that is not steady from month to month? <i>Examples include:</i> Loss of job, decrease in hours, change in job, change in pay, and/or only working some of the months, out of the year?			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Don't know
Person	Income	When	Why
Deductions?			
If you pay for certain things that can be deducted on a federal income tax return, tell us about them.			
<input type="checkbox"/> Alimony Paid \$ _____ How Often? _____ <input type="checkbox"/> IRA Deductions \$ _____ How Often? _____			
<input type="checkbox"/> Student Loan Interest \$ _____ How Often? _____			
<input type="checkbox"/> Other: Type _____ How Much \$ _____ How Often? _____			
<input type="checkbox"/> Other: Type _____ How Much \$ _____ How Often? _____			

## Section 8: Parents Not Living with Their Children

List parents of children who do not live in the same household as their child(ren) in this section. If this section needs to be completed.

8. Parents Not Living with Their Children	
By accepting medical assistance for your children, you assign (give) HSD rights to collect child support from an absent parent. Please list all the information for your children's parent(s) who are not living with you:	
If you think cooperating to collect medical support will harm you or your children, you may not have to cooperate.	
Is any applicant a victim of Family Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Name	Absent Parent Name (optional)

## Section 9: Health Care Information

List any bills for medical services received in the last three months that were not paid. Also, list any insurance coverage that household members might have other than Medicaid. \*If, someone applies between January 1<sup>st</sup> and February 28<sup>th</sup>, 2014 and says they have unpaid medical bills, they would be evaluated for eligibility under the old rules for any months prior to January 01, 2014.

This section only relates only to health insurance other than Medicaid. They must also provide a copy of their insurance card(s) and who has the insurance coverage.

<b>9. Health Care Information</b>			
Has anyone in the household received medical services within the last 3 months that have not been paid? If yes, please list the members who have the bills and for which months. We may be able to help pay these bills. a. _____; b. _____; c. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household have health insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list all public and private health insurance including Medicare information for you and all people living with you.			
Persons Covered	Insurance Company Name	Medicare Claim # or Insurance Member ID #	Start Date

**Section 10: MCO Selection**

**Effective January 1, 2014, Clients must complete this section.**

- ▶ Applicants that do not select an MCO on the application, but who are determined eligible for Medicaid, will be automatically assigned to an MCO. They are able to change their MCO within the first 90 days of enrollment.
- ▶ Native Americans are not required to select an MCO unless they are in need of long-term care services or have Medicare or want to be in an MCO.
- ▶ Do not recommend an MCO to a client they need to make this decision on their own. OF importance to the client would be if their Doctor is covered by the MCO they choose.

**10. Managed Care Organization (MCO) (If you are applying for Medicaid on or after December 1, 2013) This section will ONLY apply if you are found to be eligible for Medicaid.**

Beginning January 1, 2014 Medicaid services will provided by the four Managed Care Organizations (MCO(s) listed below. You have a choice of which MCO provides your services. If you do not choose an MCO by January 1, 2014, you will be automatically assigned to an MCO by the State. Once you are enrolled with an MCO, you will have the option to change the MCO within 90 days of enrollment.

**Special information for Native Americans about Managed Care Organizations**

**If you are Native American, you are not required to choose an MCO. If you are in need of long- term care services or have Medicare, you will be required to choose one.**

I am a Native American.  Yes  No (If yes, please complete the Native American or Alaskan Native information after this section)

Do you want to enroll in a Managed Care Organization?  Yes  No (If yes, please select an MCO below)

**Blue Cross Blue Shield (BCBS)**

By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO.

or

Only the Medicaid recipients from this household that are listed here should be enrolled with

BCBS: \_\_\_\_\_

**Molina Healthcare of New Mexico**

By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO.

or

Only the Medicaid recipients from this household that are listed here should be enrolled with

Molina: \_\_\_\_\_

**Presbyterian Health Plan**

By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO.

or

Only the Medicaid recipients from this household that are listed here should be enrolled with

Presbyterian: \_\_\_\_\_

**United Healthcare Community Plan**

By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO.

or

Only the Medicaid recipients from this household that are listed here should be enrolled with

United: \_\_\_\_\_

**Native American or Alaska Native**

Native American and Alaska Natives who enroll in Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs.

If you or your family members are Native American or Alaska Native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible. **NOTE:** If you need more space please attach another piece of paper.

Is any applicant a member of a federally recognized tribe? If yes, Who? _____ What Tribe? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do these applicants ever get a service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>no</b> , is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Certain money received may not be counted for Medicaid or CHIP.</b>	
Does the income reported in Section 6, include money from any of the following sources?	
Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who _____ \$ _____ How Often? _____
Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who _____ \$ _____ How Often? _____
Money from selling things that have cultural significance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who _____ \$ _____ How Often? _____

## Section 11: Signature

**Please request that the client read this information carefully and SIGN and DATE the application prior to proceeding any further!**

- All applications must be signed in Section 11. The applicant or authorized representative must sign the application for it to be considered valid. You must have a completed and signed application to determine that the client is eligible for Medicaid prior to granting them presumptive eligibility.
- If you are using iREACH or Yes!NM you must complete an application on the electronic system before you may grant presumptive eligibility. For electronic applications submitted through YES!NM, electronic signatures submitted through the system-designed e-signature process are acceptable as well.
- In all cases, one must be over the age of 18 in order to sign the application, otherwise the application is not considered complete and will not be processed. A determiner's number will be terminated if PEs is being processed for minors who are unable to complete the MOSAA due to age.

## 11. Your Signature (Your authorized representative may also sign here)

Your signature makes this application valid and cannot be processed unless signed. Your signature also is an indication of the following:

- I understand that making false statements or hiding information could mean State and Federal penalties and I have given HSD true, correct and complete information.
- I am declaring the identity of the children under age 16 for whom I am applying.
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people, and companies to get proof.
- I will let HSD give limited information to approved agencies which give other related help for which I may be eligible.
- I understand that if I receive benefits for which I am not eligible, that I may have to pay HSD back for those benefits.
- I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed).
- I know that HSD will check the information that I give. HSD may use computers or other means to check the information on this form.
- I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration status for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household's eligibility and level of benefits.
- I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.
- TRUSTS - I understand that if I, or the person(s) for whom I am applying, have set up a trust, or are the beneficiaries of a trust, I must give HSD a copy of the trust document, including all attachments and related information. HSD will analyze the trust to see if it affects the Medicaid benefits for which I am applying.
- ESTATE RECOVERY- I understand that, after my death, HSD can file a claim against my estate to recover the amounts that the state pays or paid on my behalf for medical assistance provided under the Medicaid program. This process is called "Estate Recovery." "Estate Recovery" is required by federal and state law. "Estate Recovery" is required where Medicaid recipients are fifty-five (55) years of age or older and the state makes medical assistance payments on their behalf for nursing facilities services, home and community based services, and/or related hospital and prescription drug services. The amount recovered by HSD will not exceed the amount of medical assistance payments made on behalf of the Medicaid recipient. Some exclusion's may apply.
- I understand that I must give HSD any money I receive for medical services which have already been paid for by Medicaid. If I fail to do so, I, or the person(s) for whom I am applying, may lose Medicaid coverage for at least one year AND until the amount owed to Medicaid has been paid back in full.
- A person who is applying for or receiving Medicaid Assistance shall assign to HSD all rights against any and all individuals for medical support or payments for medical expenses paid on the applicants' or client's behalf and the behalf of any other person for whom application is made or assistance is received.
- To withdraw your application for any program, initial the box of the program ►  Medicaid  Marketplace

Applicant's Signature	Name of Witness (Witnessed only if applicant signs by mark or thumbprint)	Date
Signature of Applicant's Representative	Signature of Witness (Witnessed only if applicant signs by mark or thumbprint)	Date



**SPECIAL NEEDS INFORMATION** If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

## Section 12: Register to Vote

It is a legal requirement for the applicant to review this section. A Voter Registration form is now a part of all Medicaid applications. Please point this section out to the client and request that they complete and **SIGN** this section as to their preference.

- If they mark YES please have them complete the voter registration form, now provided with all applications. Please provide the applicant with the Program Application Information section of the application. This is their copy and explains their rights and responsibilities.
- On the back of the Voter Registration form, are addresses where clients can mail the form themselves or you may accept them and send to the Processing unit along with all other documentation.

12. Register to Vote	
If YOU are NOT registered to vote where you live now, <b>Would you like to register to vote here today?</b> (Please check one) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.	
The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.	
IMPORTANT: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.	
<input type="text"/>	<input type="text"/>
Signature	Date
CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential. IF YOU BELIEVE THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503, (phone: 1-800-477-3632).	

Please give the Program Application Information portion of the application to your client. This is their copy and explains their rights and responsibilities.

## Program Application Information

(Applicant Information Pages)

### 1. Special Needs Information



**SPECIAL NEEDS INFORMATION** If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

### 2. Your Civil Rights

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office.

In accordance with Federal Law and, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

### 3. Your Privacy

The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs or other means. This information will also be used to make sure that you meet program rules and help us to manage the program.

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.

If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

Providing the requested information, including Social Security Numbers of each household member is voluntary. However, each person applying for assistance must give a Social Security Number or it will result in the denial of program benefits to each individual applicant failing to give a Social Security Number. Non-Citizen Immigrants not requesting assistance for themselves do not need to give immigration status information or Social Security Numbers. Any Social Security Numbers given will be used and disclosed in the same manner as Social Security Numbers of eligible household members.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.

## Necessary Documentation

Request the client bring the following documents to their meeting/appointment:

1. Citizenship and Identity documents for those who are applying for Medicaid.
2. One month of current paystubs for all members of the household.
3. Insurance Cards (if they have other insurance - not Medicaid).

<p>Federal regulations require that all individuals receiving Medical Assistance provide specific documents that verify Citizenship or Legal Permanent Status and Identity. <u>This is a one time process.</u> <i>A U. S. birth certificate is the easiest way to establish proof of citizenship (other types of proof are listed below).</i></p> <p>For individuals born in New Mexico every effort will be made to help you verify your birth certificate through the New Mexico Department of Health. We will provide you information necessary to obtain birth certificates for those household members born outside of the state of New Mexico.</p>	
<p>Remember to provide proof of the following with your application: ▼</p>	<p>One or more of the following may be used as proof... ▼</p>
<input checked="" type="checkbox"/> Identity	Copy of driver's license, Government ID with photo, INS letter or immigration card
<input checked="" type="checkbox"/> U.S. Citizenship	Copy of U.S. passport, Certificate of Naturalization, Certificate of Citizenship, U. S. Birth certificate, certification of birth issued by the Department of State, Certificate of Indian Blood. Do not send your Social Security Card.
<input checked="" type="checkbox"/> Legal Immigrant Status	Copies of Immigration card, or INS or Department of Homeland Security letter
<input checked="" type="checkbox"/> Income (for you and your spouse)	Current check stubs or Copies of Paychecks for the past 30 days or letter from your employer Copy of your check or award letter from Social Security, Veteran's, Retirement, or other sources Self-employment records such as Income Tax forms or Personal Wage Records
<input checked="" type="checkbox"/> Health Insurance (only for JUL or CHIP)	Copies of ID Card or Letter from your Health Insurance Company
<input checked="" type="checkbox"/> Pregnancy Due Date (if it applies to you)	Medical Statement of Due Date

**MOSAA Narrative – Form #MAD071**

The main purpose of this form is to serve as a checklist for you and to communicate with the ISD with any notes about this client. Some of the items you might want to let the processing unit know about this application could include:

- Client had other insurance – copy of card attached.
- There is an absent parent in this case, information is provided.
- If the client never returned with the needed documents despite your repeated attempts
- If there is retroactive Medicaid needed – this a good place to provide more information.
- Also, for your records, if you issued a PE for this client.

This document also serves as a reminder to ask the client if they want to register to vote.

This form is where you provide information to the ISD office. Remember, as a certified determiner, you are acting as an agent of the state and are conducting the interview with the client similar to what an ISD case worker might do. So, they need to know what you discussed with the client. Similar to the application – what category of Medicaid is the client applying for? What is the case name from the application and the interview date – you are meeting with the client – this is important for PE and retroactive cases especially!

		<p><b>MEDICAID ON-SITE APPLICATION ASSISTANCE (MOSAA) NARRATIVE</b></p>	
<b>Category(s) applied for:</b>			<b>Application Date:</b>
<input type="checkbox"/> 400/420 Children under age 19		<input type="checkbox"/> 100 Other Adult	
<input type="checkbox"/> 300/301 Pregnancy Related		<input type="checkbox"/> 200 Parent Caretaker	
<b>CASE NAME: Last</b>		<b>First</b>	<b>Middle</b>
			<b>Interview Date:</b>
<p><b>VERIFICATION CHECKLIST:</b></p>			
<input type="checkbox"/> Income for the four (4) weeks prior to MOSAA interview		<input type="checkbox"/> Health Insurance Card (copy front & back) + TPL MAD 009	
<input type="checkbox"/> MAD 009/TPL for absent parents Card (if using passport, proof of identity not required)		<input type="checkbox"/> Verified copy of citizenship or Legal Permanent Resident	
<input type="checkbox"/> Verified copy of Identity (copy of driver's license, ID card with photo, INS letters, immigration cards, etc.)		<input type="checkbox"/> Rights and Responsibilities explained	
<input type="checkbox"/> Social Security Number (Copy of Card not required)		<input type="checkbox"/> Use of MCO Card & Medicaid card explained	
<input type="checkbox"/> Did you ask the Client if they wanted to register to Vote? Check to see that the voter Registration box is signed. If they marked yes, have you attached the voter registration?			

**If any of these documents are not being provided then you explain why in the notes section below. If the client is seeking coverage for past medical bills (retroactive) you need to provide info on the previous three (3 months) and be sure to request copies of paystubs for those previous months. The client must have been financially eligible for those months in question.**

You do need to let the ISD office know that you specifically asked this client if they want to register to vote. Other examples of what might be included here; the client has other insurance and a copy of the card is attached. The father of the baby is an absent parent and is incarcerated. Both of these trigger the use of the MAD 009 TPL form. Likewise, if they have no other insurance and there is no absent parent – then make a quick

note that you asked about this and that it does not apply to this family. Include any information that you think might help clarify any questions that might come up on this application.

**RETROACTIVE MEDICAID:** List individual(s) who need coverage and month(s) needed. Attach proof of income for every month(s).

<b>1.</b>	<b>2.</b>	<b>3.</b>
Month(s)	Month(s)	Month(s)

Presumptive Eligibility For Pregnancy Approved. Date Submitted To the Fiscal Agent: \_\_\_\_\_

Presumptive Eligibility For Children Approved. Date Submitted To the Fiscal Agent or Entered Via Web Portal: \_\_\_\_\_

**Narrative Notes:**  
 \*I asked the client if they wished to register to vote.  Yes

Please include your information here legibly so that the ISD Office is able to contact you with questions if needed.

<b>MOSAA Interviewer: (PLEASE PRINT)</b>	<b>Telephone Number (include extension):</b>
<b>Name and Address of Agency:</b>	<b>Determiner Number:</b>
<b>E-Mail: (PLEASE PRINT)</b>	

## Module 7 – Reviewing the Application and Non-Financial Eligibility Factors

- All final Medicaid eligibility determinations are made by HSD/ISD.
- If a submitted application is missing information necessary to make a determination, ISD will request more information from the applicant. A due date for submission of the missing information will be included with the request.
- If an applicant does not provide the required information by the due date, the case will be closed. If the applicant does provide the information on time, the application will be processed and a final determination will be made.
- All applicants will receive notification of their final determination status, whether they are approved or denied for Medicaid benefits.
- Applications that are denied for Medicaid because the applicant's income exceeds Medicaid eligibility levels will be transferred automatically to the Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)).
- The Marketplace will determine whether the applicant qualifies for advance premium tax credits (APTCs) and/or cost-sharing reductions (CSRs) that will help the applicant afford other health insurance coverage.
- When an applicant is determined eligible for Medicaid, their enrollment information will be transmitted to the MCO that the applicant selected on their application.
- The MCO will send the member an MCO ID card and provide them with a member handbook that outlines covered benefits, policies, procedures, rights and responsibilities. If they have received Medicaid in the past their old blue Medicaid card will be reactivated. All new Medicaid clients will receive both a blue Medicaid Card and a card from their MCO. Under Centennial Care, only Native Americans will have a need for the blue card but, everyone new to Medicaid will still receive one.

## Step 2: Reviewing the Application

There are two factors in determining Medicaid eligibility – Non-Financial and Financial. This section will deal with the non-financial factors.

### Non-Financial Eligibility Determination

To be eligible for Medicaid, applicants/recipients must meet specific non-financial requirements not related to household income.

Criteria include:

- A. Social Security Number
- B. Citizenship/Identity/Alien Status
- C. Residency – Proof is no longer required it is through self-attestation only
- D. Age
- E. Additional Health Insurance
- F. For certain categories, a confirmed pregnancy – an estimated date of delivery (EDD) or other document from a doctor is no longer required – pregnancy is now verified through self-attestation.

Presumptive Eligibility may be determined pending the primary proof of the citizenship and identity verification requirement, if the client is deemed financially eligible.

- Citizenship and identity are required eligibility factors.
- PE Determiner should obtain and make copies of these documents whenever possible for the Medicaid On-Site Application Assistance (MOSAA) process.



- Again, the ISD office will use data sources to try to verify the information, if they are unable to do so a HUMAD will be generated by ASPEN. If further verification is required and the applicant fails to provide it within the specified timeframe – their case will be closed and they will not receive Medicaid.
- So, if Medicaid for this applicant does not go through it will affect your averages, so we would advise you to still attempt to get all needed documents.
  - 90% of PE results in on-going Medicaid eligibility
  - 100% of PE results in a complete Medicaid application being submitted
- PE Determiners should have the following text on the copy you made of all ORIGINAL documents: “I certify that I witnessed original documents” with a space for your signature and the date.

### A. Social Security Number

- All individuals **applying for Medicaid benefits** must provide a SSN. Only newborns do not need to provide a SSN to apply for benefits.
- Undocumented individuals **are not eligible** for Medicaid benefits and do NOT need to provide a SSN.
- The Social Security card **does not** have to be shown unless the number proves to be invalid or is otherwise questionable. This will normally be handled by the ISD office when they are reviewing the application, however you may be asked to help.

- If an applicant does not have a valid Social Security Number, he/she must apply for one as a condition of Medicaid eligibility. Clients may call the Social Security Administration (SSA) **Toll-Free 1-800-772-1213** for more information.
- Social Security Numbers and Newborns
  - If a woman is receiving Medicaid benefits at the time she gives birth, her newborn is automatically eligible for Medicaid (this applies to Emergency Medical Services for Aliens (EMSA) cases as well). The ISD office enrolls the newborn in Medicaid upon receipt of the notification of birth from the mother or the hospital.
  - Under ACA - If the mother of a newborn was not a Medicaid recipient at the time of the birth, she will need to complete an application to apply for Medicaid for herself and the baby. If you find she would have been eligible for Pregnancy Related Medicaid (she will need pay stubs to cover the time of birth) and a copy of the documentation that she has applied for a SSN for the baby) she will be given Medicaid to cover her delivery expenses and the newborn will be assigned a temporary number until the SSN has been issued and will be placed on Newborn Medicaid (Pregnancy Medicaid FPL is 138% up to 250% FPL.) Once
  - If mother was ineligible, at the time of the birth the baby, she would still follow the above process, however the child will then be considered for Children’s Medicaid which has an FPL level of up to 300% FPL, retroactive Medicaid can be applied for but, only at an ISD office.
  - When ISD receives the MOSAA application, they will generate a “temporary SSN” for the newborn.
  - **Note: Local ISD offices cannot generate Social Security numbers for newborns for Presumptive Eligibility.**

**B. Citizenship, Identity, and Alien Status**

You need to verify both citizenship and identity (children’s identity can be self-attestation by the Head of Household signing the application)

<b>Documents that Establish BOTH Identification and Citizenship</b>	<b>Documents that Establish Citizenship Only</b>
U.S. Passport (Unexpired or expired)	U.S. Birth Certificate
Certificate of U.S. Citizenship (DHS Form N-560 or N-561)	New Mexico Department of Health (DOH) Birth Record web portal verification – if mother and child were born in NM.
Certificate of Naturalization (DHS Form N-550 or N-570)	
Tribal enrollment or membership documents issued from a federally recognized tribe	

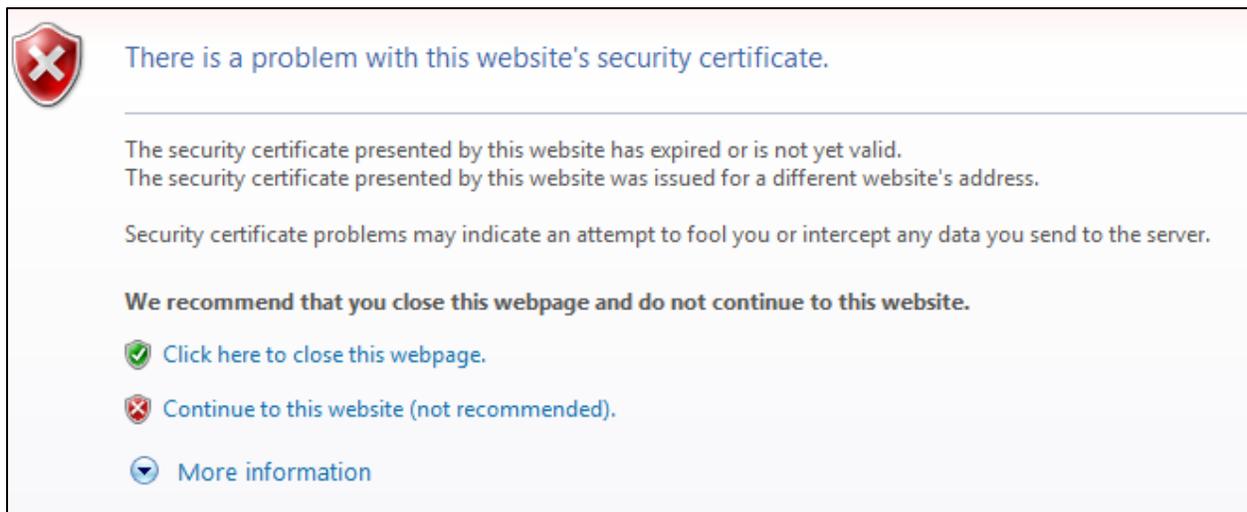
### *NM DOH Web Portal*

The Department of Health Vital Records Bureau has a “Web Portal” that can be searched to obtain verification that a birth record is on file for a client. The United States Department of Health and Human Services (DHHS) – Centers for Medicare and Medicaid Services (CMS) has indicated that this electronic verification may be utilized as a 2nd Level Verification of Citizenship.

The site may be utilized to verify a birth record for an applicant or recipient who does not have an original birth certificate. The **Web Portal only has some birth records for individuals born in New Mexico after 1919.** PE/MOSAA providers are not to share or give DOH’s web portal address to anyone outside of other PE/MOSAA providers.

The site may be accessed at [https://www.health.state.nm.us/partners/bc\\_confirm.php](https://www.health.state.nm.us/partners/bc_confirm.php).

Upon logon you will see a security message, please select “continue to the website (not recommended).”



You will need the information listed below from the applicant. You will need the information exactly as it is on the birth certificate.

- First Name
- Last Name
- Date of Birth (mm/dd/yyyy)
- County of Birth
- Gender
- Mother’s First Name
- Mother’s Maiden Name

**If a match is found, please print it and keep it with the application.**

**For Persons Born Outside Of New Mexico:** Information on how to obtain a birth certificate is located on the Department of State web site, which can be accessed by going to [http://travel.state.gov/passport/services/cert/cert\\_2257.html](http://travel.state.gov/passport/services/cert/cert_2257.html), by clicking “How to Obtain a Birth Certificate.” This will take you to the CDC’s website link <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>. Click on the birth state for information.

Although there are many other levels of documentation that can be provided for citizenship, if you are unable to witness and copy one of the above documents, it is recommended you send this client to an ISD office who can try to help the client secure other evidence of citizenship.

## **Identity**

### **Acceptable Documents to Verify Proof of Identity Only:**

- A current State driver's license with the individual's picture
- A school identification card with a photograph of the individual.
- A current State identification card with a picture or other identifying information such as name, age, sex, race, height, weight, or eye color.
- Identification card issued by the Federal, State or local government with the same information as included on the driver's license.
- Military dependent's identification card

### **Special Rules**

- Certain populations, including most individuals receiving Medicare, disability insurance benefits, supplemental security income benefits, children in foster care, and children receiving foster care or adoption assistance are exempt from these requirements.
- Children who are initially eligible for Medicaid or CHIP as "deemed newborns" are considered to have provided satisfactory documentation of citizenship and may not be required to submit further documentation at subsequent eligibility determinations or re-determinations.

## **Definitions**

**Emergency Medical Services for Undocumented Aliens (EMSA)** is available to aliens who are undocumented, illegal, and non-immigrant. These individuals must meet all eligibility criteria for a Medicaid category except for citizenship or legal alien status. The Medicaid coverage under this category is only for "life threatening" emergency services and only for the duration of that emergency.

## **Alien Status**

Certain groups of aliens may be eligible for Medicaid.

An alien who entered the United States prior to August 22, 1996 and meets the alien regulations in effect prior to August 22, 1996; a legally documented alien (for example an alien who is on a student or visitor's visa) who is pregnant or a legally documented alien child are eligible for certain categories of Medicaid.

Aliens who are not eligible for Medicaid are those that are illegal, undocumented, "visitors" in the United States, and individuals who temporarily reside in the U.S. under a student visa and are not pregnant or a child.

## **C. Residency**

- An individual must be living in New Mexico on the date of application.
- An individual must demonstrate intent to remain in the state – via self-attestation.
- Residency does not have to be proven unless it is questionable.

## **D. Age**

- Age is an eligibility factor for Children's Medicaid, which covers children up to the age of 19.
- Age is an eligibility factor for The Other Adult category (100), which covers adults 19 through 64 ineligible at 65.

#### **E. Other Health Insurance (Third Party Liability)**

- The Medicaid program is the payor of last resort. If health care coverage is available from a third party, that insurance must be used first. If a claim for payment of medical services is made, the Medicaid program will expect payment from the other sources before paying the claim.
- An individual is expected to know about his/her available health insurance coverage. The existence of other health insurance must be reported at the time of application for Medicaid.

#### **F. Condition of Pregnancy**

To be eligible for Pregnancy-Related Services Only (Category 035) the individual must be pregnant at the time of application. An application for Pregnancy Medicaid can be completed up to three months after the delivery and/or termination of the pregnancy. In this instance, the applicant does not have to be pregnant at the time of application. Pregnancy is now verified through self-attestation.

**Important:** NEW after 12/31/13

If a woman becomes pregnant while on Other Adult Medicaid she can choose to switch to Category 300 (Full Medicaid for Pregnant Women) if she is financially eligible – she will need to notify her ISD office. Category 300 may provide more services than the Other Adult category.

If a woman signs up for Medicaid for the first time and indicates she is pregnant she will be evaluated for category 300 or 301 depending on the Budget Group/HHS and income or may be referred to the Health Insurance Exchange (HIX).

**NOTE:** CMS has issued new information concerning the 7/06 interim final rule that a baby born to a non-citizen who is eligible for EMSA may be “deemed eligible” under (Newborn Medicaid) for one year. Upon the mother’s approval for EMSA and notification from the medical provider regarding the newborn, the ISD worker may open a Category 031 Medicaid case for the newborn who may be “deemed eligible” under the mother’s Medicaid status for the first year.

***These types of cases should be referred to the ISD office.***

## Module 8 – Determining Budget Group/Household Size (HHS) and Financial Eligibility

### The New Income and Household Size Definitions

The health reform law establishes a new definition of income — called Modified Adjusted Gross Income, or MAGI —that will be used in determining eligibility. MAGI is Adjusted Gross Income as determined under the federal income tax, plus any foreign income or tax-exempt interest that a taxpayer receives.

Determining income eligibility for Medicaid, an individual’s family size will be based on the number of personal exemptions that an individual claims in his or her tax return (the Budget Group). Starting in 2014, eligibility for most Medicaid and CHIP beneficiaries under age 65 will be determined using MAGI, and family size will be based on the tax filing unit.

These new income eligibility rules generally will apply to all children except foster children, who automatically qualify for Medicaid and to all adults under age 65 except those who qualify for Medicaid as a disabled individual. The health reform law does *not* change Medicaid eligibility rules for beneficiaries who are 65 or older or those in eligibility categories based on disability.

### Definitions

**MODIFIED ADJUSTED GROSS INCOME OR “MAGI”**- for determining Medicaid income eligibility across the country. The adoption of MAGI, which is based on adjusted gross income as defined in the Internal Revenue Code §36B(d)(2), will standardize the calculation of income across the nation. Additionally, since income

### Key Differences between MAGI and Medicaid’s Current Income Counting Methodologies (This information is purposefully duplicated from a previous section)

In Medicaid today, the rules for counting income vary from state to state and also differ based on the category through which an individual is eligible for the program. For example, Medicaid allows applicants to disregard some child support payments and the first \$90 of earned income, and to deduct certain childcare expenses from income when determining eligibility for benefits.

Starting in 2014, with the switch to MAGI, states will no longer be able to maintain their current disregards and deductions in determining whether someone qualifies for benefits. Instead, there will be a single methodology that will determine how income is counted.

The new rules also are very different from the way Medicaid calculates gross income today. In particular, many items now *included* in income for the purposes of determining Medicaid eligibility are *excluded* from taxable income for purposes of the federal income tax — and hence will not count when using MAGI. Key differences between income tax and Medicaid rules for what counts as income include the following:

***Child support that a family receives:*** Currently, the child support that a family receives *counts* as income when Medicaid eligibility is determined. However, federal income tax

rules *do not count* child support in determining the income of the parent receiving it, because the parent who pays the support has already paid tax on that income.

Some categories will allow for a 5% (of 100% of the Federal Poverty Guidelines) standard disregard to be applied.

Under the tax code, Social Security benefits are excluded from income unless the sum of 50 percent of a tax filer's Social Security benefits and the filer's other countable income exceeds certain income thresholds (in which case a portion of the Social Security benefits is counted in Adjusted Gross Income). For the majority of Social Security beneficiaries the sum of 50 percent of Social Security benefits and other income is *below* the threshold and, as a result, *none* of their Social Security benefits are counted as income under the tax code.

- ▶ MAGI is a methodology for how income is counted and how household composition and family size are determined
- ▶ MAGI is not a number on a tax return
- ▶ MAGI is based on federal tax rules for determining adjusted gross income (with some modification)
- ▶ No asset test or disregards (except a 5% FPL disregard based of category of eligibility)

State of New Mexico		Pay Group: CLS-Classified		Business Unit: 63000	
Department of Finance and Administration, 407 Galisteo Street		Pay Begin Date: 08/31/2013		Advice #: [REDACTED]	
Santa Fe, NM 87501		Pay End Date: 09/13/2013		Advice Date: [REDACTED]	
Santa Fe, NM 87505	Employee Department: [REDACTED]	TAX DATA: Federal	NM State		
	Location: [REDACTED]	Marital Status: Single	Single		
	Job Title: [REDACTED]	Allowances: 3	3		
	Pay Rate: \$1,972.77 Biweekly	Addl. Pct.:			
		Addl. Amt.:			

HOURS AND EARNINGS					TAXES						
Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD			
State Holiday - Not Worked	24.659678	8.00	197.28	48.00	1,173.88	Fed Withholding	143.65	2,705.13			
Regular Pay	24.659678	65.02	1,603.38	1,178.62	28,856.63	Fed MED/EE	26.35	498.08			
						Fed OASDI/EE	112.70	2,129.74			
						NM Withholding	41.78	786.59			
<b>Total:</b>					80.04	1,973.78	1,320.24	37,215.18	<b>Total:</b>	324.48	6,119.54

EMPLOYEE TAX DEDUCTIONS		EMPLOYEE TAX DEFERMENTS		EMPLOYER PAID BENEFITS	
Description	Current	YTD	Description	Current	YTD
Medical Pre Tax	58.94	1,020.02	GSD/RMD Admin Fee	0.18	3.42
Dental Pre Tax	4.02	76.38	Supplemental Term Life	21.36	349.28
Vision Pre Tax	0.75	14.25	Disability	4.34	42.94
Flex Spending	92.31	1,753.87	Retiree Health Care	19.74	372.16
PERA Retirement	176.06	3,319.58	AFSCME FT Fair Share	12.84	243.96
New Mexico Tax Deferred	35.00	665.00	ARAG Legal	0.00	86.90
			Allstate Insurance Accidental	0.00	176.00
			Allstate Insurance Cancer	0.00	132.20
			Basic Life Insurance	0.00	7.54
			Dependent Term Life	0.00	4.29
			Workers Compensation Employee	0.00	6.00
			Medical Pre Tax	137.54	2,380.04
			Dental Pre Tax	9.37	178.03
			Vision Pre Tax	1.73	32.87
			GSD/RMD Admin Fee	0.42	7.98
			Basic Life Insurance	1.94	29.32
			PERA Retirement	327.45	5,763.78
			Retiree Health Care	39.48	744.29
			NM EAP	0.00	3.12
			Dependent Term Life	0.00	9.75
			Disability	0.00	39.52
			Workers Compensation State Shr	0.00	6.90

- ▶ This person's bi-weekly gross pay = \$1,972.77

Before going through all of the Pre-Tax Deductions - see if they are eligible just based on the gross, then, if need be deduct the following from their gross income.

- ▶ Pre-tax deductions include:
  - Medical Pre-Tax - \$58.94;
  - Dental Pre-Tax - \$4.02;
  - Vision Pre-Tax - \$0.75;
  - Flex Spending - \$92.31;
  - PERA Retirement - \$176.06; and
  - NM Tax (Deferred Comp) Contribution of \$35.00.
  
- ▶ The total pre-tax deductions equals \$376.08
  
- ▶ To find this person's MAGI countable income, subtract the total pre-tax deductions (\$376.08) from his/her gross pay (\$1,972.77).
  
- ▶  $\$1,972.77 - \$376.08 = \$1,596.69$ ; this is this person's MAGI monthly earned income.

## Definitions of Income

- ▶ General rule as tax definitions:
  - Taxable income is counted.
  - Non-taxable income is not counted.
- ▶ Key differences compared to current Medicaid methods:
  - Child support income received is not counted.
  - Self-employment and farm income after depreciation and deduction of capital losses counted.
  - Scholarships, fellowship grants and awards used for education purposes is not counted.
  - American Indian and Alaska Native (AI/AN) income derived from distributions, payments, ownership interests, and real property usage rights is not counted.
  - An amount received as a lump sum is counted as income only in the month received.

***Pre-tax contributions for purposes such as child care costs, retirement savings, certain commuting costs, employee's share of employer-sponsored health insurance premiums paid through a cafeteria plan, and flexible spending accounts:*** These portions of an employee's earnings are not counted as income under income tax rules and hence will also be excluded in determining MAGI. These amounts currently are counted in determining eligibility for Medicaid.

***Alimony paid:*** Medicaid does not deduct from countable income any alimony paid by an individual. Under federal income tax rules, however, amounts paid towards alimony are deducted from income when computing a taxpayer's Adjusted Gross Income.

## Key Differences between Medicaid and Income Tax Definitions Related to Family Size

The new rules also change how family size is calculated and how household income is defined. Currently under Medicaid, states take different approaches to determining family size and which family members' income to count depending on whom in the family is applying for benefits.

In general, Medicaid programs *must* consider the incomes of parents and spouses in determining an individual's eligibility. Income of other family members is counted only if they are also applying for coverage. Under the new rules, family size and household income will be based on the tax filing unit.

All individuals claimed as a dependent on a taxpayer's return will be included in determining that taxpayer's Budget Group/HHS. The total income of a household will thus equal the MAGI of all individuals in the tax filing unit, including the MAGI reported on a separate tax return for any of these individuals if they were required to file a separate return.

For example, if a teen-age child has an after-school job and earns income *that exceeds the minimum tax filing threshold*, the teen-ager is required to file his or her own tax return even though the teenager's parents still claim him or her as a dependent on their own return. In determining the family's eligibility for Medicaid and premium credits, however, the teen-ager's MAGI will be added to the rest of the family's MAGI.

**Step-Parents.** Under current Medicaid rules, New Mexico would initially determine the eligibility of the entire family counting both spouses' income, but if the family's income exceeded the Medicaid eligibility limits, the eligibility of the step-child would then be determined considering only her own parent's income (because the step-parent is not legally responsible for the child). If using just her own parent's income puts the step-child below the applicable Medicaid income eligibility limit (for a family of two), the child currently is eligible for Medicaid.

Under the health reform law, the family's MAGI will be determined based on the income of both parents. Assume, for example, that a family includes a taxpayer and the taxpayer's spouse — both of whom work — their child, and a child of the taxpayer from a previous marriage. The taxpayer's tax return includes the spouse and both children. You will need to use the new methodology to determine who is eligible. Remember each individual is determined separately based on the MAGI of the tax unit.

### Step 3: Determine each Applicant's Tax Status

So far, you have completed Steps 1 and 2 of the PE Determination process.

- Step 1 – Applicant completes the application.
- Step 2 – Review the application.

The next steps are to:

- Step 3 – Determine each applicant's tax status.
- Step 4 – Determine budget group/household size.
- Step 5 – Determine financial eligibility.

#### Affordable Care Act

As a result of the Affordable Care Act (ACA), the way financial eligibility and household size are determined have changed.

To ensure coordination of eligibility and coverage across the different health care programs, the ACA requires states to make major changes in the way that they determine eligibility for Medicaid and CHIP in order to align with the income tax-based rules. The biggest change involves how income and Budget Group/household size are defined to determine eligibility for Medicaid and CHIP.

Modified Adjusted Gross Income or "MAGI"—for determining Medicaid income eligibility across the country. The adoption of MAGI, which is based on adjusted gross income as defined in the Internal Revenue Code §36B(d)(2), will standardize the calculation of income across the nation. Additionally, since income will be based on an income tax definition, family size and household income will be based on tax filing unit, which is a change from the current methodology used by Medicaid

## Tax Status

Before you can determine the budget group/household size, you must know the tax status for each person listed on the application that is applying for Medicaid benefits. A person's tax status is what is used to determine which methodology and form should be used to calculate budget group/ household size.

Each individual will be assigned a tax status based on the following categories. **Please note that all individuals need to be evaluated for tax status/budget group/household size individually.** If a person claims on the application that they are a tax filer use the tax filer worksheet to determine Budget Group/HHS. If reviewing other applicants in the household and they are claimed by another person in the household as a tax dependent you must then ask these questions to determine if they will use the tax dependent worksheet or the non-tax filer worksheet.

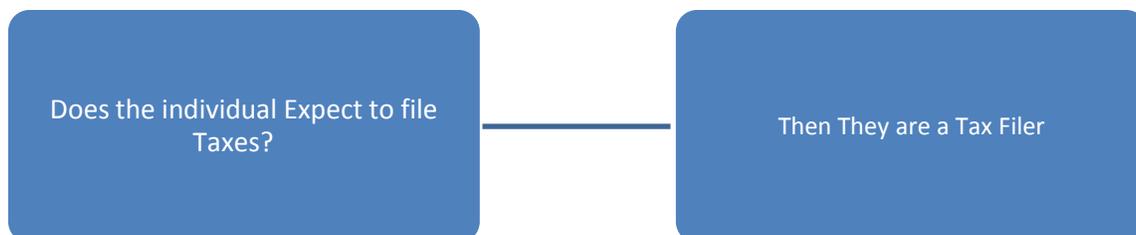
1. **Tax filer** – If a person states on their application that they file taxes (or that they intend to claim for the current year), then we consider them a tax filer – the next two categories are also determined on the application. HOWEVER, you must ask certain questions of all individuals that are listed on the application to determine if you will base your eligibility determination for them as a Tax Dependent or a non-filer. If there are any Yes answers to these questions, they are an exception and you may need to consider them as non-tax filers as opposed to a tax dependent.
2. **Tax Dependent** – if a tax filer claims someone as a dependent on the application then we may or may not base their determination on the tax dependent rules, depending on how the questions are answered that must be asked.
3. **Non- Filer** – Someone who states on the application that they are a non-tax filer, use that worksheet, their budget/group and household size will be based similar to how things were done in the past.

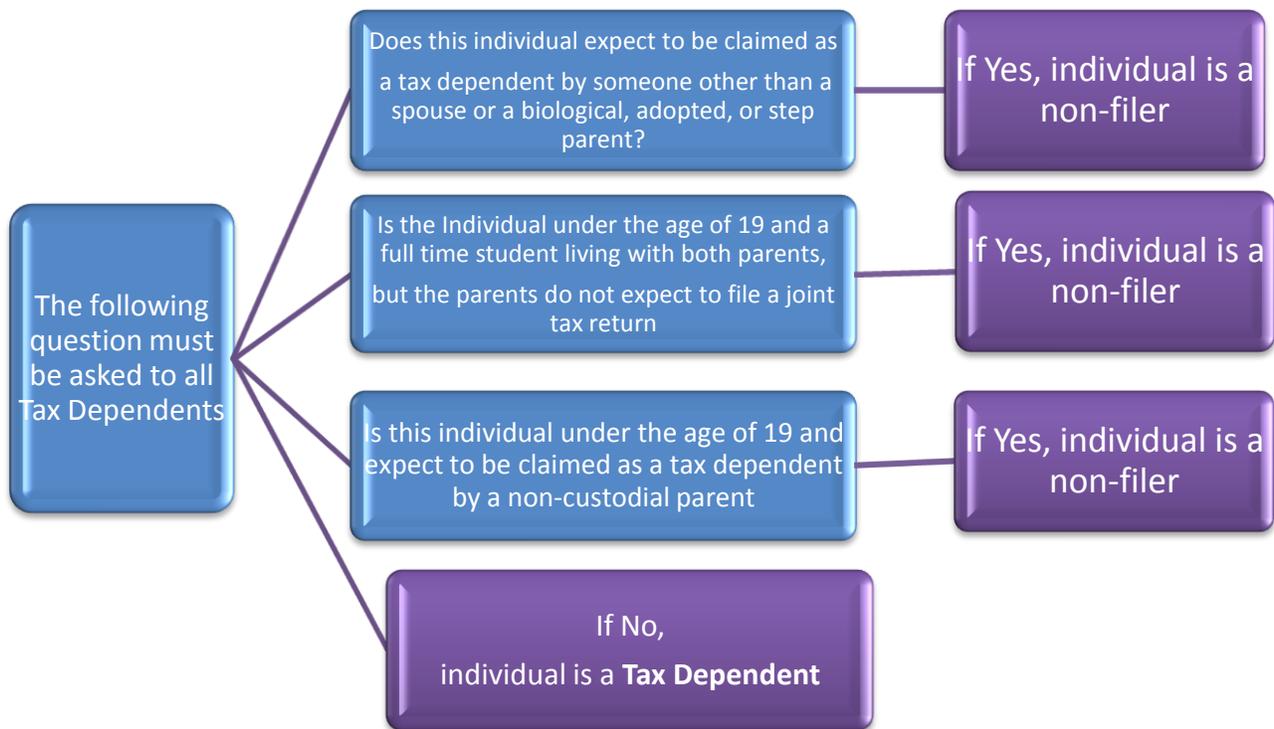
## Next Steps

Once the tax status has been determined, use the corresponding worksheets to determine budget group/household size. The worksheets are provided on the following pages. After the budget group/household size is determined, income must be calculated. Countable income will be based on who is included in your budget group at an Individual level.

Note:

- ▶ Household composition is all **individuals** listed on the application who are seeking benefits.
- ▶ Assistance Unit is only the **individual** for whom you are trying to determine Medicaid eligibility.
- ▶ Household determinations are now on an Individual-based determination
  - ▶ Members of a family could have different household sizes





## Step 4: Determining the Budget Group/Household Size

So far, you have completed Steps 1, 2, 3 of the PE Determination process.

- Step 1 – Applicant completes the application.
- Step 2 – Review the application.
- Step 3 – Determine each applicant’s tax status.

The next steps are to:

- Step 4 – Determine budget group/household size.
- Step 5 – Determine financial eligibility.

### Determining Budget Group/Household Size & Financial Eligibility

1. Construct a Medicaid household for each applicant
2. Establish the family size for each Medicaid household
3. Determine the household income for each Medicaid household

#### **Household**

- Every individual has his/her own Medicaid (or CHIP) household
- The Medicaid household typically mirrors the tax household
- Spouses are always included in one another’s Medicaid household even if not joint filers, if they are living together
- “Non-filer” rules apply to individuals who do not have a “tax household” (and to tax dependents subject to an exception)

#### **Determining Budget Group/Household Size & Financial Eligibility for Tax Filers**

1. Household = tax filer and all persons whom taxpayer expects to claim as a tax dependent
  - a. For married couples filing jointly, each spouse is considered a tax filer.

Full Size Worksheets are available in your toolbox



## Determining Budget Group/Household Size & Financial Eligibility for Tax Dependents

Who must be included in the Budget Group/Household and whose income must be counted when determining eligibility? If the family is a non-tax Filer then we revert back to the previous way of determining HHS.

### Tax Dependent Worksheet

NAME:	AGE:	Count in the Household	Count Income
<b>Ask these Questions to determine if the person is a tax dependent or a non-filer</b>			
Is this person the tax dependent of someone other than a <u>spouse</u> or a biological, adopted, or step <u>parent</u>	If NO continue		
	If Yes person is a Non-Filer		
Is this person under the age of 19 and expects to be claimed by one parent as a tax dependent and is living with both parents but whose parents do not expect to file a joint tax return	If NO continue		
	If Yes person is a Non-Filer		
Is this person under the age of 19 and expect to be claimed as a tax dependent by a non-custodial parent	If NO continue		
	If Yes person is a Non-Filer		
<b>Count the Main Tax Filer &amp; all dependents that were claimed on the tax filer's worksheet and all income</b>			
<i>Total Budget Group/HHS &amp; Countable Income</i>			\$ -
<i>Is this Budget Group Eligible?</i>			Y/N

## Determining Budget Group/Household Size & Financial Eligibility for Non-Tax Filers

If the family is a non-tax Filer then:

- For Adults - Household = individual plus, if living with individual, spouse and children
- For children - Household = child plus siblings and parents (including step-parents) living with child

### NON- TAX FILER

Does the applicant intend to file Taxes	If NO Continue	If Yes use the Tax Filer Worksheet	
NAME:	AGE:	Count in the Household	Count Income
Is this Person's <b>Spouse*</b> listed as being in the House			
<i>IF Yes, list and count and include the Spouse's income</i>			
<i>*domestic partners are not counted</i>			
List the individual from above, count in household And count income			
Is this person's natural, adopted, or step <b>children</b> (under 19) living in the House			
IF Yes, list and count			
Are this person's natural, adopted <b>parents</b> , or stepparents or <b>siblings</b> in the house?			
IF Yes, list and count			
<b>TOTAL HHS &amp; COUNTABLE INCOME</b>			
<i>Is this Budget Group Eligible?</i>			

## Step 5: Determining Financial Eligibility

As you determine who is counted as part of the budget group/household you need to gather the income (from the application and the paystubs that have been provided by the client) in order to determine whose income will count for each individual. The following steps outline the process for determining financial eligibility.

1. Determine earned and unearned income for each applicant – use the worksheets.
2. Determine MAGI for each applicant – we explained earlier how to help a client determine MAGI using pay stubs – more info below
3. Verify income and make copies of documents.
4. After you have determined each applicant’s budget group/household size and income, compare it to the FPL guidelines in order to determine financial eligibility.

### 2013 POVERTY LEVEL GUIDELINES

PERCENT OF POVERTY - Monthly							
HHS	100%	133%	138%	190%	240%	250%	300%
1	958	1,274	1,322	1,820	2,299	2,394	2,873
2	1,293	1,720	1,784	2,457	3,103	3,232	3,878
3	1,628	2,165	2,246	3,093	3,907	4,069	4,883
4	1,963	2,611	2,709	3,730	4,711	4,907	5,888
5	2,298	3,056	3,171	4,366	5,512	5,744	6,893
6	2,633	3,502	3,633	5,003	6,319	6,582	7,898
7	2,968	3,947	4,096	5,639	7,123	7,419	8,903
8	3,303	4,393	4,558	6,275	7,926	8,257	9,908
For Family units of more than 8 members, add amount below for each additional member.							
	335	446	462	636	804	838	1,005

PERCENT OF POVERTY Yearly							
FAMILY SIZE	100%	133%	138%	190%	240%	250%	300%
1	11,496	15,288	15,864	21,842	27,590	28,728	34,476
2	15,516	20,640	21,408	29,480	37,238	38,784	46,536
3	19,536	25,980	26,952	37,118	46,886	48,828	58,596
4	23,556	31,332	32,508	47,756	56,534	58,884	70,656
5	27,576	36,672	38,052	52,394	66,182	68,928	82,716
6	31,596	42,024	43,596	60,032	75,830	78,984	94,776
7	35,616	47,364	49,152	67,670	85,478	89,028	106,836
8	39,636	52,716	54,696	75,308	95,126	99,084	118,896

#### **1. Determine earned and unearned income for each applicant**

There are different types of income. You will always start with the gross income (before deductions) in all cases for household members whose income is countable.

**Earned Income** - Income earned by an individual for services performed as an employee or as a result of self-employment.

**Unearned Income** – Unearned income consists of all other income that is not earned in the course of employment or self-employment (Unemployment compensation but which is taxable).

### **3. Verify income and make copies of documents**

The Determiner needs to make a copy of the check stubs or tax returns to send in with the application.

- Income can be verified using copies of the individuals check stub(s) or an employer statement. If not available, income can be verified by calling the employer to verify income and/or requesting a faxed statement from the employer.

### **4. Determining Countable Income**

After you calculate the Budget Group/Household size and the **income that is countable for that budget group** - compare it to the appropriate standard, of the FPL Guidelines that correlate to the number of individuals in the assistance unit (Budget Group/Household Size) and the category (s) they may be eligible for.

#### **Calculating Monthly Income:**

- Previous 4 weeks of income from the date of application.
  
- Amount of paystubs needed is based on how often an applicant is paid. (i.e.; weekly, bi-weekly.)
  - If an individual is paid bi-weekly add the two paystubs together to arrive at a monthly income amount.  
Paystub #1 = \$1,200.37  
Paystub #2 = \$1,198.36  
**\$2,398.73 monthly income**
  
  - If an individual is paid monthly, no further calculating is involved.

#### **For Self-Employed Individuals**

- Self-employment income can be verified by their tax return:

# What is MAGI?

- To understand MAGI, need to calculate:
  - Gross Income
  - Adjusted Gross Income (AGI)

**Form 1040** Department of the Treasury - Internal Revenue Service (50) **2012** U.S. Individual Income Tax Return OMB No. 1545-0047 REV. 01-10-12

For the year (or 12-month period) beginning 2012, ending 2012

Your first name and initial Last name Last name

If joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

City, town, or post office, state, and ZIP code. If you are a foreign address, also complete space below (see instructions)

Foreign country name Foreign province/state/country Foreign postal code

Filing Status: 1  Single, 2  Married filing jointly, 3  Married filing separately, 4  Head of household, 5  Qualifying widow(er) with dependent child

Check only one box: 1  Yourself, 2  Spouse, 3  Dependent

Exemptions: (1) Retiree, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17, qualify for child tax credit (see instructions)

Income:

7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7
8a	Taxable interest. Attach Schedule B if required	8a
8b	Tax-exempt interest. Do not include on line 8a	8b
9a	Ordinary dividends. Attach Schedule B if required	9a
9b	Qualified dividends	9b
10	Taxable refunds, credits, or offsets of state and local income taxes	10
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14	Other gains or (losses). Attach Form 4797	14
15a	IRA distributions	15a
15b	Taxable amount	15b
16a	Pensions and annuities	16a
16b	Taxable amount	16b
17	Rents, real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18	Partnership income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
20b	Taxable amount	20b
21	Other income. List type and amount	21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22

Adjusted Gross Income:

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government contractors. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid	31a
31b	Recipients' SSN	31b
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 6900	35
36	Add lines 23 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income	37

For DDoS issue, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat No. 11200B Form 1040 (2012)



# How Is Adjusted Gross Income Calculated?

Form 1040 Department of the Treasury Internal Revenue Service (99) **2012** OMB No. 1545-0047 PS Form 1040—Do not write or staple in this space.

For the year ending 12/31/2012, or for the year beginning 2012, ending 2012

Your first name and initial Last name Last name  
 If a joint return, spouse's first name and initial Last name  
 Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
 City, town, or post office, state, and ZIP code. If you have a foreign address, also complete spouse's box (see instructions)  
 Foreign country name Foreign province/state/county Foreign postal code

Filing Status  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above.  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter the child's name here.   
 5  Qualifying widow(er) with dependent child

Exemptions  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse  
 c Dependents:  
 (1) Retiree Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17, qualify for child tax credit (see instructions)  
 d Total number of exemptions claimed

Income  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2  
 8a Taxable interest. Attach Schedule B if required  
 b Tax-exempt interest. Do not include on line 8a  
 9a Ordinary dividends. Attach Schedule B if required  
 b Qualified dividends  
 10 Taxable net income, credit, or offset of state and local income taxes  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or D, E, or F  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here   
 14 Other gains or (losses), minus Form 4797  
 15a IRA distributions 15a b Taxable amount 15b  
 15c Pensions and annuities 15c b Taxable amount 15d  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or (loss). Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits 20a b Taxable amount 20b  
 21 Other income. List type and amount  
 22 Combine the amounts in the right column for lines 7 through 21. This is your total income

Adjusted Gross Income  
 23 Educator expenses  
 24 Certain business expenses of reservists, performing artists, and high government officials. Attach Form 2035 or 2035-EZ  
 25 Health savings account deduction. Attach Form 8889  
 26 Moving expenses. Attach Form 3903  
 27 Deductible part of self-employment tax. Attach Schedule SE  
 28 Self-employed SEP, SIMPLE, and qualified plans  
 29 Self-employed health insurance deduction  
 30 Parity on early withdrawal of savings  
 31a Alimony paid b Recipient's SSN   
 32 IRA deduction  
 33 Student loan interest deduction  
 34 Taxton and Res. Attach Form 8817  
 35 Disaster production activities deduction. Attach Form 8333  
 36 Add lines 23 through 35  
 37 Subtract line 36 from line 22. This is your adjusted gross income

For DDoD use only. Privacy Act and Paperwork Reduction Act Notice: see separate instructions. Cat No. 1545-0047 Form 1040 (2012)

- Line 37 on form 1040
- Gross Income minus adjustments = AGI (Adjustments also known as “above the line” deductions)

Under the Affordable Care Act, eligibility for income-based Medicaid<sup>1</sup> and subsidized health insurance will be calculated using a household's Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code<sup>2</sup> and federal Medicaid regulations<sup>3</sup> is shown below. For most individuals who will apply for health coverage under the Affordable Care Act, MAGI will be equal to Adjusted Gross Income.

## Adjusted Gross Income (AGI)

Line 4 on a Form 1040EZ

Line 21 on a Form 1040A

Line 37 on a Form 1040

### Include:

- Wages, salaries, tips, etc.
- Taxable interest
- Taxable amount of pension, annuity or IRA distributions and Social Security benefits
- Business income, farm income, capital gain, other gains (or loss)
- Unemployment compensation
- Ordinary dividends
- Alimony received
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Taxable refunds, credits, or offsets of state and local income taxes
- Other income

### Deduct:

- Certain self-employed expenses<sup>4</sup>
- Student loan interest deduction
- Tuition and fees
- Educator expenses
- IRA deduction
- Moving expenses
- Penalty on early withdrawal of savings
- Health savings account deduction
- Alimony paid
- Domestic production activities deduction
- Certain business expenses of reservists, performing artists, and fee-basis government officials

*Note: Do not include Supplemental Security Income (SSI), Veterans' disability payments, workers' compensation or child support received. Pre-tax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.*



## Add back certain income

- Non-taxable Social Security benefits (Line 20a minus 20b on a Form 1040)
- Tax-exempt interest (Line on 8b on a Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (calculated on a Form 2555)



## For Medicaid eligibility Exclude from income

- Scholarships, awards, or fellowship grants used for education purposes and not for living expenses
- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
- An amount received as a lump sum is counted as income only in the month received

<sup>1</sup> Medicaid eligibility is generally based on MAGI for parents and childless adults under age 65, children and pregnant women, but not for individuals eligible on the basis of being aged, blind, or disabled.

<sup>2</sup> Internal Revenue Code Section 36B(d)(2)(B)

<sup>3</sup> Public Health and Welfare Code Section 435.603(e)

<sup>4</sup> Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction



## Differences in Income Sources: MAGI and Current Medicaid Rules

Income Source	Current Medicaid Rules	MAGI Medicaid Rules
Self-employment income	Counted with deductions for some, but not all, business expenses	Counted with deductions for most expenses, depreciation, and business losses
Salary deferrals (flexible spending, cafeteria and 401(k) plans)	Counted	Not counted
Child support received	Counted	Not counted
Alimony paid	Not deducted from income	Deducted from income
Veterans' benefits	Counted	Not counted
Workers' compensation	Counted	Not counted
Gifts & inheritances	Counted as lump sum income in month received	Not counted
TANF & SSI	Counted	Not counted

## What Counts in Determining Gross Income?

- Income in the form of money, goods, property, and services
- Income is counted unless it is exempted under tax rules
- Calculated on IRS Form 1010 on Lines 7 to 22

## Types of Income Counted in Gross Income

- Wages & Tips
- Unemployment
- Pensions & Annuities
- Income from a Business or Service
- Dividends and Taxable Interest
- Alimony Received
- Rents & Royalties Received
- Portion of Social Security Benefits (If other income exceeds certain threshold)

## Types of Income NOT Counted in Gross Income

- Most Social Security Benefits
- TANF
- SSI
- Child Support
- Gifts
- Qualified Scholarships (for tuition only)
- Certain Salary Deferrals (e.g. cafeteria/flexible spending plans, contributions to 401K plans)

**Let's now go to our tool box for some scenarios**

## Module 9 – Processing PE Eligibility

After you have determined that an applicant is eligible for Medicaid (both financially and non-financially), you may make the recipient presumptively eligible for Medicaid. Presumptive eligibility should primarily be used in urgent or emergency situations. This short term Medicaid meant to cover the time period that the applicant is waiting for their application to be processed by an ISD office.

Things to be aware of:

- PE is only for:

### Category 400/420 – Children’s Medicaid

- Only one PE determination is allowed per child once every 12 months.
- There are no co-payment requirements for the CHIP children (185%-235% of the FPL) for services received during the short-term PE period.
- Should only be used in urgent or emergency situations.

### Category 300/301 – Pregnancy Medicaid

- Only one PE determination is allowed per pregnancy.
- Should only be used in urgent or emergency situations.
- During the PE short-term period (60 days or less) for pregnant women, ONLY ambulatory prenatal care is covered. This includes amniocentesis, sonograms, lab work, pregnancy-related prescriptions, pregnancy termination services, pre-decision counseling, and miscarriages. Non-covered services during the PE short-term period include delivery costs and inpatient hospitalization.

Certain Specified/Approved Providers will also be able to do Presumptive Eligibility for

The Other Adult (COE 100)

Parent/Caretaker (COE 200)

### Category 100/200 – Other Adult or Parent/Caretaker Medicaid

- Only one PE determination is allowed once every 12 months.
  - Should only be used in urgent or emergency situations.
- The PE period starts with the date of the eligibility determination and ends the last day of the following month.  
For Example:
    - If a PE is done on: January 31 it is good until, February 28th
    - If a PE is done on: February 15 it is good until, March 31<sup>st</sup>

- Citizenship and identity verification documents are not required for the Presumptive eligibility (PE) process; however, the PE Determiner must obtain and make copies of these documents whenever possible for the Medicaid On-Site Application Assistance (MOSAA) process.
- Please be sure to ask the individual if the person applying is a U.S. Citizen. By starting with the application and having the client sign the application they are confirming that all of the information they are providing is true and accurate under penalty of perjury.

## Step 6: Checking For Current Medicaid Eligibility

Now you have completed Steps 1 through 5 of the PE determination process. The final steps are to:

- Step 6 – Check for Medicaid eligibility
- Step 7 – Register the PE in the web portal
- Step 8 – Submit application to ISD

A child is eligible for a PE once per 12 months. So, if a child had a PE in the previous 12 months, he/she is not currently eligible for a PE at this time. A pregnant woman could not have received a previous PE anytime during the current pregnancy.

Category 100/200 – Other Adult or Parent/Caretaker Medicaid

- Only one PE determination is allowed once every 12 months.
- Should only be used in urgent or emergency situations

**The PE determiner is responsible for checking PE history.**

You can check current status of Medicaid and previous PE information through the web portal or AVRS.

- Web Portal: <https://nmmedicaid.acs-inc.com/static/index.htm>
- AVRS:
 

In Albuquerque:	(505) 246-2219 or (505)246-2056
Personalized Attention:	(505) 246-9988 – ext 123
Statewide toll free:	1-800-820-6901

If the applicant meets PE eligibility requirements and the need is urgent or an emergency, then the PE determiner proceeds with registering the applicant’s PE (next section).

You will need your individual PE Determiner Number when checking for or registering a PE and have already signed up for access through the Web Portal.

## Step 7: Registering PE

**If applicants are determined eligible**, the determiner can submit the PE via the Web Portal or fax the applicant’s information to the state’s Fiscal Agent at 1-877-285-6790 using the MAD070. Make sure you include your fax number on the Form 070 so that Xerox may inform you if the PE is denied.

You can register a PE, instantly, through the Web Portal by following the online steps.

If you are processing PE manually, complete the Medicaid Presumptive Eligibility Authorization, MAD 070. A manual PE must be submitted immediately or within 24 hours, if done on a weekend.

- List only the individuals who are eligible for PE. **Do not** list every member of the household.
  
- Fax the Completed MAD 070 to the fiscal agent
  - FAX: 1-877-285-6790 (Statewide)
  - 505-242-3425 (Albuquerque)



MEDICAL ASSISTANCE DIVISION

## MEDICAID PRESUMPTIVE ELIGIBILITY AUTHORIZATION

Cat. 032 Type: Ages 0 - 5 = Y Ages 6 - 19 = C  
 TO: Determiner: \_\_\_\_\_  
 Determiner Fax Number: \_\_\_\_\_  
 Fiscal Agent Fax: \_\_\_\_\_

**PE Determiner:** List ONLY the individuals who are Eligible for PE. Please print or type information. The PE eligibility end date is the last day of the month following the month of determination. It is the last day for which medical services will be covered under this PE determination.

<u>ALL SPACES MUST BE COMPLETED</u>										FOR FISCAL AGENT USE	
NAME - Last, First, Middle	Sex	Date of Birth	Social Security Number	Geo/Adm	Cat. (035)	Cat. (032)	Eligibility		Added Eligibility		
							Begin Date	End Date	Yes	No	
MAILING ADDRESS - Street, PO Box R. Rte.						<input type="checkbox"/> = Y					
City, State, Zip Code						<input type="checkbox"/> = C					
<u>ALL SPACES MUST BE COMPLETED</u>										FOR FISCAL AGENT USE	
NAME - Last, First, Middle	Sex	Date of Birth	Social Security Number	Geo/Adm	Cat. (035)	Cat. (032)	Eligibility		Added Eligibility		
							Begin Date	End Date	Yes	No	
MAILING ADDRESS - Street, PO Box R. Rte.						<input type="checkbox"/> = Y					
City, State, Zip Code						<input type="checkbox"/> = C					
<u>ALL SPACES MUST BE COMPLETED</u>										FOR FISCAL AGENT USE	
NAME - Last, First, Middle	Sex	Date of Birth	Social Security Number	Geo/Adm	Cat. (035)	Cat. (032)	Eligibility		Added Eligibility		
							Begin Date	End Date	Yes	No	
MAILING ADDRESS - Street, PO Box R. Rte.						<input type="checkbox"/> = Y					
City, State, Zip Code						<input type="checkbox"/> = C					

**TO BE COMPLETED BY PE DETERMINER**

<b>Certified PE Determiner</b>	<b>PE Determiner's Signature</b>	<b>PE Determiner's Number</b>	<b>Date</b>
<b>Medicaid Provider No.</b>	<b>PE Determiner's Agency</b>	<b>Agency's Business Address</b>	
<b>Determiner's Phone Number:</b>	<b>Determiner's E-Mail:</b>	<b>Agency's Phone Number:</b>	
<b>Determiner's Comments:</b> _____			
<b>Fiscal Agent's Comments:</b> _____			
			<b>Medicaid Fiscal Agent Staff</b>
			<b>Date</b>

MAD 070 Revised 2/11/10

## Step 8: Submit Documents to ISD

### Mail Documents

All documents are mailed and (soon) Efaxed to:  
**Central ASPEN Scanning Area (CASA)**  
**PO BOX 830**  
**Bernalillo, NM 87004**

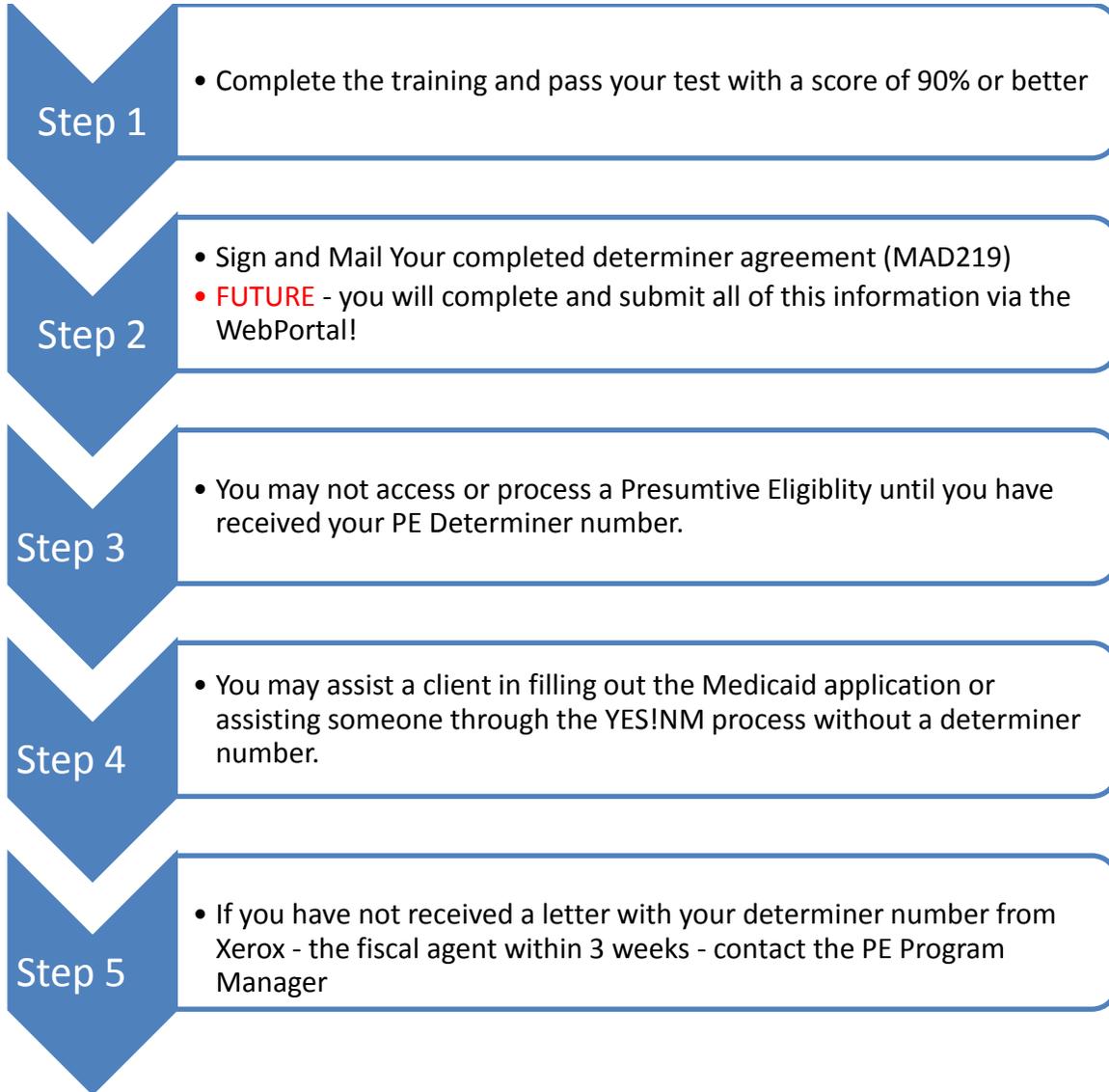
### For the MOSAA Process – you must include:

- Include copies of stamped required verification (such as birth certificate, identity verification)
- Copies of paystubs for all relevant months (current month only unless applying for retroactive Medicaid.) If applying for retroactive benefits then the months that the client is requesting benefits for - the paystubs must be included.
- MAD071 – MOSAA Narrative with the information you gathered from the client during the interview.
- Provide the client with a copy of the MAD --- Client Summary

If the individual is unable to get the verification to you in time (within 10 Calendar days) to send their application to the CASA office, advise the individual that he/she will have to provide the verification directly to the ISD office. If this information is not received by the due date on the HUMAD, the application will be closed and the client will have to start the process all over again.

## Module 10 - How to Become a PE/MOSAA Determiner

After successfully completing the PE/MOSAA training, you must request a PE Determiner Number to participate in the PE Program.



Mail all your documents AS SOON AS POSSIBLE, after training is completed to:

Human Services Department Medical Assistance Division  
Attn: PE Program Manager  
Communication & Education Bureau  
P.O. Box 2348  
Santa Fe, NM 87504-2348

Future: We are working towards your being able to apply online through the web portal.

PE determinations cannot be started until you receive your PE Determiner Number from the Fiscal Agent. There is about a two week turnaround for these numbers to be issued, you should receive a letter from the fiscal Agent (Xerox).

The Fiscal Agent (Xerox) will reject faxed form MAD 070 that does not show a PE Determiner Number, or that are otherwise incomplete.

Your PE Determiner Number is unique to you as an individual. Your number should not be shared with other personnel at your agency.

If you move to a different job or terminate employment with your agency, have any changes, (i.e., name, address, phone number, etc.) to report, or wish to be removed from the PE determiner list please complete PE/MOSAA Determiner Update, MAD 217 and send to:

Human Services Department Medical Assistance Division  
Attn: PE Program Manager  
Communication & Education Bureau  
P.O. Box 2348  
Santa Fe, NM 87504-2348

If you have moved from one agency to another, please complete a new determiner agreement,

- Presumptive Eligibility for Children Determiner Agreement, MAD 219 and
- PE/MOSAA Determiner Update, MAD 217.

This will allow you to keep your same determiner number. You may not use your determiner number at a different agency until MAD and the Fiscal Agent have updated their records. This process will take approximately two weeks. The Fiscal Agent (Xerox) will send written confirmation of the updated status.

## Glossary of Terms

**THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)**, commonly called the **AFFORDABLE CARE ACT (ACA)**, is a United States federal statute signed into law by President Barack Obama on March 23, 2010.. The ACA is aimed at increasing the affordability and rate of health insurance coverage for Americans, and reducing the overall costs of health care (for individuals and the government). It includes mandates, subsidies, and tax credits to employers and individuals to increase the coverage rate and health insurance affordability. The ACA requires insurance companies to cover all applicants within new minimum standards, and offer the same rates regardless of pre-existing conditions or sex.

**ADULT EXPANSION** - Is within the Affordable Care Act and federal health care law and allows states to expand Medicaid. The expansion, starting in January 2014, will make adults eligible with incomes of about \$26,000 for a family of three or \$15,400 for an individual.

**Automated System Program and Eligibility Network (ASPEN)** is the computer system used by Income Support Division offices to keep record of and make determinations on eligibility for applicants. ASPEN is replacing ISD2 and is expected to be fully operational by 2014.

**AVRS IS THE AUTOMATED VOICE RESPONSE SYSTEM**; this is the phone number that providers and determiners can call to enter a Presumptive Eligibility determination and/or check on a client's Medicaid eligibility. Although you can access this system as a determiner, we encourage the use of the new Web Portal System which provides both you and your client with the same information as AVRS. **1-800-820-6901**

**CENTENNIAL CARE** is the new name of the New Mexico Medicaid program. Centennial Care will begin January 1, 2014 and services will be provided by four managed care organizations (MCOs). These services include physical health, behavioral health, long-term care and community benefits.

**CHIP** - HB 20 created the Children's Health Insurance Program (CHIP), a one of a kind program designed to provide insurance coverage to children whose families earn too much to qualify for Medical Assistance, but who could not afford to purchase private insurance. Legislation for the federal CHIP program was signed into law August 5, 1997 by former President Bill Clinton.

**Centers for Medicare and Medicaid Services (CMS)** - is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.

**COUNTABLE INCOME** is the amount of income that remains after all applicable deductions and disregards have been deducted from the GROSS income.

**DEFICIT REDUCTION ACT (DRA)** requires proof of both citizenship and identity for all recipients of Medicaid.

**DETERMINER AND DETERMINER NUMBER** is the number you will be assigned once you complete this course and fulfill the paperwork requirements. You will NOT be able to access AVRS (Automated Voice Response System) or complete a PE through the Web Portal until you have received this number.

## Glossary of Terms

**FEDERALLY FACILITATED MARKETPLACE (FMM)** - A Federally-Facilitated Marketplace (FFM) will operate in states that have chosen not to build their own Marketplace. The Marketplace developed by CMS will be easily adapted to meet the needs of any state that chooses to utilize this model. New Mexico has opted to use this model for the first year.

**FPL** is an abbreviation used for Federal Poverty Levels or Federal Poverty Guidelines. This is the federally administered income standard for individuals and families living at poverty level. This guideline is updated each year in January by the Federal Government and becomes effective in April of each year.

**HEALTH INSURANCE EXCHANGE (HIX)** - A health insurance marketplace, previously known as health insurance exchange, is a set of government-regulated and standardized [health care](#) plans in the [United States](#), from which individuals may purchase health insurance eligible for federal subsidies. All exchanges must be fully certified and operational by January 1, 2014, under [federal law](#). HIX (Health Insurance Exchange) is emerging as the *de facto* acronym across state and federal government stakeholders and the private sector technology and service providers that are helping states build their exchanges. The acronym HIX differentiates this topic from [Health Information Exchange](#), which has been designated HIE.

**INCOME SUPPORT DIVISION (ISD)** is the State agency that makes eligibility determinations for assistance programs including Medicaid, Food Stamps, Cash Assistance, TANF and LIHEAP. ISD workers make the final eligibility determinations on the MOSAA.

**ISD2/ASPEN** is the computer system used by Income Support Division offices to keep record of and make determinations on eligibility for applicants. Aspen is replacing ISD2 and is expected to be operational by 2014.

**LIHEAP** – Low Income Home Energy Assistance Program.

**MANAGED CARE ORGANIZATION (MCO)** is a health care provider or group of medical service providers, like health insurance companies, who contract with the State of New Mexico to provide services for benefits awarded to the Medicaid population.

**MODIFIED ADJUSTED GROSS INCOME OR “MAGI”**- for determining Medicaid income eligibility across the country. The adoption of MAGI, which is based on adjusted gross income as defined in the Internal Revenue Code §36B(d)(2), will standardize the calculation of income across the nation. Additionally, since income will be based on an income tax definition, family size and household income will be based on tax filing unit, which is a change from the current methodology used by Medicaid.

**MEDICAID** is state and federally funded health coverage for people who meet certain requirements. There are numerous categories of Medicaid, each with specific eligibility requirements and benefit packages. States establish their own eligibility standards; determine the type, amount, rate of payment, duration and scope of services based on broad national parameters set by CMS (Centers for Medicare and Medicaid Services, a federal agency). The New Mexico Medical Assistance Division (part of the Human Services Department) administers the Medicaid program.

**MEDICARE** is a national social insurance program, administered by the U.S. federal government since 1965 that guarantees access to health insurance for Americans ages 65 and older and younger people with disabilities.

## Glossary of Terms

**MEDICAID ON SITE APPLICATION ASSISTANCE (MOSAA)** refers to the process of completing a Medicaid application for low income families, children under the age of 19, pregnant women, and the Affordable Care Act Categories which include Other Adult and Parent/Caretaker.

**PRESUMPTIVE ELIGIBILITY (PE)** is the short-term (up to 60 days) determination for Medicaid coverage for children under age 19 or for pregnant women. Certain approved providers will be able to provide Presumptive Eligibility for the new Affordable Care Act (ACA) category which includes Other Adult & Parent/Caretaker.

**SNAP** – Supplemental Nutrition Assistance Program, formerly known as food stamps.

**TANF** – Temporary Assistance to needy Families.

**WEB PORTAL** is an online system where recipients and providers can check Medicaid eligibility. PE/MOSAA determiners may also provide Presumptive eligibility for recipients.

<https://nmmedicaid.acs-inc.com/static/index.htm>

**XEROX** is the contracted FISCAL AGENT for New Mexico Medicaid. They process claims for payment to Medicaid providers. Xerox provides the AVRS, Web Portal system and the Omnicaid system used by Medical Assistance Division Workers.

## Other Relevant categories of Medicaid

Categories of Medicaid that you may assist clients on and that will be considered upon completion of the YES! NM web-based eligibility Program or the Paper Application (MAD100) will include:

Category #	Category of Eligibility	Effective Dates	FPL Criteria
035	Pregnancy-Related Services	<ul style="list-style-type: none"> <li>No new enrollment after 1/1/14.</li> <li>TBA: Women already enrolled in this category <u>may</u> be switched to Category 300 effective 1/1/14.</li> </ul>	
035	Family Planning Services Only for Men & Women	<ul style="list-style-type: none"> <li>No New clients to this category after 1/1/14.</li> <li>All Family Planning clients will be evaluated for either category 100 or 200 or be referred to the HIX during January 2014.</li> <li>Family Planning ends 1/31/14</li> </ul>	
032 (includes Omnicaid Categories 071 & 036)	Children's Medicaid 185%-235% Children's Medicaid (Chip) 185-235% Children's Medicaid 133% - 185%	<ul style="list-style-type: none"> <li>No new clients to this category after 1/1/14</li> <li>Current COE 032 clients with a recertification date from 1/1/14-3/31/14 will be evaluated using COE 032 policy</li> <li>Current 032 clients with a recertification date from 4/1/14 or later will be evaluated for a new ACA category</li> <li>COE 032 ends 3/31/2015</li> </ul>	
072	Also referred to as JUL Medicaid	<ul style="list-style-type: none"> <li>No new clients to this category after 1/1/14</li> <li>Current COE 072 clients with a recertification date from 1/1/14-3/31/14 will be evaluated using the appropriate COE policy for either children or adults.</li> <li>Current 072 clients with a recertification date from 4/1/14 or later will be evaluated for a new ACA category</li> <li>COE 072 ends 3/31/2015</li> </ul>	
062,063, 064	Also referred to as SCI	<ul style="list-style-type: none"> <li>No new clients to this category</li> <li>All SCI clients will be evaluated for either category 100 or 200 or be referred to the HIX during December, 2014.</li> <li>SCI ends 12/31/13</li> </ul>	
<b>ACA Category</b>	<b>Pregnancy Medicaid</b>		
300	Full Medicaid – Pregnant Women Replaces Category 30)	Effective 01/01/2014	<138% (no 5% disregard)
301	Pregnancy-Related Services	Effective: 01/01/2014	>138% - 250% FPL
	<b>Children's Medicaid</b>		
031	Also referred to as New Born Medicaid	Remains the same – if Mom is on Medicaid when child is born, child will automatically be enrolled in New born Medicaid.	
400	Children 0-5 - up to 200% - FPL	Effective 1/1/14	0 up to 200%
402	Children 0-5 - 200% up to 240% FPL	Effective 1/1/14	200% up to 240%
420	Children 0-5 - 240% up to 300% FPL (CHIP)	Effective 1/1/14	240% up to 300%
401	Children 6-19 - up to 138% FPL	Effective 1/1/14	<138% FPL
403	Children 6-19 - 138% - up to 190% FPL	Effective 1/1/14	138% up to 190%
421	Children 6-19 - 190% - up to 240% FPL (CHIP)	Effective 1/1/14	190% up to 240%
	<b>ADULT Medicaid</b>		
100	Other Adult (19-64)*	Effective 1/1/2014	<133% FPL
200	Parent Caretaker	Effective 1/1/2014	<42% of 100% of the 2013 FPL – Fixed Standard of Need

\*If a woman becomes pregnant while on category 100 (Other Adult), she can choose to switch to Category 300 (Full Medicaid for Pregnant Women) if she is financially eligible – she will need to notify and ISD office. Category 300 may provide more services than the Other Adult category (100). If a woman signs up for Medicaid for the first time and indicates she is pregnant she will be evaluated for category 300 or 301 depending on the HH size and income or possibly referred to the HIX.

## 2013 Poverty Level Guidelines

PERCENT OF POVERTY							
HHS	100%	133%	138%	190%	240%	250%	300%
1	958	1,274	1,322	1,820	2,299	2,394	2,873
2	1,293	1,720	1,784	2,457	3,103	3,232	3,878
3	1,628	2,165	2,246	3,093	3,907	4,069	4,883
4	1,963	2,611	2,709	3,730	4,711	4,907	5,888
5	2,298	3,056	3,171	4,366	5,512	5,744	6,893
6	2,633	3,502	3,633	5,003	6,319	6,582	7,898
7	2,968	3,947	4,096	5,639	7,123	7,419	8,903
8	3,303	4,393	4,558	6,275	7,926	8,257	9,908
For Family units of more than 8 members, add amount below for each additional member.							
	335	446	462	636	804	838	1,005
PERCENT OF POVERTY							
FAMILY SIZE	100%	133%	138%	190%	240%	250%	300%
1	11,496	15,288	15,864	21,842	27,590	28,728	34,476
2	15,516	20,640	21,408	29,480	37,238	38,784	46,536
3	19,536	25,980	26,952	37,118	46,886	48,828	58,596
4	23,556	31,332	32,508	47,756	56,534	58,884	70,656
5	27,576	36,672	38,052	52,394	66,182	68,928	82,716
6	31,596	42,024	43,596	60,032	75,830	78,984	94,776
7	35,616	47,364	49,152	67,670	85,478	89,028	106,836
8	39,636	52,716	54,696	75,308	95,126	99,084	118,896



**MEDICAL ASSISTANCE  
MEN, WOMEN AND CHILDREN  
Federal Poverty Guidelines (FPL)  
Effective 1/1/14 – 3/31/14**

<p><b>CATEGORY 100</b> – Coverage for Adults (age 19 through 64)</p> <ul style="list-style-type: none"> <li>•Alternative Benefit Coverage</li> <li>•Income must be under 133% FPL</li> <li>•No resource standard</li> <li>•No Medicare</li> <li>•Can have other insurance</li> <li>•Can Apply 5% disregard</li> </ul> <table border="0"> <thead> <tr> <th>HOUSEHOLD MONTHLY SIZE</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$ 1,274</td></tr> <tr><td>2</td><td>\$ 1,720</td></tr> <tr><td>3</td><td>\$ 2,165</td></tr> <tr><td>4</td><td>\$ 2,611</td></tr> <tr><td>5</td><td>\$ 3,056</td></tr> <tr><td>6</td><td>\$ 3,502</td></tr> <tr><td>7</td><td>\$ 3,947</td></tr> <tr><td>8</td><td>\$ 4,393</td></tr> <tr><td>+1</td><td>\$ 446</td></tr> </tbody> </table>	HOUSEHOLD MONTHLY SIZE	INCOME	1	\$ 1,274	2	\$ 1,720	3	\$ 2,165	4	\$ 2,611	5	\$ 3,056	6	\$ 3,502	7	\$ 3,947	8	\$ 4,393	+1	\$ 446	<p><b>CATEGORY 300</b> – Full Coverage for Pregnant Women</p> <ul style="list-style-type: none"> <li>•Full Medicaid</li> <li>•Income must be under 138% FPL</li> <li>•2 months post partum</li> <li>•No resource standard</li> </ul> <table border="0"> <thead> <tr> <th>HOUSEHOLD MONTHLY SIZE</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td>2</td><td>\$ 1,784</td></tr> <tr><td>3</td><td>\$ 2,246</td></tr> <tr><td>4</td><td>\$ 2,709</td></tr> <tr><td>5</td><td>\$ 3,171</td></tr> <tr><td>6</td><td>\$ 3,633</td></tr> <tr><td>7</td><td>\$ 4,096</td></tr> <tr><td>8</td><td>\$ 4,558</td></tr> <tr><td>+1</td><td>\$ 462</td></tr> </tbody> </table>	HOUSEHOLD MONTHLY SIZE	INCOME	2	\$ 1,784	3	\$ 2,246	4	\$ 2,709	5	\$ 3,171	6	\$ 3,633	7	\$ 4,096	8	\$ 4,558	+1	\$ 462	<p><b>CATEGORY 301</b> – Pregnancy Services Only</p> <ul style="list-style-type: none"> <li>• Pregnancy Services</li> <li>• Income must be under 250% FPL</li> <li>• 2 months post partum</li> <li>• No resource standard</li> <li>• Can have other insurance</li> <li>• Can Apply 5% disregard</li> </ul> <table border="0"> <thead> <tr> <th>HOUSEHOLD MONTHLY SIZE</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td>2</td><td>\$ 3,232</td></tr> <tr><td>3</td><td>\$ 4,069</td></tr> <tr><td>4</td><td>\$ 4,907</td></tr> <tr><td>5</td><td>\$ 5,744</td></tr> <tr><td>6</td><td>\$ 6,582</td></tr> <tr><td>7</td><td>\$ 7,419</td></tr> <tr><td>8</td><td>\$ 8,257</td></tr> <tr><td>+1</td><td>\$ 838</td></tr> </tbody> </table>	HOUSEHOLD MONTHLY SIZE	INCOME	2	\$ 3,232	3	\$ 4,069	4	\$ 4,907	5	\$ 5,744	6	\$ 6,582	7	\$ 7,419	8	\$ 8,257	+1	\$ 838																				
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<p><b>Category 400</b> - Medicaid for Children</p> <ul style="list-style-type: none"> <li>• Full Medicaid</li> <li>• Children under 19 years of age</li> <li>• Household must have a relative child in household</li> <li>• No resource Standard</li> <li>• Eligible even if children have health insurance or have voluntarily dropped insurance</li> <li>• Income under the Following FPL</li> <li>• Children ages 0-5 -----0%-240%</li> <li>• Children Ages 6-18 ----0%-190%</li> </ul> <p><b>Category 420</b> – Children’s Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> <li>• Full Medicaid</li> <li>• Children under 19 years of age</li> <li>• Household must have a relative child in household</li> <li>• No resource Standard</li> <li>• Do Not have Current Insurance – Can Drop</li> <li>• Co-Payments apply</li> <li>• Income under the Following FPL</li> <li>• Children ages 0-5 -----240%-300%- 5%</li> <li>• Children ages 6-18 ---190%-240% - 5%</li> </ul>	<table border="0"> <thead> <tr> <th rowspan="2">Budget Group/HHS</th> <th colspan="3">MONTHLY INCOME</th> </tr> <tr> <th><u>190%</u></th> <th><u>240%</u></th> <th><u>300%</u></th> </tr> </thead> <tbody> <tr><td>1</td><td>\$1,820</td><td>\$2,299</td><td>\$2,873</td></tr> <tr><td>2</td><td>\$2,457</td><td>\$3,103</td><td>\$3,878</td></tr> <tr><td>3</td><td>\$3,093</td><td>\$3,907</td><td>\$4,883</td></tr> <tr><td>4</td><td>\$3,730</td><td>\$4,711</td><td>\$5,888</td></tr> <tr><td>5</td><td>\$4,366</td><td>\$5,512</td><td>\$6,893</td></tr> <tr><td>6</td><td>\$5,003</td><td>\$6,319</td><td>\$7,898</td></tr> <tr><td>7</td><td>\$5,639</td><td>\$7,123</td><td>\$8,903</td></tr> <tr><td>8</td><td>\$6,276</td><td>\$7,927</td><td>\$9,908</td></tr> <tr><td colspan="4"><b>***5% disregard is based on 100% of the FPL****</b></td></tr> <tr><td>1</td><td>32.90</td><td></td><td></td></tr> <tr><td>2</td><td>64.65</td><td></td><td></td></tr> <tr><td>3</td><td>81.40</td><td></td><td></td></tr> <tr><td>4</td><td>98.15</td><td></td><td></td></tr> <tr><td>5</td><td>114.90</td><td></td><td></td></tr> <tr><td>6</td><td>131.65</td><td></td><td></td></tr> <tr><td>7</td><td>148.40</td><td></td><td></td></tr> <tr><td>8</td><td>165.15</td><td></td><td></td></tr> </tbody> </table>			Budget Group/HHS	MONTHLY INCOME			<u>190%</u>	<u>240%</u>	<u>300%</u>	1	\$1,820	\$2,299	\$2,873	2	\$2,457	\$3,103	\$3,878	3	\$3,093	\$3,907	\$4,883	4	\$3,730	\$4,711	\$5,888	5	\$4,366	\$5,512	\$6,893	6	\$5,003	\$6,319	\$7,898	7	\$5,639	\$7,123	\$8,903	8	\$6,276	\$7,927	\$9,908	<b>***5% disregard is based on 100% of the FPL****</b>				1	32.90			2	64.65			3	81.40			4	98.15			5	114.90			6	131.65			7	148.40			8	165.15		
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## PE Scenarios

### Scenario 1



## Information Sheet for Medicaid Application for Assistance

### 1. Tell Us About You:

If you need help filling in this application or in getting the needed information, contact your local ISD office. If you are applying for someone else, complete this section for that person.

First Name, Middle Initial, Last Name Mary Lewis		E-Mail Address		Best Time to Contact You	
Street Address 2025 S. Pacheco Street	City Santa Fe	County Santa Fe	State NM	Zip Code 87505	Telephone Number ( 505) 476-6805

*If your mailing address is different, please fill it in below. If not, please leave blank.*

Street or PO Box Address SAME		City SAME	State SAME	Zip Code SAME
Are you a resident of New Mexico? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Do you intend to remain in New Mexico? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you homeless? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Do you want to receive information electronically? If YES, please fill out your most current e-mail address above.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### 3. Tell us About the People who live with You:

Please list everyone that lives in your household even if you do not want to apply for them. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. Remember that you do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number, ask ISD. If needed, please use an additional sheet of paper for additional household members who do not fit on this page.

List the names and information for yourself and <b>all</b> the people who live with you:						Fill out this section <b>ONLY</b> for each person applying for benefits.			
Name (First and Last)	Relationship	Sex M / F	Date of Birth	Race & Ethnicity (Optional)	SSN # (Optional for non-applicants)	U.S. Citizen Y/N	Legal immigrant status? Y/N	Will you file federal income taxes for the current year? Y/N	Will you claim this person on your current year's tax return? Y/N
1. Mary Lewis	(Self)	F	1/12/59	C	123-45-6789	Y		Y	Y
2. Samantha Lewis	Daughter	F	2/14/91	C	234-56-7890	Y		N	Y
3. Joy Lewis	Granddaughter	F	3/24/11	C	345-67-8910	Y		N	Y
4.									
5.									
6.									
7.									
8.									

Racial and ethnic data on participating households is voluntary, it will not affect the eligibility or the amount of benefits your household will receive. Native Americans are urged to identify themselves as such because Native Americans are entitled to certain special protections under the law. The reason we ask everyone for racial and ethnic information is to assure that benefits are distributed without regard to race, color, or national origin.

**4. Please answer these Federal Income Tax Questions only about the people listed in Section 3 who will NOT be claimed as the applicant's tax dependents if they appear on a different tax return. \*Applicant can still get Medicaid if they don't file Federal taxes.**

Please list each <u>individual tax filer</u> and their dependent that are listed on the application, below.	
Tax filer 1. _____	Dependent Name: _____ Relationship: _____
Tax filer 2. _____	Dependent Name: _____; Relationship: _____ Dependent Name: _____; Relationship: _____
Tax filer 3. _____	Dependent Name: _____; Relationship: _____ Dependent Name: _____; Relationship: _____
Is any applicant getting benefits in another state? If, YES, Who? _____	<input type="checkbox"/> Yes X No
Is any applicant already in or going into a nursing home, hospital or treatment facility? Who? _____	<input type="checkbox"/> Yes X No
If, YES, what type of facility: <input type="checkbox"/> Nursing Home/ Nursing Facility <input type="checkbox"/> Hospital <input type="checkbox"/> PACE <input type="checkbox"/> Intermediate Care facility for the Mentally Retarded (ICFMR) <input type="checkbox"/> Other: If other, where? _____	
Is anyone disabled? Who? _____	<input type="checkbox"/> Yes X No
Is any applicant in the household receiving Supplemental Security Income (SSI)? Who? _____ Which State? _____	<input type="checkbox"/> Yes X No
Is anyone in the household pregnant? Who? _____ How many babies are expected from this pregnancy? _____ Estimated Due Date _____ Name of the Father of the unborn? (optional) _____	<input type="checkbox"/> Yes X No
Has any applicant received a <i>Primary Freedom Of Choice</i> letter for a Home and Community Based Services Waiver? If, YES, Who? _____	<input type="checkbox"/> Yes X No
In any applicant a former Foster care recipient under the age of 26? If Yes, Who? _____	<input type="checkbox"/> Yes X No

## 6. Tell Us About Your Earned Income

Note: If you are offered health insurance from any employer please fill out the Employer Coverage form attached to this application.

Have you or has anyone living with you received earned income or expect to receive income this month? If yes, please complete the chart below.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Person with income	Average number of hours worked?	Income from? (work, self employment, odd job)	How Often Received? (Yearly, Monthly, Biweekly, Weekly, etc)	How much do they receive?	Does this employer offer Health Insurance? (Y/N) <small>If yes, fill out the employer coverage form on Page 16.</small>
Mary Lewis	40	Work	Monthly	\$4,500.00	N
Samantha Lewis	20	Work	Monthly	\$ 300.00	N
				\$	
				\$	

## Tell Us About Your Other Income:

**Examples of unearned income include, but are not limited to:** Unemployment, Social Security, pensions, retirement, rental income, Indian monies, capital gains, dividends/interest, and per capita payments. **Note:** You don't need to tell us about child support, veteran's payment or Supplemental Security Income (SSI)

Person with income	Unearned Income from?	How Often Received? (Yearly, Monthly, Biweekly, Weekly, etc)	How much do they receive?
			\$
			\$
			\$

**8. Parents Not Living with Their Children**

By accepting medical assistance for your children, you assign (give) HSD rights to collect child support from an absent parent. Please list all the information for your children's parent(s) who are not living with you:

If you think cooperating to collect medical support will harm you or your children, you may not have to cooperate.  Yes  No  
 Is any applicant a victim of Family Violence?

Child Name	Absent Parent Name (optional)
Joy	Bob Nuchow

**9. Health Care Information**

Has anyone in the household received medical services within the last 3 months that have not been paid?  
 If yes, please list the members who have the bills and for which months. We may be able to help pay these bills.  
 a. \_\_\_\_\_; b. \_\_\_\_\_; c. \_\_\_\_\_  Yes  No

Does anyone in your household have health insurance?  Yes  No

If Yes, please list all public and private health insurance including Medicare information for you and all people living with you.

Persons Covered	Insurance Company Name	Medicare Claim # or Insurance Member ID #	Start Date

Effective January 1, 2014

**10. Managed Care Organization (MCO) (If you are applying for Medicaid on or after December 1, 2013) This section will ONLY apply if you are found to be eligible for Medicaid.**

Beginning January 1, 2014 Medicaid services will be provided by the four Managed Care Organizations (MCO(s)) listed below. You have a choice of which MCO provides your services. If you do not choose an MCO by January 1, 2014, you will be automatically assigned to an MCO by the State. Once you are enrolled with an MCO, you will have the option to change the MCO within 90 days of enrollment.

**Special information for Native Americans about Managed Care Organizations**

If you are Native American, you are not required to choose an MCO. If you are in need of long-term care services or have Medicare, you will be required to choose one.

I am a Native American.  Yes  No (If yes, please complete the Native American or Alaskan Native information after this section)

Do you want to enroll in a Managed Care Organization?  Yes  No (If yes, please select an MCO below)

<input type="checkbox"/> <b>Blue Cross Blue Shield (BCBS)</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. or Only the Medicaid recipients from this household that are listed here should be enrolled with BCBS: _____	<input type="checkbox"/> <b>Molina Healthcare of New Mexico</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. or Only the Medicaid recipients from this household that are listed here should be enrolled with Molina: _____
<input type="checkbox"/> <b>Presbyterian Health Plan</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. or Only the Medicaid recipients from this household that are listed here should be enrolled with Presbyterian: _____	<input type="checkbox"/> <b>United Healthcare Community Plan</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. or Only the Medicaid recipients from this household that are listed here should be enrolled with United: _____

**Native American or Alaska Native**

Native American and Alaska Natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs.

If you or your family members are Native American or Alaska Native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible. NOTE: If you need more space please attach another piece of paper.

Is any applicant a member of a federally recognized tribe? If yes, Who? _____ What Tribe? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do these applicants ever get a service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Certain money received may not be counted for Medicaid or CHIP.**

Does the income reported in Section 6, include money from any of the following sources?

Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<b>TAX FILER WORKSHEET</b>			
Does the Individual expect to pay Taxes? If Y continue with this worksheet - If NO, Then Do worksheet for non-Filer			
Is the Individual claimed on anyone else's Tax Return? If Y do not count in this Budget Group, If N Continue			
NAME	AGE	Tax Relationship	
Mary Lewis	54	Self	
		Count in the Household	Count income
Does the Individual expect to file a tax return? If Yes count in HH		1	\$ 4,500.00
Who do they include as tax dependents, list and count			
Samantha Lewis		1	\$ 300.00
Joy Lewis		1	
Budget Group/HH size =		3	\$ 4,800.00
What Categories can we consider for the applicant * Assuming All non-financial requirements have been met			
Parent/Caretaker	Requirement Can be any Age	Income levels 42% of 100% 2013	Y/N N
Other Adult	19-64	133% (5% disregard)	N
Pregnancy (Full Coverage Category 300)	Pregnant/Any Age	138% (nodisregards)	N
Pregnancy related Services Only (Full Coverage Category 300)	Pregnant/Any Age	250% (5% disregard)	N
Child 0-5	0-5	300%	N
Child 6-19	6-19	240%	N
Review FPL's & Income to determine Eligibility			\$ 4,800.00
Is this Individual Eligible?			N

<b>Tax Dependent Worksheet</b>			
NAME: Samantha	AGE: 22	Count in the Household	Count Income
<b>Ask these Questions to determine if the person is a tax dependent or a non-filer</b>			
Is this person the taxdependent of someone other than a spouse or a biological, adopted, or step parent.	If NO continue		
	If Yes person is a Non-Filer		
Is the Dependent under the age of 19 and expect to be claimed by one parent as a tax dependent and is living with both parents but whose parents do not expect to file a joint tax return	If NO continue		
	If Yes person is a Non-Filer		
Is the Dependent under the age of 19 and expect to be claimed as a tax dependent by a non-custodial parent	If NO continue		
	If Yes person is a Non-Filer		
Count the Main Tax Filer & all dependents that were claimed on that worksheet and any income		3	\$ 4,500.00
Add in all of the dependents of the Main Tax Filer & their income (if any)			
List and Count the Tax Dependent Themselves			
*If they do not expect to file a tax return - their income is not counted			
Total Budget Group/HHS & Countable Income			\$ -
IS this Budget Group Eligible?			N

<b>Tax Dependent Worksheet</b>			
NAME: Joy	AGE: 2	Count in the Household	Count Income
<b>Ask these Questions to determine if the person is a tax dependent or a non-filer</b>			
Is this person the tax dependent of someone other than a spouse or a biological, adopted, or step parent.	If NO continue		
	If Yes person is a Non-Filer		
Is the Dependent under the age of 19 and expect to be claimed by one parent as a tax dependent and is living with both parents but whose parents do not expect to file a joint tax return	If NO continue		
	If Yes person is a Non-Filer		
Is the Dependent under the age of 19 and expect to be claimed as a tax dependent by a non-custodial parent	If NO continue		
	If Yes person is a Non-Filer		
Count the Main Tax Filer & all dependents that were claimed on that worksheet and any income			
Add in all of the dependents of the Main Tax Filer & their income (if any)			
List and Count the Tax Dependent Themselves			
*if they do not expect to file a tax return - their income is not counted			
<i>Total Budget Group/HHS &amp; Countable Income</i>			
<i>IS this Budget Group Eligible?</i>			
<b>NON- TAX FILER</b>			
Does the applicant intend to file Taxes	If NO Continue	If Yes use the Tax Filer Worksheet	
NAME: Joy	AGE: 2	Count in the Household	Count Income
		1	50
Is the Applicants Spouse* listed as being in the House			
<i>If Yes, list and count and include the Spouse's income</i>			
<i>N/A</i>			
Are any of Individual's natural, adopted, or step children (under 19) living in the House			
<i>If Yes, list and count</i>			
<i>N/A</i>			
Are the applicants natural, adopted parents, or stepparents or siblings in the house?			
<i>If Yes, list and count</i>			
Samantha		1	\$ 300.00
<b>TOTAL HHS &amp; COUNTABLE INCOME</b>		2	\$ 300.00
<i>Is this Budget Group Eligible?</i>			Y
*domestic partners are not counted			



## Information Sheet for Medicaid Application for Assistance

### 1. Tell Us About You:

If you need help filling in this application or in getting the needed information, contact your local ISD office. If you are applying for someone else, complete this section for that person.

First Name, Middle Initial, Last Name Beth Jones		E-Mail Address		Best Time to Contact You	
Street Address 2025 S. Pacheco Street	City Santa Fe	County Santa Fe	State NM	Zip Code 87505	Telephone Number ( 505) 476-6805

*If your mailing address is different, please fill it in below. If not, please leave blank.*

Street or PO Box Address SAME		City SAME	State SAME	Zip Code SAME
Are you a resident of New Mexico? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Do you intend to remain in New Mexico? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you homeless? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Do you want to receive information electronically? If YES, please fill out your most current e-mail address above.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### 3. Tell us About the People who live with You:

Please list everyone that lives in your household even if you do not want to apply for them. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. Remember that you do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number, ask ISD. If needed, please use an additional sheet of paper for additional household members who do not fit on this page.

List the names and information for yourself and all the people who live with you:						Fill out this section <b>ONLY</b> for each person applying for benefits.			
Name (First and Last)	Relationship	Sex M/F	Date of Birth	Race & Ethnicity (Optional)	SSN # (Optional for non-applicants)	U.S. Citizen Y/N	Legal immigrant status? Y/N	Will you file federal income taxes for the current year? Y/N	Will you claim this person on your current year's tax return? Y/N
1. Beth Jones	(Self)	F	1/12/68	C	123-45-6789	Y		Y	Y
2. Isaac Jones	Son	M	2/14/98	C	234-56-7890	Y		N	Y
3. Jacob Jones	Son	M	3/24/11	C	345-67-8910	Y		N	N
4. Stanley Brooks	Partner	M	4/25/66	C	456-78-9101	Y		Y	N
5. Trent Brooks	Son	M	5/25/99	C	567-89-1011	Y		N	N
6.									
7.									
8.									

Racial and ethnic data on participating households is voluntary, it will not affect the eligibility or the amount of benefits your household will receive. Native Americans are urged to identify themselves as such because Native Americans are entitled to certain special protections under the law. The reason we ask everyone for racial and ethnic information is to assure that benefits are distributed without regard to race, color, or national origin.

**4. Please answer these Federal Income Tax Questions only about the people listed in Section 3 who will NOT be claimed as the applicant's tax dependents if they appear on a different tax return. \*Applicant can still get Medicaid if they don't file Federal taxes.**

Please list each <u>individual tax filer</u> and their dependent that are listed on the application, below.	
Tax filer 1. <u>Stanley Brooks</u>	Dependent Name: <u>Trent Brooks</u> Relationship: <u>Son</u> Dependent Name: <u>Jacob Jones</u> Relationship: <u>Son</u>
Tax filer 2. _____	Dependent Name: _____; Relationship: _____ Dependent Name: _____; Relationship: _____
Tax filer 3. _____	Dependent Name: _____; Relationship: _____ Dependent Name: _____; Relationship: _____
Is any applicant getting benefits in another state? If, YES, Who? _____	<input type="checkbox"/> Yes X No
Is any applicant already in or going into a nursing home, hospital or treatment facility? Who? _____	<input type="checkbox"/> Yes X No
If, YES, what type of facility: <input type="checkbox"/> Nursing Home/ Nursing Facility <input type="checkbox"/> Hospital <input type="checkbox"/> PACE <input type="checkbox"/> Intermediate Care facility for the Mentally Retarded (ICFMR) <input type="checkbox"/> Other: If other, where? _____	
Is anyone disabled? Who? _____	<input type="checkbox"/> Yes X No
Is any applicant in the household receiving Supplemental Security Income (SSI)? Who? _____ Which State? _____	<input type="checkbox"/> Yes X No
Is anyone in the household pregnant? Who? _____ How many babies are expected from this pregnancy? _____ Estimated Due Date _____ Name of the Father of the unborn? (optional) _____	<input type="checkbox"/> Yes X No
Has any applicant received a <i>Primary Freedom Of Choice</i> letter for a Home and Community Based Services Waiver? If, YES, Who? _____	<input type="checkbox"/> Yes X No
In any applicant a former Foster care recipient under the age of 26? If Yes, Who? _____	<input type="checkbox"/> Yes X No

### 6. Tell Us About Your Earned Income

Note: If you are offered health insurance from any employer please fill out the Employer Coverage form attached to this application.

Have you or has anyone living with you received earned income or expect to receive income this month? If yes, please complete the chart below.  Yes  No  Don't Know

Person with income	Average number of hours worked?	Income from? (work, self employment, odd job)	How Often Received? (Yearly, Monthly, Biweekly, Weekly, etc)	How much do they receive?	Does this employer offer Health Insurance? (Y/N) If yes, fill out the employer coverage form on Page 16.
Beth Jones	32	Work	Monthly	\$1,500.00	N
Stanley Brooks	40	Work	Monthly	\$2,500.00	N
				\$	
				\$	

### Tell Us About Your Other Income:

Examples of unearned income include, but are not limited to: Unemployment, Social Security, pensions, retirement, rental income, Indian monies, capital gains, dividends/interest, and per capita payments. Note: You don't need to tell us about child support, veteran's payment or Supplemental Security Income (SSI)

Person with income	Unearned Income from?	How Often Received? (Yearly, Monthly, Biweekly, Weekly, etc)	How much do they receive?
			\$
			\$
			\$

### 7. Will There be Changes in Income?

Do you or anyone living with you have changes in income that is not steady from month to month?  Yes  No  
 Examples include: Loss of job, decrease in hours, change in job, change in pay, and/or only working some of the months, out of the year?  Don't know

Person	Income	When	Why

### Deductions?

If you pay for certain things that can be deducted on a federal income tax return, tell us about them.

- Alimony Paid \$ \_\_\_\_\_ How Often? \_\_\_\_\_  IRA Deductions \$ \_\_\_\_\_ How Often? \_\_\_\_\_
- Student Loan Interest \$ \_\_\_\_\_ How Often? \_\_\_\_\_
- Other: Type \_\_\_\_\_ How Much \$ \_\_\_\_\_ How Often? \_\_\_\_\_
- Other: Type \_\_\_\_\_ How Much \$ \_\_\_\_\_ How Often? \_\_\_\_\_

**8. Parents Not Living with Their Children**

By accepting medical assistance for your children, you assign (give) HSD rights to collect child support from an absent parent. Please list all the information for your children's parent(s) who are not living with you:

If you think cooperating to collect medical support will harm you or your children, you may not have to cooperate.  Yes  No  
 Is any applicant a victim of Family Violence?

Child Name	Absent Parent Name (optional)

**9. Health Care Information**

Has anyone in the household received medical services within the last 3 months that have not been paid?  
 If yes, please list the members who have the bills and for which months. We may be able to help pay these bills.  
 a. \_\_\_\_\_; b. \_\_\_\_\_; c. \_\_\_\_\_  Yes  No

Does anyone in your household have health insurance?  Yes  No

If Yes, please list all public and private health insurance including Medicare information for you and all people living with you.

Persons Covered	Insurance Company Name	Medicare Claim # or Insurance Member ID #	Start Date

Effective January 1, 2014

**10. Managed Care Organization (MCO) (If you are applying for Medicaid on or after December 1, 2013) This section will ONLY apply if you are found to be eligible for Medicaid.**

Beginning January 1, 2014 Medicaid services will be provided by the four Managed Care Organizations (MCO(s) listed below. You have a choice of which MCO provides your services. If you do not choose an MCO by January 1, 2014, you will be automatically assigned to an MCO by the State. Once you are enrolled with an MCO, you will have the option to change the MCO within 90 days of enrollment.

**Special information for Native Americans about Managed Care Organizations**

If you are Native American, you are not required to choose an MCO. If you are in need of long-term care services or have Medicare, you will be required to choose one.

I am a Native American.  Yes  No (If yes, please complete the Native American or Alaskan Native information after this section)

Do you want to enroll in a Managed Care Organization?  Yes  No (If yes, please select an MCO below)

<input type="checkbox"/> <b>Blue Cross Blue Shield (BCBS)</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. <p style="text-align: center;">or</p> Only the Medicaid recipients from this household that are listed here should be enrolled with BCBS: _____	<input type="checkbox"/> <b>Molina Healthcare of New Mexico</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. <p style="text-align: center;">or</p> Only the Medicaid recipients from this household that are listed here should be enrolled with Molina: _____
<input type="checkbox"/> <b>Presbyterian Health Plan</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. <p style="text-align: center;">or</p> Only the Medicaid recipients from this household that are listed here should be enrolled with Presbyterian: _____	<input type="checkbox"/> <b>United Healthcare Community Plan</b> By checking this box, I wish to enroll all Medicaid recipients in my household with this MCO. <p style="text-align: center;">or</p> Only the Medicaid recipients from this household that are listed here should be enrolled with United: _____

**Native American or Alaska Native**

Native American and Alaska Natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs.

If you or your family members are Native American or Alaska Native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible. NOTE: If you need more space please attach another piece of paper.

Is any applicant a member of a federally recognized tribe? If yes, Who? _____. What Tribe? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do these applicants ever get a service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Certain money received may not be counted for Medicaid or CHIP.**

Does the income reported in Section 6, include money from any of the following sources?

Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties?  Yes  No

Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)?

Yes  No

Money from selling things that have cultural significance?

Yes  No

**11. Your Signature (Your authorized representative may also sign here)**

## MAD 219 – Determiner Agreement



### Presumptive Eligibility/Medicaid On-Site Application Assistance Provider Status and Agreement Determiner Agreement & Code of Conduct

Presumptive Eligibility (PE) is short-term (60 days or less) Medicaid coverage for children up to age 19 or for pregnant women. It is also the process of applying for this short-term coverage. Presumptive Eligibility is effective from the date of the eligibility determination until the last day of the following month. This means covered medical services accessed during this time by the eligible individual will be paid by Medicaid.

Medicaid On-Site Application Assistance (MOSAA) refers to the process of completing an application for regular (as opposed to short-term) Medicaid for children, for men or women who are seeking family planning services or for pregnant women.

MOSAA does not result in 'instant eligibility' in the same way PE does. MOSAA allows a PE/MOSAA Determiner to give Medicaid applications to clients, gather the information required to determine eligibility (such as proof of income, proof of insurance, etc.), and conduct an eligibility interview. The resulting paperwork is submitted to the local Income Support Division office where a final determination of eligibility is made.

A finalized and approved MOSAA application may result in 12 months of Medicaid eligibility for children; coverage for pregnant women (which includes two months of post-partum care); and one year of family planning Medicaid coverage for men and women.

To become a PE/MOSAA Determiner (PED), you must first be a member of an eligible agency or organization. You will also be required to complete a Human Services Department (HSD) sanctioned training to qualify as a PED.

#### Provider Status and Agreement

I understand that presumptive eligibility provider status means that I will, to the best of my ability, use HSD's forms and methodology to establish PE for pregnant women, entitling them to receive Medicaid coverage for ambulatory prenatal services from the date of the presumptive eligibility determination until the end of the month following the month the determination was made. I understand that I will not be paid for establishing PE and that I cannot bill any additional time included in the office visit for establishing PE eligibility.

I understand that I must keep complete and thorough records on all PE clients, and that these records are subject to review by state and/or federal agencies. I understand I must sign and abide by the PE/MOSAA Determiner Code of Conduct. Failure to sign the Code of Conduct or to comply with HSD guidelines for establishing PE status may result in denial of application for determiner status or immediate termination of determiner status by HSD's Medical Assistance Division.

Either party may terminate this Agreement without cause with fourteen (14) days written notice. HSD may terminate immediately for cause if less than 90% of PED's determinations result in submission of a MOSAA application or if 10% or more of the MOSAA applications submitted contain errors, are incomplete or otherwise require HSD's intervention in processing. HSD may terminate PED status immediately if the Code of Conduct is breached or if the PED fails to comply with HSD's guidelines for establishing P/E status.

Provider Name <i>(Please Print)</i>		Provider Telephone Number
Address		
City	State	Zip Code

MAD219 – 12/12

**Determiner Code of Conduct Disclosure or Misuse of Confidential or Official Information and Agreement**

HSD serves the citizens of New Mexico. PEDs are considered agents of the state and must conduct the State's business with the highest standards of integrity. HSD provides services to eligible New Mexicans with public funds and is accountable for those funds.

PEDs must conduct themselves in a professional manner in all dealings with the public. It is never acceptable to convey an indifferent, hostile or careless attitude toward clients, even if clients are abusive. If a client continues to be abusive or threatening please courteously refer them to an ISD office.

PEDs shall disqualify themselves from participating in any official action affecting a client or any other person related to them by blood or marriage as a first cousin or closer relative.

PEDs shall also disqualify themselves from participating in any official action affecting clients or other persons with whom they enjoy a personal relationship that could compromise, or be reasonably perceived by department management or the public as compromising the integrity of their official actions.

PEDs shall disqualify him/herself from participating in any official action affecting a client or any other person with whom that PE/MOSAA Determiner is engaged in a sexual relationship and/or sharing living quarters.

PEDs may not receive any financial benefits as a result of his/her provision of services to a client, other than what may be provided for by the Department.

**Disclosure or Misuse of Confidential or Official Information**

PEDs may not disclose confidential or official information if the disclosure of such information is prohibited by law or regulation or would be contrary to the best interest of the Department or its clients. This includes confidential information from other governmental agencies that PE/MOSAA Determiners may gain access to through electronic data connections.

PEDs may not disclose or misuse confidential or official information not generally available to the public, or acquired by virtue of his/her affiliation with the Human Services Department, for his/her own or another's private gain.

PEDs shall conduct themselves in a law abiding manner at all times. The possession and/or use of illicit drugs and/or misuse of prescription drugs during work hours, or reporting for work and/or being on department premises under the influence of any of the above, is strictly prohibited and will subject the determiner to immediate termination of their determiner status.

PEDs under investigations or charged with criminal activities and/or unethical practices will subject the determiner to immediate termination of their determiner status.

**Agreement**

HSD and \_\_\_\_\_ (PED) enter into the Agreement to allow PED to authorize temporary PE for Medicaid for a child while the child's application is being processed. Temporary eligibility provides the child with full Medicaid coverage for a period of up to sixty (60) days.

HSD agrees to train PED in all matters relating to PE determination and supply all initial forms needed for PE.

PED agrees to 1) Participate in trainings sponsored by the HSD; 2) Transmit to HSD or its agent the PE approvals on the day approved, if a weekday, or on the next work day if the PE approval occurs on a weekend; 3) Perform New Mexico web portal, Automated Verification Response System (AVRS), or Medicaid Eligibility Verification System (MEVS) eligibility verification, for each prospective PE child to ensure the child is not already covered by Medicaid; 4) Perform MOSAA for all PE children to ensure receipt of the application for Medicaid benefits by HSD within (10) calendar days of PE determination; 5) Maintain client confidentiality; 6) Keep complete records on all PE clients; these records are subject to review by state and/or federal agencies 7) Sign, abide by, and return the PE/MOSAA Determiner Code of Conduct; comply with HSD's guidelines for establishing PE status.

Either party may terminate this Agreement without cause with fourteen (14) days written notice. HSD may terminate immediately for cause if less than 90% of a PED's determinations result in submission of a MOSAA application pursuant to number 4 above or if 10% or more of the MOSAA applications submitted contain errors, are incomplete or otherwise require HSD's intervention in processing. HSD may terminate PED status immediately if the Code of Conduct is breached or if the PED fails to comply with HSD guidelines.

Certified PE Determiner (Please Print)	PE Determiner's Signature	PED Work Telephone	Date

PED Work E-MAIL Address:

OFFICIAL USE ONLY	HSD/MAD Employee:	PE for Children Determiner Number	Date

Mark the appropriate PE group that you are affiliated with:

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> SCH  | <input type="checkbox"/> HEAD | <input type="checkbox"/> PCP  |
| <input type="checkbox"/> DOH  | <input type="checkbox"/> HSP  | <input type="checkbox"/> CYFD |
| <input type="checkbox"/> PQHC | <input type="checkbox"/> IHS  | <input type="checkbox"/> OTH  |

If 'OTHER' is marked specify: \_\_\_\_\_

**MAD219 – 12/12**

## MAD 071 – MOSAA Narrative



### MEDICAID ON-SITE APPLICATION ASSISTANCE (MOSAA) NARRATIVE

Category(s) applied for:	<input type="checkbox"/> 400/420 Children under age 19	<input type="checkbox"/> 100 Other Adult	Application Date:
	<input type="checkbox"/> 300/301 Pregnancy Related	<input type="checkbox"/> 200 Parent Caretaker	

CASE NAME: Last	First	Middle	Interview Date:
-----------------	-------	--------	-----------------

**VERIFICATION CHECKLIST:**

- Income for the four (4) weeks prior to MOSAA interview
- Health Insurance Card (copy front & back) + TPL MAD 009
- MAD 009/TPL for absent parents Card (if using passport, proof of identity not required)
- Verified copy of citizenship or Legal Permanent Resident
- Verified copy of Identity (copy of driver's license, ID card with photo, INS letters, immigration cards, etc.)
- Rights and Responsibilities explained
- Social Security Number (Copy of Card not required)
- Use of MCO Card & Medicaid card explained
- Did you ask the Client if they wanted to register to Vote? Check to see that the voter Registration box is signed. If they marked yes, have you attached the voter registration?

**RETROACTIVE MEDICAID:** List individual(s) who need coverage and month(s) needed. Attach proof of income for every month(s).

1.	2.	3.
Month(s)	Month(s)	Month(s)

- Presumptive Eligibility For Pregnancy Approved. Date Submitted To the Fiscal Agent: \_\_\_\_\_
- Presumptive Eligibility For Children Approved. Date Submitted To the Fiscal Agent or Entered Via Web Portal: \_\_\_\_\_

**Narrative Notes:**  
\*I asked the client if they wished to register to vote.  Yes

MOSAA Interviewer: (PLEASE PRINT)	Telephone Number (include extension):
Name and Address of Agency:	Determiner Number:
E-Mail: (PLEASE PRINT)	

# MAD 207 – Medicaid Client Summary



## MEDICAID CLIENT SUMMARY

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Category(s) applied for:**

- Children (400/420)
- Pregnancy Related (300/301)
- Other Adult (100)
- Parent Caretaker (200)

**You provided me with:**

- Birth Certificate or LPR Card
- Pay Stubs (last 4 weeks)
- Tax Return
- Proof of Identity
- Health Insurance Card
- If Applying for Retroactive Medicaid (copies of paystubs for months indicated)

**I provided you with:**

- A Copy of your application
- Your Rights & Responsibilities
- \_\_\_\_\_
- A voter Registration upon Request
- \_\_\_\_\_

I submitted your application to ISD on: \_\_\_\_\_

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Via Yes!NM                |
| <input type="checkbox"/> | Via Us Mail to ISD Office |
| <input type="checkbox"/> | Via Fax to ISD Office     |

**FOR PRESUMPTIVE ELIGIBILITY DETERMINERS ONLY**

Presumptive Eligibility Coverage was granted to:

Name	Start Date:	End Date (last day of following month)	Category

I submitted your Presumptive Eligibility to Xerox on: \_\_\_\_\_

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Via the Xerox Web Portal |
| <input type="checkbox"/> | Via Fax to Xerox         |

\*During the presumptive Eligibility period, you and/or the kid(s) can receive health care services, while the local Income Support Division determines your Medicaid Eligibility.

For Children’s Medicaid, Other Adult, and Parent/Caretaker Medicaid only one presumptive eligibility approval once every twelve months is allowed.

If you are pregnant, only one presumptive eligibility approval per pregnancy is allowed.

Presumptive Eligibility for Pregnancy ONLY covers ambulatory prenatal services.

MOSAA Interviewer: (Please Print)	Telephone Number (Include Extension)
Name of Agency	Determiner Number

MAD207 – 10/13

**HUMAN SERVICES DEPARTMENT**

# YES *New Mexico*

What would you like to do?

- Am I Eligible?
- Apply For Benefits
- Other Resources
- Check My Benefits
- Renew My Benefits
- Report My Changes

Log in if you already have an account

User ID:

Password:

[Login](#)

[Forgot User ID?](#)

[Forgot Password?](#)

If you have not used a computer very much and would like to practice before you get started, [click here](#).

For office closures or delays, contact your local ISD office.  
For a list of offices, [click here](#)

[ISD Home](#) | [Confidentiality & Privacy Policies](#) | [Accessibility Policy](#)

Help

Register to Vote

Community Partners

Frequently Asked Questions

## Web Portal

Some key points:

- Each PE Determiner will receive a Welcome Letter. This letter will provide you with your NM Medicaid Number (also known as your determiner number).
- This number is associated with the organization/agency; it is not transferable if you change agencies.

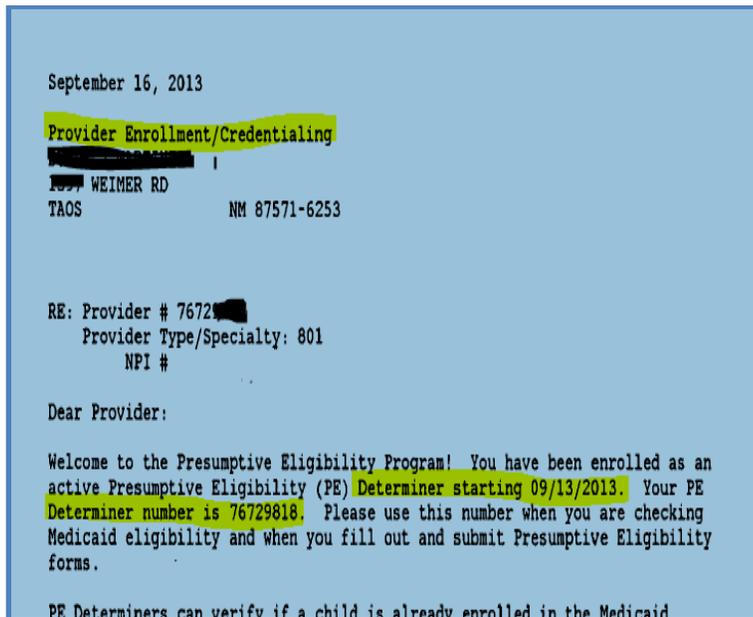
Note on the letter:

Provider Enrollment/Credentialing,

The name of the person,

Address provided on the application (confirm with your organization what address to use) include all information including suite #'s and/or mail stops.

NM Provider Determiner Number and the starting date.



### First Time Users

User Login

To log in for the first time, you must enter:

- Your user ID (Assigned by the Master Administrator or the user administrator)
- The initial password sent to you via email
- Your provider number

When you log in for the first time you will be required to change your password. The password must meet certain standards that will be described to you on the web page.

### **User Confirmation E-mail**

From:	 DO_NOT_REPLY@xerox.com	Sent: Tue 3/19/2013 10:08
To:	 Reynaga, Erminia	
Cc:		
Subject:	Web Portal User Account Created	

This is an auto-generated message. Do not attempt to reply to this email.

You have been added as a NM Medicaid Web Portal user for the following organization: 00089730-ALBUQUERQUE IHS DENTAL CLINIC .

To log in, go to the following URL: [Home](#). You will need a User ID and password to log in. Provider users are also required to enter their organization's Provider ID or NPI.

Your temporary password is hHrLlmmS0HJ4

**HOW TO ENTER YOUR TEMPORARY PASSWORD:** The best method to enter your temporary password is to copy the password from this email and then paste it in the Password field. To copy: highlight the password, and then press and hold the CTRL and C keys simultaneously. To paste: place the cursor in the Password field, and then press and hold the CTRL and V keys simultaneously.

The first time you log in, you will need to change your password to one of your choosing.

If you need your User ID, please contact your organization's Administrator.

For general web portal questions, please contact the New Mexico Medicaid HIPAA Helpdesk at 1-800-299-7304 (Enter Provider ID, then press option 5) if you need further assistance.

For Electronic Health Records (EHR) web portal questions, please contact the EHR Specialist at 1-800-282-4477 (press option 7) for further assistance.

Thank you.

### **User Login – Forgot Password**



# New Mexico Medicaid Portal

Home   Help   Contact Us   Search GO

**INFORMATION**

- Provider Information
- FAQ
- Help

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

**Welcome to the New Mexico Medicaid Portal**

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log In to access the following interactive features of the portal:

- Claim Status Inquiry
- Prior Authorization Inquiry
- Eligibility Inquiry
- Payment History Inquiry
- Reports and Data Files

Currently enrolled providers can register for portal access using [Web Registration](#). New providers seeking to join the program can download a [Provider Enrollment Packet](#) for step-by-step instructions.

The left navigation menu contains hyperlinks for the interactive features that you may access while logged in. Hyperlinks located in the top and bottom navigation menus allow you to access additional useful information.

For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010 ), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

**User Login**

\*User ID:

\*Password:

Provider Id/NPI:

Log In

[I forgot my password](#)

[I'm a new user \(Web Registration\)](#)

Forgot Password

# New Mexico Medicaid Portal

Home   Help   Contact Us   Search GO

**INFORMATION**

- Provider Information
- FAQ
- Help

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

**Change Password**

To change your password, enter your current and new passwords, confirm your new password, and then click 'Submit'.

**Password Rules:**

- Passwords must be between eight (8) and twelve (12) characters in length.
- Passwords must contain a combination of alphanumeric characters and at least one special character.
- The following special characters are allowed: \$, #, @.
- Passwords are case sensitive.
- Passwords cannot be the same as User ID.
- Passwords cannot be the same as any of the six (6) previously used passwords.

Due to the sensitive nature of the information available via the enhanced New Mexico Medicaid web portal, a secure password format is required.

*\* denotes required field(s)*

*Current Password:	<input type="password"/>
*New Password:	<input type="password"/>
*Confirm New Password:	<input type="password"/>

Submit
Clear
Cancel

# New Mexico Medicaid Portal

## Recipient/Recipiente

## Providers



### Recipients

#### I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

##### Log in to:

- Check your eligibility.
- Enroll in or change your managed care plan.
- Request a replacement Medicaid ID card.
- Ask a question about your coverage.

#### YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO

##### Entre a:

- Chequear su elegibilidad.
- Registrarse o cambiar su plan de cuidado administrativo.
- Solicitar una Tarjeta de Identificación de reemplazo.
- Hacer una pregunta sobre su cobertura.

#### I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM

- [Click here for information about the program](#)
- [Click here to see if you might be eligible](#)

#### NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO

- Haga "click" [aquí para información sobre el programa](#)
- Haga "click" [aquí para ver si puede ser elegible](#)

### Providers

#### SECURE INFORMATION

##### Log in to:

- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

#### PUBLIC INFORMATION

View valuable information about the New Mexico Medicaid program, including:

- Training presentations
- FAQs
- 5010 testing
- Fee schedules
- Enrollment forms
- Helpful links

# New Mexico Medicaid Portal

Non-Secure Features

[Home](#)

[Help](#)

[Contact Us](#)

Search

[GO](#)

### INFORMATION

- [Provider Information](#)
- [FAQ](#)
- [Help](#)

### WEB REGISTRATION

### PROVIDER ENROLLMENT

- [Enroll Online](#)
- [Check Enrollment Status](#)
- [Download Enrollment Application](#)

## Welcome to the New Mexico Medicaid Portal

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log In to access the following interactive features of the portal:

- [Claim Status Inquiry](#)
- [Prior Authorization Inquiry](#)
- [Eligibility Inquiry](#)
- [Payment History Inquiry](#)
- [Reports and Data Files](#)

Secure Features requires log-in

Currently enrolled providers can register for portal access using [Web Registration](#). New providers seeking to join the program can download a [Provider Enrollment Packet](#) for step-by-step instructions.

The left navigation menu contains hyperlinks for the interactive features that you may access while logged in. Hyperlinks located in the top and bottom navigation menus allow you to access additional useful information.

For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

User Login	
* User ID:	<input type="text"/>
* Password:	<input type="password"/>
Provider Id/NPI:	<input type="text"/>
<a href="#">Log In</a>	
<a href="#">I forgot my password</a>	
<a href="#">I'm a new user (Web Registration)</a>	

Your PE Provider #

# Services available for the Recipients on the NM Medicaid Portal

The screenshot shows the New Mexico Medicaid Portal homepage. At the top, there are two tabs: "Recipient/Recipiente" and "Providers". Below the tabs are two rows of images: the first row shows a family (a man, a woman, and two children), and the second row shows four healthcare professionals (two men and two women). The main content area is divided into three columns. The left column is for "Recipients" and contains two sections: "I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM" and "YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO". The middle column is for "Providers" and contains two sections: "I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM" and "NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO". The right column is for "Providers" and contains two sections: "SECURITY INFORMATION" and "PUBLIC INFORMATION".

Callouts include:

- A purple arrow pointing to the "Recipients" section with the text "Services".
- A purple box on the left with the text "In English and Spanish".
- A purple arrow pointing to the "Providers" section with the text "Access information about other programs and Yes New Mexico".

<https://nmmedicaid.acs-inc.com/static/index.htm>

## Checking Current Eligibility

The screenshot shows the New Mexico Medicaid Portal user interface. At the top, there is a header with the text "New Mexico Medicaid Portal" and "Logout". Below the header, there is a navigation bar with "Home" and "Contact Us" links, a search box, and a "GO" button. The main content area is divided into two sections: "INFORMATION" and "ADMINISTRATION". The "INFORMATION" section includes "Provider Information" and "FAQ". The "ADMINISTRATION" section includes "User Home", "Change Password", "INQUIRIES", "SUBMISSIONS", and "Presumptive Eligibility". The "User Home" section is highlighted with a red circle and contains the following text:

**Welcome, testPEDindiv (PEDeterminer Test)!**

Today is Wednesday, October 16, 2013. You last signed in on Wednesday, October 16, 2013 at 02:39 PM.

Please note that after 15 minutes of inactivity, you will be automatically logged out.

# Doing an Inquiry

**Eligibility Inquiry**

- No recipient was found that matches the inquiry criteria entered. If you need further assistance, please contact the Eligibility Help Desk. (See the Contact Us page.)

To inquire on a Date of Service range, enter a 'From' date and a 'To' date.  
 To inquire on a single Date of Service, enter only a 'From' date.  
 Then enter the Recipient Inquiry criteria and click 'Submit'.

\* denotes required fields

* Date of Service (From):	10/16/2013
Date of Service (To):	10/16/2013

**\* Recipient Inquiry**

<input type="radio"/> Recipient ID:	
<input type="radio"/> Card ID:	Located on front of recipient's Medicaid card.
<input checked="" type="radio"/> SSN:	581234567
Date of Birth:	01/01/1980
<input type="radio"/> Last Name:	
First Name:	
Date of Birth:	mm/dd/ccyy

Response

DATE

Select

# Enter a Presumptive Eligibility

**Presumptive Eligibility Submission**

**To Add A Presumptive Eligibility Span:**  
 Fill in all fields under "Eligibility Information" and click Verify.

\* denotes required field(s)

Eligibility Information	
Presumptive Eligibility Determiner ID: 58359818	
* Coverage Type	Coverage Begin Date: 10/16/2013
<input checked="" type="radio"/> Pregnant Women Presumptive Eligibility <input type="radio"/> Breast and Cervical Cancer Presumptive Eligibility <input type="radio"/> Children's Presumptive Eligibility	
* Geographic County: Bernalillo	* Administrative County: Bernalillo
* Recipient SSN: 581234567	* Sex: Female
* Recipient Date of Birth: 01/01/1980	

- The information you have entered to this point must be verified before proceeding.
- The information is verified against the eligibility file maintained for this recipient.

To add

Required fields



Presumptive Eligibility Submission

**Eligibility Information**

Presumptive Eligibility Determiner ID: 58359818

Coverage Type:  Pregnant Women Presumptive Eligibility  
 Breast and Cervical Cancer Presumptive Eligibility  
 Children's Presumptive Eligibility

Coverage Begin Date: 10/15/2013

Geographic County: Bernalillo Administrative County: Bernalillo

Recipient SSN: 581234567 Sex: Female

Recipient Date of Birth: 01/01/1990

- The information you have entered to this point must be verified before proceeding.
- The information is verified against the eligibility file maintained for this recipient.

**Review Recipient Information**

A recipient matching the information you entered was NOT found. To prevent duplicate recipient records, please verify SSN, Sex and Date of Birth with a copy of the Social Security card and Birth Certificate. If the information above is NOT correct, click the "Cancel" button below to re-enter the information. If the information above is correct, proceed by entering the Recipient's name and mailing address below.

**Recipient Name:**  
Please enter the recipient's name below, including middle initial and suffix as appropriate.

Last Name:  First Name:  MI:  Suffix:

**Recipient Address:**  
Enter the recipient's address below. This is the mailing address where the eligibility card will be sent. Please check your entry for accuracy. Please note: a 5-digit zip code is required. A 9-digit zip code is optional.

Street Address 1:   
Street Address 2:   
City:  State: Select One Zip:

- Click the "Save" button to add presumptive eligibility for this recipient.
- Click the "Cancel" button if you wish to start over again.

Save Cancel





### **Encourage your staff to use the NM Medicaid Portal**

Providers (small and big offices) are informing us with the NM Medicaid Portal obtaining information is:

- Faster
- Easier
- Providing better customer service (We all know it is hard to help the patient in front of you,

when you are on the phone with the Call Center)

### **Catch an Error! Such as, typo in name, date of birth, etc.**

Use the Presumptive Eligibility form (MAD 070), fill it out completely and legible and include a “Comment” (name miss-spelled) and fax the form as standard

### **Biggest issue – we have**

Unable to read (legibility) issues on the paper forms, hence the errors.

### **Help us better serve you**

When emailing us, include a subject line

(example: requesting status on new Presumptive Eligibility (remember PE stands for many topics)

- Include the NM Provider or NPI Number in the body of the e-mail.
- Include a specific contact person for us to follow up with and a direct telephone number or extension. Some e-mail signatures can be difficult to read.

### **What to do if you have a concern or issue**

First, email [NMPRSupport@xerox.com](mailto:NMPRSupport@xerox.com). If you still have a concern or issue, send your email to the Call Center Supervisor, [Charles.Allison@xerox.com](mailto:Charles.Allison@xerox.com).

**The Medicaid Expansion Hotline**

**1-855-637-6574**

Monday – Friday from 8am to 5pm

**The Medicaid Call Center**

(formally called the Client Solution Center)

**1-888-997-2543**

Monday, Tuesday, Wednesday and Friday from 8am to 5pm

Thursday, from 8am to 4pm

**The Medicaid Call Center – is available to assist the Medicaid recipient on NM Medicaid topics that include:**

- Providing information if the recipient is unable to access the portal
- Access and sign up to use the portal
- Take request to update other insurance (TPL)
- And much, much more

## Centennial Care MCO vs. FFS Benefit Comparison Grid

Standard Benefits	BCBS	MOLINA	PRESBYTERIAN	UNITED HEALTH CARE	FFS/EXEMPT
Ambulance Services	Y	Y	Y	Y	Y
Ambulatory Surgical Services	Y	Y	Y	Y	Y
Anesthesia Services	Y	Y	Y	Y	Y
Audiology Services	Y	Y	Y	Y	Y
Behavioral Health	Y	Y	Y	Y	Y
Care Coordination	Y	Y	Y	Y	
Case Management	Y	Y	Y	Y	Y
Dental	Y	Y	Y	Y	Y
Dialysis Services	Y	Y	Y	Y	Y
Durable Medical Equipment Supp	Y	Y	Y	Y	Y
Emergency Services	Y	Y	Y	Y	Y
Family Planning Services	Y	Y	Y	Y	Y
Home Health Services	Y	Y	Y	Y	Y
Immunizations (adult & children)	Y	Y	Y	Y	Y
Inpatient	Y	Y	Y	Y	Y
Lab and X-Ray Service	Y	Y	Y	Y	Y
Language Interpreter Services	Y	Y	Y	Y	N
Nutritional	Y	Y	Y	Y	Y
Outpatient	Y	Y	Y	Y	Y
Transportation (Non-Urgent)	Y	Y	Y	Y	Y
Pharmacy	Y	Y	Y	Y	Y
Physical, Occupational, and Speed	Y	Y	Y	Y	Y
Podiatry Services	Y	Y	Y	Y	Y
Prenatal Care	Y	Y	Y	Y	Y
Primary Care and Specialist Servic	Y	Y	Y	Y	Y
Prosthetics and Orthotics	Y	Y	Y	Y	Y
Rehabilitation Services	Y	Y	Y	Y	Y
Reproductive Health Services	Y	Y	Y	Y	Y
Smoking Cessation	Y	Y	Y	Y	N
Telehealth	Y	Y	Y	Y	Y
Transplant Services	Y	Y	Y	Y	Y
Urgent Care	Y	Y	Y	Y	Y
Vision	Y	Y	Y	Y	Y
Well Child Visits	Y	Y	Y	Y	Y
Women's/Men's Health Visits	Y	Y	Y	Y	Y
*Benefit limitations and MCO rules may apply					

## Value Added Services MCO Comparison Chart

Value Added Services MCO Comparison					
VALUE ADDED SERVICES	BCBS	MOLINA	PRESBYTERIAN	UNITED HEALTH CARE	FFS/EXEMPT (No Value Added Services)
Full Medicaid Benefits for COE 035/300 Members - Pregnancy related Services	Y - Full Coverage	Y - Full Coverage	Y- Full Coverage including basic dental preventive care. No Vision Coverage	Y (For women who have been receiving Medicaid coverage for pregnancy related services – CAT 035 members enrolled with UHC will have access to the full range of Medicaid benefits, excluding Agency Based Community Benefits or Self Directed Community Benefits.	N - Limited to pregnancy only services
Acupuncture	N	N	N	Y	N
Adult Vision - Extended	Y	N	N	N	N
Baby diapers	Y	N	N	N	N
Adult Chemical Dependency(RTC) Services	Y	N	N	N	N
Annual Adult Physical Exams **	Y	N	N	Y	N
Caregiver Support Classes	N	N	N	Y	N
Cell Phone	N	Y (Limited. For example, high risk pregnancy)	N	N	N
Dental Varnish	Y	Y	Y (age 6 months-3 years)	Y	N
Electroconvulsive Therapy (ECT) - only available at UNMH	Y	Y	N	Y	N
Enhanced Adaptive Aids	N	Y	N	N	N
Expectant Mothers Program	Y - Special Beginnings This is a standard benefit offered as part of our prenatal program, not considered VAS	Y - Motherhood Matters	Y	Y - Baby Blocks - reminds and rewards members for attending appoints during their pregnancy.	N
Inpatient Detox at Facility not a Hospital	Y	N	N	N	N
Helmet Safety Program	N	Y	N	Y	N
Infant Mental Health	Y	Y	Y	N	N
Nutritional Supplements	Y	N	N	Y - up to the benefit limit in Centennial Care contract	N
Parenting Programs	Y	Y	Y	N	N
Pharmacy Reimbursement Benefit	N	N	N	Y - \$50 reimbursement per year for non-prescription items	N
Portable infant crib benefit	Y	N	N	N	N
Post Hospitalization- Homeless lodging	Y	N	N	Y - Case by Case basis	N
Re-Integration Services	N	Y	N	N	N
School Sports Physicals	N	Y	N	Y (Annual physical exam can be used)	N
Toddler/Booster/Car Seat Program	Y	Y Included in Molina's Motherhood Matters program which is one of Molina's Health Education Programs vs. Value Added Service.	N	Y - Wal-Mart cards up to \$50 upon completion	N
Traditional Healing Benefit	Y Two (2) grants per calendar year	Y	Y One (1) \$200 grant per calendar year	Y (\$100 per year reimbursement for any type with no prior auth. Not based on ethnicity)	N
Transitional Living for Chemically Dependent / Psychiatrically Impaired Adults	Y	Y	N	N	N
Transportation - Enhanced	N	Y (for example: additional passengers)	N	Y (Transportation to and from pharmacy or Mileage reimbursement for medical or pharmacy transport)	N
Weight Watchers	N	Y	N	N	N

\*Benefit limitations and MCO rules may apply  
\*\*For Medicare beneficiaries, the MCO and FFS will reimburse the co/insurance/deductible

## Some Tax Info taken from the IRS website

Disclaimer: - you are not responsible for becoming a tax expert – this information is provided solely for informational purposes.

### Tax Rules on Dependents

Taxpayers may claim a qualifying relative dependent if that person meets the following criteria.

#### Six Criteria for Qualifying Relatives

1. The dependent cannot be a qualifying child of another taxpayer.
2. The dependent earns less than the [personal exemption amount](#) during the year. For 2013, this means the dependent earns less than \$3,900.
3. The taxpayer provides more than half of the dependent's total support during the year.
4. The taxpayer is [related to the dependent in certain ways](#).
5. If the dependent is married, the dependent cannot file a joint return with his or her spouse.
6. The dependent must be a citizen or resident alien of the United States, Canada, or Mexico.



- These are the same five tests from the [old rules for claiming a dependent](#).
- These rules apply to any dependent who is not a [qualifying child](#).
- They might apply to people such as cousins, parents, grandparents, and other people supported by the taxpayer.

#### Qualifying Child Test

Generally, taxpayers will not be able to claim a dependent if that dependent qualifies to be the [qualifying child](#) of another taxpayer. So you will want to check the qualifying child rules to make sure no one else can claim the dependent.

The IRS has clarified this particular criteria. A taxpayer may claim a dependent as a qualifying relative. A dependent will not be considered a qualifying child of another taxpayer if that dependent's "parent or (or other person with respect to whom the individual is defined as a qualifying child) is not required ... to file an income tax return and (i) does not file an income tax return, or (ii) files an income tax return solely to obtain a refund of withheld income taxes." Source: [Notice 2008-5](#) (pdf). While this may make it easier for taxpayers to claim a qualifying relative, it will also be important to be diligent in making sure that no one else can claim the dependent under the qualifying child criteria.

#### Gross Income Test

The gross income test is tied to the [personal exemption](#) amount. For 2013, the personal exemption amount is \$3,900.

A taxpayer cannot claim a dependent as a qualifying relative if that person's gross income is \$3,900 or more (for 2013). "Gross income is all income in the form of money, property, and services that is not exempt from tax" (from Publication 501).

### **Total Support Test**

The taxpayer must provide **over half** of a person's total support during the year. "Total support includes amounts spent to provide food, lodging, clothing, education, medical and dental care, recreation, transportation, and similar necessities" (from Publication 501).

There is an exception to the Total Support Test. If multiple people support a single person, they may file a **Multiple Support Agreement** with the IRS to allow one person to claim the supported person as a dependent. For example, let's say three sons all equally support their mother. Since no one provides over half the mother's support, they could file a [Multiple Support Agreement, IRS Form 2120](#) (PDF document) to allow one of the sons to claim the mother as a dependent.

### **Relationship Test**

The relationship test is critical to being able to claim a qualifying relative. Some types of relationships have no residency requirements. For example, taxpayers can claim parents as dependents under the qualifying relative criteria as long as they meet the other criteria, and the parents don't have to reside in the same household as the taxpayers. Other types of relatives may have to live with the taxpayer for an entire year before to be eligible as a dependent under the qualifying relative criteria. Find a full list of [Relationship and their Residence Requirements](#) on the next page.

### **Relationship Test for Qualifying Relatives**

To meet the relationship test, the dependent must either

- be related to the taxpayer in one of the following ways, or
- Live with the taxpayer for an entire year, and the relationship must not violate local laws.

### **Qualifying Relationships with no residency requirement**

The dependent will meet the relationship test for being claimed as a qualifying relative if the dependent is related to the taxpayer in one of the following ways:

- son or daughter, grandson or granddaughter, great grandson or great granddaughter, stepson or stepdaughter, or adopted child,
- brother or sister,
- half-brother or half-sister,
- step-brother or step-sister,
- mother or father, grandparent, great-grandparent,
- stepmother or stepfather,
- nephew or niece,
- aunt or uncle,
- son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, or mother-in-law, or

- Foster child who was placed in your custody by court order or by an authorized government agency.



- Qualifying relatives who are related in one of these ways need not live with the taxpayer. As long as you meet the other four tests (gross income, support, citizenship, joint return), you can claim these qualifying relatives as a dependent.
- Relationships established by marriage do not end with death or divorce. So if you support your mother-in-law, you can claim her as a dependent even if you and your spouse are divorced.

#### WHAT'S NEW

- The rules for claiming a foster child changed. Under the [old rules](#), a foster child had to live with you for an entire year before being claimed as a dependent. Now, you can claim a foster child starting with the year that the foster child was placed in your custody.

#### Qualifying Relationships with a mandatory residency requirement

The dependent will meet the test to be claimed as a qualifying relative if:

- The person is a member of your household, and
- The person lives with you for an entire year, and
- The relationship between you and the dependent does not violate local law.

For example, you may be able to claim cousins, friends, boyfriend or girlfriend, or domestic partner as a dependent under the qualifying relative tests. These qualifying relatives **must live with you for an entire year**, and must meet all the other criteria for [qualifying relatives](#) (gross income, support, citizenship, joint return).

The relationship, however, must not violate local law. For example, if your state prohibits co-habitation with a married person, then you cannot claim that person as your dependent even if you meet the other criteria for claiming a dependent.



- Domestic partners may be claimed as a dependent under the qualifying relative tests.
- Cousins may be claimed as a dependent under the qualifying relative tests.

Being able to claim a dependent on a tax return is tied to a number of tax-related benefits. Taxpayers can deduct an additional personal exemption for each dependent that they claim. Taxpayers who claim a dependent may also be eligible for the child tax credit, the child and dependent care tax credit, and the earned income tax credit. Taxpayers who are not married and who support a dependent may be eligible for the head of household filing status.

With all these tax benefits tied to claiming a dependent, it is important to know whether or not your dependent can be claimed on your tax return.

To be eligible to claim a dependent, a taxpayer would need to meet the following four general criteria:

- The taxpayer is not a dependent of another person. Persons who are dependents are treated as not being eligible to claim dependents.
- The taxpayer cannot claim a dependent that is married and files a joint return. However, there's an exception. A married person can file a joint return and still be claimed as a dependent if that joint return claims only a refund of tax withholding or estimated tax payments and there would be no tax liability for either spouse had they filed separate returns.
- The dependent in question is a citizen, national or resident alien of the United States, or a resident of Canada or Mexico.
- The dependent in question meets the definition of being either a qualifying child or a qualifying relative.

Dependents are categorized into two sub-types:

- [qualifying child](#) or
- [Qualifying relative](#).

These links will provide you with the necessary information to help you decide whether or not your dependent can be claimed under either of the sub-types.

Every dependent who qualifies under either set of criteria can be claimed by one and only one taxpayer for that year. There are additional rules that help the IRS make sure that not more than one taxpayer claims the same dependent.

First, the qualifying child criteria always take precedence over the qualifying relative criteria. So if someone can claim a dependent as a qualifying child, then no one else can claim the same dependent as a qualifying relative.

Secondly, within the qualifying child criteria, the child must have been residing with the taxpayer for more than half the year. Within the qualifying relative criteria, the taxpayer must provide more than half the cost of the relative's support and care.

The IRS will always audit tax returns where two or more taxpayers attempt to claim the same dependent, and only one taxpayer will win. The taxpayer who loses might also lose the related tax breaks such as the child tax credit, the earned income credit, or the Head of Household filing status. What that means, is that the losing taxpayer will have to pay additional taxes, plus penalties and interest. That makes dependent audits one of the most expensive audits that a taxpayer can endure.

To protect yourself, you should make sure that you are eligible to claim each dependent shown on your return. Parents who do not live with each other, whether or not married, should also review the rules for [sharing the tax benefits of a dependent](#). If you claim a dependent, you should gather any documents that would support your claim, and keep these documents for future reference. It would also be advisable to get a written agreement with the other parent detailing who gets to claim the dependents and for which years.

These criteria define what qualifies a child as a dependent.

### **Qualifying Children**

To be claimed as a qualifying child, the person must meet four criteria:

**Relationship** — the person must be your child, step child, adopted child, foster child, brother or sister, or a descendant of one of these (for example, a grandchild or nephew).

**Residence** — for more than half the year, the person must in your home.

**Age** — the person must be either

- under age 19 at the end of the year, *or*
- under age 24 and a full-time student for at least five months out of the year, *or*
- any age and totally and permanently disabled.

**Support** — the person did not provide more than half of his or her own support during the year.

### **Some Tips about Claiming Qualifying Children**

**The qualifying child must live with you for more than half the year.** More than half a year means, at minimum, six months and one day. If you share custody, you may want to keep a log of where the child spends the night in your calendar.

**The qualifying child must not provide more than half of his or her own support.** This is different from the tax laws that applied prior to 2005. Under the previous tax laws, the taxpayer had to provide over half the support for the child. This change makes it easier for families relying on public assistance, charity, and gifts from family members to claim a dependent.

**If a person does not meet the criteria to be a qualifying child, he or she might meet the criteria to be a qualifying relative.** Because the qualifying child criteria trump the qualifying relative criteria, the taxpayer will want to make sure no other taxpayer could claim the dependent under the qualifying child criteria. This should be checked before claiming a qualifying relative on a tax return to minimize hassles when the IRS processes the tax return.

### **Tie-Breaker Tests for Claiming a Qualifying Child**

If two or more taxpayers claim a dependent as a qualifying child in the same year, the IRS will use the following tie-breaker tests to determine which taxpayer is eligible to claim the dependent. The tie-breaker tests are listed in order of priority.

The taxpayer most eligible to claim the child as a dependent under the qualifying child criteria is:

- the parent,
- the parent with whom the child lived for the longest time during the year,
- if the time was equal, the parent with the highest [adjusted gross income](#),
- if no taxpayer is the child's parent, the taxpayer with the highest [adjusted gross income](#).



### **Some Additional Tips for Tie-Breaker Situations**

**A child can be the dependent of at most one taxpayer.** If you qualify to claim the child, then be ready to submit documentation to the IRS to support your claim.

**Chances are the child will spend at least one day more with one parent than the other parent,** since there are usually 365 days in a year. Consider keeping a log of where the child spends the night.

**If the child spends exactly equal time with both parents, the parent with the higher income will be able to claim the dependent.** Both parties can prevent an IRS audit by reviewing these tie-breaker rules in advance, and agreeing on who gets to claim the dependent.

**The non-qualifying parent can claim the dependent only if the qualifying parent releases his or her claim to the dependency exemption.** You accomplish this by using [IRS Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents](#) (PDF document). You can indicate on this form for which year or years you agree to release the exemption. You can also revoke the release if you later change your mind.

Taxpayers may claim a qualifying relative dependent if that person meets the following criteria.

### **Six Criteria for Qualifying Relatives**

1. The dependent cannot be a qualifying child of another taxpayer.
2. The dependent earns less than the [personal exemption amount](#) during the year. For 2013, this means the dependent earns less than \$3,900.
3. The taxpayer provides more than half of the dependent's total support during the year.
4. The taxpayer is [related to the dependent in certain ways](#).
5. If the dependent is married, the dependent cannot file a joint return with his or her spouse.
6. The dependent must be a citizen or resident alien of the United States, Canada, or Mexico.



- These are the same five tests from the [old rules for claiming a dependent](#).
- These rules apply to any dependent who is not a [qualifying child](#).

- They might apply to people such as cousins, parents, grandparents, and other people supported by the taxpayer.

### **Qualifying Child Test**

Generally, taxpayers will not be able to claim a dependent if that dependent qualifies to be the [qualifying child](#) of another taxpayer. So you will want to check the qualifying child rules to make sure no one else can claim the dependent.

The IRS has clarified this particular criteria. A taxpayer may claim a dependent as a qualifying relative. A dependent will not be considered a qualifying child of another taxpayer if that dependent's "parent or (or other person with respect to whom the individual is defined as a qualifying child) is not required ... to file an income tax return and (i) does not file an income tax return, or (ii) files an income tax return solely to obtain a refund of withheld income taxes." Source: [Notice 2008-5](#) (pdf). While this may make it easier for taxpayers to claim a qualifying relative, it will also be important to be diligent in making sure that no one else can claim the dependent under the qualifying child criteria.

### **Gross Income Test**

The gross income test is tied to the [personal exemption](#) amount. For 2013, the personal exemption amount is \$3,900.

A taxpayer cannot claim a dependent as a qualifying relative if that person's gross income is \$3,900 or more (for 2013). "Gross income is all income in the form of money, property, and services that is not exempt from tax" (from Publication 501).

### **Total Support Test**

The taxpayer must provide **over half** of a person's total support during the year. "Total support includes amounts spent to provide food, lodging, clothing, education, medical and dental care, recreation, transportation, and similar necessities" (from Publication 501).

There is an exception to the Total Support Test. If multiple people support a single person, they may file a **Multiple Support Agreement** with the IRS to allow one person to claim the supported person as a dependent. For example, let's say three sons all equally support their mother. Since no one provides over half the mother's support, they could file a [Multiple Support Agreement, IRS Form 2120](#) (PDF document) to allow one of the sons to claim the mother as a dependent.

### **Relationship Test**

The relationship test is critical to being able to claim a qualifying relative. Some types of relationships have no residency requirements. For example, taxpayers can claim parents as dependents under the qualifying relative

criteria as long as they meet the other criteria, and the parents don't have to reside in the same household as the taxpayers. Other types of relatives may have to live with the taxpayer for an entire year before to be eligible as a dependent under the qualifying relative criteria. Find a full list of [Relationship and their Residence Requirements](#) on the next page.

### Relationship Test for Qualifying Relatives

To meet the relationship test, the dependent must either

- be related to the taxpayer in one of the following ways, or
- live with the taxpayer for an entire year, and the relationship must not violate local laws.

### Qualifying Relationships with no residency requirement

The dependent will meet the relationship test for being claimed as a qualifying relative if the dependent is related to the taxpayer in one of the following ways:

- son or daughter, grandson or granddaughter, great grandson or great granddaughter, stepson or stepdaughter, or adopted child,
- brother or sister,
- half-brother or half-sister,
- step-brother or step-sister,
- mother or father, grandparent, great-grandparent,
- stepmother or stepfather,
- nephew or niece,
- aunt or uncle,
- son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, or mother-in-law, or
- foster child who was placed in your custody by court order or by an authorized government agency.



- Qualifying relatives who are related in one of these ways need not live with the taxpayer. As long as you meet the other four tests (gross income, support, citizenship, joint return), you can claim these qualifying relatives as a dependent.
- Relationships established by marriage do not end with death or divorce. So if you support your mother-in-law, you can claim her as a dependent even if you and your spouse are divorced.

### WHAT'S NEW

- The rules for claiming a foster child changed. Under the [old rules](#), a foster child had to live with you for an entire year before being claimed as a dependent. Now, you can claim a foster child starting with the year that the foster child was placed in your custody.

### Qualifying Relationships with a mandatory residency requirement

The dependent will meet the test to be claimed as a qualifying relative if:

- The person is a member of your household, and
- The person lives with you for an entire year, and
- The relationship between you and the dependent does not violate local law.

For example, you may be able to claim cousins, friends, boyfriend or girlfriend, or domestic partner as a dependent under the qualifying relative tests. These qualifying relatives **must live with you for an entire year**, and must meet all the other criteria for [qualifying relatives](#) (gross income, support, citizenship, joint return).

The relationship, however, must not violate local law. For example, if your state prohibits co-habitation with a married person, then you cannot claim that person as your dependent even if you meet the other criteria for claiming a dependent.



- Domestic partners may be claimed as a dependent under the qualifying relative tests.
- Cousins may be claimed as a dependent under the qualifying relative tests.

**So, let's say John and Mary, an unmarried couple, are caring for Kathy, who is John's niece. Kathy would be the qualifying child of her mother or father, but would be a qualifying relative for John and Mary. Since Kathy meets the definition of a qualifying child for at least one taxpayer, she cannot be claimed as a qualifying relative for anyone else?**

- Yes, that's right. We could summarize it this way: *Once a qualifying child, always a qualifying child, and never a qualifying relative.*

**What about divorced parents where one parent waives the right to claim the dependent?**

- KB: The custodial parent can still waive his or her right to claim the dependent and the child tax credit. The dependency exemption and the child tax credit cannot be split, they must go together. The head of household filing status, earned income credit, and child and dependent care tax credit always stays with the custodial parent. The childcare credit can only be claimed for qualifying children.
- Separated parents who attempt to split the tax benefits, such as one taxpayer claiming the dependent and the other taxpayer claiming the child tax credit and earned income credit. Under the new rules for dependents, all the child-related tax benefits are tied to claiming the dependent. So now one taxpayer has to claim all the benefits.

**Filing Requirements Chart for Most Taxpayers**

IF your filing status is...	AND at the end of 2012 you were...*	THEN file a return if your gross income was at least...**
single	under 65	\$9,750
	65 or older	\$11,200

head of household	under 65	\$12,500
	65 or older	\$13,950
married, filing jointly ***	under 65 (both spouses)	\$19,500
	65 or older (one spouse)	\$20,650
	65 or older (both spouses)	\$21,800
married, filing separately	any age	\$3,800
qualifying widow(er) with dependent child	under 65	\$15,700
	65 or older	\$16,850

\* If you were born before January 2, 1948, you are considered to be 65 or older at the end of 2012.

\*\*Gross income means all income you received in the form of money, goods, property, and services that is not exempt from tax, including any income from sources outside the United States or from the sale of your main home (even if you can exclude part or all of it). **Do not** include any social security benefits unless (a) you are married filing a separate return and you lived with your spouse at any time during 2012 or (b) one-half of your social security benefits plus your other gross income and any tax-exempt interest is more than \$25,000 (\$32,000 if married filing jointly). If (a) or (b) applies, see the Form 1040 instructions to figure the taxable part of social security benefits you must include in gross income. Gross income includes gains, but not losses, reported on Form 8949 or Schedule D. Gross income from a business means, for example, the amount on Schedule C, line 7, or Schedule F, line 9. But in figuring gross income, do not reduce your income by any losses, including any loss on Schedule C, line 7, or Schedule F, line 9.

\*\*\* If you did not live with your spouse at the end of 2012 (or on the date your spouse died) and your gross income was at least \$3,800, you must file a return regardless of your age.

You may have to pay a penalty if you are required to file a return but fail to do so. If you willfully fail to file a return, you may be subject to criminal prosecution.

### Who Should File

Even if you do not have to file, you should file a tax return if you can get money back. For example, you should file if one of the following applies.

1. You had income tax withheld from your pay.
2. You made estimated tax payments for the year or had any of your overpayment for last year applied to this year's estimated tax.
3. You qualify for the earned income credit. See Publication 596, Earned Income Credit (EIC), for more information.
4. You qualify for the additional child tax credit. See the instructions for the tax form you file (Form 1040 or 1040A) for more information.
5. You qualify for the refundable American opportunity education credit. See Form 8863, Education Credits.

6. You qualify for the health coverage tax credit. For information about this credit, see Form 8885, Health Coverage Tax Credit.
7. You qualify for the refundable credit for prior year minimum tax. See Form 8801, Credit for Prior Year Minimum Tax — Individuals, Estates, and Trusts.
8. You qualify for the credit for federal tax on fuels. See Form 4136, Credit for Federal Tax Paid on Fuels.

### ***Married Filing Jointly***

You can choose married filing jointly as your filing status if you are considered married and both you and your spouse agree to file a joint return. On a joint return, you and your spouse report your combined income and deduct your combined allowable expenses. You can file a joint return even if one of you had no income or deductions.

If you and your spouse decide to file a joint return, your tax may be lower than your combined tax for the other filing statuses. Also, your standard deduction (if you do not itemize deductions) may be higher, and you may qualify for tax benefits that do not apply to other filing statuses.



If you and your spouse each have income, you may want to figure your tax both on a joint return and on separate returns (using the filing status of married filing separately). You can choose the method that gives the two of you the lower combined tax.

**Divorced persons.** If you are divorced under a final decree by the last day of the year, you are considered unmarried for the whole year and you cannot choose married filing jointly as your filing status.

### **Married Filing Separately**

You can choose married filing separately as your filing status if you are married. This filing status may benefit you if you want to be responsible only for your own tax or if it results in less tax than filing a joint return.

If you and your spouse do not agree to file a joint return, you have to use this filing status unless you qualify for head of household status, discussed later.

You may be able to choose head of household filing status if you are considered unmarried because you live apart from your spouse and meet certain tests (explained later, under [Head of Household](#)). This can apply to you even if you are not divorced or legally separated. If you qualify to file as head of household, instead of as married filing separately, your tax may be lower, you may be able to claim the earned income credit and certain other credits, and your standard deduction will be higher. The head of household filing status allows you to choose the standard deduction even if your spouse chooses to itemize deductions. See [Head of Household](#), later, for more information.



You will generally pay more combined tax on separate returns than you would on a joint return for the reasons listed under [Special Rules](#), later. However, unless you are required to file separately, you should figure your tax both ways (on a joint return and on separate returns). This way you can make sure you are using the filing status that results in the lowest combined tax. When figuring the combined tax of husband and wife, you may want to consider state taxes as well as federal taxes.

**How to file.** If you file a separate return, you generally report only your own income, exemptions, credits, and deductions. You can claim an exemption for your spouse only if your spouse had no gross income, is not filing a return, and was not the dependent of another person.

If you file as married filing separately, you can use Form 1040A or Form 1040. Select this filing status by checking the box on line 3 of either form. You also must enter your spouse's full name in the space provided and must enter your spouse's SSN or ITIN in the space provided unless your spouse does not have and is not required to have an SSN or ITIN. If your spouse does not have and is not required to have an SSN or ITIN, enter "NRA" in the space for your spouse's SSN. Use the *Married filing separately* column of the Tax Table or Section C of the Tax Computation Worksheet to figure your tax.

### **Special Rules**

If you choose married filing separately as your filing status, the following special rules apply. Because of these special rules, you usually pay more tax on a separate return than if you use another filing status you qualify for.

1. Your tax rate generally is higher than on a joint return.
2. Your exemption amount for figuring the alternative minimum tax is half that allowed on a joint return.
3. You cannot take the credit for child and dependent care expenses in most cases, and the amount you can exclude from income under an employer's dependent care assistance program is limited to \$2,500 (instead of \$5,000 on a joint return). If you are legally separated or living apart from your spouse, you may be able to file a separate return and still take the credit. See *Joint Return Test* in Publication 503, *Child and Dependent Care Expenses*, for more information.
4. You cannot take the earned income credit.
5. You cannot take the exclusion or credit for adoption expenses in most cases.
6. You cannot take the education credits (the American opportunity credit and lifetime learning credit), the deduction for student loan interest, or the tuition and fees deduction.
7. You cannot exclude any interest income from qualified U.S. savings bonds you used for higher education expenses.
8. If you lived with your spouse at any time during the tax year:
  - a. You cannot claim the credit for the elderly or the disabled, and
  - b. You must include in income a greater percentage (up to 85%) of any social security or equivalent railroad retirement benefits you received.
9. The following credits are reduced at income levels half those for a joint return:
  - a. The child tax credit, and
  - b. The retirement savings contributions credit.
10. Your capital loss deduction limit is \$1,500 (instead of \$3,000 on a joint return).
11. If your spouse itemizes deductions, you cannot claim the standard deduction. If you can claim the standard deduction, your basic standard deduction is half the amount allowed on a joint return.

**Adjusted gross income (AGI) limits.** If your AGI on a separate return is lower than it would have been on a joint return, you may be able to deduct a larger amount for certain deductions that are limited by AGI, such as medical expenses.

**Who Is a Qualifying Person Qualifying You To File as Head of Household?<sup>1</sup>**

**Caution.** See the text of this publication for the other requirements you must meet to claim head of household filing status.

IF the person is your . . .	AND . . .	THEN that person is . . .
qualifying child (such as a son, daughter, or grandchild who lived with you more than half the year and meets certain other tests) <sup>2</sup>	he or she is single	a qualifying person, whether or not you can claim an exemption for the person.
	he or she is married <b>and</b> you can claim an exemption for him or her	a qualifying person.
	he or she is married <b>and</b> you cannot claim an exemption for him or her	not a qualifying person. <sup>3</sup>
qualifying relative <sup>4</sup> who is your father or mother	you can claim an exemption for him or her <sup>5</sup>	a qualifying person. <sup>6</sup>
	you cannot claim an exemption for him or her	not a qualifying person.
qualifying relative <sup>4</sup> other than your father or mother (such as a grandparent, brother, or sister who meets certain tests).	he or she lived with you more than half the year, <b>and</b> he or she is related to you in one of the ways listed under <i>Relatives who do not have to live with you</i> , later, <b>and</b> you can claim an exemption for him or her <sup>5</sup>	a qualifying person.
	he or she did not live with you more than half the year	not a qualifying person.
	he or she is not related to you in one of the ways listed under <i>Relatives who do not have to live with you</i> , later, <b>and</b> is your qualifying relative only because he or she lived with you all year as a member of your household	not a qualifying person.
	you cannot claim an exemption for him or her	not a qualifying person.

<sup>1</sup>A person cannot qualify more than one taxpayer to use the head of household filing status for the year.

<sup>2</sup>The term “[qualifying child](#)” is defined under *Exemptions for Dependents*, later. **Note:** If you are a noncustodial parent, the term “qualifying child” for head of household filing status does not include a child who is your qualifying child for exemption purposes only because of the rules described under [Children of divorced or separated parents \(or parents who live apart\)](#) under *Qualifying Child*, later. If you are the custodial parent and those rules apply, the child generally is your qualifying child for head of household filing status even though the child is not a qualifying child for whom you can claim an exemption.

<sup>3</sup> This person is a qualifying person if the only reason you cannot claim the exemption is that you can be claimed as a dependent on someone else's return.

<sup>4</sup>The term “[qualifying relative](#)” is defined under *Exemptions for Dependents*, later.

<sup>5</sup>If you can claim an exemption for a person only because of a multiple support agreement, that person is not a qualifying person. See [Multiple Support Agreement](#).

<sup>6</sup>See [Special rule for parent](#) for an additional requirement.

Tests To Be a Qualifying Child	Tests To Be a Qualifying Relative
<ol style="list-style-type: none"> <li>1. The child must be your son, daughter, stepchild, foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any of them.</li> <li>2. The child must be (a) under age 19 at the end of the year and younger than you (or your spouse if filing jointly), (b) under age 24 at the end of the year, a student, and younger than you (or your spouse if filing jointly), or (c) any age if permanently and totally disabled.</li> <li>3. The child must have lived with you for more than half of the year.<sup>2</sup></li> <li>4. The child must not have provided more than half of his or her own support for the year.</li> <li>5. The child is not filing a joint return for the year (unless that joint return is filed only to claim a refund of withheld income tax or estimated tax paid).</li> </ol> <p>If the child meets the rules to be a qualifying child of more than one person, only one person can actually treat the child as a qualifying child. See the <a href="#">Special Rule for Qualifying Child of More Than One Person</a> described later to find out which person is the person entitled to claim the child as a qualifying child.</p>	<ol style="list-style-type: none"> <li>1. The person cannot be your qualifying child or the qualifying child of any other taxpayer.</li> <li>2. The person either (a) must be related to you in one of the ways listed under <a href="#">Relatives who do not have to live with you</a>, or (b) must live with you all year as a member of your household<sup>2</sup> (and your relationship must not violate local law).</li> <li>3. The person's gross income for the year must be less than \$3,800.<sup>3</sup></li> <li>4. You must provide more than half of the person's total support for the year.<sup>4</sup></li> </ol>

**Relatives who do not have to live with you.** A person related to you in any of the following ways does not have to live with you all year as a member of your household to meet this test.

- Your child, stepchild, foster child, or a descendant of any of them (for example, your grandchild). (A legally adopted child is considered your child.)
- Your brother, sister, half brother, half sister, stepbrother, or stepsister.
- Your father, mother, grandparent, or other direct ancestor, but not foster parent.
- Your stepfather or stepmother.
- A son or daughter of your brother or sister.
- A son or daughter of your half brother or half sister.
- A brother or sister of your father or mother.
- Your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.

Any of these relationships that were established by marriage are not ended by death or divorce.

### **Are Your Social Security Benefits Taxable?**

IRS Tax Tip 2011-26, February 07, 2011

The Social Security benefits you received in 2010 may be taxable. You should receive a Form SSA-1099 which will show the total amount of your benefits. The information provided on this statement along with the following seven facts from the IRS will help you determine whether or not your benefits are taxable.

1. How much – if any – of your Social Security benefits are taxable depends on your total income and marital status.
2. Generally, if Social Security benefits were your only income for 2010, your benefits are not taxable and you probably do not need to file a federal income tax return.
3. If you received income from other sources, your benefits will not be taxed unless your modified adjusted gross income is more than the base amount for your filing status.
4. Your taxable benefits and modified adjusted gross income are figured on a worksheet in the Form 1040A or Form 1040 Instruction booklet.
5. You can do the following quick computation to determine whether some of your benefits may be taxable:
  - First, add one-half of the total Social Security benefits you received to all your other income, including any tax exempt interest and other exclusions from income.
  - Then, compare this total to the base amount for your filing status. If the total is more than your base amount, some of your benefits may be taxable.

The 2010 base amounts are:

- \$32,000 for married couples filing jointly.
- \$25,000 for single, head of household, qualifying widow/widower with a dependent child, or married individuals filing separately who did not live with their spouses at any time during the year.
- \$0 for married persons filing separately who lived together during the year.