

**DEPARTMENTAL MEMORANDUM
MAD-IPP: 20-01
DATE: MAY 7, 2020**

TO: ISD AND MAD STAFF

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION
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BY: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

SUBJECT: COVID-19 CONTINUOUS MEDICAID ELIGIBILITY FOR DURATION OF EMERGENCY



On March 18, 2020 the Families First Coronavirus Response Act (FFCRA) was signed into law. One of the requirements of FFCRA is that Medicaid eligibility be maintained from March 18, 2020 through the duration of the emergency. This continuous eligibility requirement applies to all Medicaid eligibility categories with three exceptions: recipients requesting closure, deceased recipients, and recipients who no longer reside in New Mexico. There is also a requirement that recipients maintain their same level of Medicaid coverage for the duration of the emergency.

An ASPEN change was implemented on April 26, 2020 to reopen and sustain the Medicaid eligibility for April 30, 2020 closures and any ongoing closures. The continuous Medicaid eligibility requirement applies to active Medicaid recipients and does not apply to new applicants who must continue to meet the eligibility requirements. However, once Medicaid is approved for any months, the continuous eligibility requirements apply.

The following are some of the highlighted changes that apply to Medicaid for the duration of the emergency:

MAGI Categories of eligibility (COEs):

Continuous eligibility applies to all MAGI categories of eligibility (COEs). A child who is turning age 19 and aging out of MAGI Children can transition to the MAGI Adult category. However, if not eligible for MAGI Adult, the child will remain on the MAGI Children category for the duration of the emergency. A newborn not eligible to transition to MAGI Children will remain on the newborn category.

An adult who is turning age 65 will remain on the MAGI Adult category if not eligible for another full coverage Medicaid category. A MAGI Adult individual either aging out or receiving Medicare will

continue to be covered on the MAGI Adult category. In order to pay their Medicare Part B premiums, individuals with Medicare who remain on MAGI Adult can be approved for a Medicare Savings Program (MSP e.g. QMB, SLIMB, and QI1) simultaneously and will show both categories approved in ASPEN.

An individual over income for MAGI Parent currently transitions to either MAGI Adult or directly to a Transitional Medical Assistance (TMA) category during his/her twelve-month TMA period. The transition in categories is allowed during the emergency. An individual whose twelve-month TMA period is expiring will maintain coverage either on MAGI Adult or a TMA category.

A recipient on MAGI Pregnancy Services will remain on this category past the two-month postpartum period if not eligible for MAGI Adult or another full coverage Medicaid category. The recipient will not transition to family planning as that is a limited coverage Medicaid category.

Medicare Savings Program COEs:

A QMB recipient cannot transition to a SLIMB or QI1 category for the duration of the emergency because that would be a lesser benefit. Conversely, a SLIMB or QI1 recipient can transition to QMB, if eligible, as QMB is better coverage.

SSI/Terminated SSI/SSI Extension COEs:

Individuals who lose their SSI coverage, Terminated SSI, or their SSI extension category will be maintained on the same category for the duration of the emergency.

Institutional Care (IC)/Waiver/PACE/WDI/BCC COEs:

Individuals on IC, Waiver, PACE, WDI, and BCC categories will maintain their coverage throughout the duration of the emergency. These recipients can transition to other full coverage Medicaid categories.

Emergency Medical Services for Aliens (EMSA):

Individuals approved on EMSA continue to have limited coverage for emergency services only. An ASPEN fix was not implemented to reopen and sustain the Medicaid eligibility for EMSA individuals. Instead EMSA recipients already approved on or after March 18, 2020 will be reopened in Omnicaid for the duration of the emergency. New applications will continue to be processed for EMSA in ASPEN by ISD as usual. However, for EMSA individuals reopened in Omnicaid, providers will be instructed to first verify EMSA eligibility in the Medicaid portal and if eligible submit their medical records and claims directly to Conduent.

Other:

Individuals receiving Medicaid during a reasonable opportunity period (ROP) will continue to have their Medicaid approved for the duration of the emergency.

A noncitizen who is no longer eligible for full Medicaid coverage due to no longer meeting the criteria i.e., a lawfully residing child under age 21, or the post-partum period has ended for a lawfully residing pregnant woman, and is not otherwise in satisfactory immigration status as a qualified noncitizen can have his/her full Medicaid coverage closed. Eligibility is limited to services necessary for the treatment of an emergency medical condition under EMSA.

Individuals on a Refugee category are not eligible for continuous coverage on a Refugee category once the eight-month coverage period expires.

ASPEN

ASPEN will not auto-renew or administratively renew for twelve-months individuals who have their eligibility sustained solely due to the COVID-19 emergency. Individuals who are active and not having their eligibility sustained due to the COVID-19 emergency will continue to auto-renew and be administratively renewed for twelve-months.

ISD caseworkers should continue to process new applications, changes in circumstances, and renewals for Medicaid as usual. The ASPEN logic will ensure continuous coverage is applied as delineated in this IPP. ASPEN will populate automated case comments for individuals reopened and sustained due to the emergency. ASPEN will also automatically issue Notice to Clients (ISD 201 or ISD 205s) letting impacted recipients know their eligibility is sustained during the emergency.

Please address questions regarding this IPP to Roy Burt at roy.burt@state.nm.us.