Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 21-02
DATE: JANUARY 26, 2021

TO: MEDICAL ASSISTANCE DIVISION

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: KATHY SLATER-HUFF, BUREAU CHIEF, COMMUNICATION AND EDUCATION
               BUREAU (CEB) *KS-H*

BY: JEANELLE ROMERO, PROGRAM MANAGER, CEB *JR*

SUBJECT: REVISION OF MAD 217 FORM

GENERAL INFORMATION
The MAD 217, Presumptive Eligibility (PE) Determiner Update form has been revised.

FILING INSTRUCTIONS
Please make the following replacements in the Medical Assistance Forms Manual.

Remove: MAD 217 dated 05/19/2017
Replace: MAD 217 dated 12/01/2020

Please address questions concerning this material to Jeanelle Romero at jeanellec.romero@state.nm.us
or at 505-490-1689.

HUMAN SERVICES
DEPARTMENT
MEDICAL ASSISTANCE DIVISION

Presumptive Eligibility (PE) Determiner Update Form

Please complete the appropriate boxes below

I. LIST CHANGES IN THIS SECTION

PE Determiner Name (*Name Change if Applicable*)	PE Determiner Number	Previous Organization/Location Name

Current Organization/Location Name

Physical Address - Number/Street or Road/P.O. Box Number (*Current Provider*)

City	State	Zip Code

If different/ Mailing Address (*Current Provider*)

City	State	Zip Code

Business Phone Number/Extension	FAX Number	E-Mail Address

Supervisor Name	Phone Number/Extension	E-Mail Address

II. REQUEST FOR TERMINATION FROM HSD PE DETERMINER PROGRAM

Attention: Supervisors\Managers of PE Determiners
Please fill out this Section if a PE Determiner is no longer with your organization.

Please remove the individual named below from the HSD PE Determiner program. Removal of the individual will result in a deactivation of the PE Determiner number.

PE Determiner Name	PE Determiner Number	Organization/Location Name

Business Telephone Number/Extension	FAX Number	E-Mail Address

Name of Person Submitting Update (Print Name)	Signature	Date

Email form to: **Presumptive Eligibility Program**
HSD Medical Assistance Division
Communication and Education Bureau
HSD.PEDeterminers@state.nm.us
Or Fax to 505-827-7200

MAD Use	☐ Information Has Been Sent to Fiscal Agent
	Signature: Date:
Comments:	