

NMAC

Transmittal Form

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Volume: Issue: Publication date: Number of pages: (ALD Use Only) Sequence No.

Issuing agency name and address: Agency DFA code:

Contact person's name: Phone number: E-mail address:

Type of rule action: (ALD Use Only)
New Amendment Repeal Emergency Renumber Most recent filing date:

Title number: Title name:

Chapter number: Chapter name:

Part number: Part name:

Amendment description (If filing an amendment):

Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference? Yes No Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes No Public domain

Specific statutory or other authority authorizing rulemaking:

Notice date(s): Hearing date(s): Rule adoption date: Rule effective date:

Concise Explanatory Statement For Rulemaking Adoption:

Findings required for rulemaking adoption:

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Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

8.285.600 NMAC was updated to remove outdated language, inform providers of the status of Emergency Medical Services for Aliens (EMSA) applications, and to add language about forms that will be sent to recipients and providers. No written or oral comments were received so the rules are being adopted as proposed.

Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Angela Medrano

Check if authority has been delegated

Title:

Deputy Secretary

Signature: (BLACK ink only)

Angela Medrano

Date signed:

4/8/2020

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This is an amendment to 8.285.600 NMAC, Sections 8, 10 and 11, effective 5/1/2020.

8.285.600.8 ~~[RESERVED]~~ **MISSION STATEMENT:** To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.
[8.285.600.8 NMAC - A, 5/1/2020]

8.285.600.10 BENEFIT DETERMINATION:

A. Subsequent to the receipt of emergency services, an applicant must apply through the local county income support division (ISD) office. The application must be filed at the ISD office no later than the last day of the third month following the month the presumed emergency services were received.

B. Documentation requirements: The applicant must bring a completed emergency medical services for aliens referral for eligibility determination form (MAD 308) to the ISD office for the financial eligibility determination. The emergency services provider must complete the referral form. **Financial documents:** The applicant must provide all necessary documentation to prove that he/she meets all financial and non-financial eligibility standards. Medical providers cannot submit eligibility applications on behalf of the applicant. ~~[The applicant must apprise medical providers of the status of the application.]~~ The applicant is financially responsible for any services not covered by medicaid. A completed and signed application form must be submitted for each request for emergency medical services for aliens.
[2/1/1995; 4/30/1998; 8.285.600.10 NMAC - Rn, 8 NMAC 4.ESA.620 & A, 12/1/2008; A, 5/1/2020]

8.285.600.11 INITIAL BENEFITS: Applications for medicaid must be acted on within 45 days of the date of application.

A. If an applicant is eligible for medicaid, the ~~[ISD worker notifies the individual of approval using notification of approval of application for emergency medical services for aliens form (MAD 310).]~~ individual is sent a notice of case action (NOCA) form. The approval of financial eligibility is not a guarantee that medicaid will pay for the services. The NOCA form also serves as notice of case closure, since medicaid covers only emergency services received during the specified term of the emergency. ~~[The applicant must give the medical service provider a copy of the MAD 310 form.]~~ The provider is sent the decision for emergency medical services for aliens (EMSA) application (MAD 778) form. The provider must use ~~[the MAD 310]~~ the MAD 778 form to submit claims to the medicaid utilization review contractor for emergency review.

B. If an applicant is ineligible for medicaid or a decision on the application is delayed beyond the 45 day time limit, the ~~[ISD worker sends a notification of denial or delay of action on]~~ individual is sent a NOCA form regarding the application for emergency medical services for aliens ~~[form (MAD 309) to the undocumented alien]~~. The ~~[MAD 309]~~ NOCA form explains the reason for denial or delay and informs the applicant of his/her right to an administrative hearing. If the application is denied, the applicant must notify providers of the denial.

C. The applicant is responsible for payment for the medical services if he/she fails to apply promptly for coverage, verify eligibility for coverage, or notify the provider of the approval or denial of the application.
[2/1/1995; 4/30/1998; 8.285.600.11 NMAC - Rn, 8 NMAC 4.ESA.623 & A, 12/1/2008; A, 5/1/2020]