Presumptive Eligibility & Presumptive Eligibility Plus Training

New Mexico Human Services Department
Medical Assistance Division

PED Trainer – Roberta Roybal

Social & Community Service Coordinator – Roberta Marquez

Conference call info: 1-800-747-5150

Pass code: 7886091

House Keeping

- Phones will be muted
- Press*6 to mute/ *7 unmute
- DO NOT place phone on HOLD
- Raise Your Hand Feature
- Chat Box
- Materials
- Breaks/Lunch

Test

- Score 90% or higher
- 24 hours to take test
- 30 questions on test

If a 90% score is not achieved, you will have to take a second test.

- Score 90% or higher
- 24 hours to take test
- 30 questions on test

Program Comprehension Test

Parking Lot

Agenda
Day One

- Medicaid Overview
- Medicaid Presumptive Eligibility
- Presumptive Eligibility Determiners
- Presumptive Eligibility Determiner Specialty Types
- JUST Health Program
- Screening for Presumptive Eligibility
  - Guidelines for Citizenship and Immigrant Eligibility
  - Categories of Eligibility and Income
- Electronic Systems to be Utilized by Presumptive Eligibility Determiners
- Electronic Screening for Presumptive Eligibility

Agenda
Day Two

- Review of Day One
- Manual Process for PE Screenings and Ongoing Medicaid
- Calculation of a Household Size
- Calculating Medicaid Financial Eligibility
- Submitting Paper Applications for Ongoing Medicaid
- Documents That May Be Needed for Ongoing Medicaid
- Case Examples
- Your Next Steps

COVID-19 Update

- To maintain proper dissemination of information regarding the New Mexico Medicaid program during the COVID-19 (coronavirus) health crisis, a new page has been added to the **NM Medicaid Provider Portal**. The NM Medicaid COVID-19 page will be updated with information and resources to ensure Medicaid services are delivered, efficiently and without interruption, to NM Medicaid clients state-wide.
- During this crisis, the New Mexico Human Services Department, as the administrator of the NM Medicaid program, has requested waiver authority from our federal partners to enact temporary emergency alterations to our Medicaid program. All waiver requests and the current state of approval can be found on the NM Medicaid COVID-19 page. Also included on the page is any special guidance, billing codes, provider supplements and Managed Care Organization Letters of Direction (LODs) that have been issued in response to the pandemic. A link to the NM Department of Health Coronavirus web page is also available on this page.
- Please reference the NM Medicaid COVID-19 page at https://nmmedicaid.portal.conduent.com/static/covid.htm for all NM Medicaid program and provider inquires.
- ISD and CSED have implemented curbside services for the safety of our employees and our customers, if you visit the office during these times, please stay in your car and we will serve you. The lobbies will limit the number of people allowed inside the lobby area to five individuals.

COVID-19 UPDATE

The New Mexico Human Services Department (HSD) is currently working with our federal partners to implement new ways for New Mexicans to apply for Medicaid coverage and to ensure that all residents have access to care as quickly as possible. We also want to ensure that you, our Presumptive Eligibility Determiners (PEDs) and partners on the front line of this pandemic, can continue to assist New Mexicans in applying for Medicaid benefits but do so with minimal face-to-face contact. Therefore, HSD will…

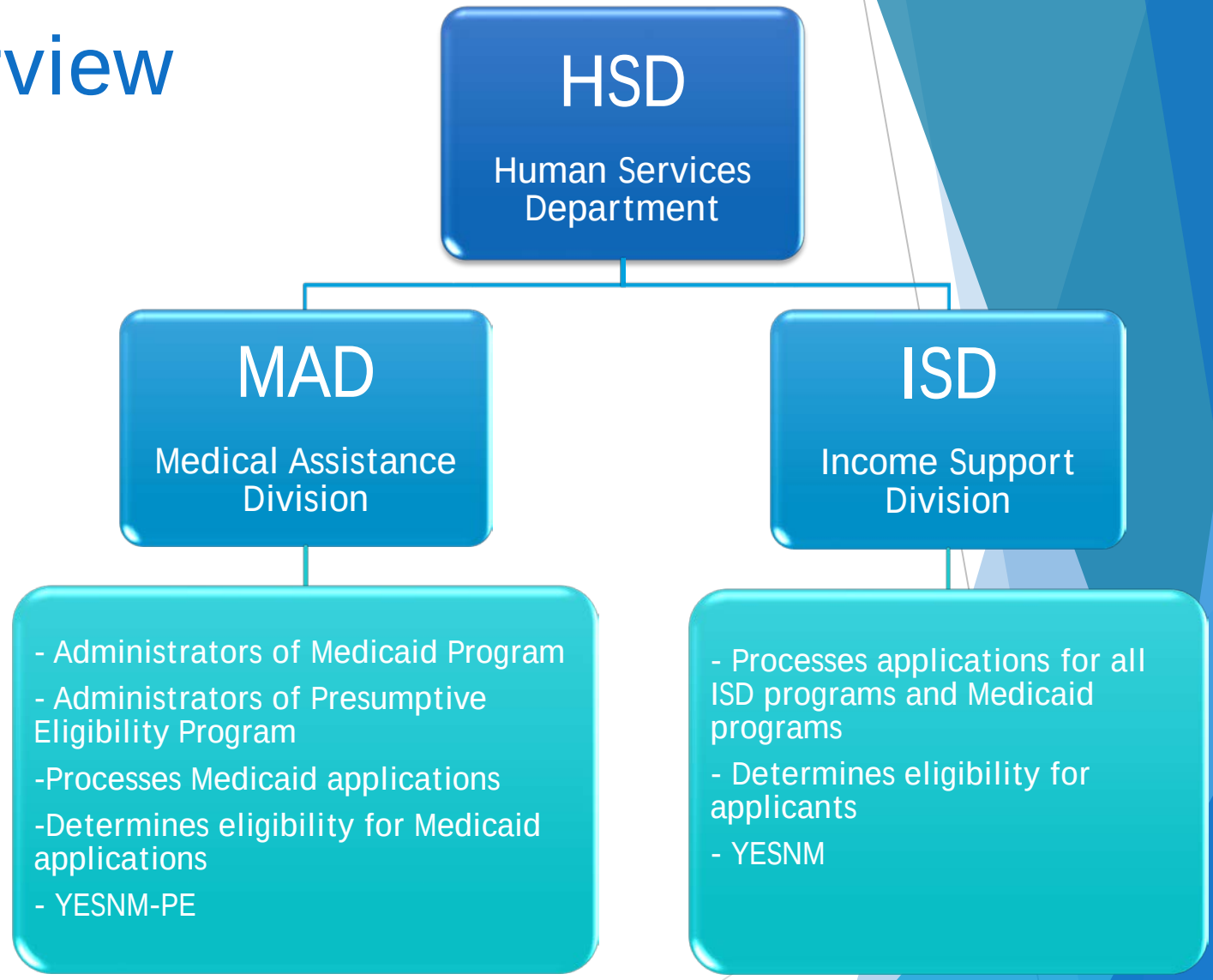
- Allow PEDs to accept Medicaid Presumptive Eligibility (PE) applications by phone or video conference for the duration of COVID-19 emergency conditions in New Mexico. PEDs must continue to utilize YESNM-PE for the PE screening and the submission of the ongoing application.
  - PED guidance on the phone/teleconference application process is attached in this training.
- Extend the ability for all PEDs (Specialty Types 170 and 171) to submit PE approvals for all MAGI categories of eligibility starting April 8, 2020 for the duration of COVID-19 emergency conditions in New Mexico.

Medicaid Overview

Medicaid Overview

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

In New Mexico, the Human Services Department administers and determines eligibility for the Medicaid program.



Medicaid

- States establish their own eligibility standards and determine the type, rate of payment, duration and scope of services based on parameters set by the United States Health and Human Services Department's Centers for Medicare and Medicaid Services (CMS)
- Nationally, the Federal Government pays 61.5% of all Medicaid costs
- Covers roughly 1 in every 5 Americans
- Covers nearly half (47% nationally) of all births – covers more than half in New Mexico

Medicaid Eligibility

- Eligibility for all Medicaid programs is based on:
  - citizenship/immigration status
  - residency
  - income
  - other factors
- The income guidelines used to determine Medicaid eligibility are based on the Federal Poverty Levels (FPLs) as set by the United States Health and Human Services Department
- FPLs are updated annually and take effect April 1st
- FPLs are set based on household size and total income
- Income disregards may apply in determining a household's total income

Medicaid Eligibility (cont.)

- To be eligible for New Mexico Medicaid, applicants must be living in New Mexico on the date of application or final determination of eligibility
- Applicants must also have demonstrated an intention to remain in the state. Residency in New Mexico is established by living in the state and carrying out the types of activities associated with day-to-day living, such as occupying a home, enrolling child(ren) in school, getting a state driver's license, or renting a post office box
- An applicant or recipient who is homeless is considered to have met the residency requirements if he or she intends to remain in New Mexico

Applying for Medicaid

- Individuals (or families) may apply for Medicaid
  - On-line (www.yes.state.nm.us)
  - With a paper application (submitted in person at an ISD office, mailed or faxed in)
  - At clinics, hospitals or facilities that participate in the New Mexico Medicaid Presumptive Eligibility (PE) program

Presumptive Eligibility

- Presumptive eligibility is short-term Medicaid (up to 60 days) that starts immediately, usually while an ongoing application is processed.
- In NM, we have Presumptive Eligibility Determiners (PEDs) throughout the state who assist individuals with the submission of Medicaid applications.
- PEDs are trained and certified by the Human Services Department's (HSD) Medical Assistance Division (MAD) to perform application assistance and to make presumptive eligibility determinations.
- To continue Medicaid eligibility after PE, an ongoing application must be submitted and approved.

Ongoing Eligibility

- “Ongoing” – Coverage will continue until specified by COE rules or individual is no longer eligible.

- There is never a cost to enroll in Medicaid (ongoing or Presumptive Eligibility coverage)

Recertifications (or Renewals)

- Recertifications – 12 months (for most programs)
  - Coverage for most Medicaid programs must be renewed every 12 months.
  - Clients should ensure that all information on file with HSD is up-to-date and accurate such as changes in address, income, family size, pregnancy, or other factors that can affect eligibility.
    - Clients are required to report changes which might affect his or her eligibility to ISD within 10 calendar days from the date the change occurred.
  - HSD will attempt to administratively renew coverage 90 days before the recertification due date. If HSD cannot renew the coverage automatically, HSD will then send a notice to the recipient, 45 days prior to their coverage end date, informing them that it is time to renew.
  - Any individual who does not complete the renewal process, or respond to any requests made by HSD for more information, may lose their Medicaid coverage.
    - When a client loses their Medicaid coverage, they must submit a new application to apply for Medicaid coverage again.

Retroactive Medicaid

- May assist with payment of outstanding medical bills that were incurred in months prior to the application date.

Retroactive Medicaid

Note: Policy change for retroactive eligibility.

Beginning February 1, 2020, 3 months of retroactive Medicaid eligibility was reinstated and is available for all qualified Medicaid applicants who are approved for a category of eligibility that is eligible for retroactive coverage (8.200.400.14 NMAC).

To be approved for retroactive coverage, individuals must meet all eligibility requirements in the requested retroactive months. Retroactive Medicaid may assist with payment of outstanding medical bills that were incurred up to 3 months prior to the application date.

New Mexico Medicaid Categories of Eligibility

Categories of Eligibility (COEs)

NM Medicaid has over 40 categories of eligibility (COE) some of the COEs include coverage for:

- ✓ Children
- ✓ Families
- ✓ Parent caretakers
- ✓ Pregnant women
- ✓ Adults
- ✓ Long-term care recipients
- ✓ Individuals eligible for both Medicare and Medicaid

Medicaid COEs (cont.)

- The Affordable Care Act (ACA) expansion extended Medicaid to non-parent non-pregnant adults below 138% FPL as a state option
  - NM chose to expand Medicaid to adults
- All NM Medicaid COEs have a designated numeric COE listing associated with the COE name
- The COE that someone is approved for can change depending on their age, medical need and FPL
- Members of the same family can be approved for different COEs

Medicaid COEs (cont.)

- Category 029 – Family Planning Medicaid
- Category 100 – Medicaid for Other Adults
- Category 200 – Medicaid for Parents/Caretakers
- Category 300 – Pregnancy Medicaid
- Category 301 – Pregnancy-Related Services
- Category 400, 401, 402 and 403 – Regular Children's Medicaid
- Category 420 and 421 – Children's Health Insurance Program

Family Planning (COE 029)

- Family planning includes limited coverage for individuals through age 50 (including the month the individual turns 51)
- Individuals with a qualified healthcare insurance plan are not eligible
  - Exception: Individuals under age 65 who only have Medicare as their primary health insurance coverage may be eligible to have Family Planning
- Family Planning category may be eligible for 3 months of retroactive Medicaid
- Limited benefit package
  - Coverage includes pap smears once a year, birth control, contraceptives and vasectomies for men

Centennial Care and Fee for Service Medicaid

Centennial Care

- Each state has its own Medicaid program and Centennial Care is the name of New Mexico's Medicaid Managed Care program
- Most New Mexico Medicaid clients will access their benefits through Centennial Care
- Native Americans are not required to be enrolled in Centennial Care UNLESS:
  - They require a Nursing Facility Level of Care
  - Eligible for both Medicare and Medicaid (dual eligible)
- Services in Centennial Care are provided to clients by a Managed Care Organization (MCO)
- An MCO is an insurance company that contracts with providers (doctors, hospitals, pharmacies, etc.) to provide services to their members
- Health Risk Assessment (HRA)
  - conducted by the member's MCO
  - given in person or by phone
  - Care Coordinator may be assigned to help manage and coordinate services

Centennial Care MCO Covered Services

- All Centennial Care MCOs are required to offer the same basic benefit package specific to the member's approved category of eligibility (COE)
  - Benefits Include:
    - ✓ physical health
    - ✓ behavioral health
    - ✓ long-term care services including Community Benefits
- Not all COEs have the same covered services
- Each MCO offers "Value-Added Benefits" to their members. These are things above and beyond what the MCO is required to provide as part of their contracted services
- Some Value-Added Benefits include enhanced vision services, full coverage Medicaid benefits to pregnancy enrolled members and traditional healing services
- An MCO's Value-Added benefits may influence a member's choice for their MCO enrollment

Centennial Care
Managed Care Organizations (MCOs)

BlueCross BlueShield of New Mexico

Blue Cross / Blue Shield of New Mexico

(866) 689-1523

TTY/TDD: 711

https://www.bcbsnm.com/community-centennial/

western sky community care.

Western Sky Community Care

1-844-543-8996 Member Services

https://www.westernskycommunitycare.com/members/medicaid.html

PRESBYTERIAN

Presbyterian Health Plan, Inc.

(505) 923-5200

(888) 977-2333

TTY: (888) 872-7568

Navajo Hotline

In Albuquerque: (505) 923-5157

Outside Albuquerque: (888) 806-8793

https://www.phs.org/health-plans/centennial-care-medicaid/Pages/default.aspx

Centennial Care Member Rewards

- Centennial Rewards
  - Members earn credits for completing healthy behaviors
  - Members can use credits to order products from a catalog or from participating stores
  - All Centennial Care members are eligible for Centennial Rewards, no matter which MCO they are enrolled with
  - Clients can register to start earning rewards at

https://www.centennialrewards.com/landing/

Choosing or Changing an MCO

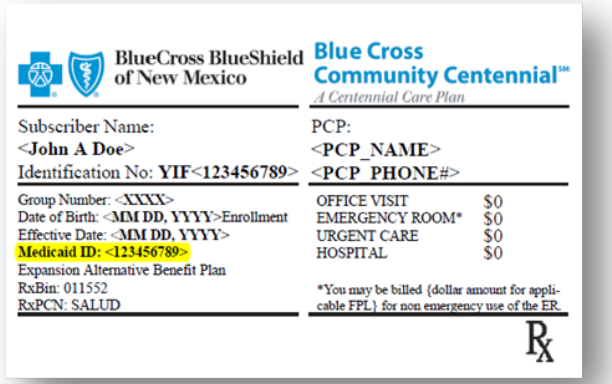
- All applicants, including Native Americans who choose to or are required to be in Centennial Care, should select an MCO on their Medicaid application
- Anyone who has not been identified as Native American who is required to be in Centennial Care and does not choose an MCO will be assigned to one
- Applicants should make sure that their providers are in their chosen MCO's network
- After choosing or being assigned to an MCO, a client will have 3 months to change to a different MCO
  - After the 3 month switch period, members will be "locked in" and will remain enrolled with their MCO until their annual recertification date (provided they remain Medicaid eligible)
  - Some MCO switches are allowed during the lock-in period but must meet specific "for cause" reasons (and be approved by the Medical Assistance Division)
- For questions about their MCO or switching to a different MCO, clients should call the Medicaid Call Center (1-888-997-2583) or go on-line to www.yes.state.nm.us
- PEDs may not request MCO changes on behalf of any Medicaid recipient

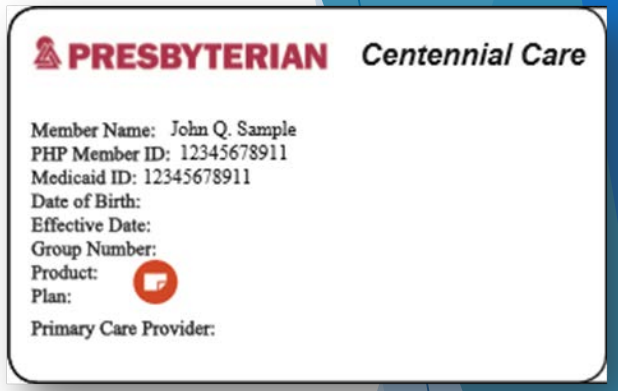
MCO Enrollment Rules

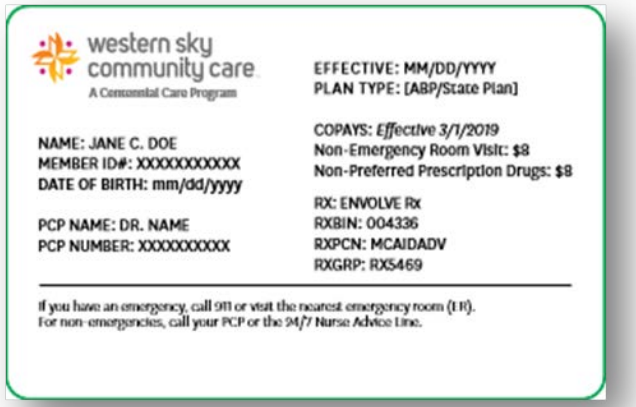
- If the individual was previously enrolled with a MCO and lost eligibility for 6 months or less, the individual will be re-enrolled with that MCO. (Individuals will have 3 months to request a change at this time)
- If the individual has a family member enrolled in a specific MCO, they will be enrolled with the same MCO. (Individuals will have 3 months to request a change at this time)
- Open Enrollment
  - The open enrollment period is 2 months prior to the start date of a new 12 month enrollment period. (Individuals may request a change during this time) (A client recertification period and open enrollment period maybe at different times in a 12 month period)
- Native Americans selecting Fee For Service Medicaid
  - May select to enroll in Centennial Care at any time

Native Americans and Medicaid

- Most Native Americans who have Medicaid can choose to receive their services through Centennial Care or Fee for Service Medicaid
- Native Americans are only required to be in Centennial Care if:
  - They require a Nursing Facility Level of Care
  - Eligible for both Medicare and Medicaid
- Fee for Service Medicaid (FFS)
  - Basic Medicaid Benefit Package
    - such as preventive, specialty and behavioral health services, emergency care
  - Enhanced Centennial Care Services not available
    - such as care coordination and MCO's Value Added Benefits
- Native Americans enrolled in Centennial Care or in FFS can get care from any Indian Health Services (IHS) facility or Tribal Health Clinic







Medicaid Cards

- Centennial Care
  - MCO will provide Centennial Care MCO Identification card for enrolled individual
  - To request a new card the member must contact their MCO. MCO contact info can be found on the HSD website at http://www.hsd.state.nm.us/LookingForInformation/managed-care-organizations.aspx
- Fee For Service (FFS)
  - NM Medicaid Identification Card (Blue Card) will be provided for Fee For Service Members
  - To request new or replacement FFS cards recipients can go on to YESNM https://www.yes.state.nm.us/yesnm/home/index or call the NM Medicaid Call Center at 1-888-997-2583

Medicaid
Presumptive Eligibility

Medicaid Presumptive Eligibility (PE)

Presumptive Eligibility (PE) is:

- Short-term Medicaid coverage for eligible individuals.
- Provides access for immediate care to eligible recipients.
- Ensures assistance with submitting an application for possible ongoing Medicaid coverage.
- Based on self-attestation.
- PEDs determine eligibility.
- If screened correctly, applicant will most likely be approved for ongoing Medicaid coverage.

PE Eligibility Guidelines

- Same qualifying Citizenship and Residency requirements for ongoing Medicaid
- Social security numbers are not required for PE, however are required for ongoing eligibility
- The individual may not be currently enrolled in Medicaid, unless the they are only enrolled in Family Planning Medicaid
- The individual has not had a PE approval in the past 12 months. Or, if pregnant, has not had a PE approval for the same pregnancy
- Household income must be below the monthly limit for the applicable household size

Presumptive Eligibility (PE) cont.

- Retroactive coverage not available during PE span
- Ongoing Medicaid application is submitted:
  - PE will continue until final determination has been made for ongoing eligibility
- If NO application for ongoing Medicaid is submitted:
  - PE ends the last day of the month following the PE approval
- Failure to submit requested documents for an ongoing application is grounds for denial
  - Help Us Make A Decision (HUMAD) –
    - 2 letters sent by mail
    - Time frame specified on letter

Citizenship and Immigrant Guidelines for Medicaid Eligibility

General Guidelines to be Eligible for Presumptive Eligibility Medicaid

- Individual must be a US Citizen, US National or eligible immigrant
- Must be a resident of New Mexico
- May not be currently enrolled in Medicaid
  (unless individual has Family Planning Medicaid)
- The individual has not had a PE approval in past 12 months
- If pregnant, has not had a PE approval for same pregnancy
- Household income below monthly limit for applicable household size

Immigrant Applicants

- Addressing Immigrant applicants:
  - When speaking to or referring to immigrant applicants, you should not use the term “alien”.
  - You should use terms “non-citizen” or “immigrant/immigration” instead.

- As used throughout this training, immigrant(s) refers to non-citizens.
  - While someone who is a U.S. citizen may have an immigrant history, that is not how the term is used for benefit eligibility.

The Application Process for Immigrant Families

Common Concerns for Non-Citizen Applicants:

- Will this hurt my chances for a Green Card?
- Will everything only be in English?
- Could my family get deported?
- What information do I have to provide?
- Do I have to say if I'm undocumented?
- Will my information be confidential?

Talking About Immigration Status

Start by explaining:

- Many immigrants may be eligible for benefits.
- Applicants DO NOT have to give immigration information or social security numbers for family members who are not seeking benefits for themselves.
- When screening for PE and completing the on-going Medicaid application, ask which family members are seeking benefits.

Mixed Status Families

- Households may include some immigrant members and some U.S. citizens.
- Immigrants who are not eligible to receive benefits themselves may apply on behalf of household members who are citizens and eligible immigrants.
  - Example: Parents (who may be ineligible) may apply for citizen children
- PEDs may NOT ask for Social Security Numbers or ANY citizenship or immigration status information from family members who are not applying for benefits for themselves.
  - Follow the rules on the application, which indicate what information is required for people seeking benefits and what information is required from mandatory household members regardless of whether they are or are not seeking benefits for themselves

If An Applicant Seeking Benefits Does Not Have An SSN

- Some ELIGIBLE immigrants may not have a Social Security Number
  - (e.g. anon-immigrant visa holder who is pregnant or under 21, or an individual with a U or T visa).
- HSD has an obligation to assist applicants in obtaining an SSN for the purpose of receiving benefits for which they are eligible.
- HSD cannot delay provision of benefits for applicants who are otherwise eligible and have requested an SSN.

Public Charge Concerns

- Public charge is a test used by Federal immigration authorities when somebody applies to become a Lawful Permanent Resident (LPR), or when someone attempts to enter the U.S.

- U.S. Citizenship and Immigration Services defines a public charge as an individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.

- No HSD or PED action needs to be taken relative to Public Charge, but a basic understanding of this concept is important.

Public Charge And Medicaid

- Applying for Medicaid or CHIP does NOT make someone a public charge.
- It will NOT affect the chances of becoming an LPR or U.S. citizen.*
  - *The one exception is for individuals receiving long-term care in an institution at government expense. These people may face barriers getting a Green Card.

PEDs and Public Charge

- PEDs should never give immigration advice to an applicant or any individual who asks for legal advice beyond questions about Medicaid eligibility.
- Individuals with legal questions should be referred to appropriate groups to handle their questions:

NMILC
NEW MEXICO IMMIGRANT LAW CENTER

625 Silver Avenue SW, Albuquerque, NM 87102
(505) 433-2297
http://nmilc.org/

NEW MEXICO LegalAid

301 Gold Avenue SW, Albuquerque, NM 87102
(505) 243-7871
http://www.newmexicolegalaid.org/

Medicaid Benefit Immigration Statuses

- Citizen
- Lawfully Residing
- Qualified Immigrants
- Not Qualified Immigrants

Citizens (and Nationals)

- U.S. Citizens are eligible for Medicaid If they meet other eligibility requirements.
- For purposes of this training and Medicaid eligibility in New Mexico, a U.S. National is an individual who was born in America Samoa or Swains Island, or is a resident of the Northern Mariana Islands.
- U.S. Nationals are eligible for Medicaid if they meet other eligibility requirements.
- Even if the household is mixed, with some citizens or eligible immigrants and some ineligible immigrants, the citizens and eligible immigrants will still qualify for Medicaid – if otherwise eligible.

  - Example:
    - If a mother has three citizen children, she can apply for Medicaid solely for the children, regardless of her own eligibility.
    - If the mother is not seeking benefits for herself, you may or may not know if she is a citizen or an eligible or ineligible non-citizen because you are **not allowed to ask for that information**.
    - Since Medicaid benefits are only being requested for the three children, the eligibility criteria for citizenship/immigrant status and SSN only applies to the children.

Lawfully Residing/Lawfully Present

- "Lawfully Residing" and "Lawfully Present" are terms that refer to immigrants who have permission from the federal government to be in the United States

- Certain lawfully residing/lawfully present immigrants may be eligible for Medicaid benefits

- Lawfully residing/lawfully present status includes almost any specific status except:
  - Undocumented immigrants and
  - Individuals granted Deferred Action for Childhood Arrival (known as DACA or Dreamers)

Difference Between Lawfully Present/Residing Individuals and Lawful Permanent Residents

Lawfully Present or Lawfully Residing Individual

is any non-citizen (except undocumented immigrants or individuals with DACA) who has permission from the federal government to live and work in the U.S.

A Lawful Permanent Resident (LPR)

is a specific immigration status which grants an individual permanent residence in the United States (commonly known as a green card).

*LPRs are considered “qualified” immigrants.

Qualified Immigrants and Medicaid Eligibility

- Immigrants in specific lawfully residing statuses are called “qualified” under federal law

- “Qualified” is a term that originated in 1996 when PRWORA* was signed into law
  - PRWORA is the Personal Responsibility and Work Opportunity Act of 1996
  - Signed into law August 22, 1996 by President Bill Clinton
  - Among other things, PRWORA put more restrictive Medicaid eligibility rules in place for immigrants who entered the U.S. on or after the date it was signed into law

Qualified and Not Qualified Immigrants

- "Qualified" and "Not Qualified"
  - Refer to the applicant's immigration status
  - Are terms used in determining Medicaid eligibility

- A "Qualified" immigration status *by itself* does not make someone automatically eligible for Medicaid
  - Immigrants in a qualified status are *more likely* to be eligible for benefits
  - Applicants must still meet other Medicaid eligibility requirements to be determined eligible

- A "Not Qualified" immigration status does not make someone automatically ineligible for Medicaid

Qualified Immigrants Statuses

- The following immigration statuses are “Qualified” but applicants must still meet other Medicaid eligibility requirements to be enrolled in PE or ongoing Medicaid:
  - Lawful Permanent Residents (LPRs) = Green Card holders (Non-Citizen who is lawfully admitted for permanent residence under the Immigration and Nationality act, 8 U.S.C. 1101)
  - Refugees & Asylees
  - Cuban/Haitian Entrants, Amerasians
  - Persons paroled into the U.S. for at least one year
  - Conditional Entrants
  - Persons granted withholding of removal/deportation
  - Certain battered spouses and children, un-remarried widows of (and VAWA with prima facie letter)
  - Victims of Trafficking and their derivative beneficiaries
  - Iraqi/Afghani Special Immigrants

Most Common Qualified Immigrant Statuses

- Certain battered spouses and children (includes VAWA*)
  - *VAWA stands for the Violence Against Women Act of 1994.
- Battered (VAWA) persons and their children are qualified individuals.
- Persons who have a prima facie letter for their VAWA application are also eligible (along with their children) as if they have been granted a VAWA.

5 Year Bar

- The 5 Year Bar is a requirement for some qualified immigrants applying for Medicaid.
- If it applies, the person has to be in a “qualified” status in the U.S. for five years to be eligible for Medicaid.
- The 5 Year Bar is only applied to:
  - Lawful Permanent Residents (LPRs) who have not adjusted from an exempt status,
  - Conditional Entrants and
  - Parolees of more than one year.
  - Currently, NM also has a state exemption in place that makes battered women and their children exempt from the 5 year bar.
- Non-adjusted LPRs, Conditional Entrants and Parolees of more than one year must meet the 5 year bar unless they have a fact that makes them exempt.
  - These individuals may meet a factual exemption – if they are under 21 or are pregnant – in such circumstances, they are eligible without having to meet the 5 year bar.

Note on Statuses and Factors that Are Exempt from Meeting the 5 Year Bar

- If an individual was ever in a status exempting them from the 5 Year Bar (such as a refugee) and their status changes to an LPR (Lawful Permanent Resident), they remain exempt from the 5 Year Bar.
- This concept is known as an adjustment and is only applied to LPRs.
- You will need to ask the applicant what their status was when they entered the U.S.
- You will also need to ask the applicant "did you adjust to your current status from another status" (e.g. refugee or asylee).

Immigrants Excluded from the 5 Year Bar

- Refugees
- Asylees
- Qualified immigrants who are veterans or who are on active duty in the armed forces, including spouses and unmarried children
- Some Cuban/Haitian entrants
- Lawfully residing/present children under 21
- Lawfully residing/present pregnant women
- Afghani/Iraqi special immigrants
- Amerasian immigrants

Immigrants Excluded from the 5 Year Bar (cont.)

- Battered non-citizens (including VAWA and applicants for VAWA with a prima facie letter)
- Human trafficking victims
- Granted withholding of deportation/removal
- Individuals who entered before Aug 22, 1996 and have been in the US continuously are exempt if they:
  - Are a qualified non-citizen who obtained their qualified non-citizen status prior to that date or
  - Are a qualified non-citizen who remained continuously present in the U.S. until the date they obtained qualified non-citizen status on or after August 22, 1996.
- Individuals who have adjusted in status from Exempt to a Legal Permanent Resident (LPR)**

You will need to ask the applicant "did you adjust to your current status from another status" (e.g. refugee or asylee).

Pre-Certified Victim of Human Trafficking

- Pre-Certified Victims of Human Trafficking (PCVHT) are non-citizens/immigrants who are victims of Human Trafficking.
- Determination of an individual's PCVHT status may only be completed by the PCVHT contracted providers.
- Once the contracted provider has completed the certification, they will contact the Refugee Coordinator.
- The Refugee Coordinator will then contact the County Director at the local HSD Field Office.
- The contracted providers are listed below:

Lutheran Family Services
3612 Campus Blvd NE
Albuquerque, NM 87106
(505) 933-7032
https://lfsrm.org/

The Life Link
2325 Cerrillos Road
Santa Fe, NM 87502
(505) 438-0010
http://www.thelifelink.org/

Immigrants Who Are Not Qualified

Individuals who are not citizens and are “Not Qualified” Immigrants include those who are or have:

- Student Visas
- Visitor Visa
- Temporary Protected Status
- Temporary Work Visas
- DACA (Deferred Action for Childhood Arrivals)
- Applicant for a T-Visa
- Undocumented Immigrants*

* PEDs may never ask if someone is undocumented and should only inquire about the immigration status of individuals who are seeking benefits for themselves.

New Mexico Administrative Code (NMAC), Immigrants and Medicaid Eligibility

- In some circumstances, individuals that are not in a qualified status may be eligible for Presumptive Eligibility and on-going Medicaid.

- The NM Administrative Code (NMAC) provides the policy that determines which individuals may be eligible.

- NMAC for Medicaid is currently being revised. One change that is happening is that Lawful Permanent Residents (LPRs) are being added to NMAC's list of Qualified Non-citizens.

- **Per NMAC 8.200.410.11**, the following non-citizens/immigrants may be eligible for Medicaid:
- (1) Entered the United States prior to August 22, 1996
  - and remained continuously present in the United States and is a qualified immigrant or is
  - permanently residing in the U.S. under color of law**. = Permanent Residence Under Color of Law (PRUCOL) is not recognized as an immigration status by the U.S. Citizenship and Immigration Services (USCIS); this category was created by the courts and is a public benefits eligibility category. For a person to be residing "under color of law," the USCIS must know of the person's presence in the U.S. and must provide the person with written assurance that enforcement of deportation is not planned.
- **Updates to NMAC will be forthcoming and will be conveyed to PEDs when they become effective.

NMAC, Immigrants and Medicaid Eligibility

NMAC 8.200.410.11 continued

- (2) Entered the United States after August 22, 1996, is in a qualified status and meets one of the criteria below:
  - Has been in a "qualified status" for at least 5 years (for unadjusted LPRs, conditional entrants, parolees for 1 or more years that don't meet a factual exemption), or
  - Was granted refugee or asylum status or withholding of deportation/removal; or
  - Is a Cuban/Haitian entrant, or Amerasian, a victim of trafficking or has an Iraqi or Afghan special immigration status; or
  - Is a lawfully residing veteran or active duty in the armed forces; including spouses or children
  - Certain battered spouses and children, un-remarried surviving spouse/child, un-remarried surviving spouse, VAWAs. (Battered spouses and children do not have to meet the 5 Year Bar under a state exemption that applies only for Medicaid.)
- (3) Lawfully residing pregnant woman or child under 21,
- (4) Certain American Indians born abroad,
- (5) Member of a federally recognized Indian tribe,
- (6) Individual receiving SSI on or after August 22, 1996
- (7) Certain individuals receiving federal foster care (although with the current state plan, these individuals will already be eligible as lawfully present children under 21)

Presumptive Eligibility Determiners (PEDs)

Presumptive Eligibility Determiners (PEDs)

- PE may only be granted by certified PE Determiners (PEDs)
- Must meet PED certification requirements
- Required to maintain applicant confidentiality
- Adhere to the Health Insurance Portability and Accountability Act (HIPAA) Privacy rules
- Must meet PED performance standards (Presumptive Eligibility Determiner Agreement Form MAD219)
- PEDs must keep MAD staff updated with current contact information

  (If any contact information changes submit MAD217 to PE Program staff)

Presumptive Eligibility Determiners (PEDs) cont.

- Utilize YESNM-PE
  (Your Eligibility System New Mexico for Presumptive Eligibility)
- Utilize the Portal (New Mexico Medicaid Portal)
- Submit determination documents to HSD for auditing
- Ongoing Medicaid coverage:
  - Ask
  - Assist
  - Submit
- Manually determine PE eligibility (in extreme instances)

PE and On-going Medicaid

When screening anyone for PE or assisting with the submission of an ongoing Medicaid application, you will need to know:

1. Which household members are applicants – meaning who is asking to receive and use benefits
2. What is the citizenship or immigration status of the applicants? (Only individuals seeking benefits are required to provide this information) Some information PEDs gather include:
    a. Whether the applicant is a citizen or immigrant, and what is the immigration status that the person seeking benefits is attesting to?
    b. What is the person's date of entry and grant date?
    c. What is the person's immigration identification number ("A" number or I-94 Number)?
3. What are the rules for the Medicaid category of eligibility for which they may qualify?

PE and On-going Medicaid (cont.)

4. For Presumptive Eligibility Medicaid:
   a. Apply the immigrant eligibility rules of the medical assistance program to the facts known about the person to determine if the individual is presumptively eligible for a Medicaid category.
5. For an ongoing Medicaid application:
   a. For individuals requesting benefits, include on the application:
      - the individual's immigration status
      - the date of entry and grant date and
      - the immigration identification number
   b. If the individual has a copy of the non-citizen/immigration document(s), make a copy and upload or attach the copy to the application.

An applicant may not have proof of their attested immigration status at the time of their PE screening or when applying for ongoing Medicaid. However, lack of such proof shall not be the basis for denying or delaying PE determinations as PEDs may not request such verifications.

Individuals applying for ongoing Medicaid who have not supplied proof of their attested status will be sent a HUMAD to request the proof. Providing they meet all other eligibility requirements, they will also be approved for the 90 day reasonable opportunity period.

Facilitating a Smooth Application Process for Immigrant Families

PEDs have an obligation to assist all Medicaid applicants, including immigrants, and must always consider the following:

- Protecting Privacy
- Language Access
- Mixed Status Families
- Requests for SSNs/Immigration Status
- Public Charge Concerns
- Documenting Income
- Determining State Residency
- Non-Reporting To Immigration Authorities

Protecting Privacy

- Applying for public benefits is an intimidating experience for many immigrants.
- PEDs should take all reasonable steps to make applicants feel at ease and protect their privacy.
- PEDs should take affirmative steps to make applicants feel secure in application process.
- Even if a PED does not think someone will be eligible for Medicaid, the PED should help complete and submit the individual's application.

Protecting Confidentiality

To make families comfortable:

- Explain why you need information
  - (e.g. why you need income information for the whole household, including non-applicants)
- Only ask for information you need
  - (e.g. only ask for SSN/immigration status information for family members applying for benefits)
- Help applicants figure out how to get the information they need
  - (e.g. immigrant identification number, or to prove income if they are paid in cash)

Entities

- A qualified hospital that participates as a provider under the Medicaid state plan or a Medicaid 1115 demonstration, and has elected to make presumptive eligibility determinations, and agrees to make PE determinations consistent with state policies and procedures;
- A qualified hospital that has not been disqualified by the Medicaid agency for failure to make PE determinations in accordance with applicable state policies and procedures;
- A federally qualified health center, an Indian Health Center facility, a Department of Health clinic, a school, a Children Youth and Families Department Child Care Bureau staff member, a primary care provider who is contracted with at least one HSD contracted MCO, a head start agency, or staff at New Mexico Department of Corrections facilities, County Detention Centers and Jails;
- Other entities HSD has determined as an eligible PE participant.

Training and Certification

- Participate in training

- Test
  - Score 90% or higher
  - 24 hours to take test
  - 30 questions on test

If a 90% score is not achieved you will have to take a second test.

  - Score 90% or higher
  - 24 hours to take test
  - 30 questions on test

- Fail second test - Must take training again
- Pass test - Sign the Presumptive Eligibility Determiner Agreement Form (MAD219)
- Given unique PED number

Performance Standards

- 100% of PE screening results submitted to HSD/MAD for auditing purposes
- PE Determiners will encourage all PE applicants to seek ongoing Medicaid eligibility
- 90% of applications received result in an approval of ongoing Medicaid eligibility
- Utilize the New Mexico Medicaid Portal or the Automatic Voice Response System (AVRS) to verify current individual eligibility and/or enrollment status
- Unless a system error or power outage necessitates the use of the manual screening process, PEDs must
- Utilize the New Mexico Medicaid electronic PE screening tool, YESNM-PE, to screen for PE; submit PE screening applications and ongoing Medicaid; and enter all PE approvals
- In instances where a fax approval is submitted, the PED must use the Presumptive Eligibility Approval form (MAD 070; Rev 10/24/2017) for the submission.
- PEDs must submit the PE approval on the day of the PE determination

CORRECTIVE ACTION PLAN

Step 1	Verbal Warning: Performance Evaluation/Coaching
Step 2	Written Warning
Step 3	Suspension
Step 4	Dismissal or Termination

Step 1: Verbal Warning: Performance Evaluation/Coaching

- Review PED Performance Standard Requirements
- HSD/MAD staff will verbally communicate or email the performance evaluation to the PED
- Identify the PED's performance issues
- Outline future work performance expectations
- Discuss ways to provide additional support or training
- Follow-up with PED with updates to let him/her know if work is improving

Step 2: Written Warning

HSD/MAD staff will supply the PED with a written performance improvement plan describing:

- Specific performance expectations/results the PED must meet
- Specific steps the PED must take to improve his/her performance
- The support to be provided by HSD/MAD PE Program staff
- The date(s) by which the improvement must occur

Step 3: Suspension

A suspension is a defined period of time that the PED will not be allowed to determine presumptive eligibility for applicants.

- HSD/MAD PE Program Staff will:
- Identify the reason for the suspension
- Notify the PED of the action plan for reinstatement
- Identify time frame in which PED must retake PED training and pass with a minimum comprehension score of 90%

PED will:

- Complete the PED Certification Training
- Pass the PED Training Test with a minimum score of 90%
- Re-complete the PED Agreement and agree to all terms and conditions of the agreement

Step 4: Dismissal or Termination

- Any PED who has not satisfactorily met performance standards as outlined in the PED Agreement and who has failed to meet the requirements of the Correction Action Plan will be terminated
- Termination of a PED after the three-step correction action plan will make the PED ineligible to be recertified for a minimum of one year after the date of dismissal or termination
- After a time span of one year (termination or dismissal), the PED may be eligible to begin the recertification process of becoming an active PED

Any PED who violates client confidentially or privacy or manipulates client information in any way that might result in an incorrect PE determination will automatically be terminated as a PED. Such infractions are not eligible for coaching or participation in the corrective action plan.

Presumptive Eligibility Determiner Specialty Types

Presumptive Eligibility Determiner Specialty Types

- Presumptive Eligibility Determiners –
  - Specialty Type 170 (Doctor offices, school health centers, behavioral health organizations, community organizations, 3rd party contractors and Department of Health Employees)

- Presumptive Eligibility Determiners –
  - Specialty Type 171 (hospitals, IHS hospitals and clinics, jails, prisons and detention centers

Presumptive Eligibility Specialty Type 170

(Doctors offices, school health centers, behavioral health organizations, community organizations, 3rd party contractors and Department of Health Employees)

COE	COE Description	Federal Poverty Level (FPL)
300	Full Medicaid for Pregnant Women	0% up to Fixed Dollar Amount (Approx. 46% FPL)
301	Pregnancy-Related Services Only	47% up to 250% FPL
400	Children Ages 0-5	0% up to 200% FPL
401	Children Ages 6-18	0% up to 138% FPL
402	Children Ages 0-5	200% up to 240% FPL
403	Children Ages 6-18	138% up to 190%
420	CHIP Ages 0-5	240% up to 300% FPL
421	CHIP Ages 6-18	190% up to 240% FPL
A 5% income disregard may apply to some COEs in some instances.		

Presumptive Eligibility Specialty Type 171

(hospitals, IHS hospitals and clinics, jails, prisons and detention centers)

COE	COE Description	Federal Poverty Level (FPL)
100	Other Adults	0% up to 133% FPL
200	Parent Caretakers	0% up to Fixed Dollar Amount (Approx. 46% FPL)
300	Full Medicaid for Pregnant Women	0% up to Fixed Dollar Amount (Approx. 46% FPL)
301	Pregnancy-Related Services Only	47% up to 250% FPL
400	Children Ages 0-5	0% up to 200% FPL
401	Children Ages 6-18	0% up to 138% FPL
402	Children Ages 0-5	200% up to 240% FPL
403	Children Ages 6-18	138% up to 190%
420	CHIP Ages 0-5	240% up to 300% FPL
421	CHIP Ages 6-18	190% up to 240% FPL
A 5% income disregard may apply to some COEs in some instances.		

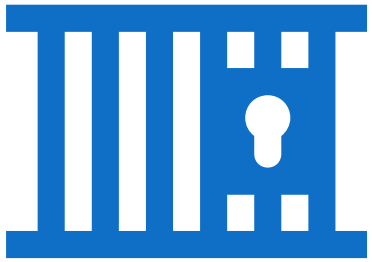
Presumptive Eligibility Determiner Specialty Types

REGARDLESS of Specialty Type, ALL Presumptive Eligibility Determiners:

- Must adhere to the same training, certification and performance standards
- May submit ongoing Medicaid applications for any ACA categories of eligibility

JUST Health Program

Justice-Involved Utilization of State-Transitioned Healthcare



What is JUST Health?

Senate Bill 42 signed into law by Governor Martinez in 2015
Goal to ensure Medicaid-eligible justice-involved individuals have timely access to health care services when released from prison or jail by implementing the following elements:

- Incarceration shall not be a basis to terminate or deny Medicaid Eligibility. A Medicaid-eligible individual will have their Medicaid benefits suspended until they are released.
- An individual not enrolled in Medicaid at the time of incarceration may apply while incarcerated.
- Upon release, the individual's Medicaid benefits will be reinstated provided they still meet eligibility guidelines. This allows the individual immediate access to Medicaid-covered services.
- Mandates prisons and jails to notify the Medicaid agency when an enrollee is incarcerated and when the inmate is released.

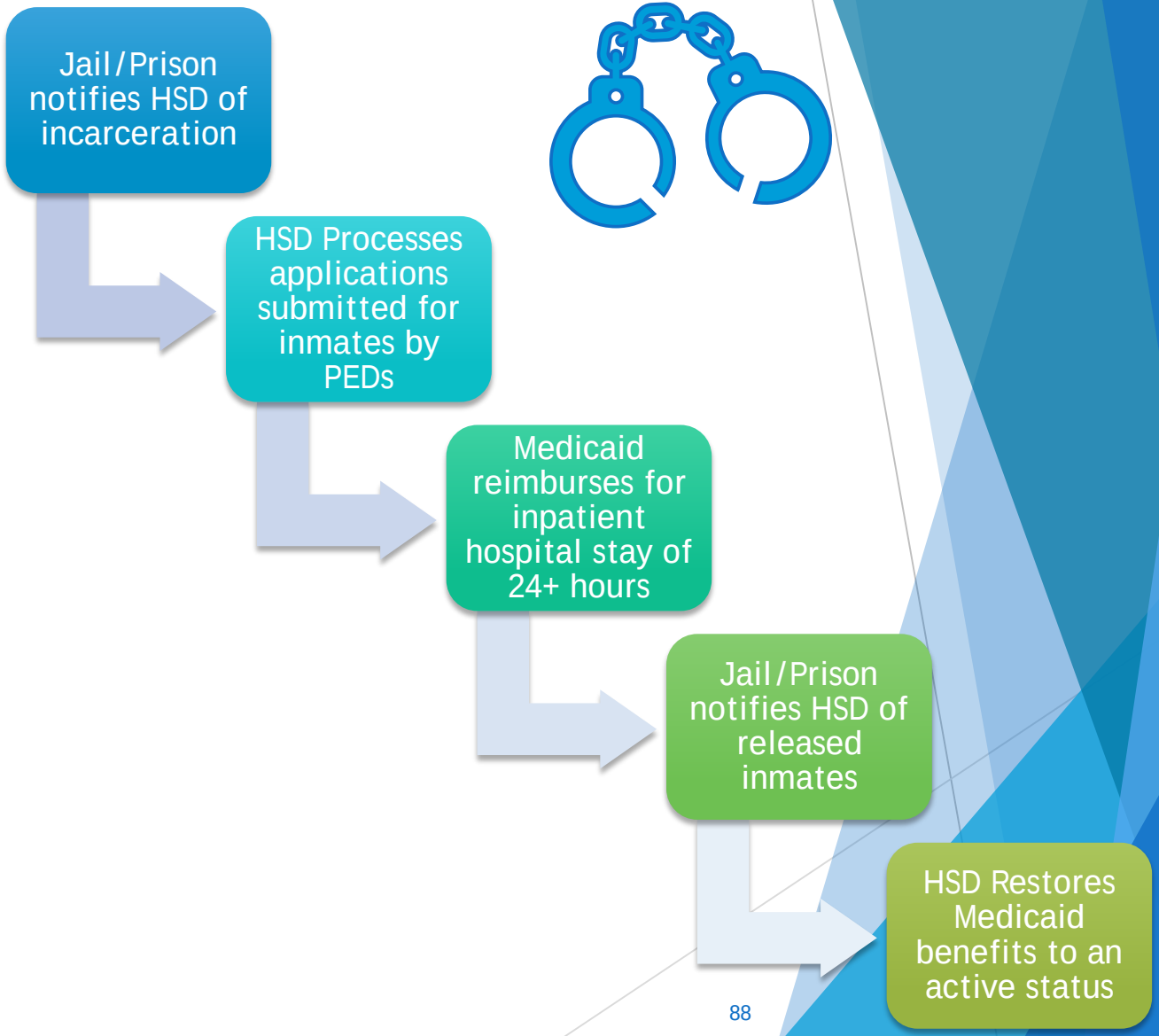
House Bill 19 signed into law by Governor Martinez in 2018
Amendment to that reiterated 4 key elements of SB42 and added:

- Requires HSD and the facilities to link inmates in Centennial Care with care coordination prior to release (when allowed by federal waiver).
- Requires HSD/BHSD to provide a BH screening tool to county facilities.

How JUST Health Works

- JUST Health requires a partnership between HSD and the detention facilities.
- These partner facilities notify HSD of incarceration dates and release dates for incarcerated individuals.
- Electronic reports are provided to HSD daily.

- Presumptive Eligibility Determiners located in jails and prisons assist incarcerated individuals with Medicaid applications and submit the application for them.
- Applications are processed by Medical Assistance Division.



JUST Health - Suspensions

- Individuals who have been determined eligible and are **released within 30 days** of their incarceration date will not have a suspension of benefits.
  - These individuals will have access to all Medicaid-covered benefits available under their determined Medicaid category of eligibility upon their release (i.e. prescription medication, primary care physician, BH services). Suspension of benefits does not occur, since they are not defined as "inmates" per program policy.

- Individuals who are incarcerated **for more than 30 days** will have their benefits in a suspended status.
  - When benefits are suspended, the only Medicaid-covered service is for inpatient hospital treatment (requiring a hospital admission of longer than 24 hours). These inpatient hospital services are generally covered services through the Medicaid Fee-For-Service (FFS) program if the facility has an agreement with HSD. This is known as Short Term Medicaid for Incarcerated Individuals (STMII). ****Medicaid will only pay for STMII claims if the service is a Medicaid covered service****

Short Term Medicaid for Incarcerated Individual (STMII) Program

- The incarcerated individual must be approved for Medicaid and have benefits suspended in order for STMII to pay for inpatient hospital stay's over 24 hours
- Inpatient hospital service must be a Medicaid covered service for Medicaid to pay for the inpatient hospital claim
- The individual may be eligible for STMII multiple times a year.
- The individual may apply for Medicaid after he/she returns back to the correctional facility and is not covered on Medicaid.
- STMII is only covered for correctional facilities who have a GSA contract with HSD **(contact MAD PE Program Staff if you have any questions about STMII)**

Screening for Presumptive Eligibility

Categories of Eligibility (COEs) and Income

New Mexico Medicaid Categories Eligible for Presumptive Eligibility

- Category 100 – Medicaid for Other Adults
- Category 200 – Medicaid for Parents/Caretakers
- Category 300 – Pregnancy Medicaid
- Category 301 – Pregnancy-Related Services
- Category 400, 401, 402 and 403 – Regular Children's Medicaid
- Category 420 and 421 – Children's Health Insurance Program

Federal Poverty Levels (FPL)

as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
3	$765	$1,810	$2,408	$2,498	$3,439	$3,620	$4,254	$4,344	$4,525	$5,430	$91.00
4	$923	$2,184	$2,904	$3,013	$4,149	$4,367	$5,131	$5,240	$5,459	$6,550	$110.00
5	$1,080	$2,557	$3,401	$3,529	$4,858	$5,114	$6,009	$6,137	$6,392	$7,671	$128.00
6	$1,238	$2,930	$3,897	$4,044	$5,567	$5,860	$6,886	$7,032	$7,325	$8,790	$147.00
7	$1,395	$3,304	$4,394	$4,559	$6,277	$6,607	$7,763	$7,928	$8,259	$9,910	$166.00
8	$1,553	$3,677	$4,890	$5,074	$6,986	$7,354	$8,641	$8,825	$9,192	$11,031	$184.00
+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

5% Disregard

Category	Name	% FPL/ Fixed Dollar Amount	Disregard Applies
100	Adult Group	133%	Yes
200	Parent Caretaker	Fixed Dollar Amount	If 65 or older or a Medicare recipient
300	Full Coverage for Pregnant Women	Fixed Dollar Amount	Yes
301	Pregnancy Services Only	250%	Yes
400	0-5 Children Medicaid	200%	No
401	6-18 Children Medicaid	138%	No
402	0-5 Children Medicaid	240%	If other QHP coverage
403	6-18 Children Medicaid	190%	If other QHP coverage
420	0-5 CHIP	300%	Yes
421	6-18 CHIP	240%	Yes

Federal Poverty Levels (FPL) with 5% Disregard
as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
3	$765	$1,810	$2,408	$2,498	$3,439	$3,620	$4,254	$4,344	$4,525	$5,430	$91.00
4	$923	$2,184	$2,904	$3,013	$4,149	$4,367	$5,131	$5,240	$5,459	$6,550	$110.00
5	$1,080	$2,557	$3,401	$3,529	$4,858	$5,114	$6,009	$6,137	$6,392	$7,671	$128.00
6	$1,238	$2,930	$3,897	$4,044	$5,567	$5,860	$6,886	$7,032	$7,325	$8,790	$147.00
7	$1,395	$3,304	$4,394	$4,559	$6,277	$6,607	$7,763	$7,928	$8,259	$9,910	$166.00
8	$1,553	$3,677	$4,890	$5,074	$6,986	$7,354	$8,641	$8,825	$9,192	$11,031	$184.00
+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

COE 100 – Medicaid for Other Adults

- Must be 19-64 years old who are not pregnant
- May not be enrolled in or be eligible for Medicare coverage
- May have other health coverage
- Income must be below 133% of the FPL

  (5% disregard may apply)
- Alternative Benefit Plan (ABP)

Federal Poverty Levels (FPL)

as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
3	$765	$1,810	$2,408	$2,498	$3,439	$3,620	$4,254	$4,344	$4,525	$5,430	$91.00
4	$923	$2,184	$2,904	$3,013	$4,149	$4,367	$5,131	$5,240	$5,459	$6,550	$110.00
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8	$1,553	$3,677	$4,890	$5,074	$6,986	$7,354	$8,641	$8,825	$9,192	$11,031	$184.00
+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

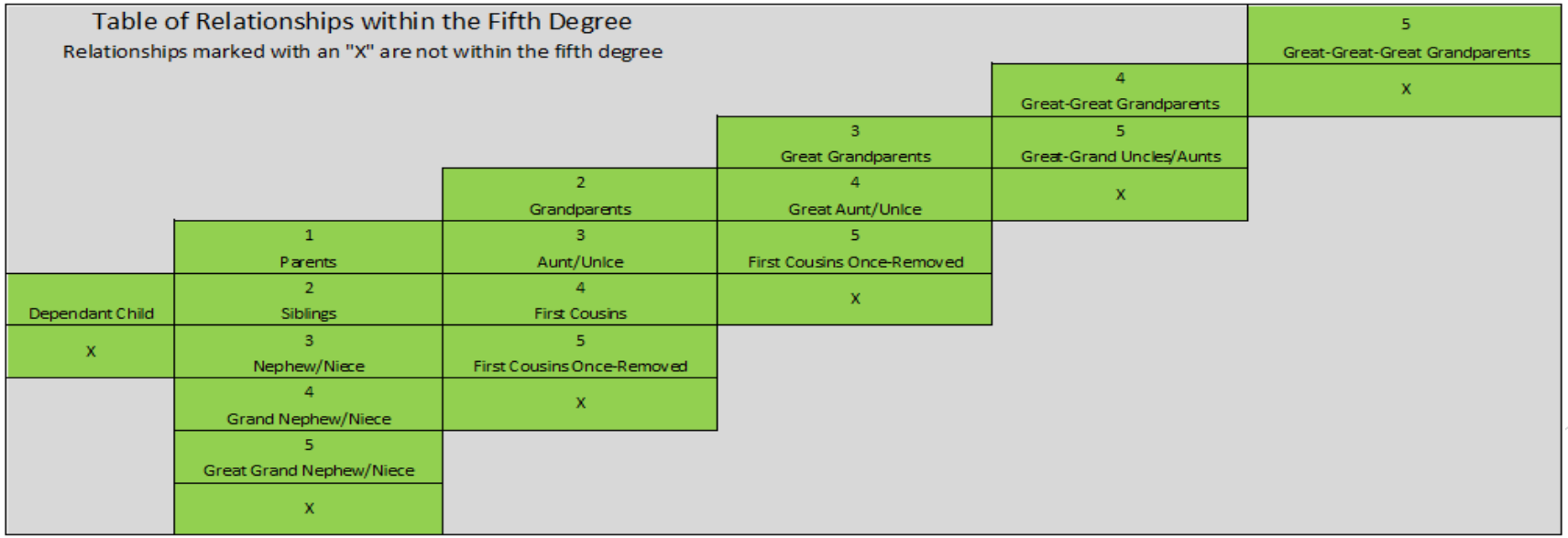
Alternative Benefit Plan (ABP)

- Ambulatory patient services
- Prescription drugs
- Emergency services
- Rehabilitative and habilitative services/devices
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Preventive services and chronic disease management
- Behavioral health care (including substance abuse)
- Pediatric services (oral and vision for 19 & 20 year olds)
- Medically-necessary services for 19 and 20 year olds add (EPSDT – includes oral/vision care)
- Non-emergency transportation
- Dental Services (preventative and maintenance)

Category 200 – Medicaid for Parent / Caretakers

A qualifying factor for Parent/Caretaker Medicaid, the individual shall meet one of the two requirements below:

1. Must be a parent, step-parent or adoptive parent of a child who resides in the same household.
2. Relative(s) within the fifth degree of relationship when the parent(s) do not live with the child.
   - Relative does not have to have legal custody of child.
3. Relative(s) within the fifth degree of relationship when the parent(s) live in the same household.
   - Relative must have legal custody of child.



Category 200 – Medicaid for Parent / Caretakers

- Must be 19 years of age or older
- May have other health coverage
- Income must be below the Fixed Dollar Amount.
  - 5% disregard may apply for individuals 65 or older or a Medicare recipient.
- Full Medicaid coverage

2020 PERCENTAGE OF FEDERAL POVERTY LEVEL

Household Size	Fixed Standard	100%	133%	138%
1	$451	$1,041	$1,385	$1,437
2	$608	$1,410	$1,875	$1,945
3	$765	$1,778	$2,365	$2,453
4	$923	$2,146	$2,854	$2,962
5	$1,080	$2,515	$3,344	$3,470
6	$1,238	$2,883	$3,834	$3,978
7	$1,395	$3,251	$4,324	$4,487
8	$1,553	$3,620	$4,814	$4,995
+1	$158	$369	$490	$508

5% Disregard

Category	Name	% FPL/ Fixed Dollar Amount	Disregard Applies
100	Adult Group	133%	Yes
200	Parent Caretaker	Fixed Dollar Amount	If 65 or older or a Medicare recipient
300	Full Coverage for Pregnant Women	Fixed Dollar Amount	Yes
301	Pregnancy Services Only	250%	Yes
400	0-5 Children Medicaid	200%	No
401	6-18 Children Medicaid	138%	No
402	0-5 Children Medicaid	240%	If other QHP coverage
403	6-18 Children Medicaid	190%	If other QHP coverage
420	0-5 CHIP	300%	Yes
421	6-18 CHIP	240%	Yes

Federal Poverty Levels (FPL)

as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
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8	$1,553	$3,677	$4,890	$5,074	$6,986	$7,354	$8,641	$8,825	$9,192	$11,031	$184.00
+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

Pregnancy Medicaid and Pregnancy-Related Services Medicaid (Categories 300 and 301)

- No age restrictions
- One PE determination for each pregnancy
- Proof of pregnancy (self-attestation)
- May have other insurance coverage
- If approved for ongoing, continuous coverage through 2 months post-partum after child is born
- As a new client in their third trimester, applicant may continue to see existing OB/GYN provider

5% Disregard

Category	Name	% FPL/ Fixed Dollar Amount	Disregard Applies
100	Adult Group	133%	Yes
200	Parent Caretaker	Fixed Dollar Amount	If 65 or older or a Medicare recipient
300	Full Coverage for Pregnant Women	Fixed Dollar Amount	Yes
301	Pregnancy Services Only	250%	Yes
400	0-5 Children Medicaid	200%	No
401	6-18 Children Medicaid	138%	No
402	0-5 Children Medicaid	240%	If other QHP coverage
403	6-18 Children Medicaid	190%	If other QHP coverage
420	0-5 CHIP	300%	Yes
421	6-18 CHIP	240%	Yes

Category 300 – Pregnancy Medicaid

- Full Medicaid benefits
- Income must be under Fixed Dollar Amount*
  - *5% of 100% of FPL income disregard may apply

Category 301 – Pregnancy-Related Services Medicaid

- Pregnancy Related Services
- 47% - 250% FPL*
- *5% of 100% of FPL income disregard may apply

COE 300 – Federal Poverty Levels (FPL)

as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
3	$765	$1,810	$2,408	$2,498	$3,439	$3,620	$4,254	$4,344	$4,525	$5,430	$91.00
4	$923	$2,184	$2,904	$3,013	$4,149	$4,367	$5,131	$5,240	$5,459	$6,550	$110.00
5	$1,080	$2,557	$3,401	$3,529	$4,858	$5,114	$6,009	$6,137	$6,392	$7,671	$128.00
6	$1,238	$2,930	$3,897	$4,044	$5,567	$5,860	$6,886	$7,032	$7,325	$8,790	$147.00
7	$1,395	$3,304	$4,394	$4,559	$6,277	$6,607	$7,763	$7,928	$8,259	$9,910	$166.00
8	$1,553	$3,677	$4,890	$5,074	$6,986	$7,354	$8,641	$8,825	$9,192	$11,031	$184.00
+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

COE 301 – Federal Poverty Levels (FPL)

as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
3	$765	$1,810	$2,408	$2,498	$3,439	$3,620	$4,254	$4,344	$4,525	$5,430	$91.00
4	$923	$2,184	$2,904	$3,013	$4,149	$4,367	$5,131	$5,240	$5,459	$6,550	$110.00
5	$1,080	$2,557	$3,401	$3,529	$4,858	$5,114	$6,009	$6,137	$6,392	$7,671	$128.00
6	$1,238	$2,930	$3,897	$4,044	$5,567	$5,860	$6,886	$7,032	$7,325	$8,790	$147.00
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8	$1,553	$3,677	$4,890	$5,074	$6,986	$7,354	$8,641	$8,825	$9,192	$11,031	$184.00
+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

Categories 400, 401, 402, and 403 – Children's Medicaid

- May have other health insurance coverage
- No penalty for a voluntary drop of other coverage
- 12 months of continuous eligibility
- Full Medicaid benefits for children up to age 19

Category 400, 401, 402, and 403 – Children's Medicaid

Regular Medicaid for Children - COEs 400, 401, 402 & 403		
Category	Age	Income Guideline
400	0 - 5	Up to 200% of the FPL
401	6 - 18	Up to 138% of the FPL
402	0 - 5	200% - 240% of the FPL*
403	6 - 18	138% - 190% of the FPL*
*5% of 100% of FPL income disregard may apply only if child has a Qualified Health Insurance plan		

5% Disregard

Category	Name	% FPL/ Fixed Dollar Amount	Disregard Applies
100	Adult Group	133%	Yes
200	Parent Caretaker	Fixed Dollar Amount	If 65 or older or a Medicare recipient
300	Full Coverage for Pregnant Women	Fixed Dollar Amount	Yes
301	Pregnancy Services Only	250%	Yes
400	0-5 Children Medicaid	200%	No
401	6-18 Children Medicaid	138%	No
402	0-5 Children Medicaid	240%	If other QHP coverage
403	6-18 Children Medicaid	190%	If other QHP coverage
420	0-5 CHIP	300%	Yes
421	6-18 CHIP	240%	Yes

Federal Poverty Levels (FPL)
as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	$451	$1,064	$1,415	$1,468	$2,021	$2,127	$2,499	$2,552	$2,659	$3,190	$54.00
2	$608	$1,437	$1,911	$1,983	$2,730	$2,874	$3,377	$3,449	$3,592	$4,311	$72.00
3	$765	$1,810	$2,408	$2,498	$3,439	$3,620	$4,254	$4,344	$4,525	$5,430	$91.00
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6	$1,238	$2,930	$3,897	$4,044	$5,567	$5,860	$6,886	$7,032	$7,325	$8,790	$147.00
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+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

400	0-5 years	up to 200% of the FPL	402	0-5 years	200% - 240% of the FPL
401	6-18 years	up to 138% of the FPL	403	6-18 years	138% - 190% of the FPL

*5% may apply only if child has a Qualified Health Insurance plan

Category 420 and 421 – Children's Health Insurance Program (CHIP)

Children's Health Insurance Program (CHIP) COEs 420 & 421		
Category	Age	Income Guideline
420	**0 - 5**	**240% - 300% of the FPL***
421	**6 - 18**	**190% - 240% of the FPL***
*5% of 100% of FPL income disregard may apply		

Category 420 and 421 – Children's Health Insurance Program (CHIP)

- Children in families with higher income
- Full Medicaid benefits for children up to age 19
- Children may **NOT** have a qualified health insurance plan (QHP)
- No penalty for a voluntary drop of other coverage
- 12 months of continuous eligibility

5% Disregard

Category	Name	% FPL/ Fixed Dollar Amount	Disregard Applies
100	Adult Group	133%	Yes
200	Parent Caretaker	Fixed Dollar Amount	If 65 or older or a Medicare recipient
300	Full Coverage for Pregnant Women	Fixed Dollar Amount	Yes
301	Pregnancy Services Only	250%	Yes
400	0-5 Children Medicaid	200%	No
401	6-18 Children Medicaid	138%	No
402	0-5 Children Medicaid	240%	If other QHP coverage
403	6-18 Children Medicaid	190%	If other QHP coverage
420	0-5 CHIP	300%	Yes
421	6-18 CHIP	240%	Yes

Federal Poverty Levels (FPL)

as of April 2020

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
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4	$923	$2,184	$2,904	$3,013	$4,149	$4,367	$5,131	$5,240	$5,459	$6,550	$110.00
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+1	$158	$373	$496	$515	$709	$747	$878	$897	$933	$1,121	$19.00

420	0-5 years	240% - 300% of the FPL
421	6-18 years	190% - 240% of the FPL

Electronic Systems to be Utilized by Presumptive Eligibility Determiners

Systems to be Utilized by Presumptive Eligibility Determiners

- New Mexico Medicaid Portal (Maintained by Conduent, the NM Medicaid Fiscal Agent)
  - check individual's eligibility and/or enrollment status

- Your Eligibility System New Mexico for Presumptive Eligibility (YESNM-PE)
  - Screen for PE
  - Grant PE to eligible individuals
  - Enroll individuals in PE coverage
  - Submit applications for an ongoing Medicaid determination
    - Continue application
    - Search applications submitted by PED at other locations
  - Submit additional documents
  - Check client benefits

yes new mexico For PE Determiner

www.yes.state.nm.us

YESNM

Individuals create an account and use it to

- Apply for benefits
- Recertify benefits
- Make changes to case information
- Check status of benefits
- Add a newborn
- MCO Switches
- Request Medicaid ID Cards (Fee For Service Client only)

www.yes.state.nm.us

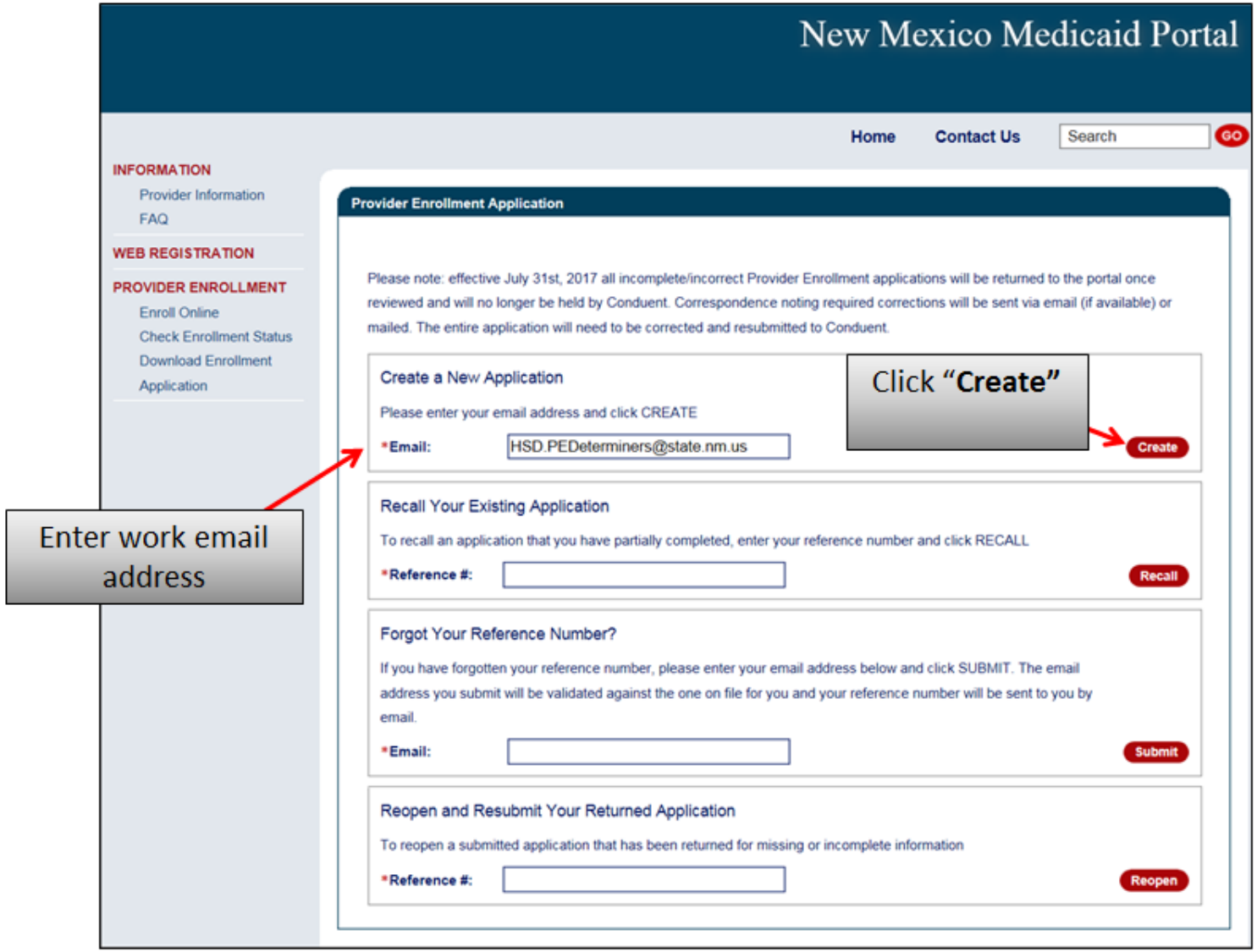
How To……

- Enroll as a Presumptive Eligibility Determiner on the Portal, Sign Presumptive Eligibility Determiner Agreement and Code of Conduct (MAD 219)
- Register as a User on the Portal
- Register as a User on YESNM-PE

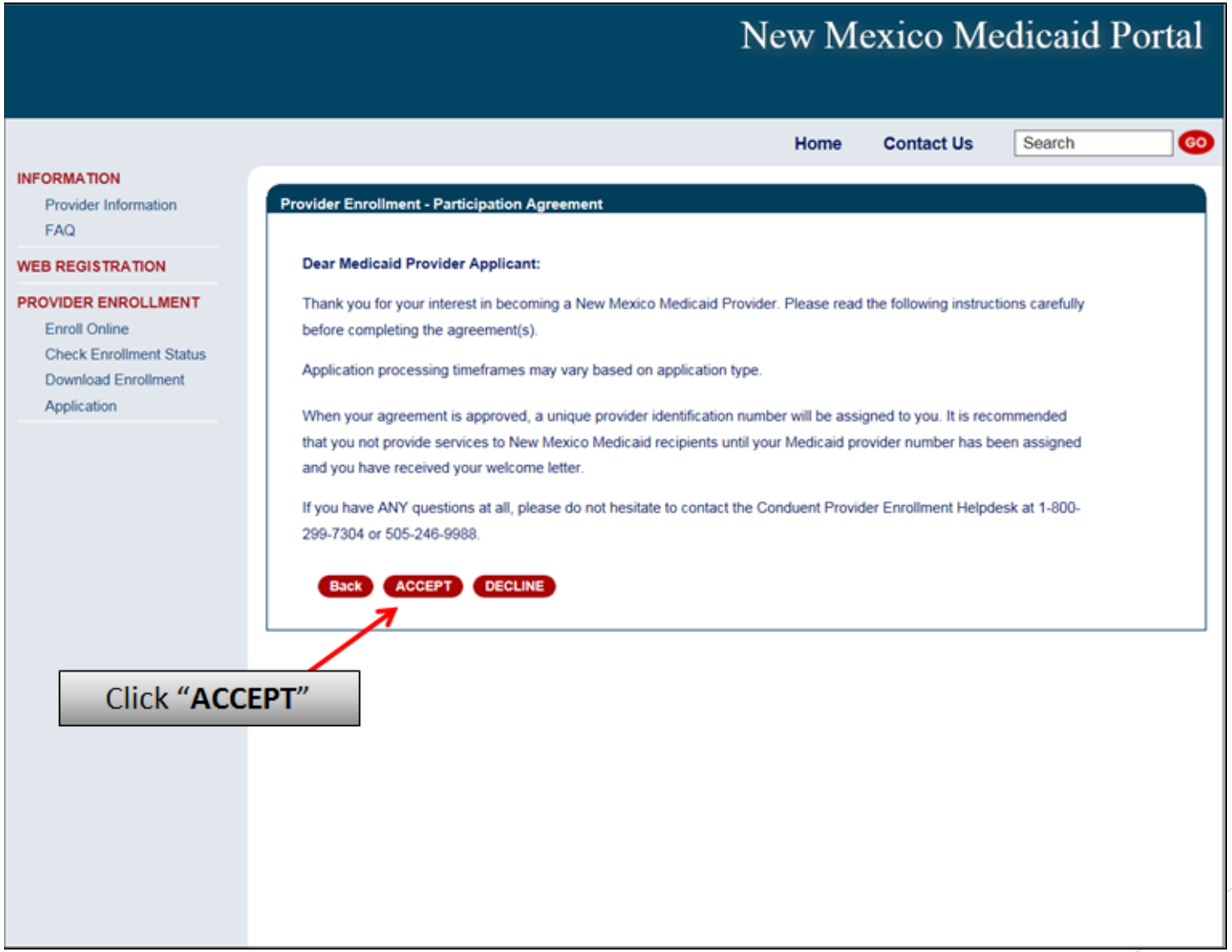
Enrolling in the Portal as a PED

Enrolling as a Presumptive Eligibility Determiner on the Portal

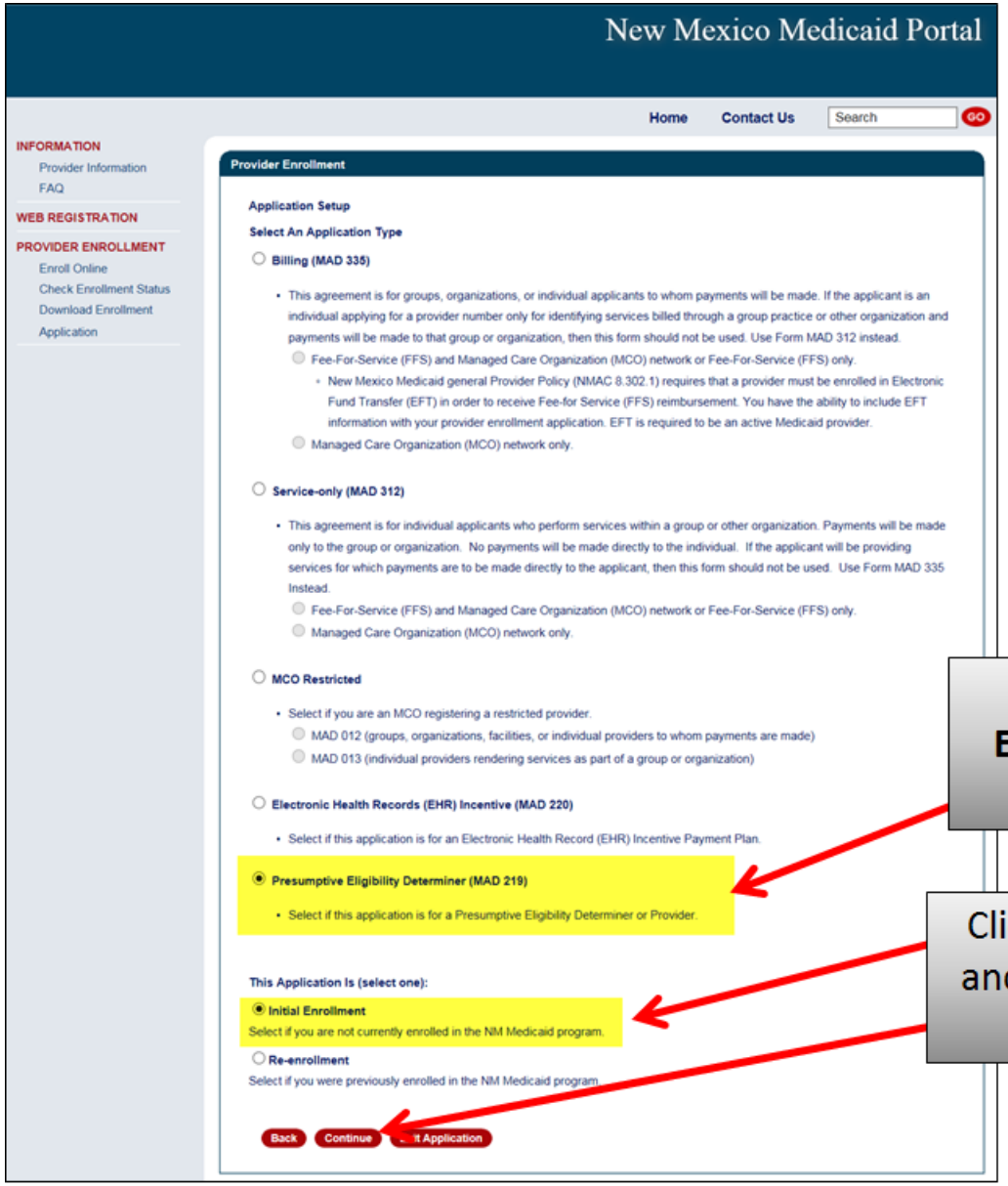
Enrolling as a Presumptive Eligibility Determiner on the Portal cont.



Enrolling as a Presumptive Eligibility Determiner on the Portal cont.



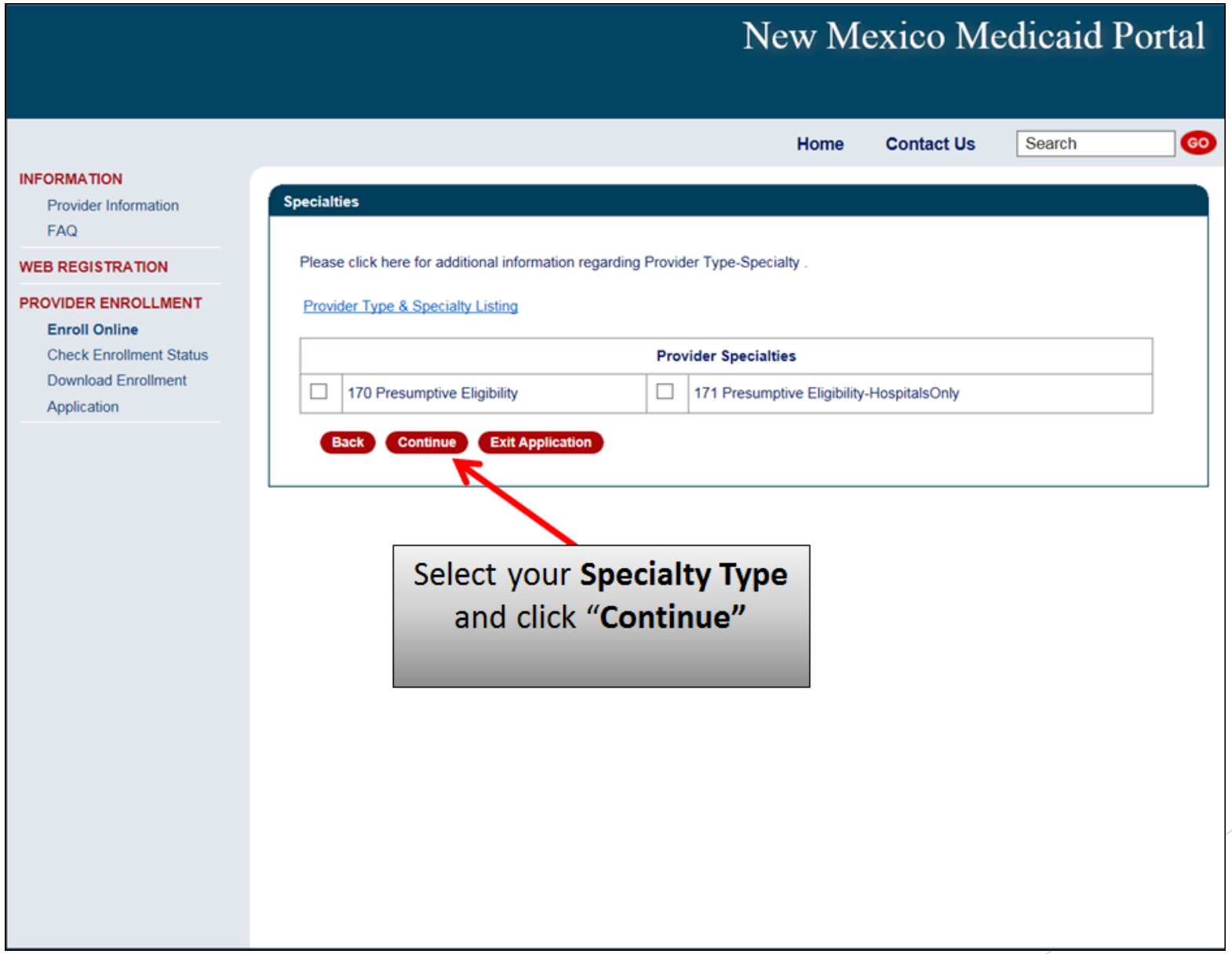
Enrolling as a Presumptive Eligibility Determiner on the Portal cont.



Click "**Presumptive Eligibility Determiner (MAD 219)**"

Click "**Initial Enrollment**" and then click "**Continue**"

Enrolling as a Presumptive Eligibility Determiner on the Portal cont.



Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

Enter **your name** into the PED Agreement

Read through the entire PE Determiner Agreement

Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

After reading the PED Agreement
Click "**Continue**"

- 90% of applications received result in an approval of ongoing Medicaid eligibility
- Utilize the New Mexico Medicaid Portal or the Automatic Voice Response System (AVRS) to verify current individual eligibility and/or enrollment status
- Unless a system error or power outage necessitates the use of the manual screening process, PEDs must
- Utilize the New Mexico Medicaid electronic PE screening tool, YESNM-PE, to screen for PE; submit PE screening applications and ongoing Medicaid; and enter all PE approvals
- In instances where a fax approval is submitted, the PED must use the Presumptive Eligibility Approval form (MAD 070; Rev 10/24/2017) for the submission
- PEDs must submit the PE approval on the day of the PE determination

PROVIDER STATUS AND AGREEMENT

I affirm that I am eligible to participate as PED as I am employed by and physically doing business at an entity that meets the qualifications of a PE Provider location.

I understand that as a PED, I will use HSD's systems, forms and methodology to screen applicants for Medicaid PE. I will also encourage and assist all individuals that I screen for PE to submit an application for ongoing Medicaid coverage.

As a PED, I understand that I am required to maintain client confidentiality and adhere to the Health Insurance Portability and Accountability Act (HIPAA) Privacy rules. Any HIPAA violations, misuse of client information or unethical practices will be grounds for immediate revocation of my status as a qualified PED.

I understand that when I provide application assistance, I am acting solely on behalf of the applicant and not HSD, and I agree to assume all responsibility and liability for protecting case record information, PII and PHI that the applicant provides to me.

I agree to notify HSD within 24 hours of the receipt of any unofficial or unauthorized verbal or written requests for any PII or PHI of applicants.

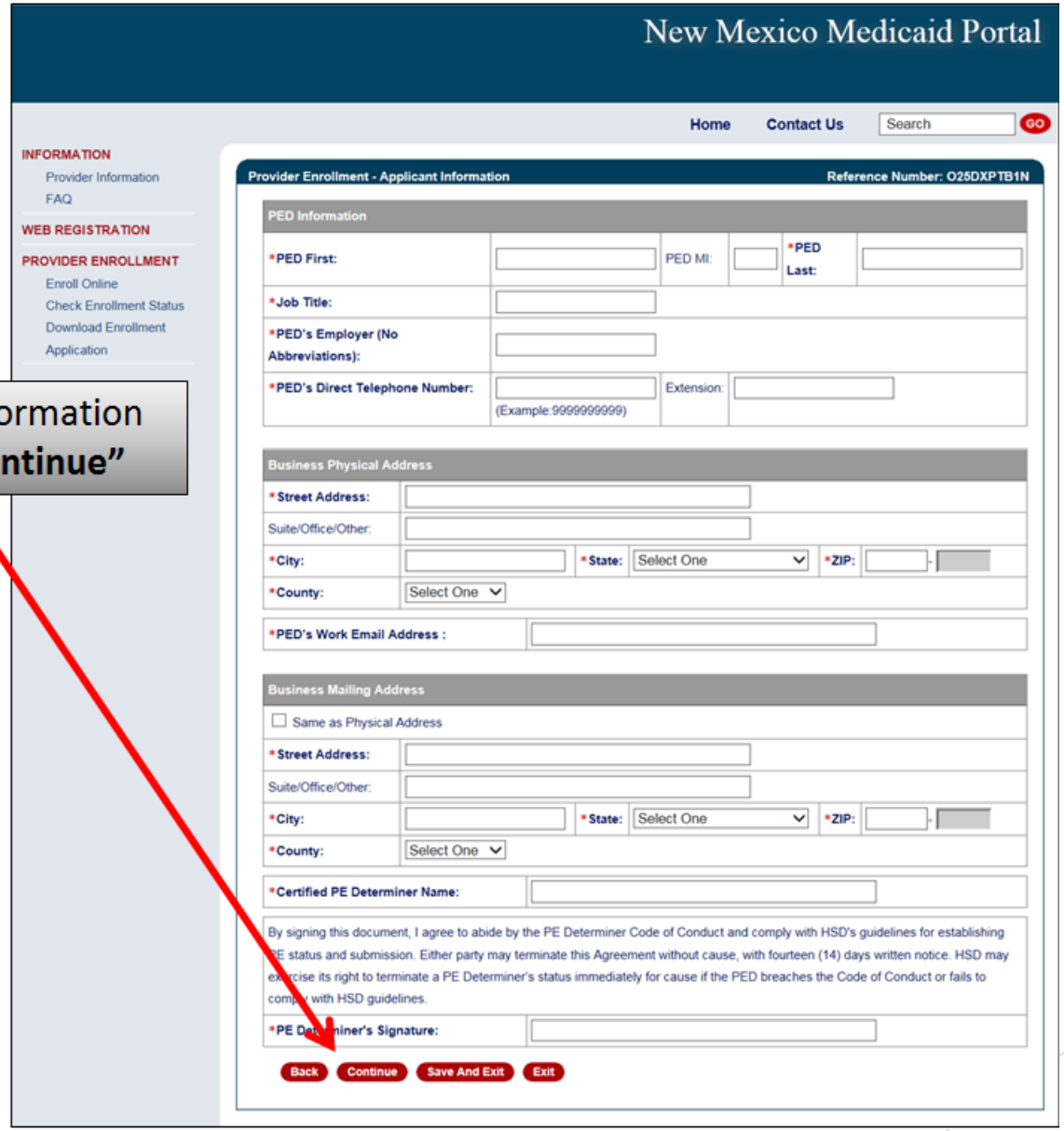
I agree to communicate to HSD any questions or concerns about the security of PII and PHI of applicants, and I agree to notify HSD no later than 24 hours after I become aware of or suspect an actual or possible incident of unauthorized access of PII and PHI, computer security incident, weakness, misuse or violation of any policy related to the security and protection of client and applicant PII and PHI.

I understand that I will not be paid for determining PE and that I cannot bill any additional time included in the office visit for determining PE for applicants. 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 Presumptive Eligibility Determiner Agreement and Code of Conduct. Failure to sign this Agreement 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/MAD.

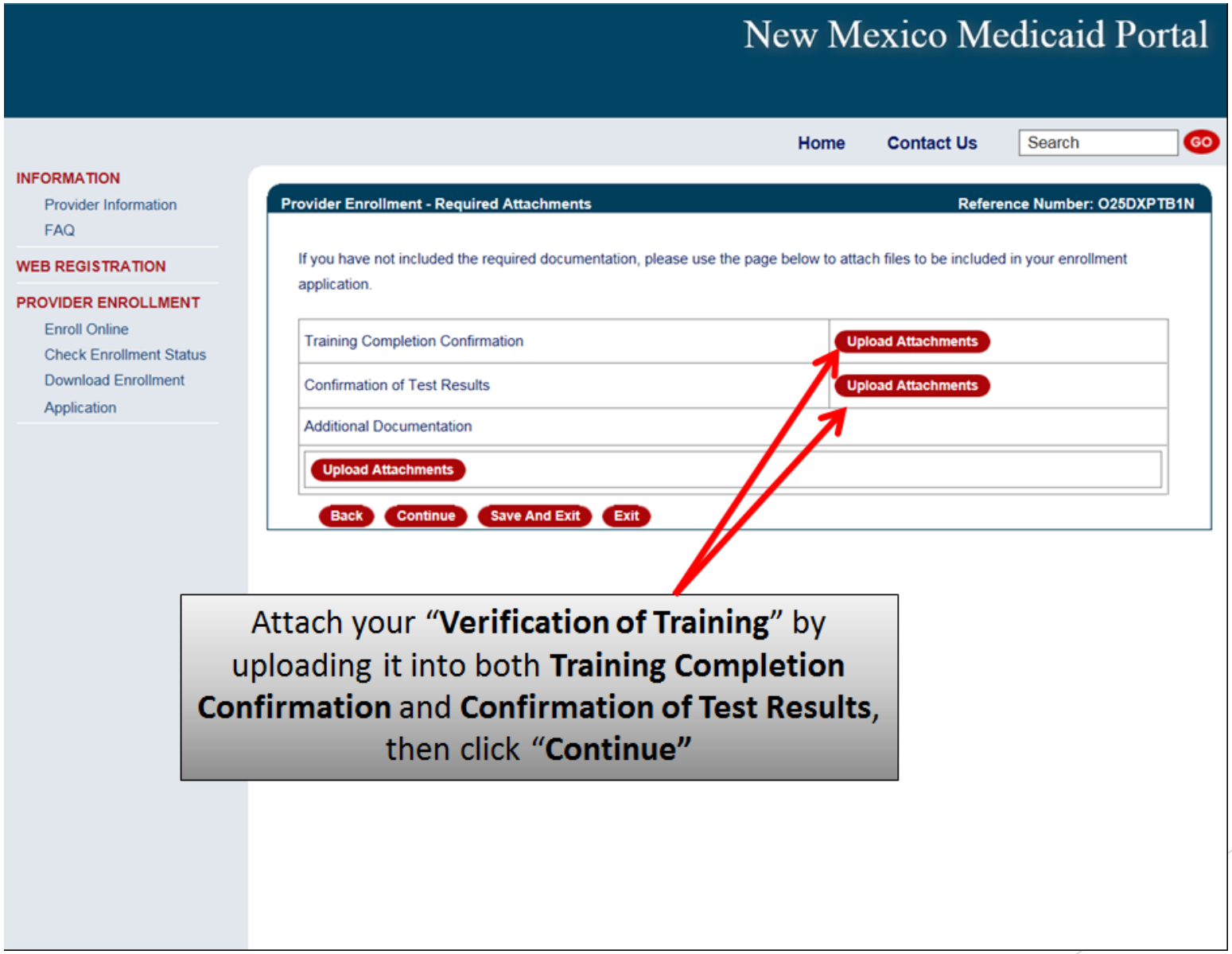
Continue Save And Exit

Enrolling as a Presumptive Eligibility Determiner on the Portal cont.



Enter your information and click "**Continue**"

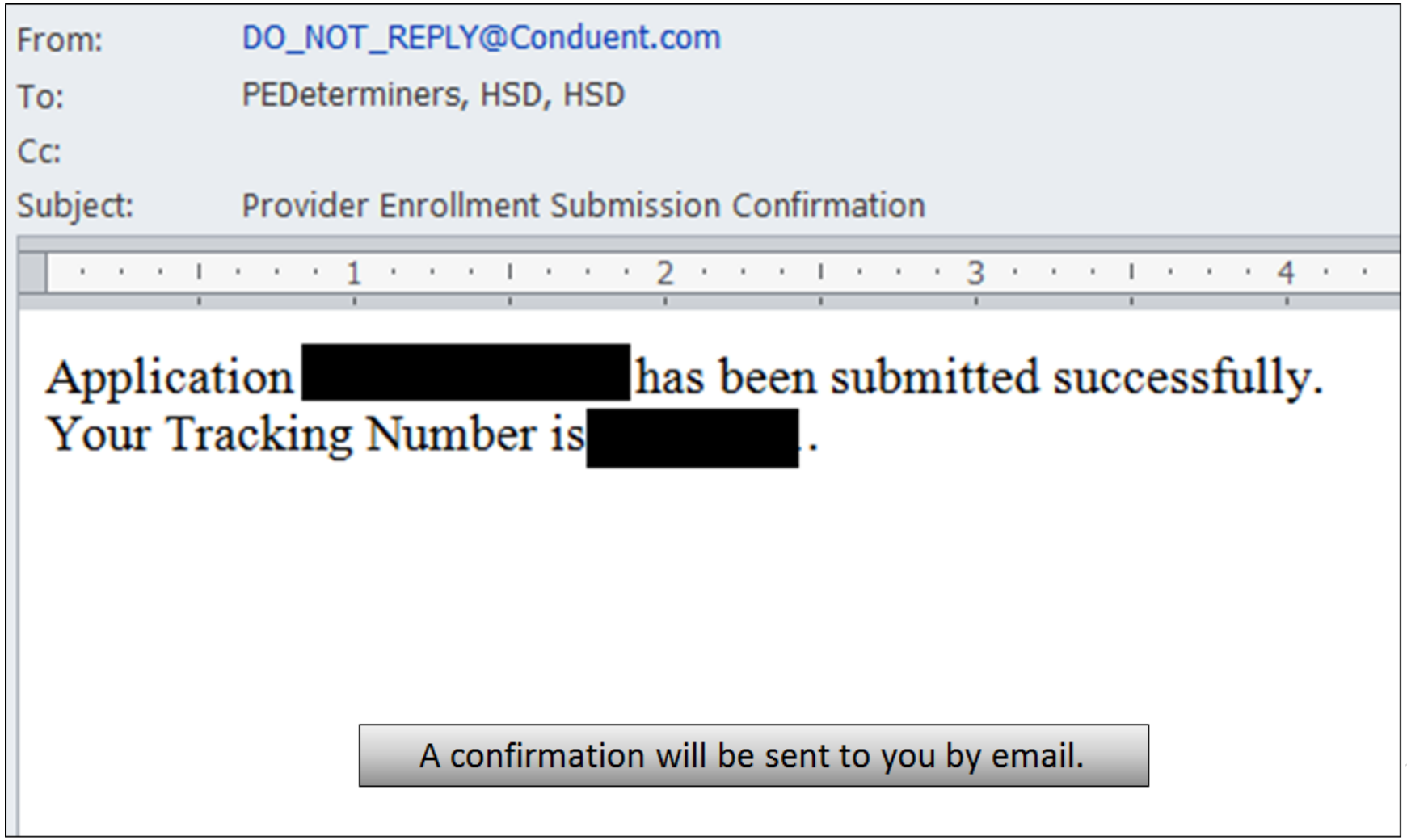
Enrolling as a Presumptive Eligibility Determiner on the Portal cont.



Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

Enrolling as a Presumptive Eligibility Determiner on the Portal cont.


From: DO_NOT_REPLY@Conduent.com

To: PEDeterminers, HSD, HSD

Cc:

Subject: Provider Enrollment Submission Confirmation

Application [redacted] has been submitted successfully.
Your Tracking Number is [redacted].

A confirmation will be sent to you by email.

Registering as a User on the Portal

(https://nmmedicaid.portal.conduent.com/static/index.htm)

New Mexico Medicaid Portal

Recipient/Recipiente | Providers

Recipients

I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

Log in to:

- Check your eligibility
- Ask a Service Representative a Question
- Reprint a 1095-B IRS Form

Click here for the YESNM website in order to:

- Enroll in or change your managed care plan
- Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO)

1095-B Information

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

Entre a:

- Chequear su elegibilidad
- Hacer una pregunta sobre su cobertura
- Reimprimir un 1095-B formulario del IRS

Oprima aqui para el sitio de YESNM a fin de:

- Registrarse o cambiar su plan de cuidado administrativo
- Solicitar una tarjeta de identificación para el programa de pago por servicio de Medicaid (tarjeta azul/no con un plan de cuidado administrativo)

1095-B Informacion

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

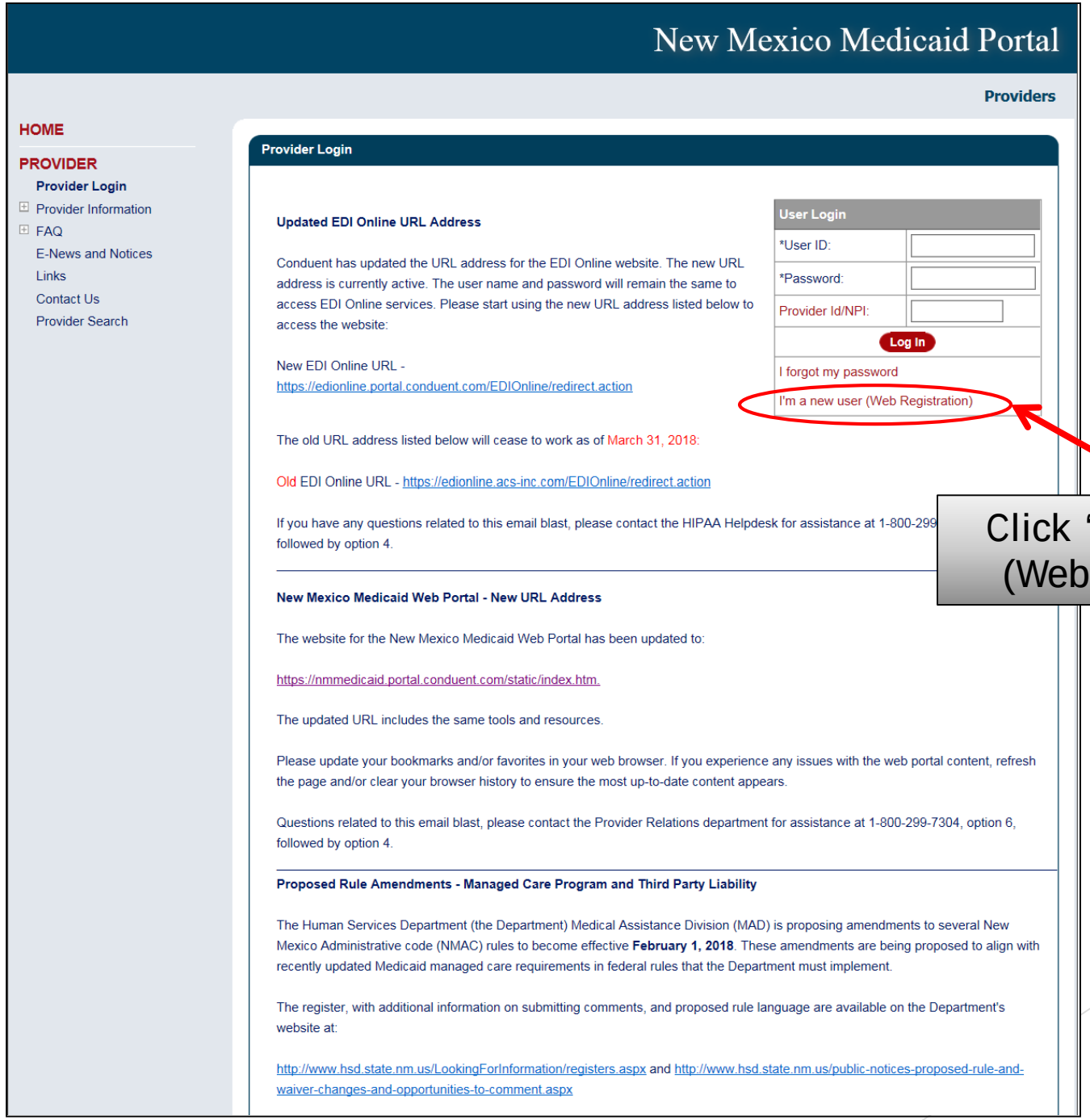
PUBLIC INFORMATION

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

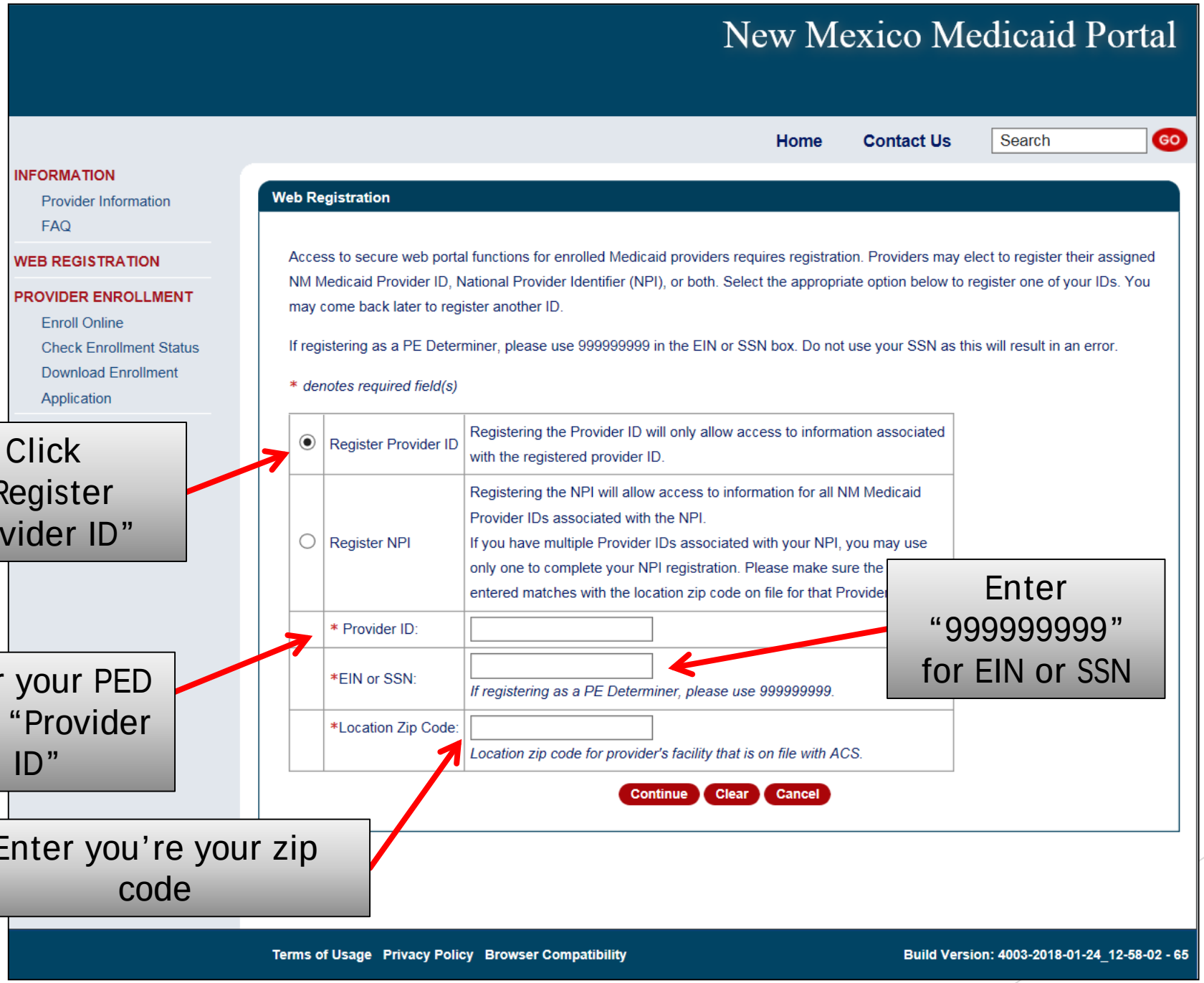
- Provider Online Application
- Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)
- ICD-10 2016 Update
- Training Presentations and Webinars
- Fee Schedules
- New Mexico Medicaid E-News
- Provider Information
- Mi Via & Self-Directed Community Benefit

Terms of Usage | Privacy Policy | Browser Compatibility

Click “Log in to”



Click “I’m a new user (Web Registration)”



Click "Register Provider ID"

Enter your PED # for "Provider ID"

Enter you're your zip code

Enter "999999999" for EIN or SSN

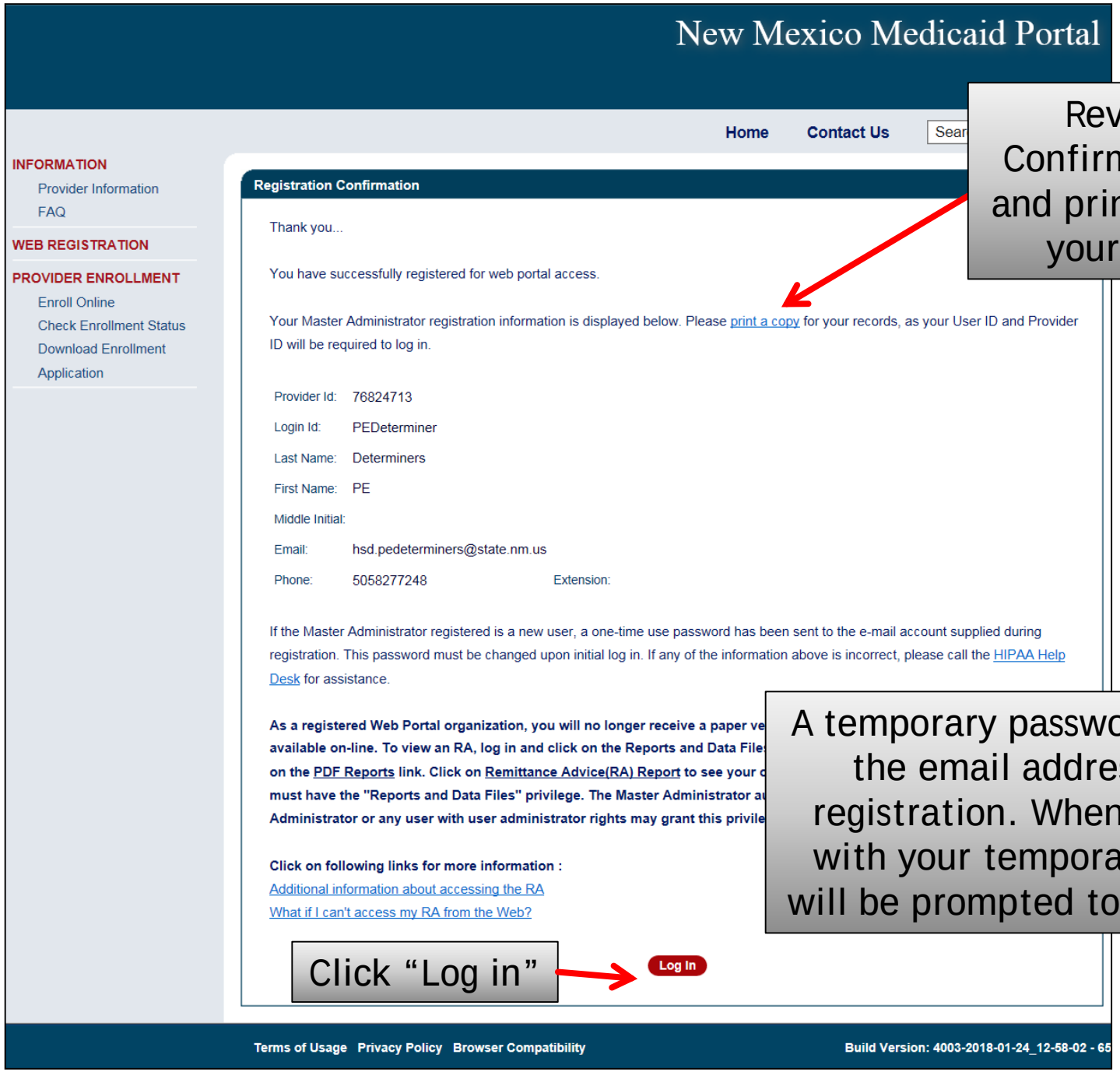
Click “Create a new user to be your Master Administrator”

Create a user ID, then enter name and contact information

Click “Continue”

Confirm the information you entered is correct

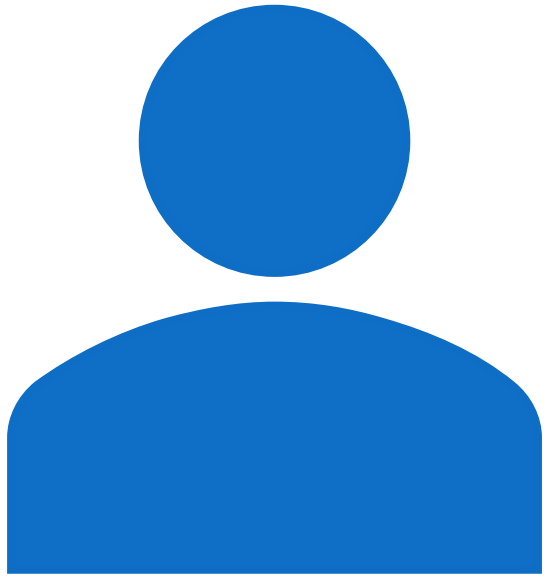
Click "Submit"



Review the Confirmation page and print a copy for your records.

A temporary password will be sent to the email address used during registration. When you first sign in with your temporary password you will be prompted to create your own.

Click “Log in”



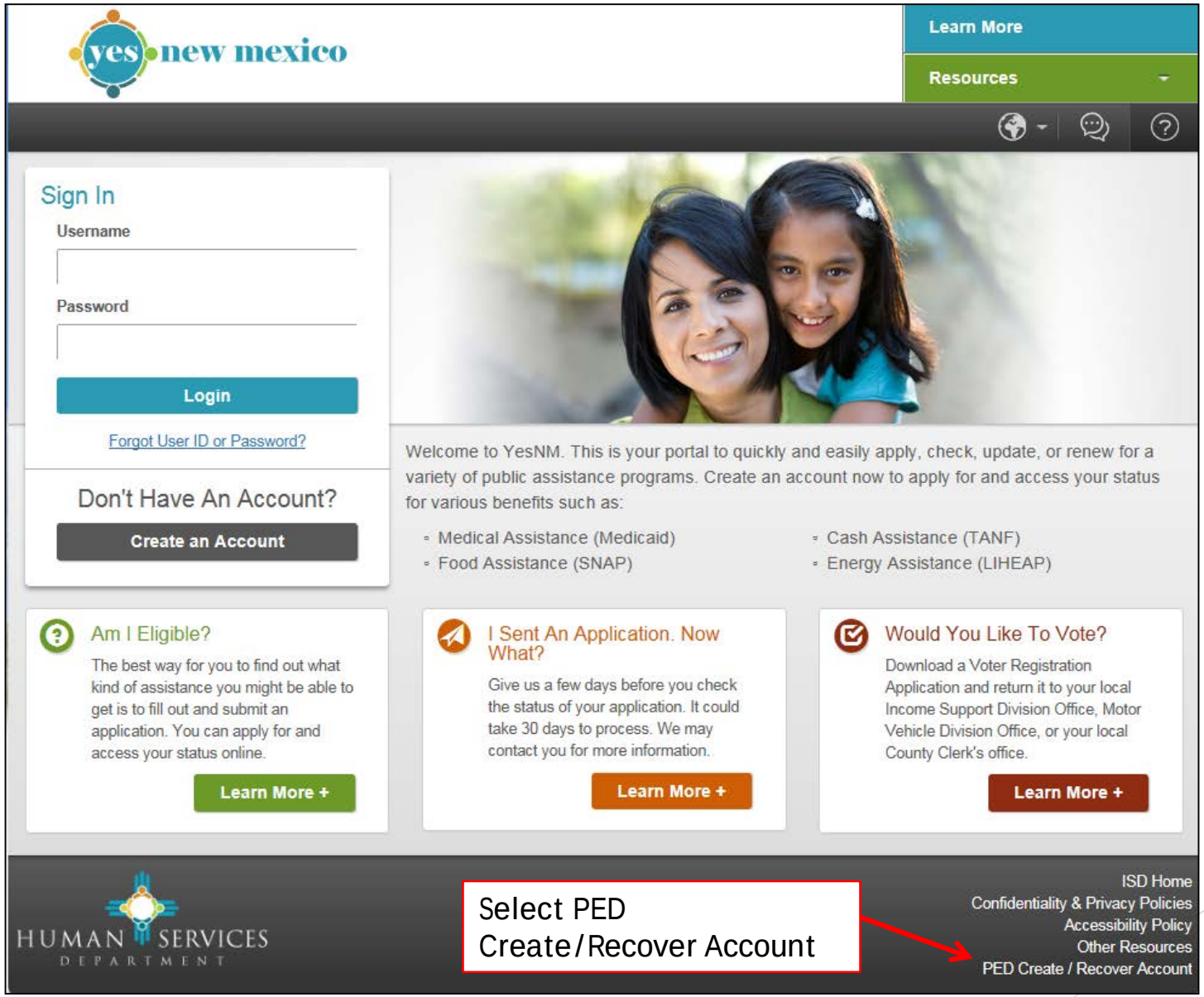
Registering as a user in YESNM-PE

Registering as a User on YESNM-PE

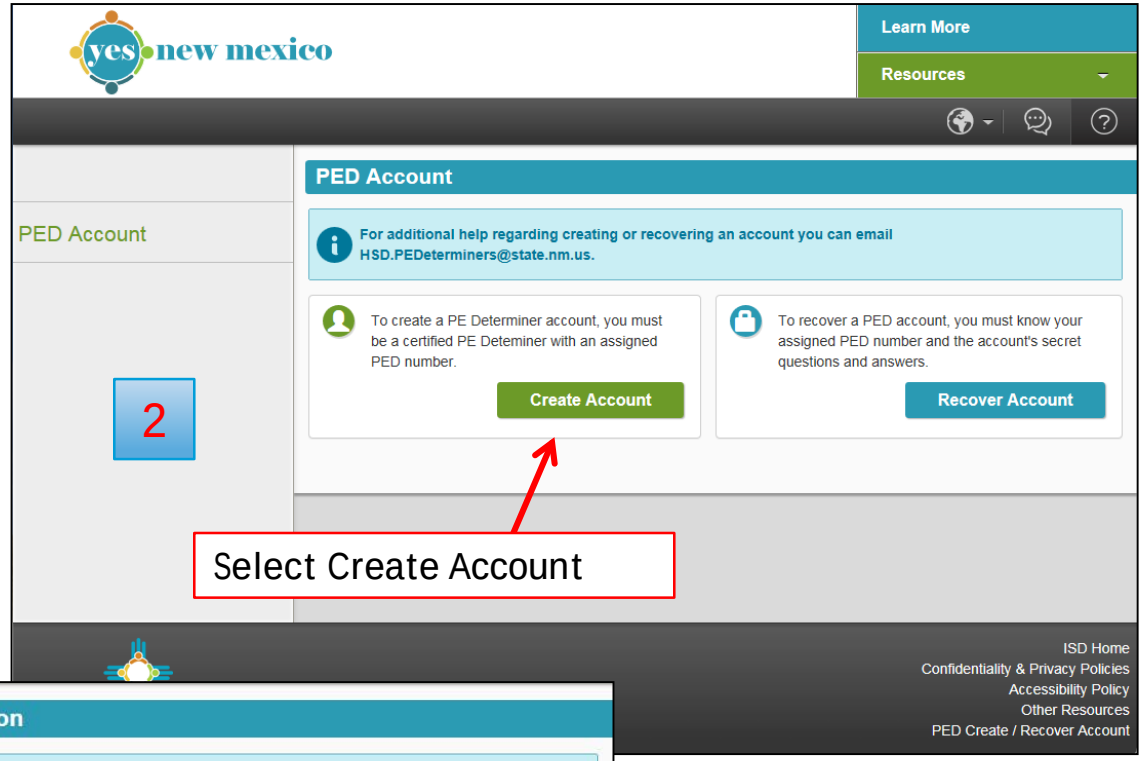
1. Access YESNM-PE website. Click “PED Create/Recover Account”.
2. Click “Create Account”.
3. Enter PED number and check box agreeing to New Mexico’s User Acceptance Agreement. Click Next.
4. Enter username and password. Click Next.
5. Select Secret Questions and type in the answers. Click Next.
6. Your PED Account Was Created Successfully.

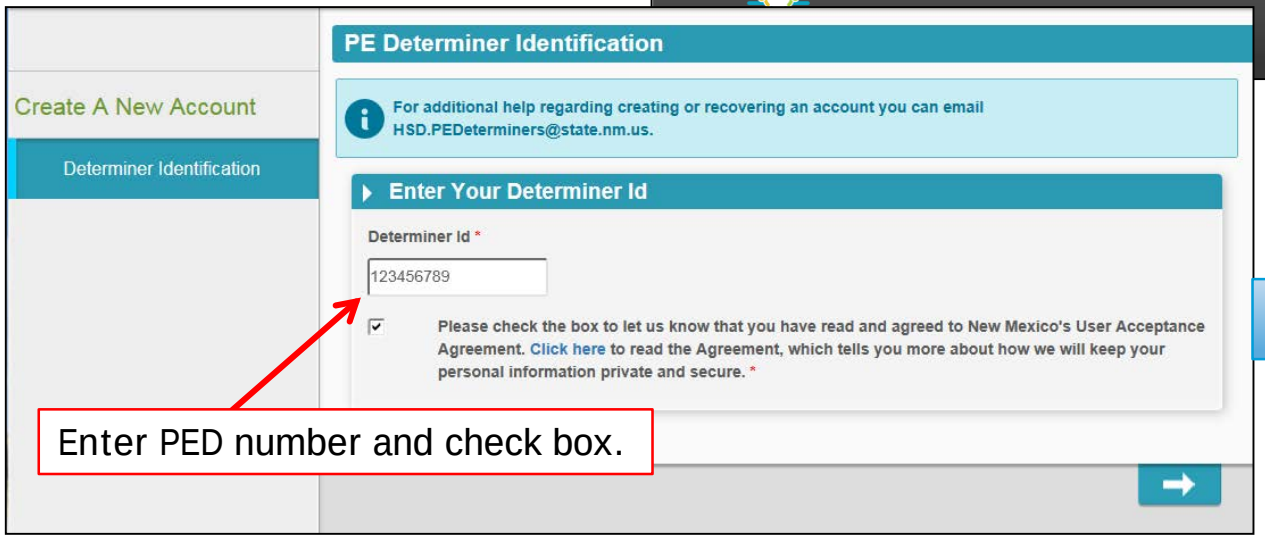
Registering as a User on YESNM-PE (Continued)

1

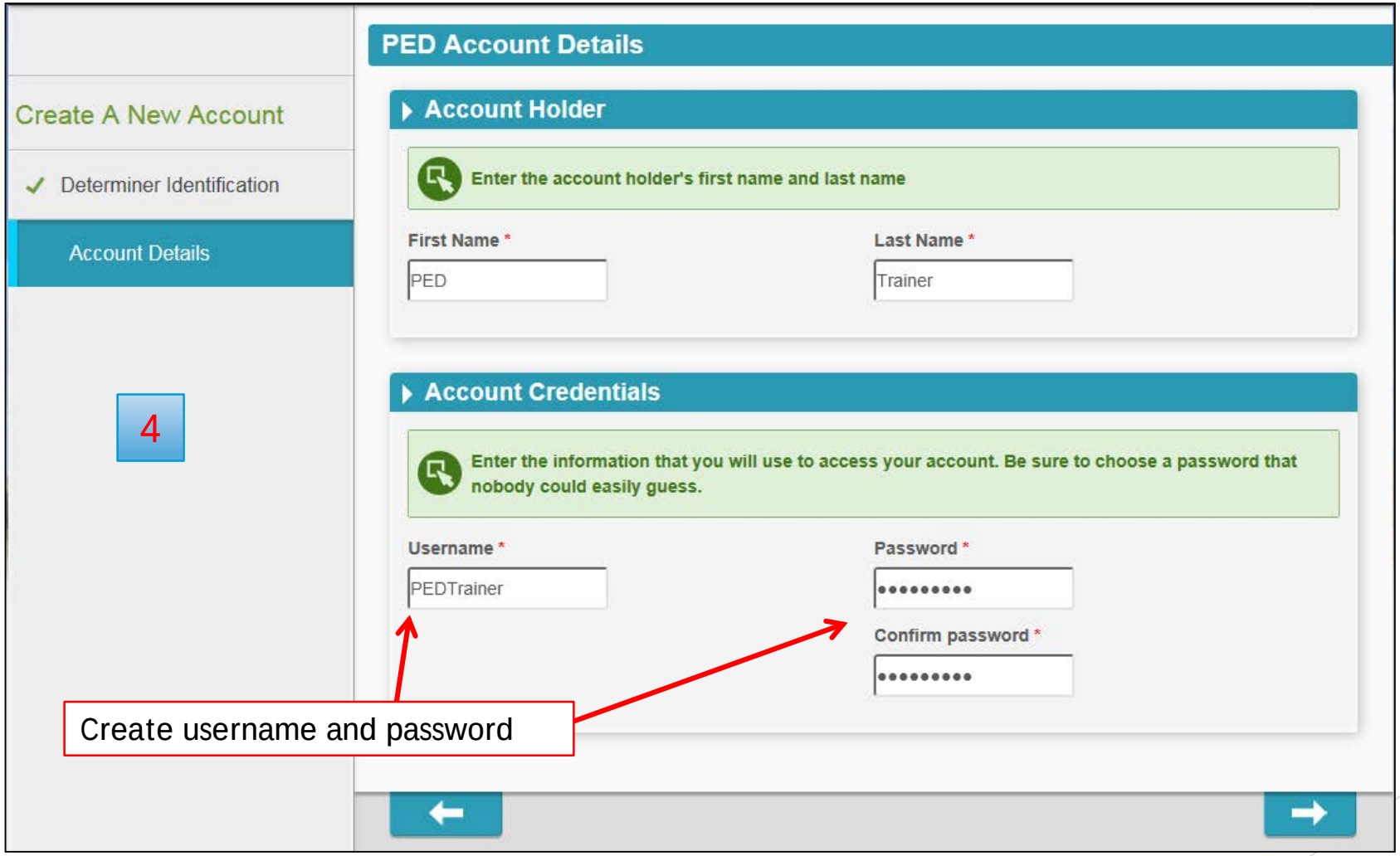


Registering as a User on YESNM-PE (Continued)

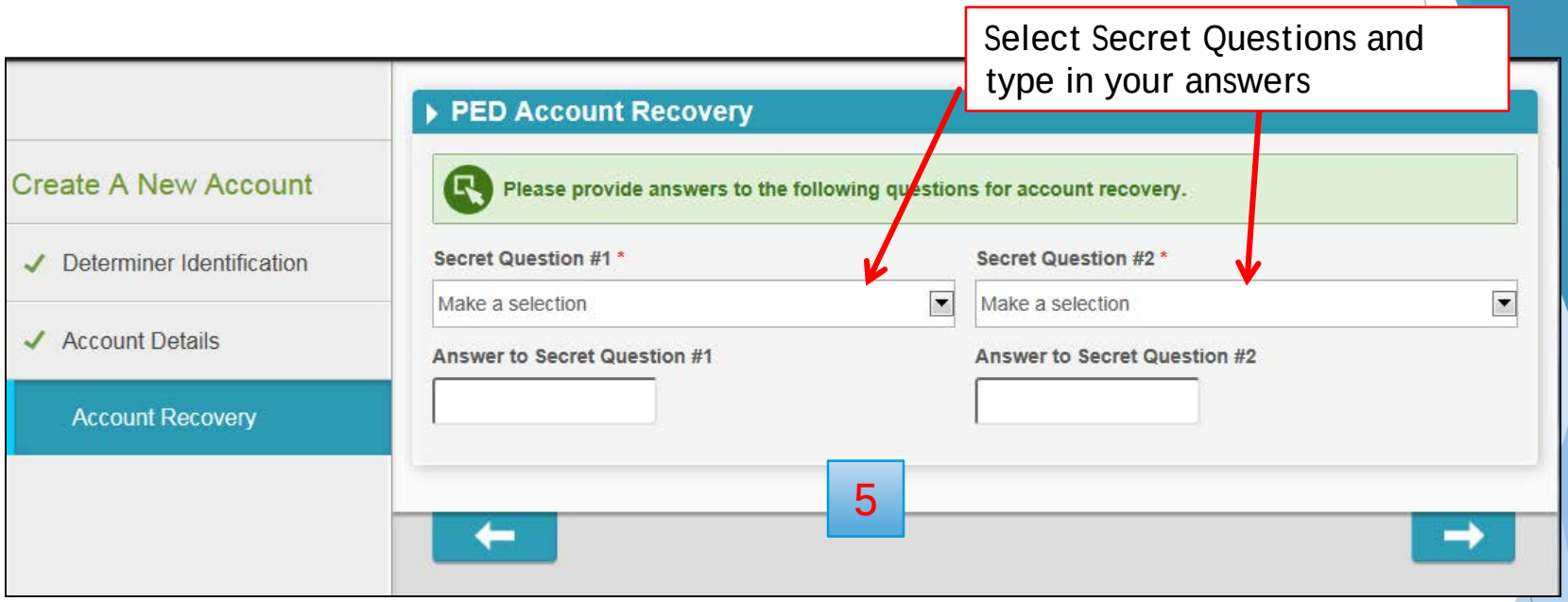


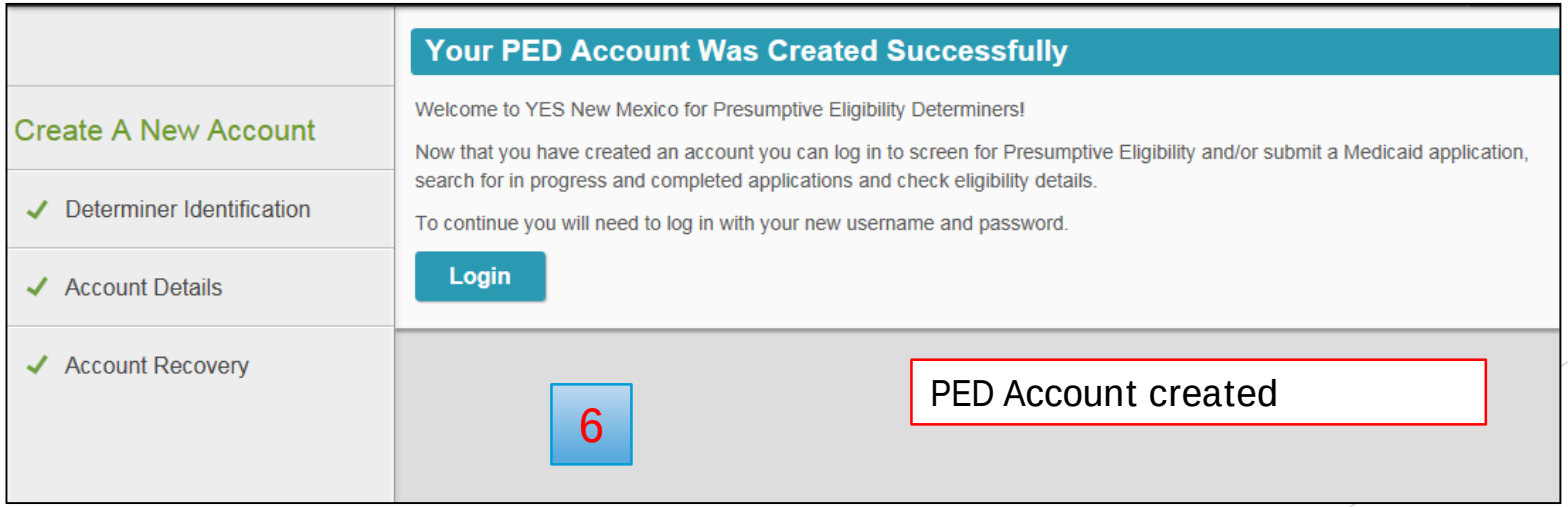


Registering as a User on YESNM-PE (Continued)



Registering as a User on YESNM-PE (Continued)





Electronic Screening for Presumptive Eligibility

With or Without Ongoing Medicaid

Electronic Screening for Presumptive Eligibility

Steps How To:

- Step 1: Check each applicant for eligibility on the NM Medicaid Portal
- Step 2: Select “YES” or “NO” to apply for ongoing Medicaid coverage in YESNM-PE.
- Step 3: Complete application for PE and/or ongoing Medicaid.
- Step 4: Enroll applicant in PE coverage if applicable.
- Step 5: Submit application for ongoing (if applicable).
- Step 6: Upload documents to submit with application, if applicable.

Who Is Seeking Benefits?

- Sometimes the person working with the PED to complete and submit the application is not seeking benefits for themselves – but is applying only for other family members.

- PEDs should always remember:
  - Individuals who identify themselves as non-applicants or who state they are not seeking benefits for themselves are NOT REQUIRED to disclose citizenship/immigration statuses or social security numbers.
  - YESNM, YESNM-PE, HSD 100 (pg. 4), and the MAD 100 (pg. 3) contain the information necessary to determine who is or is not seeking benefits.
  - Non-Applicants who are considered mandatory members for purposes of establishing eligibility are required only to provide information such as income.

Step ONE:

Check for Eligibility on the New Mexico Medicaid Portal

Checking for Eligibility on the Portal

1

Click “Log in to”

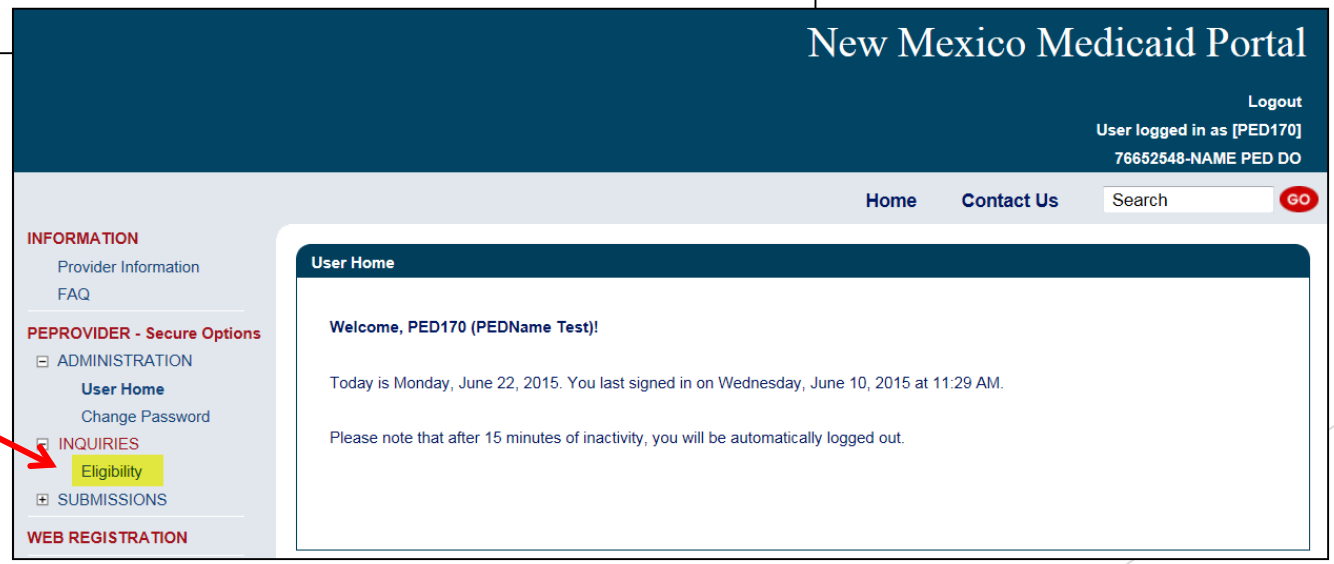
Enter User ID, Password, and PED number

2

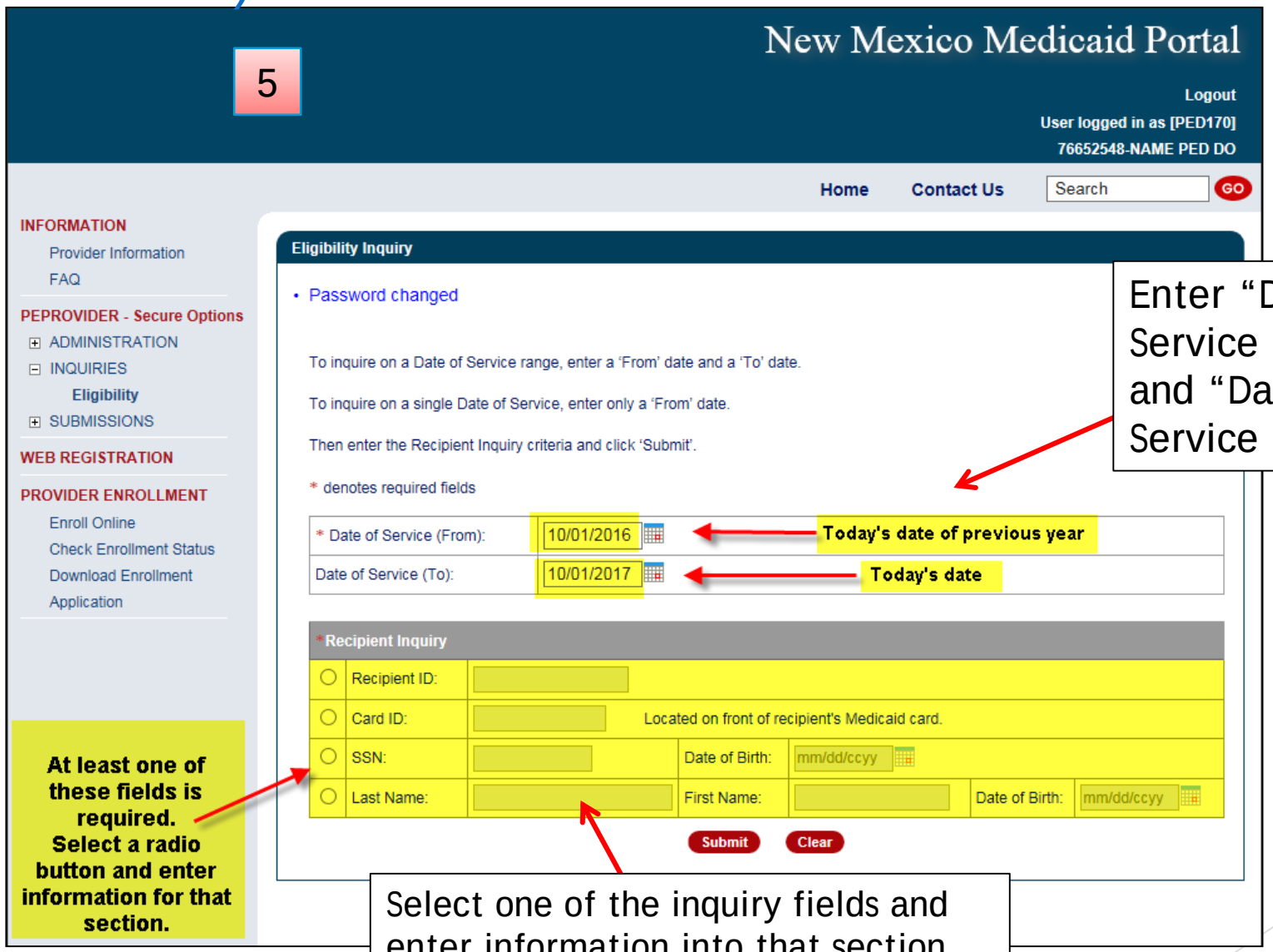
Checking for Eligibility on the Portal (Continued)

4

Click "Eligibility"

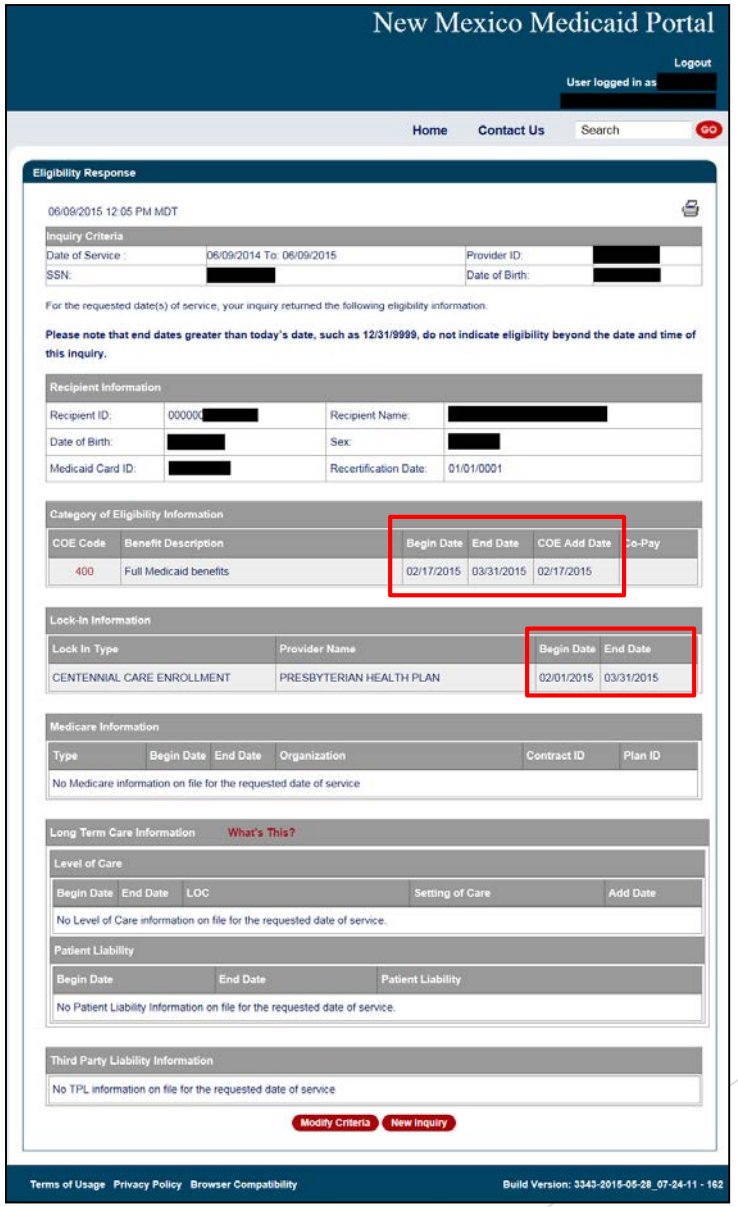


Checking for Eligibility on the Portal (Continued)



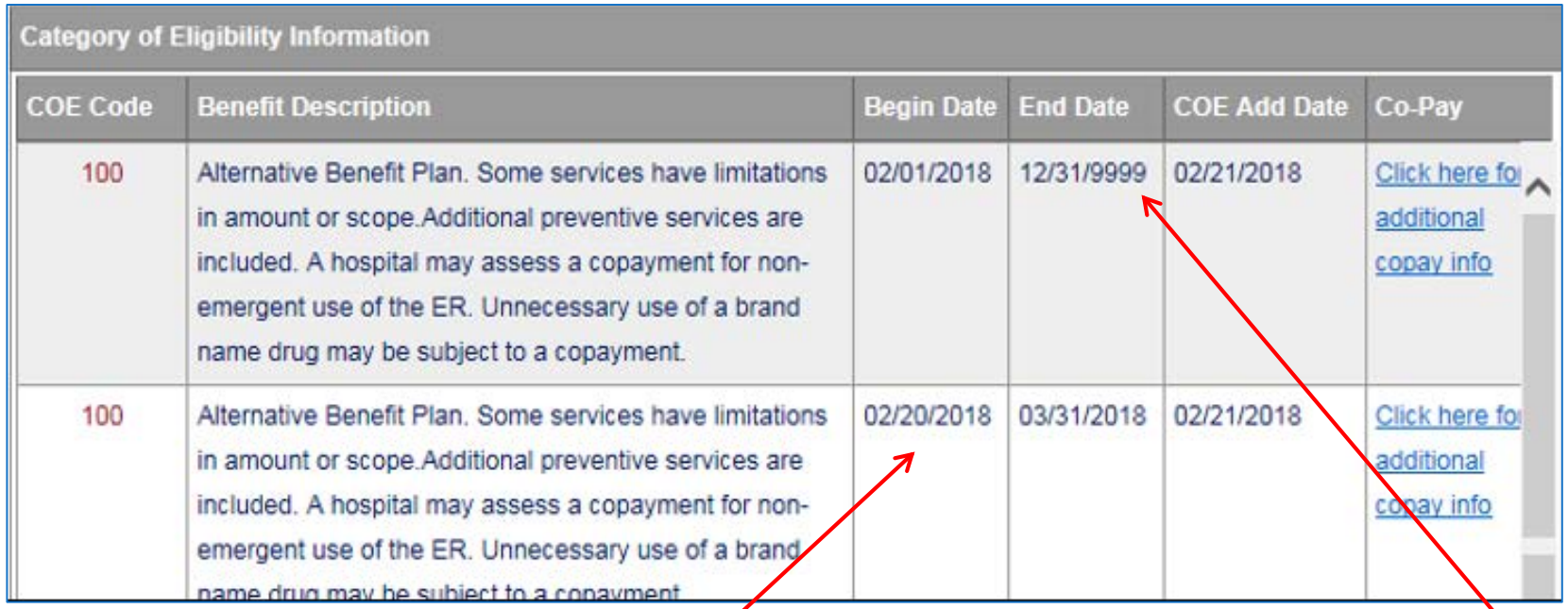
Checking for Eligibility on the Portal – Results

Results for individuals who had a PE in the past 12 months



Checking for Eligibility on the Portal – Results (Continued)

Results for an individual who has had a PE in the past 12 months and has existing Medicaid on-going.



Category of Eligibility Information

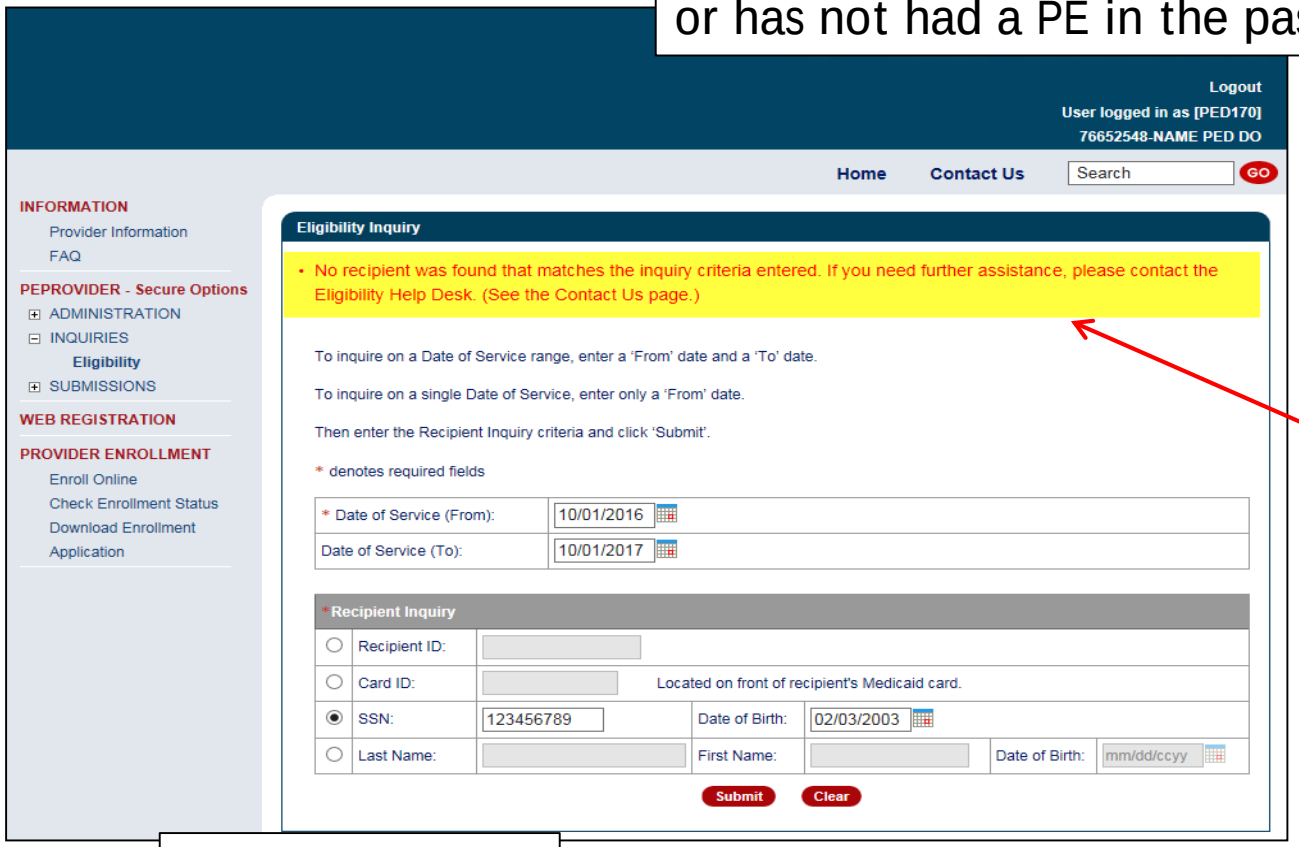
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Alternative Benefit Plan. Some services have limitations in amount or scope.Additional preventive services are included. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment.	02/01/2018	12/31/9999	02/21/2018	Click here fo additional copay info
100	Alternative Benefit Plan. Some services have limitations in amount or scope.Additional preventive services are included. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment	02/20/2018	03/31/2018	02/21/2018	Click here fo additional copay info

Individual had PE coverage.

Individual has ongoing coverage.

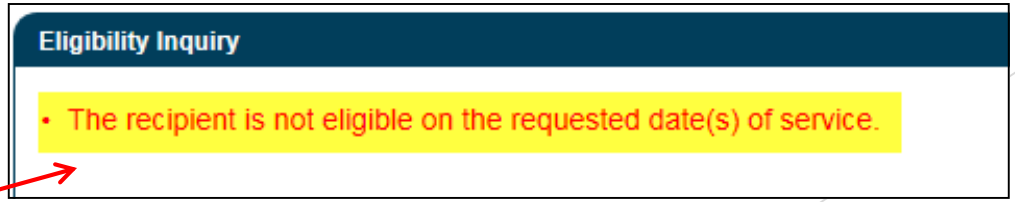
Checking for Eligibility on the Portal – Results (Continued)

Result for individual who has not had Medicaid or has not had a PE in the past 12 months.



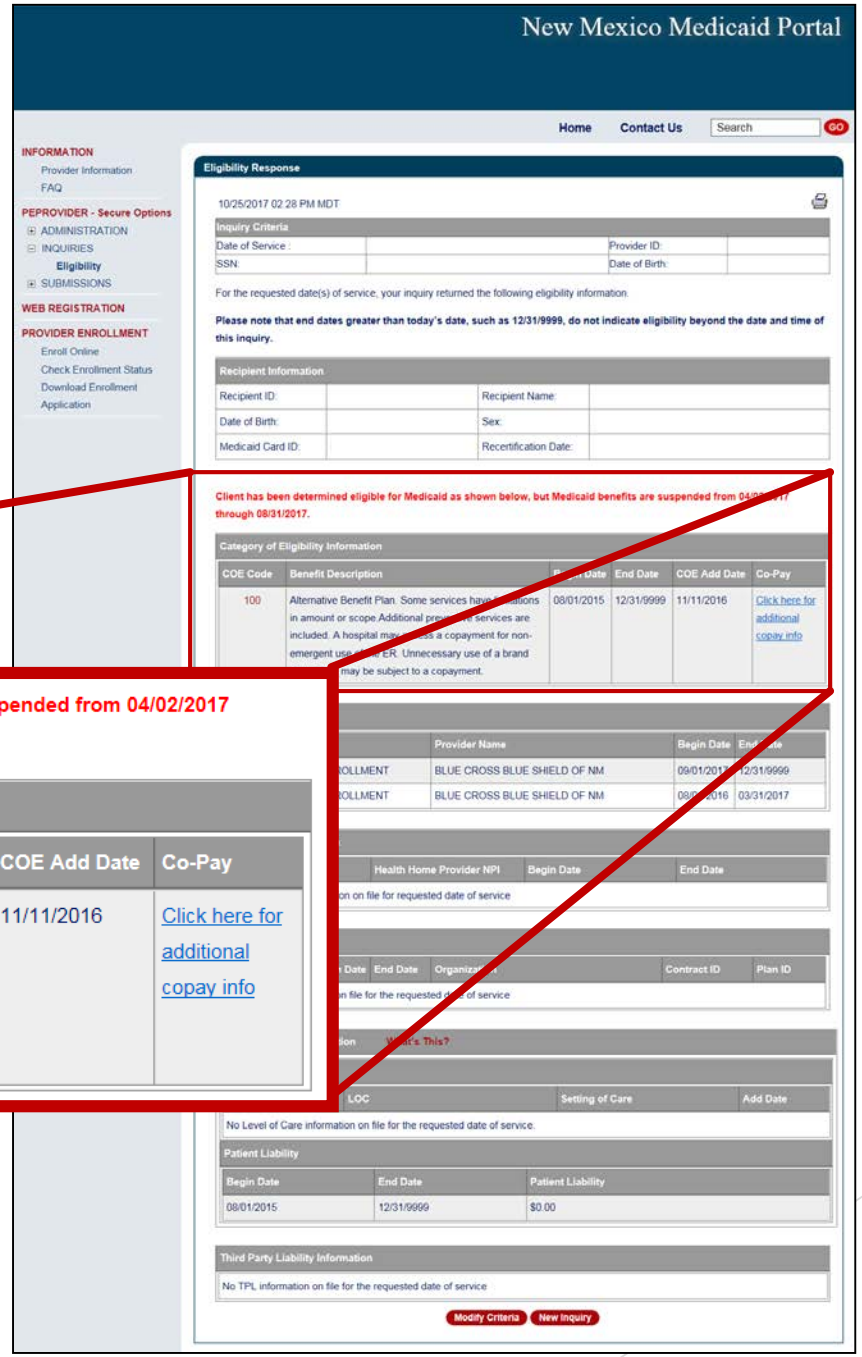
Individual is not found in the system with criteria entered.

Individual found but does not have eligibility during the dates of service entered.



Suspended Benefits

The suspension will be viewable in the New Mexico Medicaid Portal with the original Category of Eligibility the individual is eligible for.



Client has been determined eligible for Medicaid as shown below, but Medicaid benefits are suspended from 04/02/2017 through 08/31/2017.

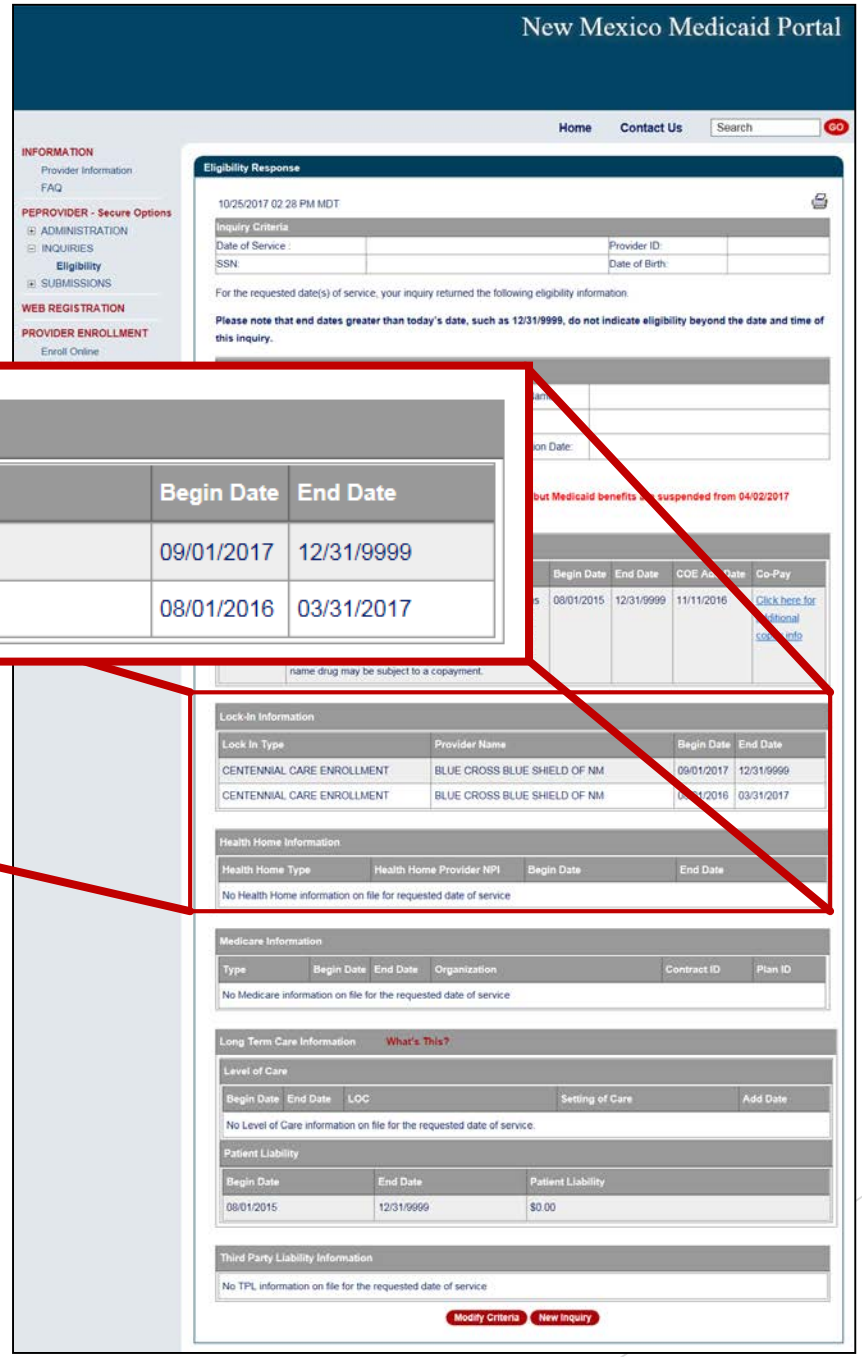
Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Alternative Benefit Plan. Some services have limitations in amount or scope.Additional preventive services are included. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment.	08/01/2015	12/31/9999	11/11/2016	Click here for additional copay info

Suspended Benefits MCO Enrollments

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	09/01/2017	12/31/9999
CENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	08/01/2016	03/31/2017



Notice: Medicaid benefits are suspended from 04/01/2017 to 08/31/2017 that coincides with the enrollment segments above.

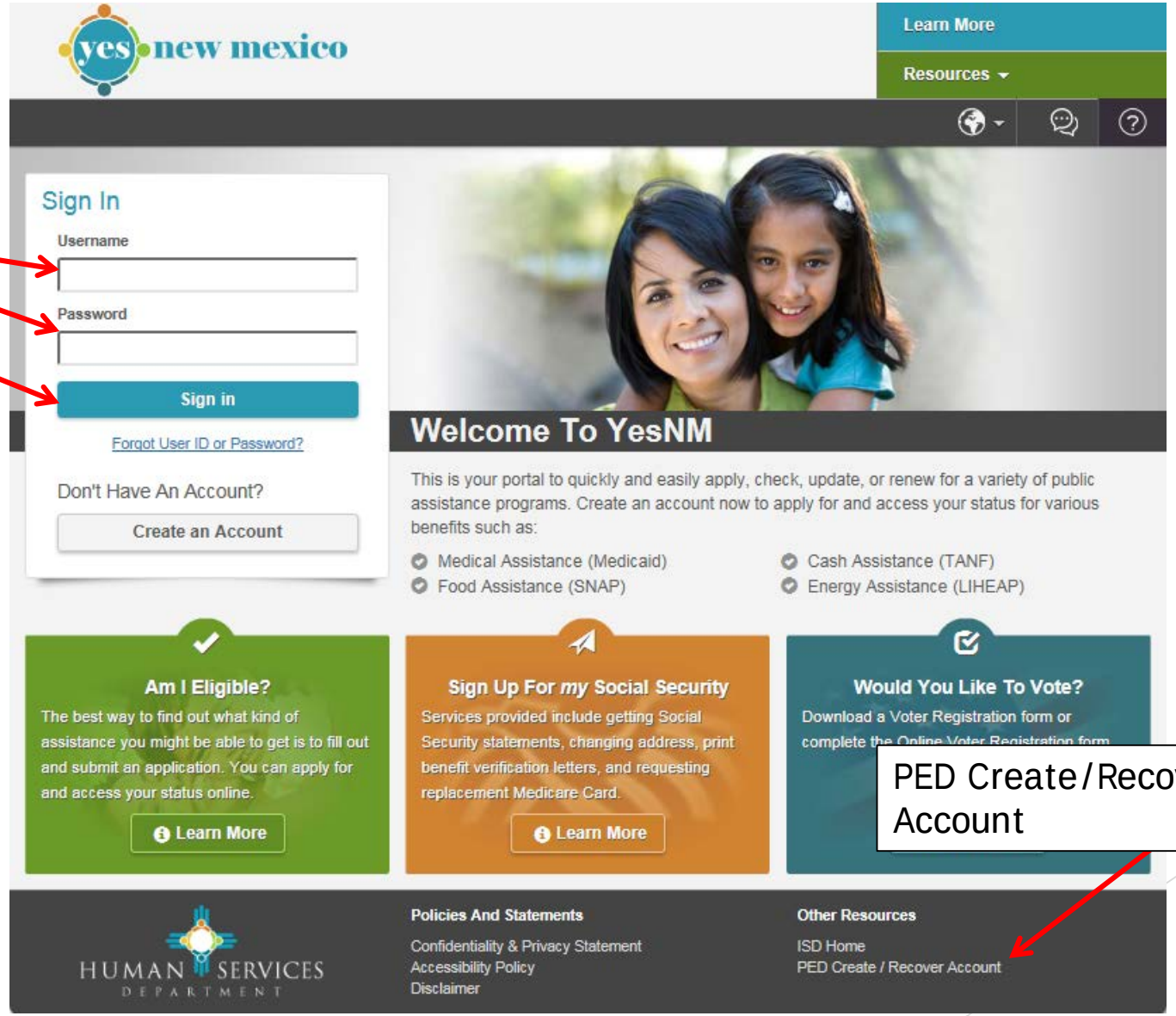
Step TWO:

Screen for Presumptive Eligibility and Apply for ongoing Medicaid

Signing onto YESNM-PE 2.0

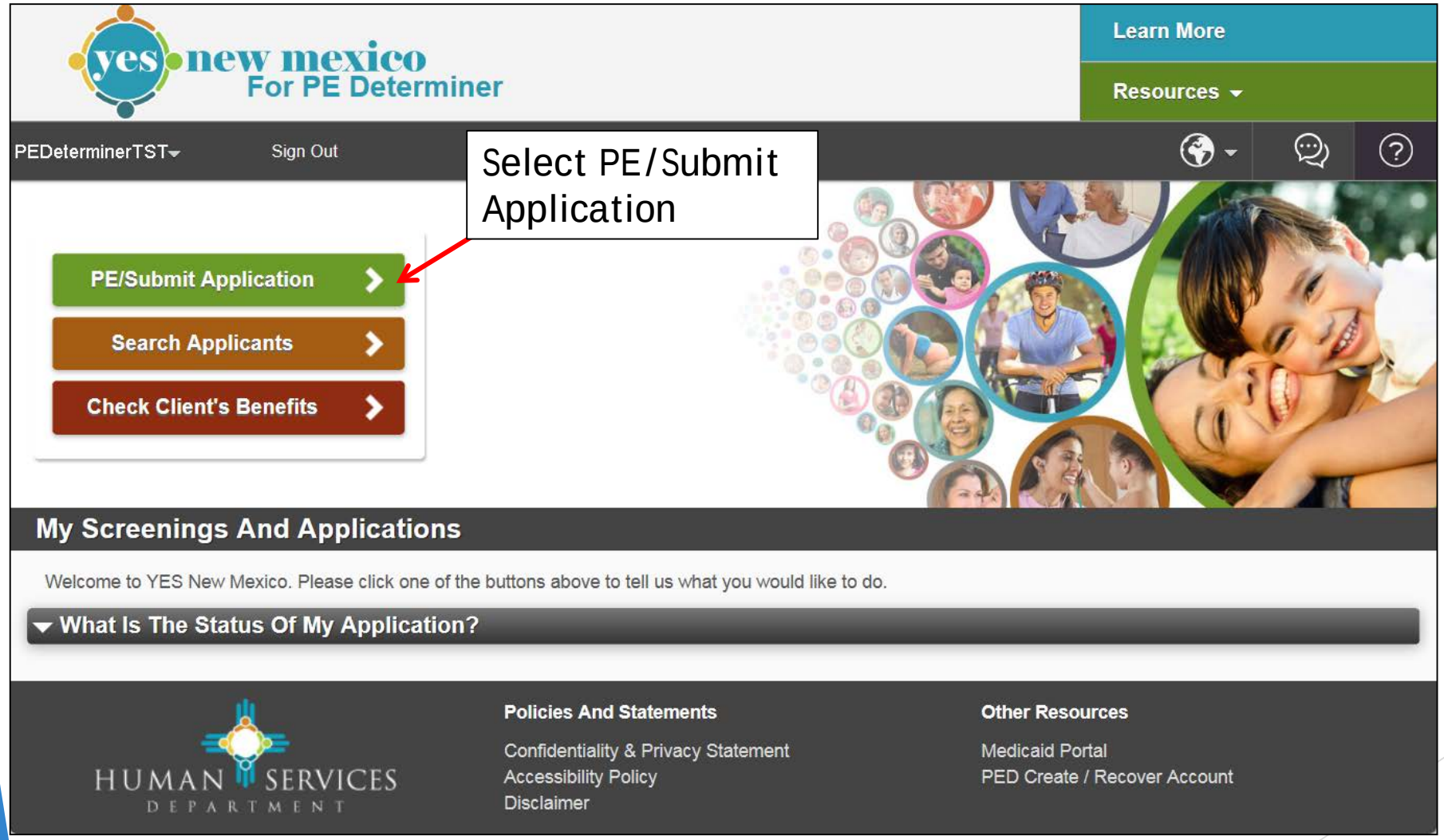
Enter Username and Password.

Click “Sign In”.

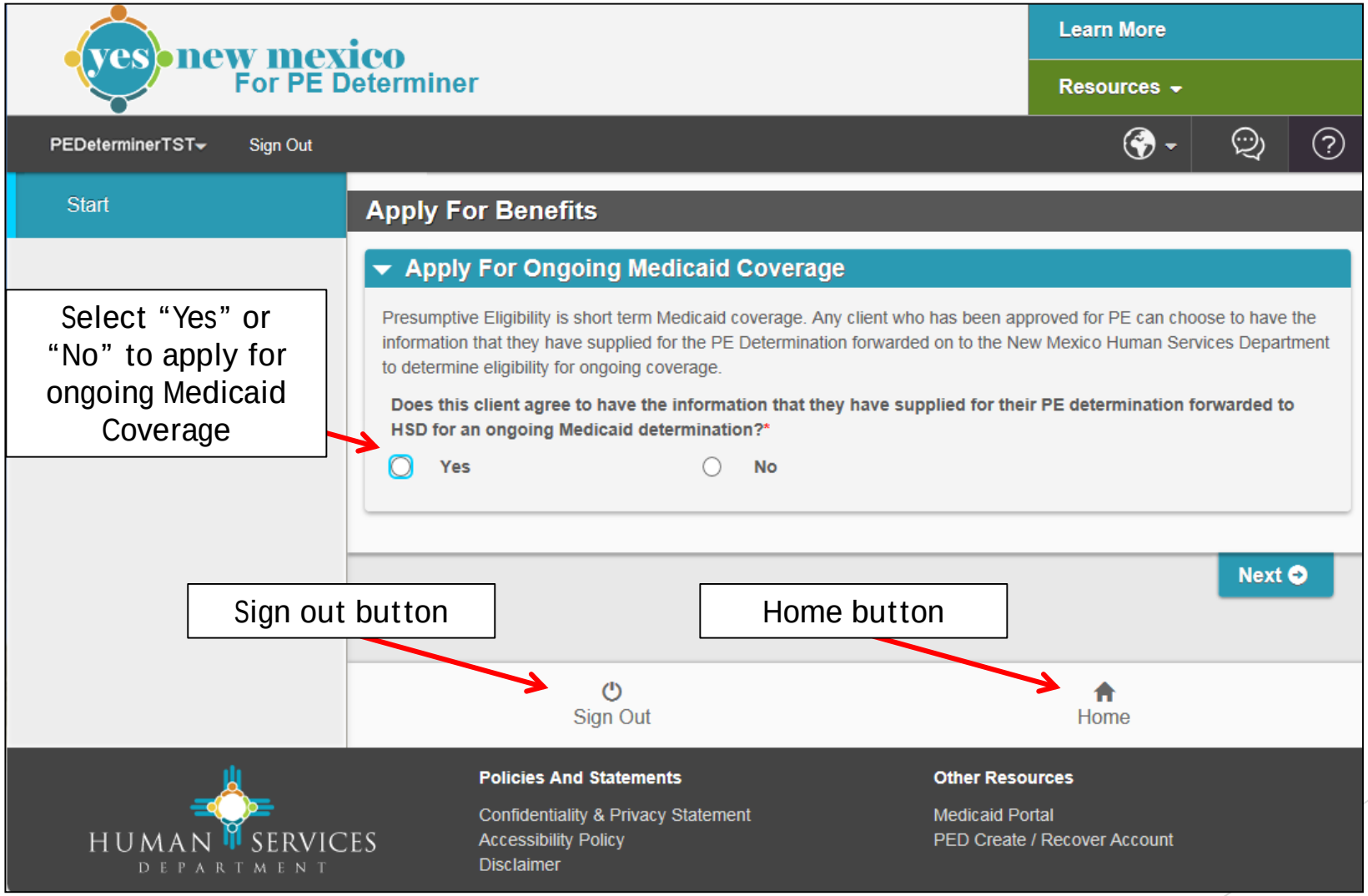


PED Create/Recover Account

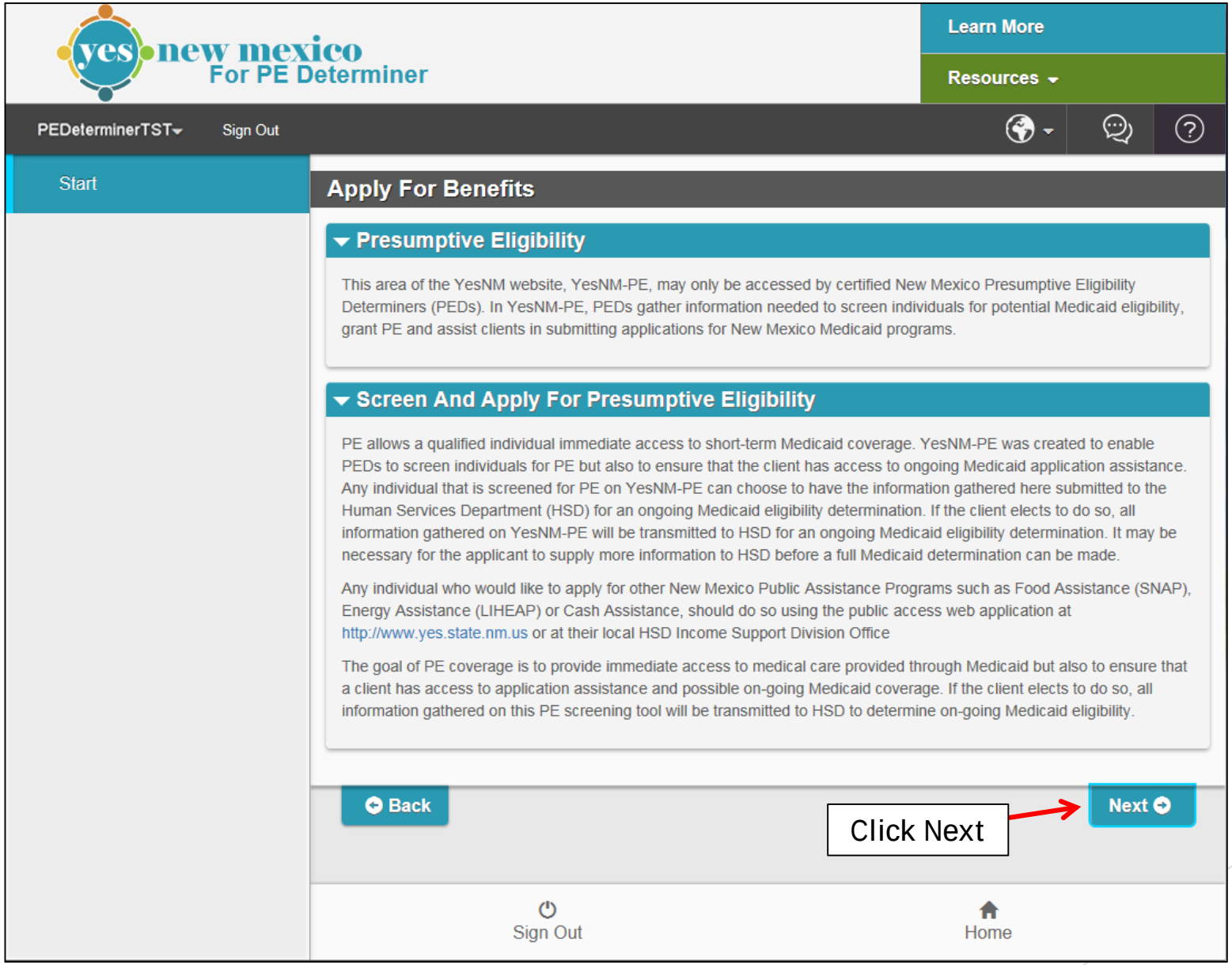
PE Determiner Home Page



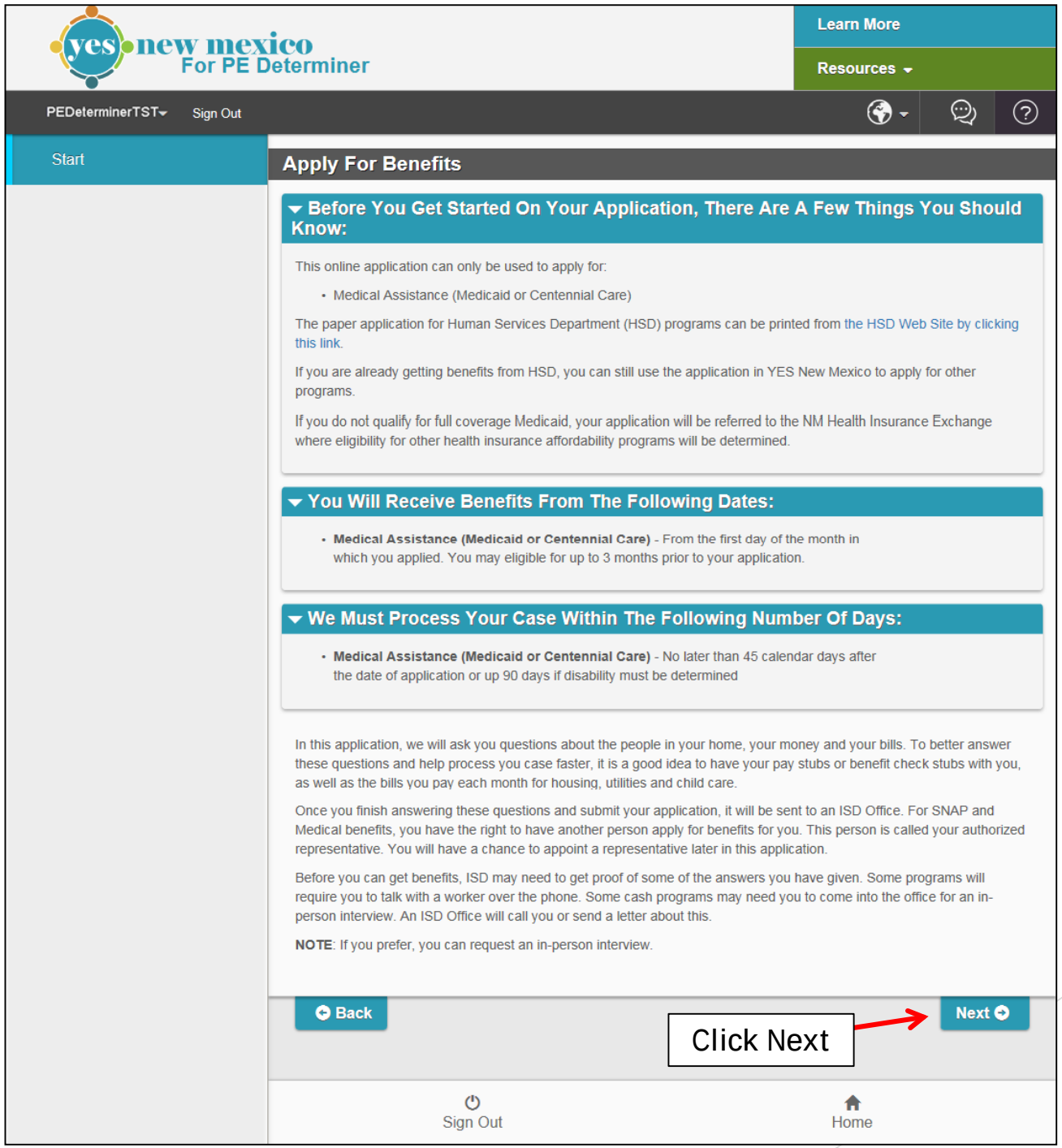
Applying for ongoing Medicaid Coverage



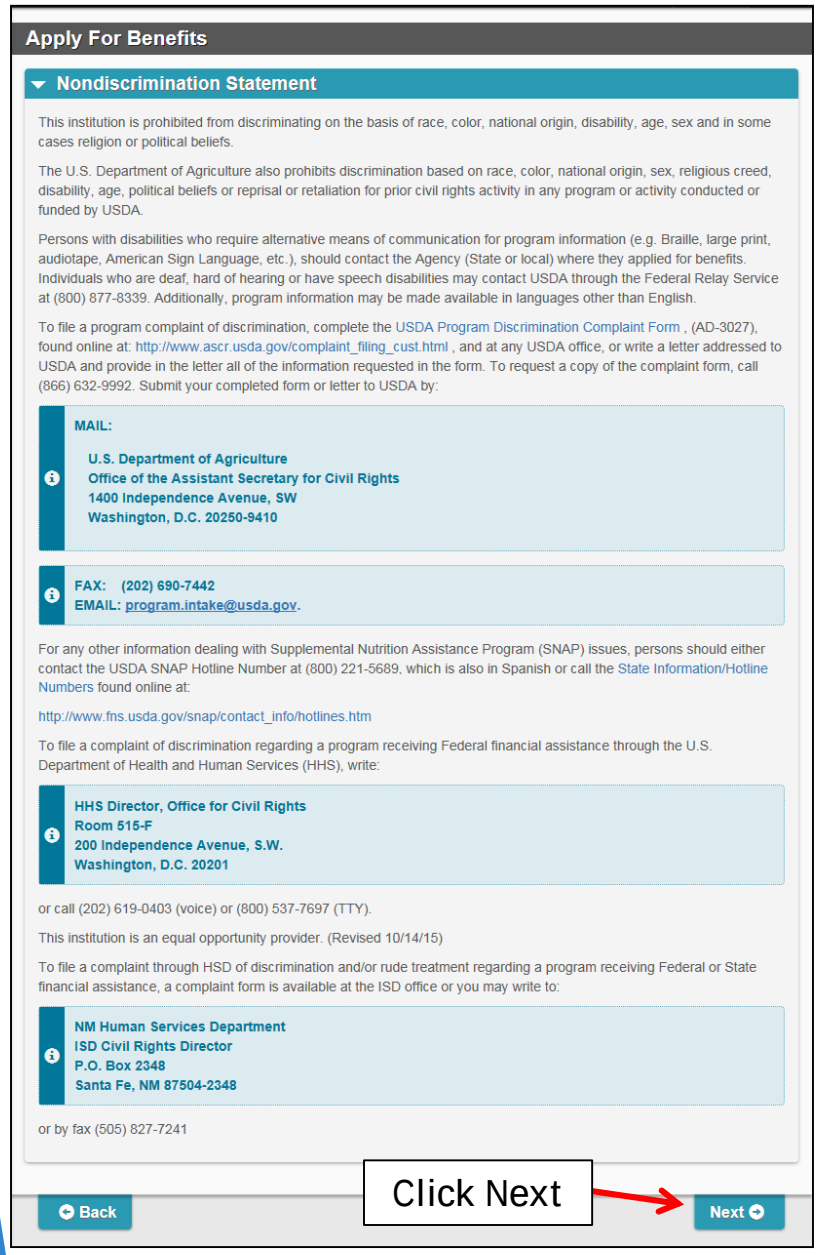
Presumptive Eligibility summary page



Important Information about Medicaid



Nondiscrimination Statement page



Apply For Benefits

Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form , (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442
EMAIL: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers found online at:

http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office for Civil Rights
Room 515-F
200 Independence Avenue, S.W.
Washington, D.C. 20201

or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider. (Revised 10/14/15)

To file a complaint through HSD of discrimination and/or rude treatment regarding a program receiving Federal or State financial assistance, a complaint form is available at the ISD office or you may write to:

NM Human Services Department
ISD Civil Rights Director
P.O. Box 2348
Santa Fe, NM 87504-2348

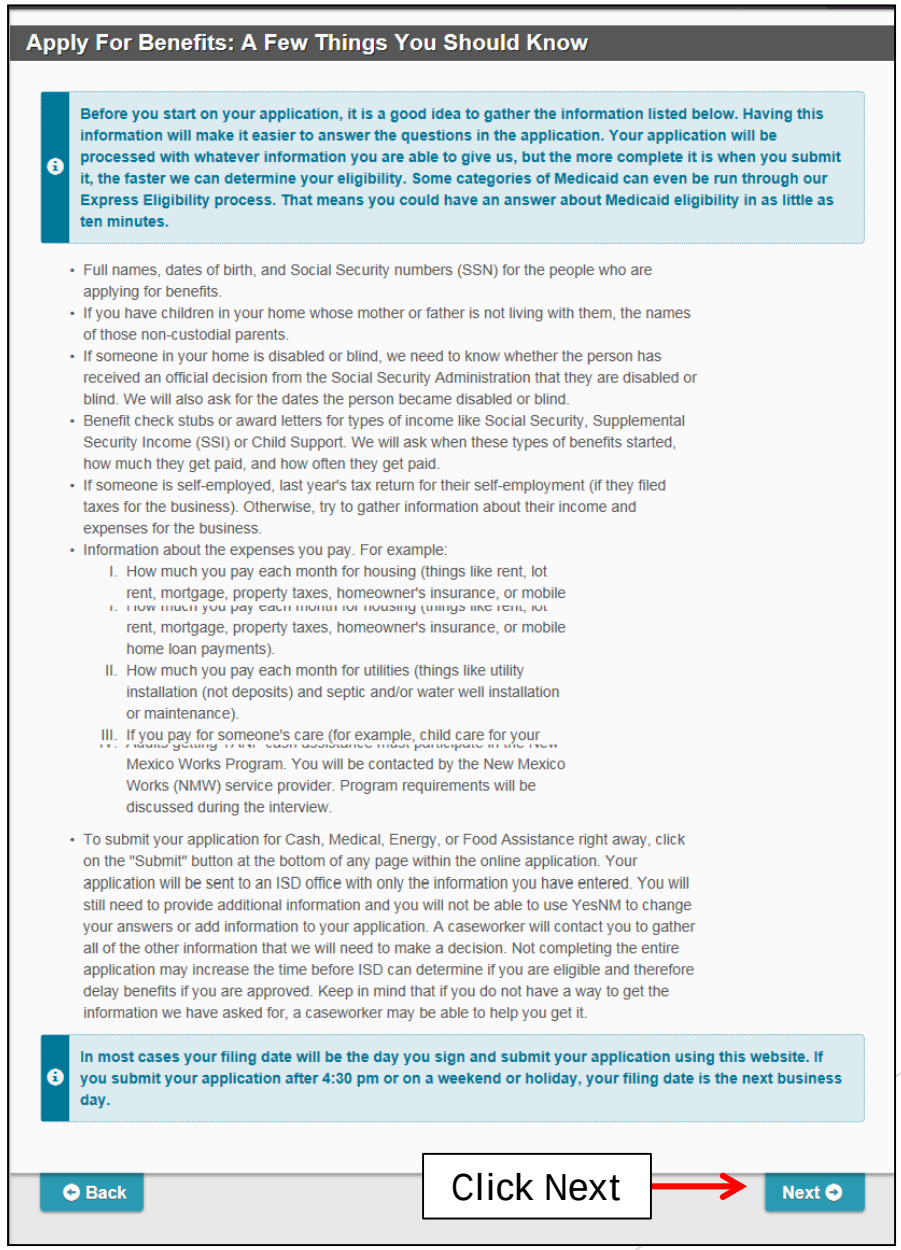
or by fax (505) 827-7241

Back

Click Next

Next

A Few Things You Should Know page



Apply For Benefits: A Few Things You Should Know

Before you start on your application, it is a good idea to gather the information listed below. Having this information will make it easier to answer the questions in the application. Your application will be processed with whatever information you are able to give us, but the more complete it is when you submit it, the faster we can determine your eligibility. Some categories of Medicaid can even be run through our Express Eligibility process. That means you could have an answer about Medicaid eligibility in as little as ten minutes.

- Full names, dates of birth, and Social Security numbers (SSN) for the people who are applying for benefits.
- If you have children in your home whose mother or father is not living with them, the names of those non-custodial parents.
- If someone in your home is disabled or blind, we need to know whether the person has received an official decision from the Social Security Administration that they are disabled or blind. We will also ask for the dates the person became disabled or blind.
- Benefit check stubs or award letters for types of income like Social Security, Supplemental Security Income (SSI) or Child Support. We will ask when these types of benefits started, how much they get paid, and how often they get paid.
- If someone is self-employed, last year's tax return for their self-employment (if they filed taxes for the business). Otherwise, try to gather information about their income and expenses for the business.
- Information about the expenses you pay. For example:
  I. How much you pay each month for housing (things like rent, lot rent, mortgage, property taxes, homeowner's insurance, or mobile home loan payments).
  II. How much you pay each month for utilities (things like utility installation (not deposits) and septic and/or water well installation or maintenance).
  III. If you pay for someone's care (for example, child care for your Mexico Works Program. You will be contacted by the New Mexico Works (NMW) service provider. Program requirements will be discussed during the interview.
- To submit your application for Cash, Medical, Energy, or Food Assistance right away, click on the "Submit" button at the bottom of any page within the online application. Your application will be sent to an ISD office with only the information you have entered. You will still need to provide additional information and you will not be able to use YesNM to change your answers or add information to your application. A caseworker will contact you to gather all of the other information that we will need to make a decision. Not completing the entire application may increase the time before ISD can determine if you are eligible and therefore delay benefits if you are approved. Keep in mind that if you do not have a way to get the information we have asked for, a caseworker may be able to help you get it.

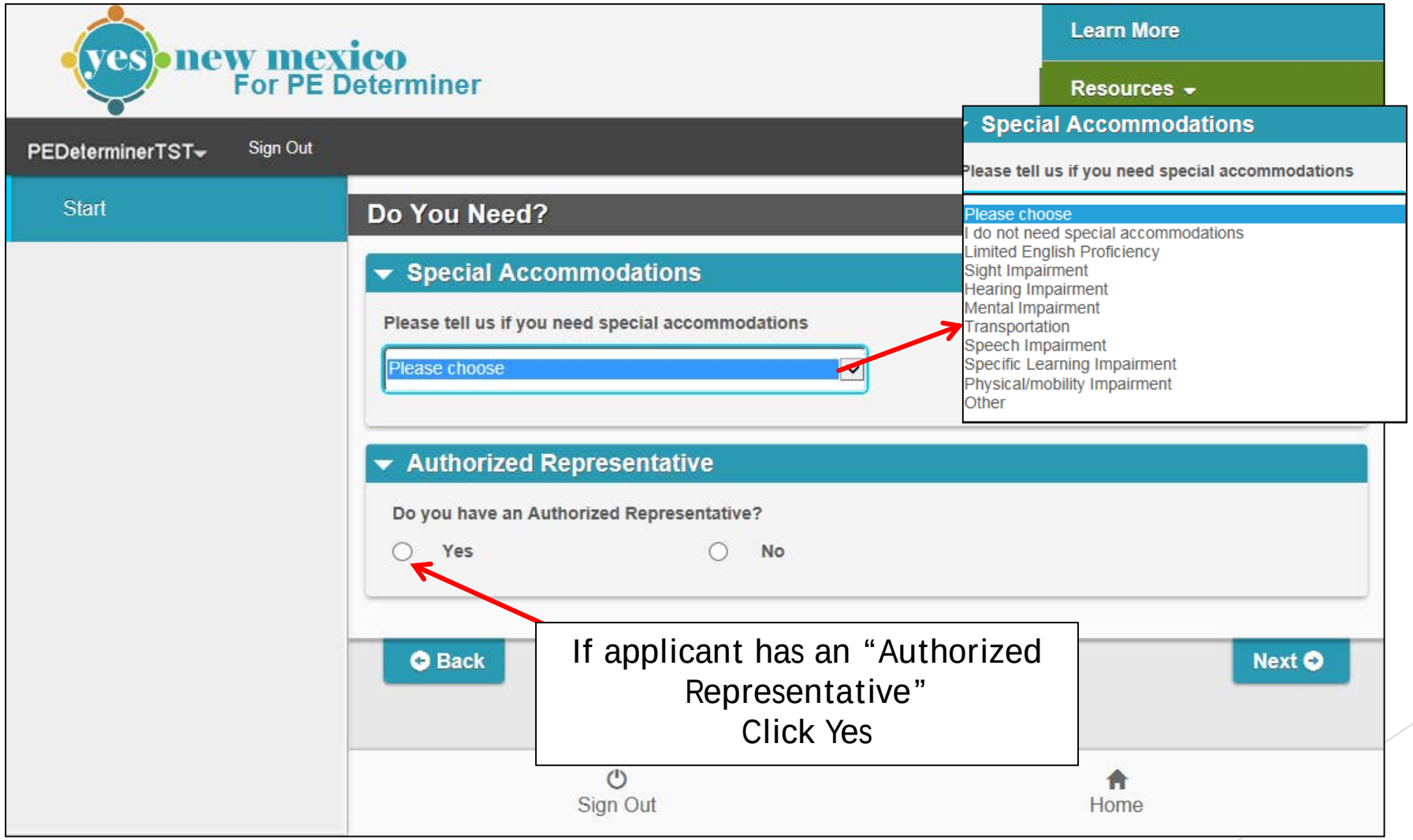
In most cases your filing date will be the day you sign and submit your application using this website. If you submit your application after 4:30 pm or on a weekend or holiday, your filing date is the next business day.

Back

Click Next

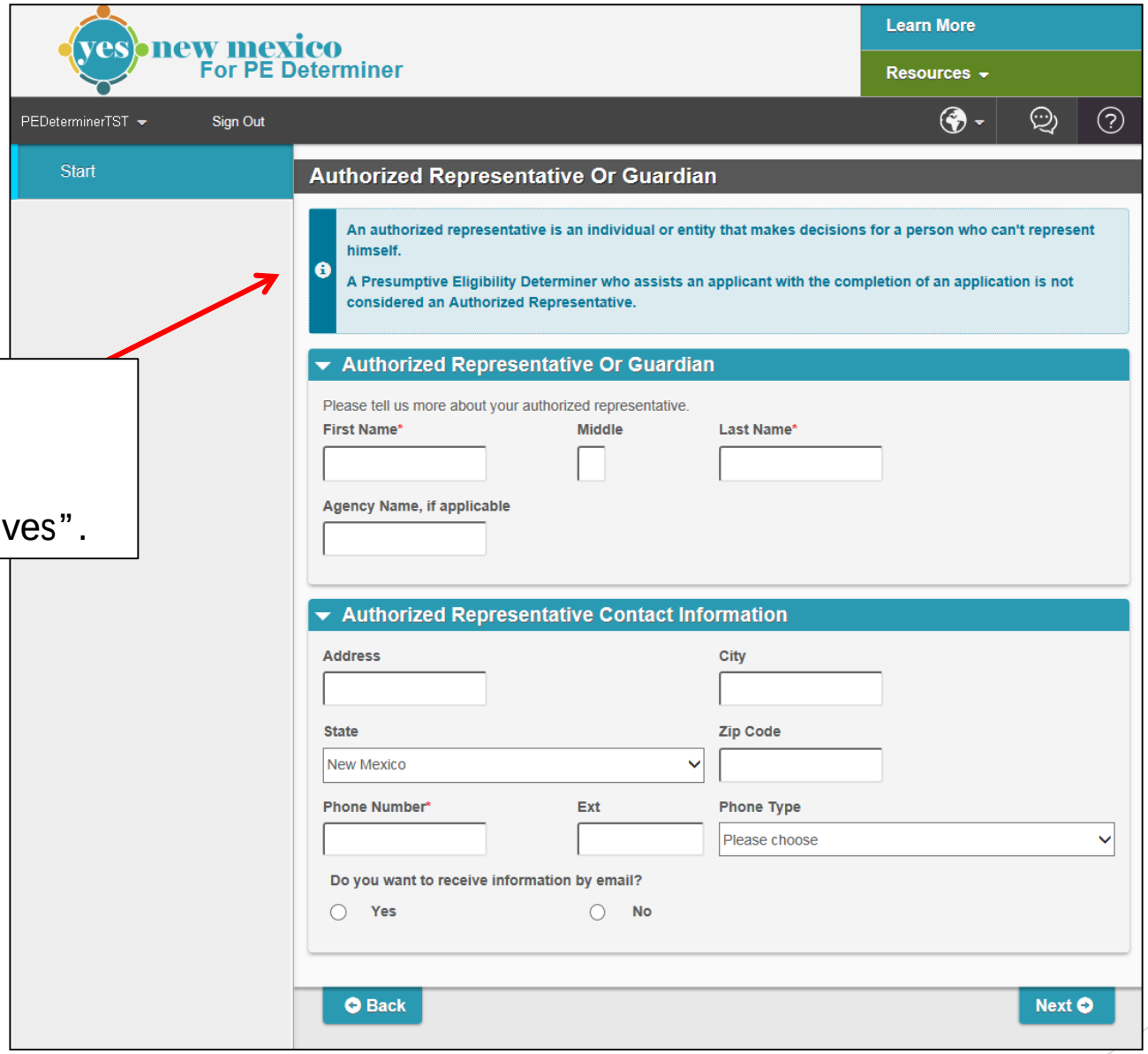
Next

Special Accommodations and Authorized Representative

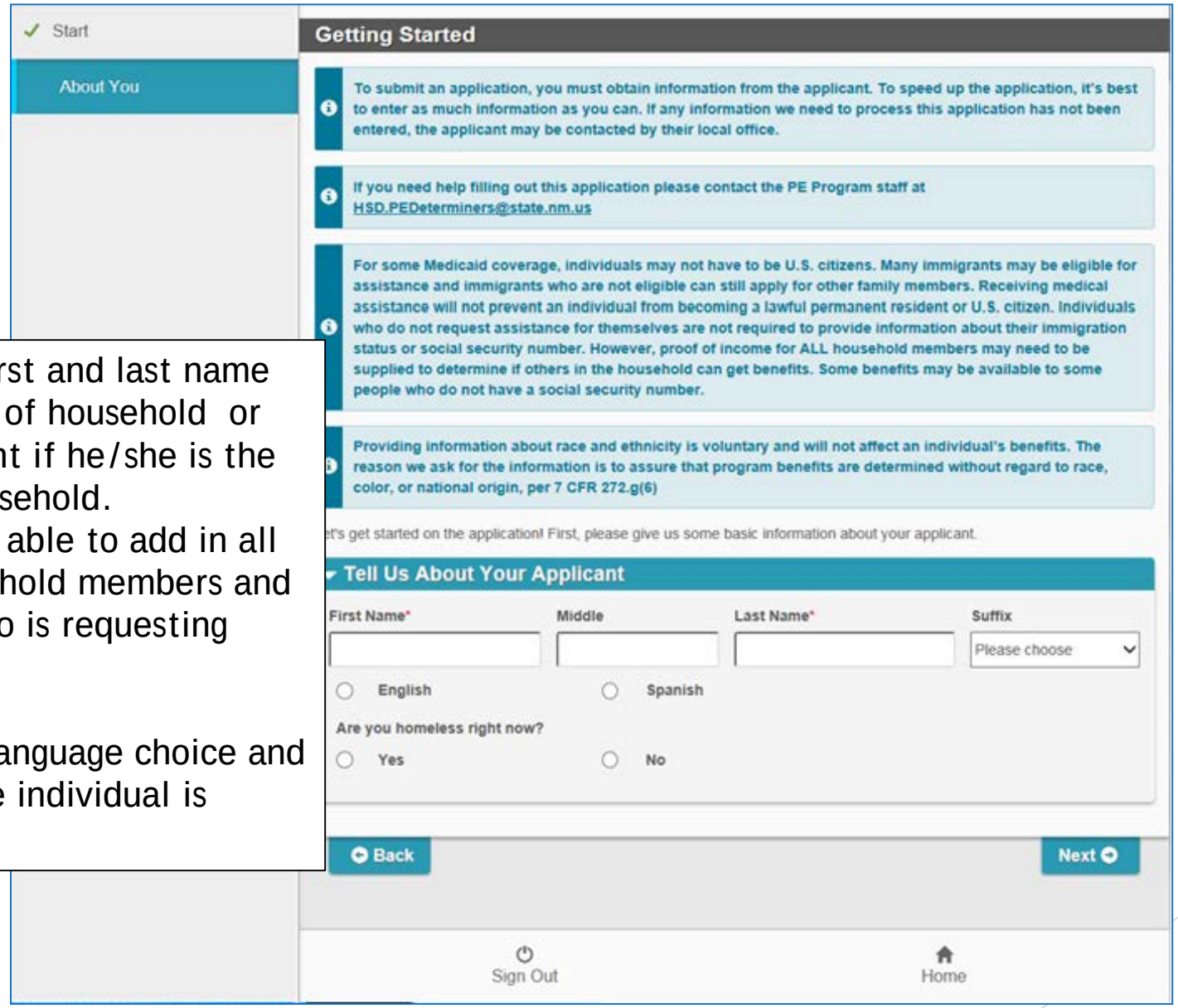


Authorized Representative or Guardian

PEDs are not considered “Authorized Representatives”.



Getting Started



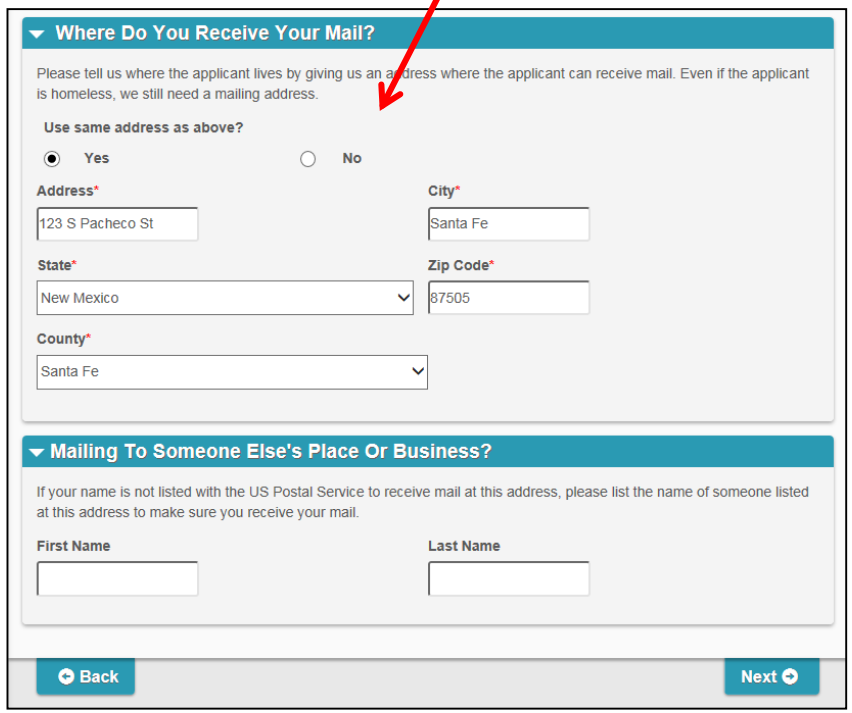
Enter the first and last name of the head of household or the applicant if he/she is the head of household.
(You will be able to add in all other household members and indicate who is requesting coverage.)

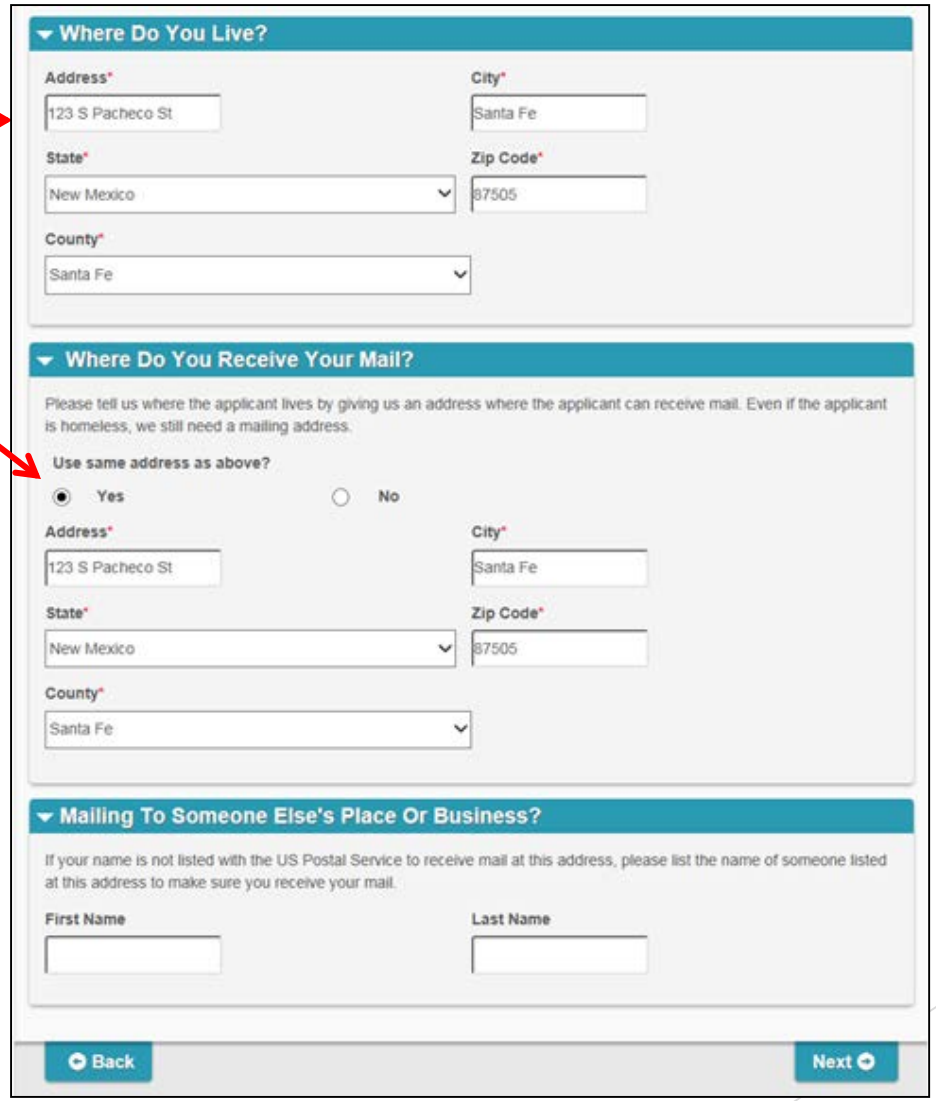
Select the language choice and whether the individual is homeless.

Address Information and Validation

If the individual is not homeless, enter his physical address and mailing address.

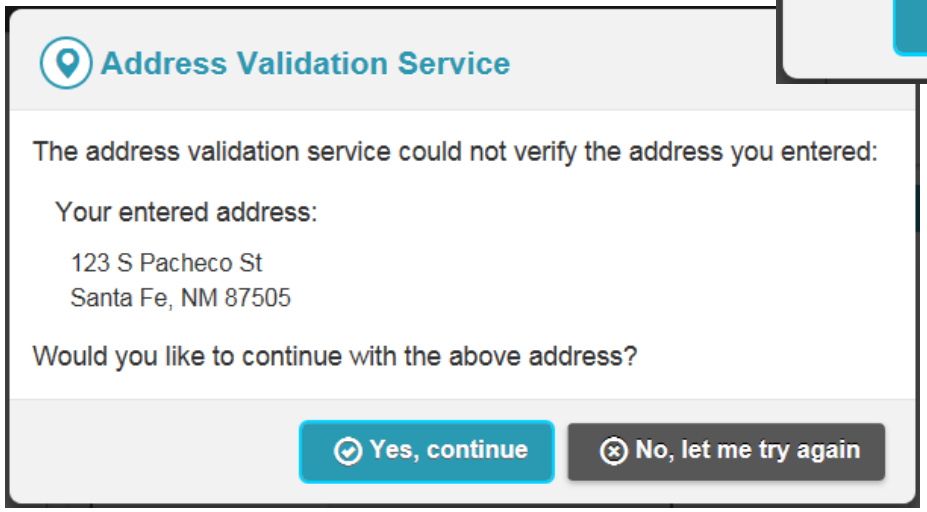
If this individual is homeless, enter address to receive mail.

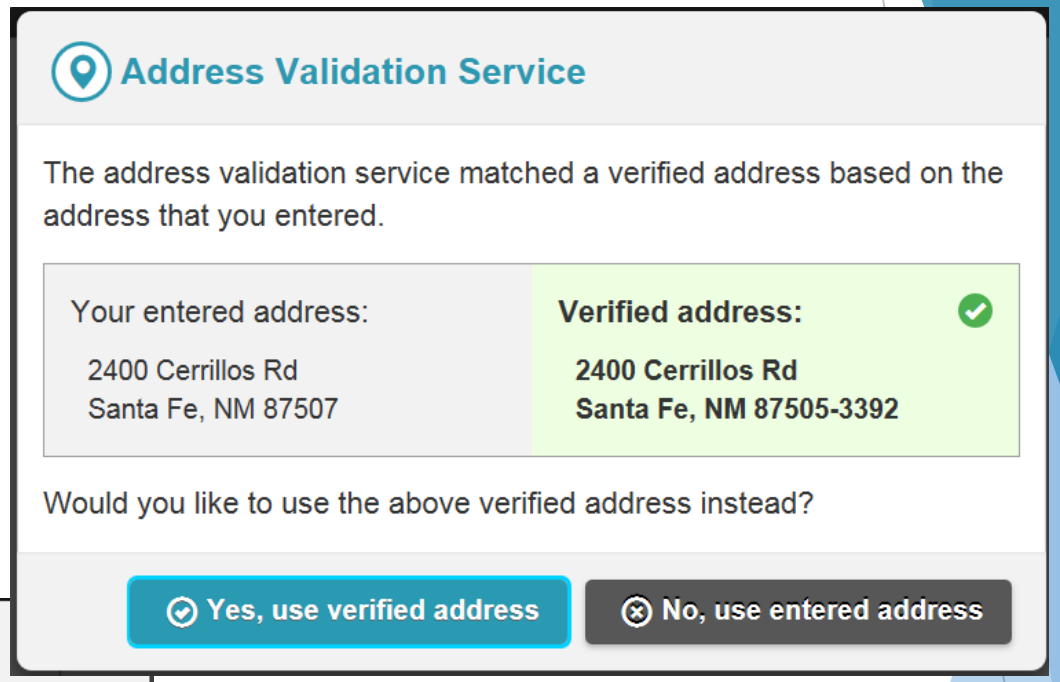




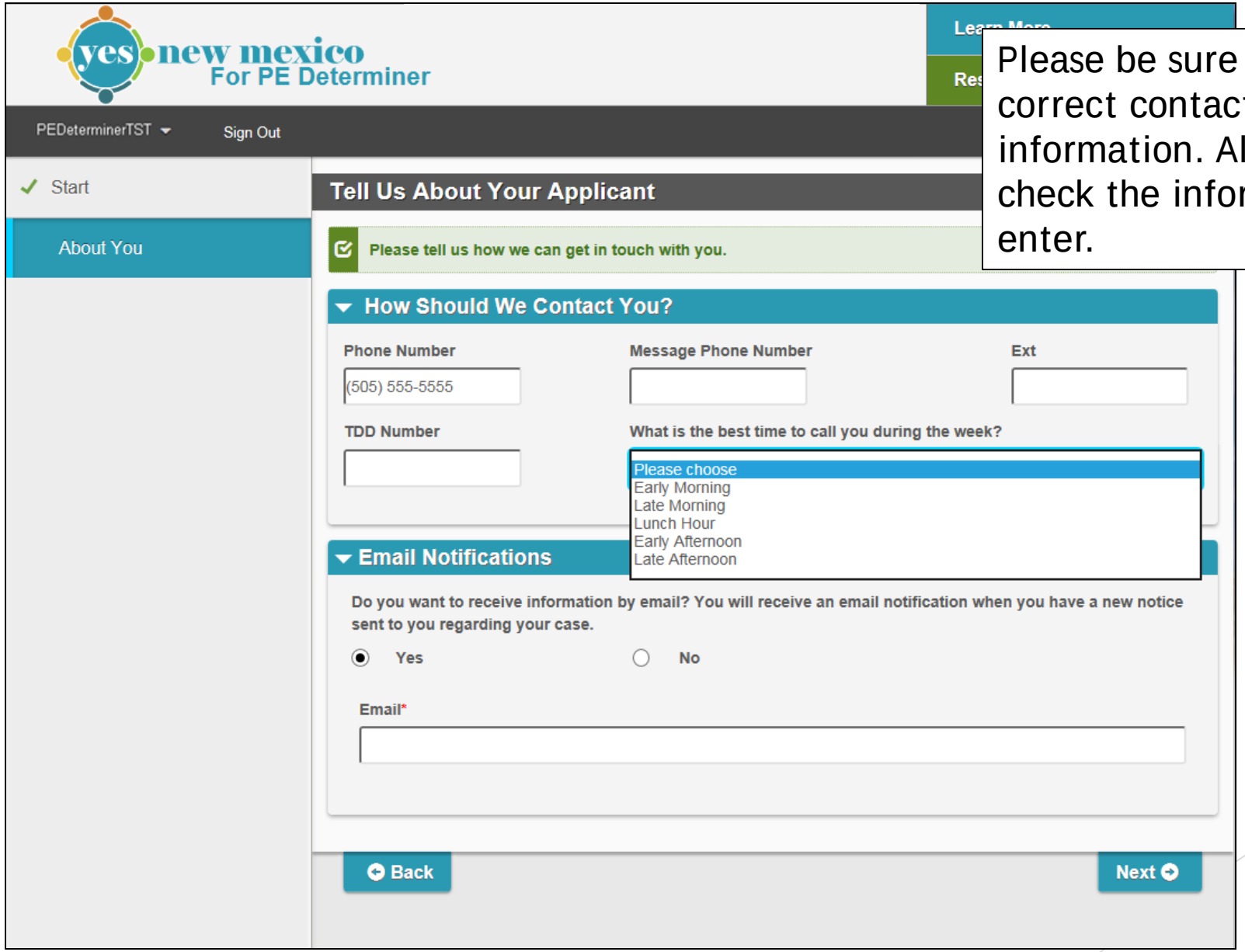
Address Validation

A popup will appear if the address cannot be validated. Verify address is correct and select the appropriate button to continue.





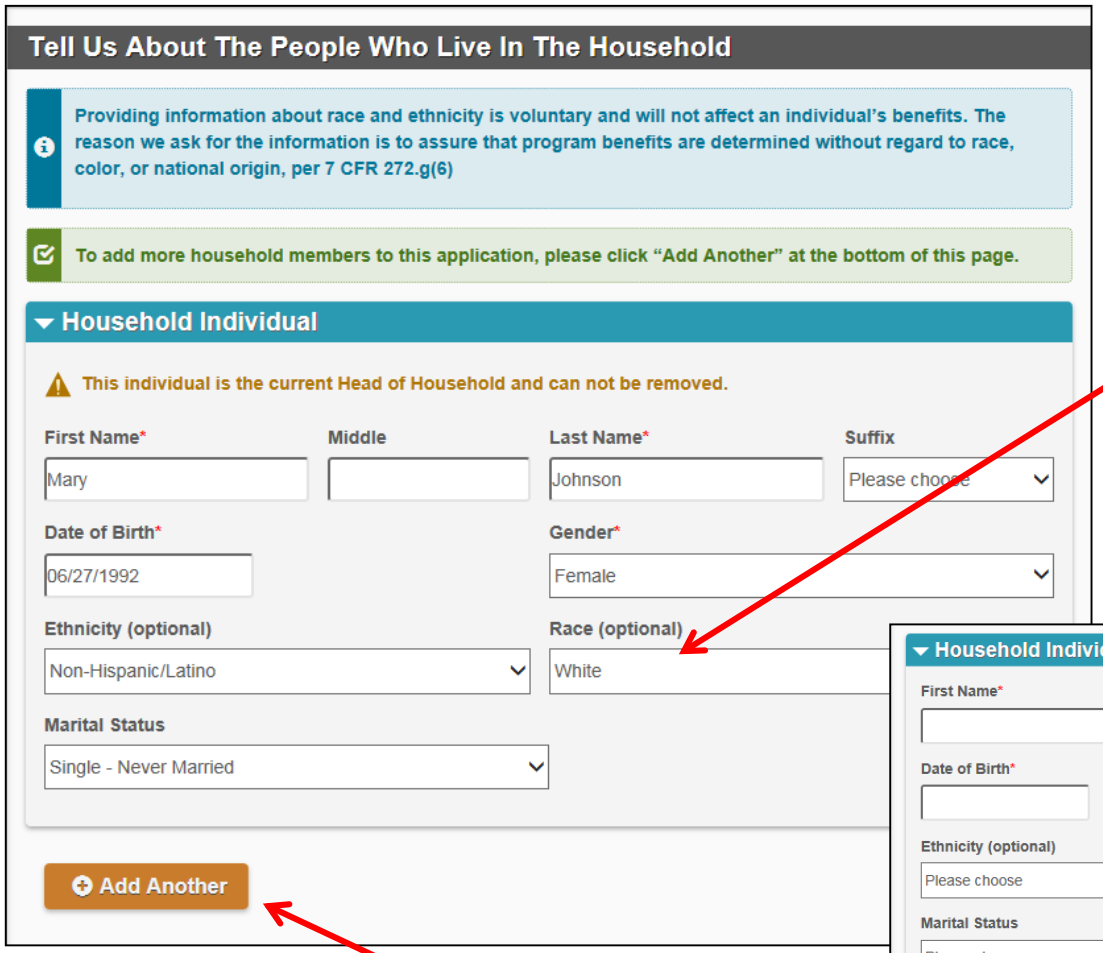
Contact Information

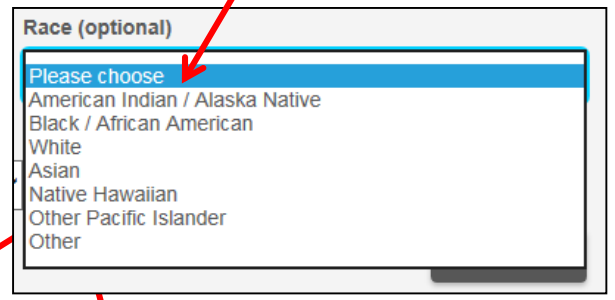


Please be sure to input the correct contact information. Always double check the information you enter.

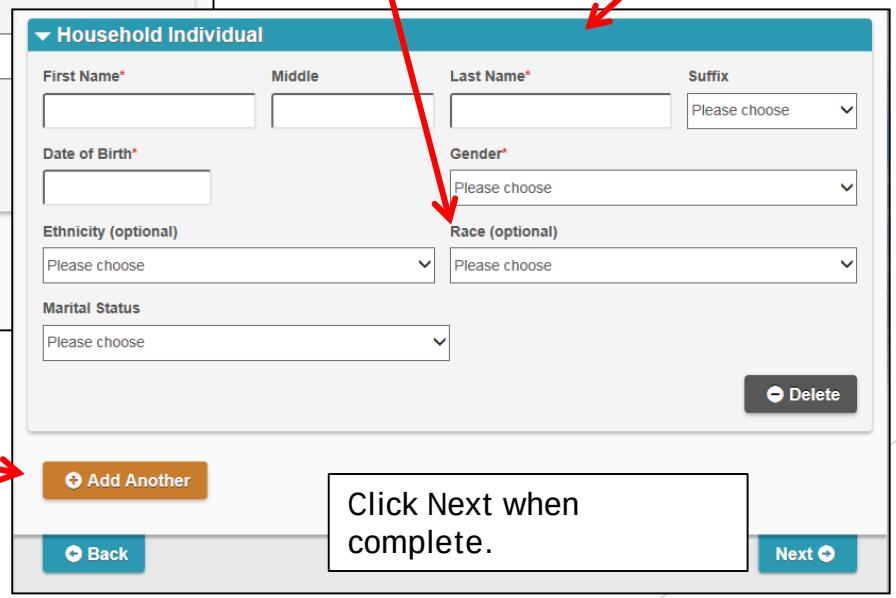
Household Information

Select **American Indian/Alaska Native** for Native Americans who do not wish to enroll with an MCO.





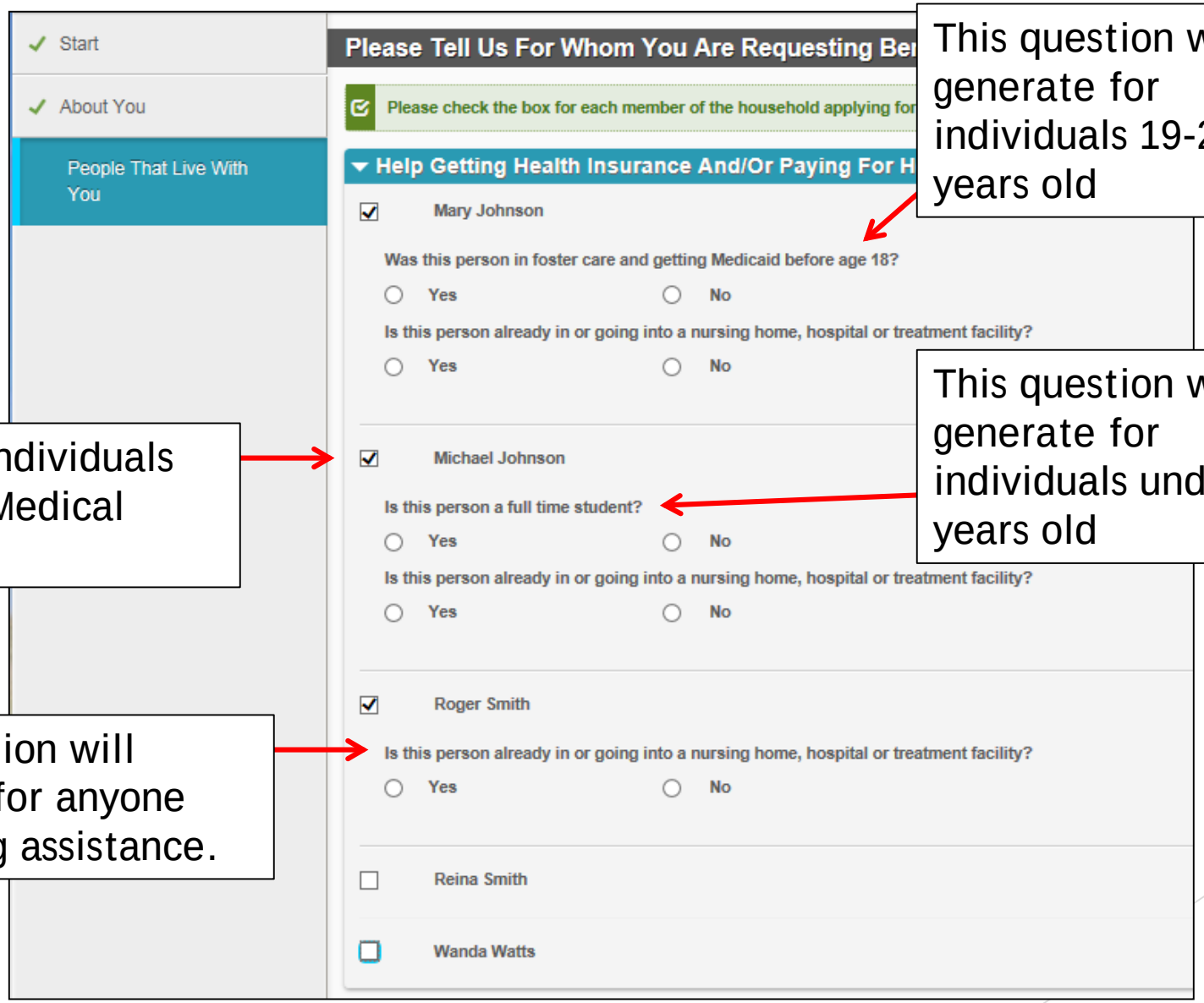
Enter other household member(s) information.



Click "Add Another" to add more household members.

Click Next when complete.

Requesting Benefits



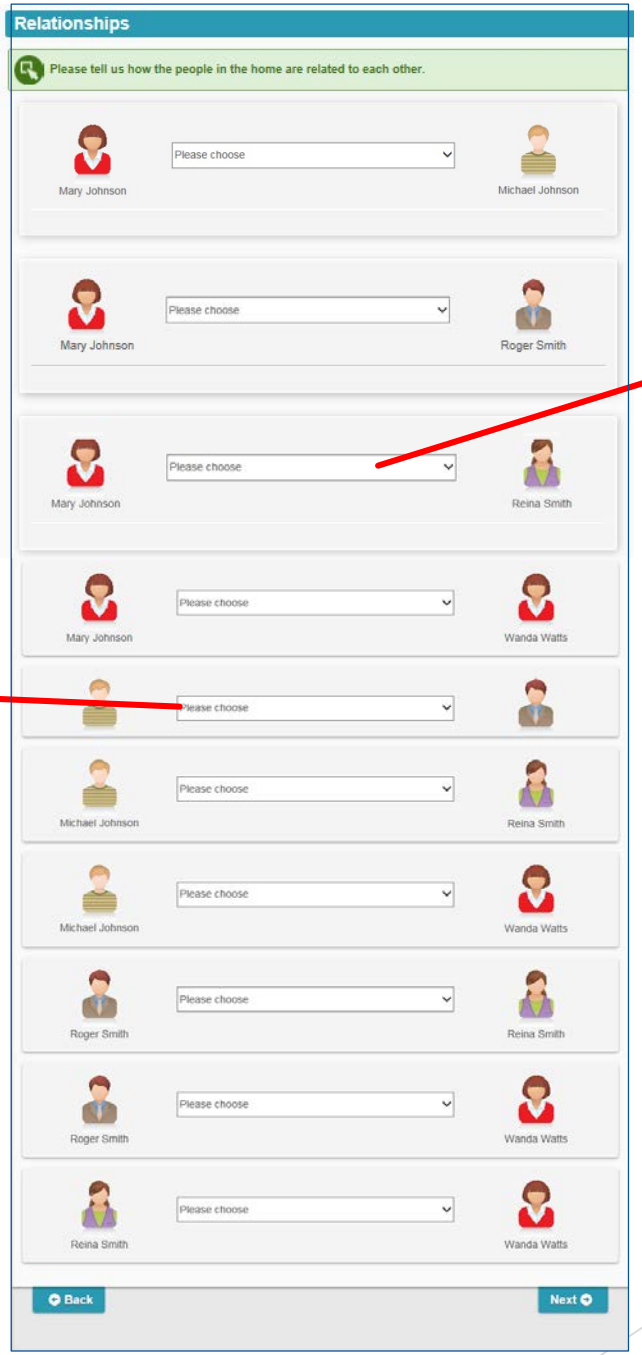
This question will generate for individuals 19-26 years old

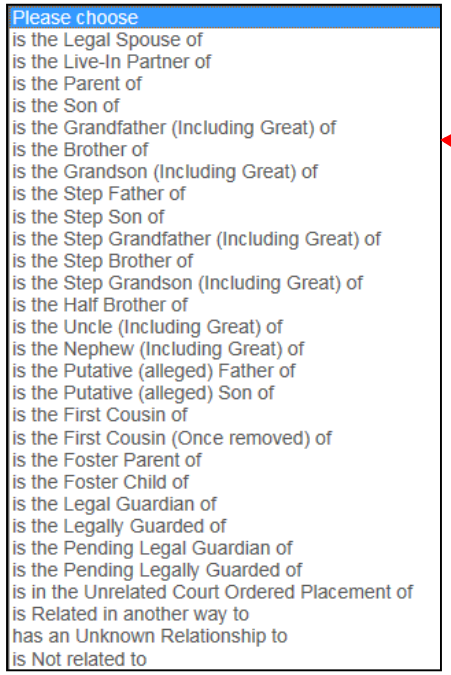
This question will generate for individuals under 19 years old

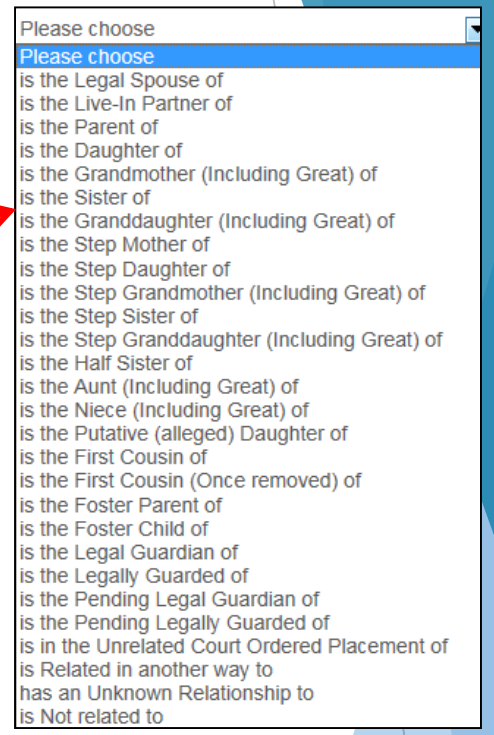
Select the individuals requesting Medical Assistance.

This question will generate for anyone requesting assistance.

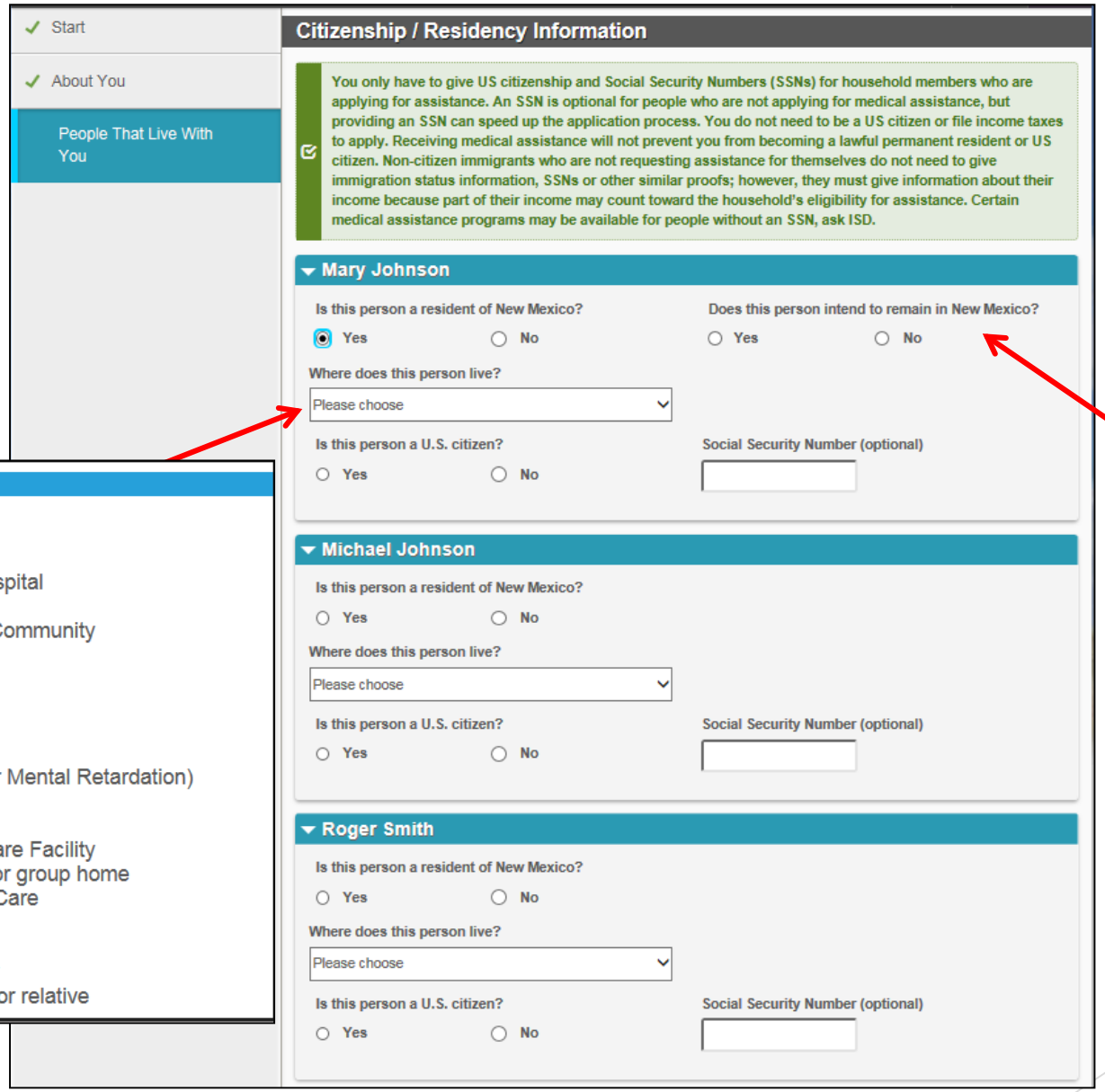
Relationships







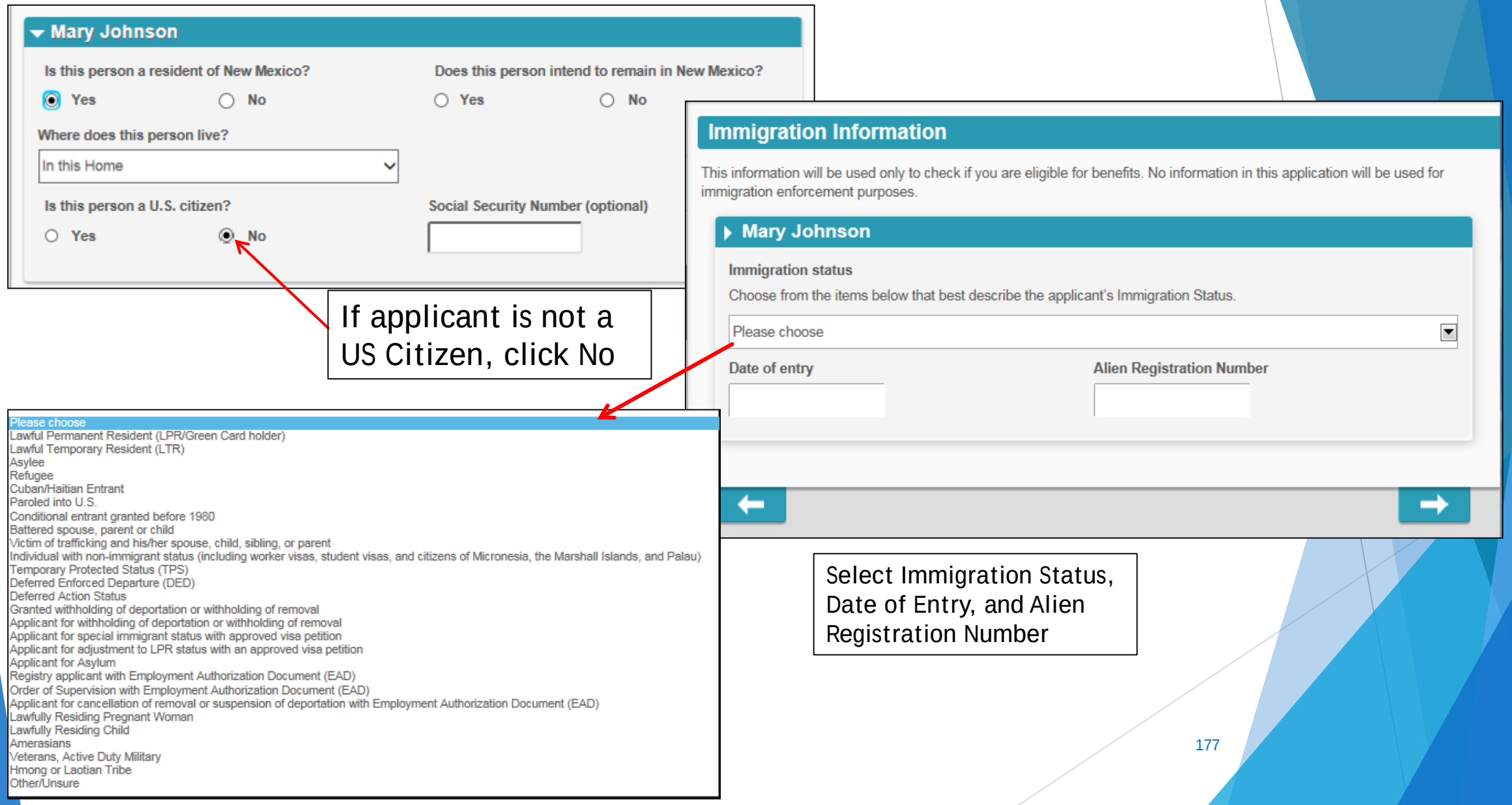
Citizenship/Residency Information



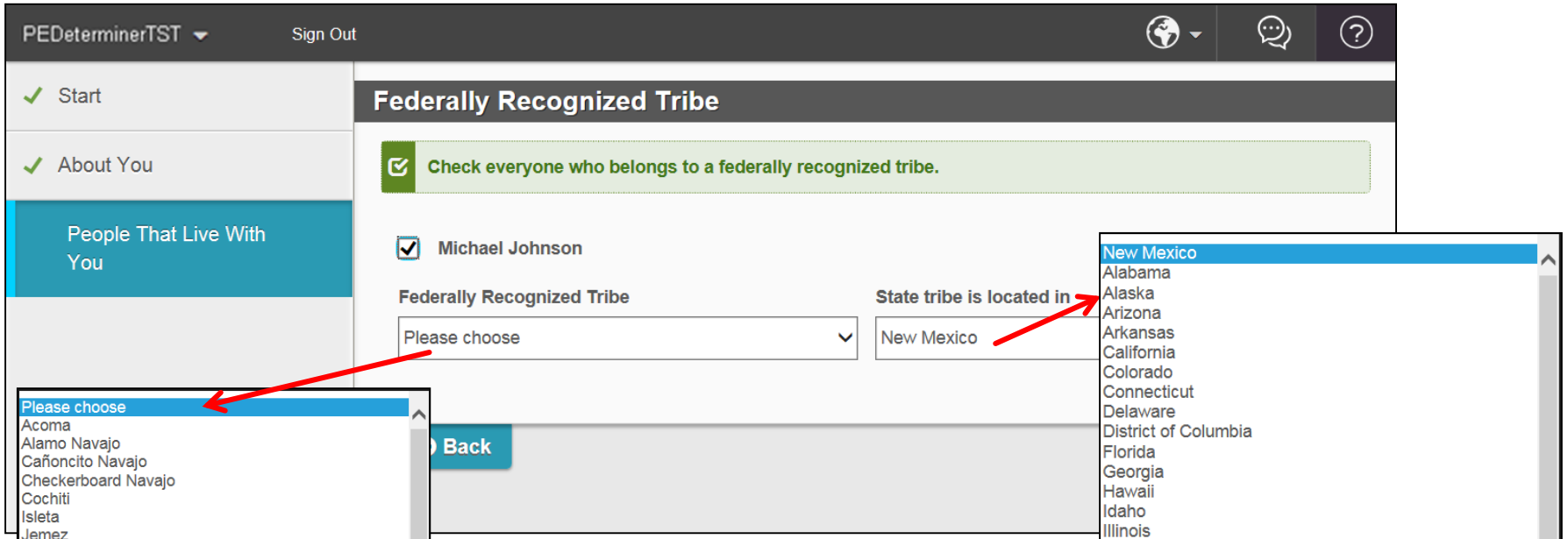
This question will appear after selecting "Yes" for the question: "Is this person a resident of NM?

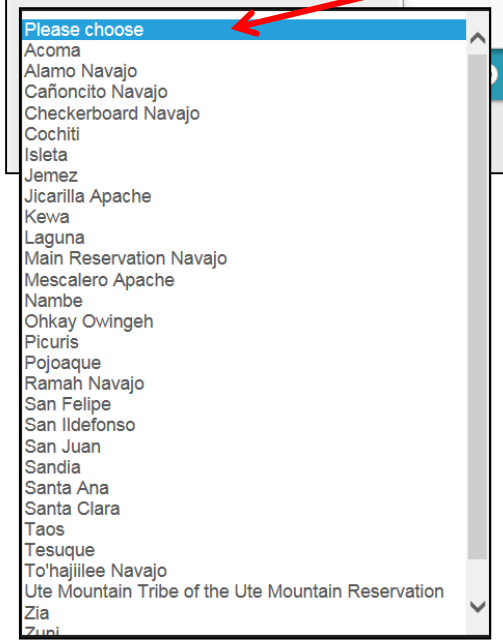
This question **will not appear** for individuals under 18 years of age.

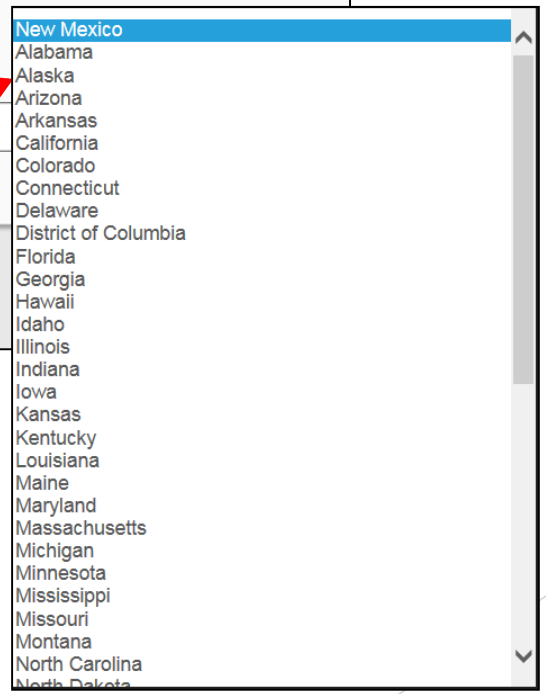
Immigration Information Screen



Federally Recognized Tribe Screen
(for Native Americans)

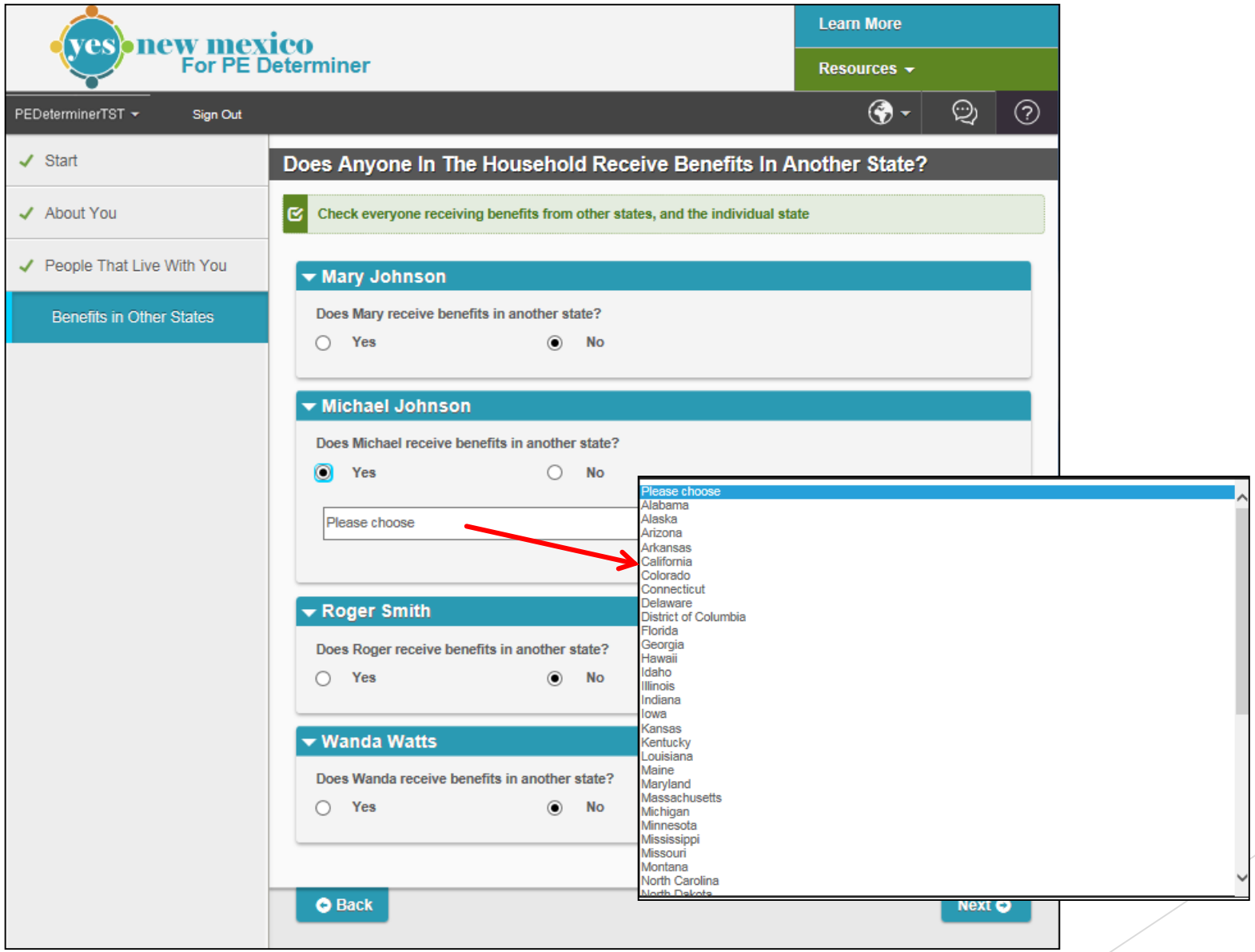




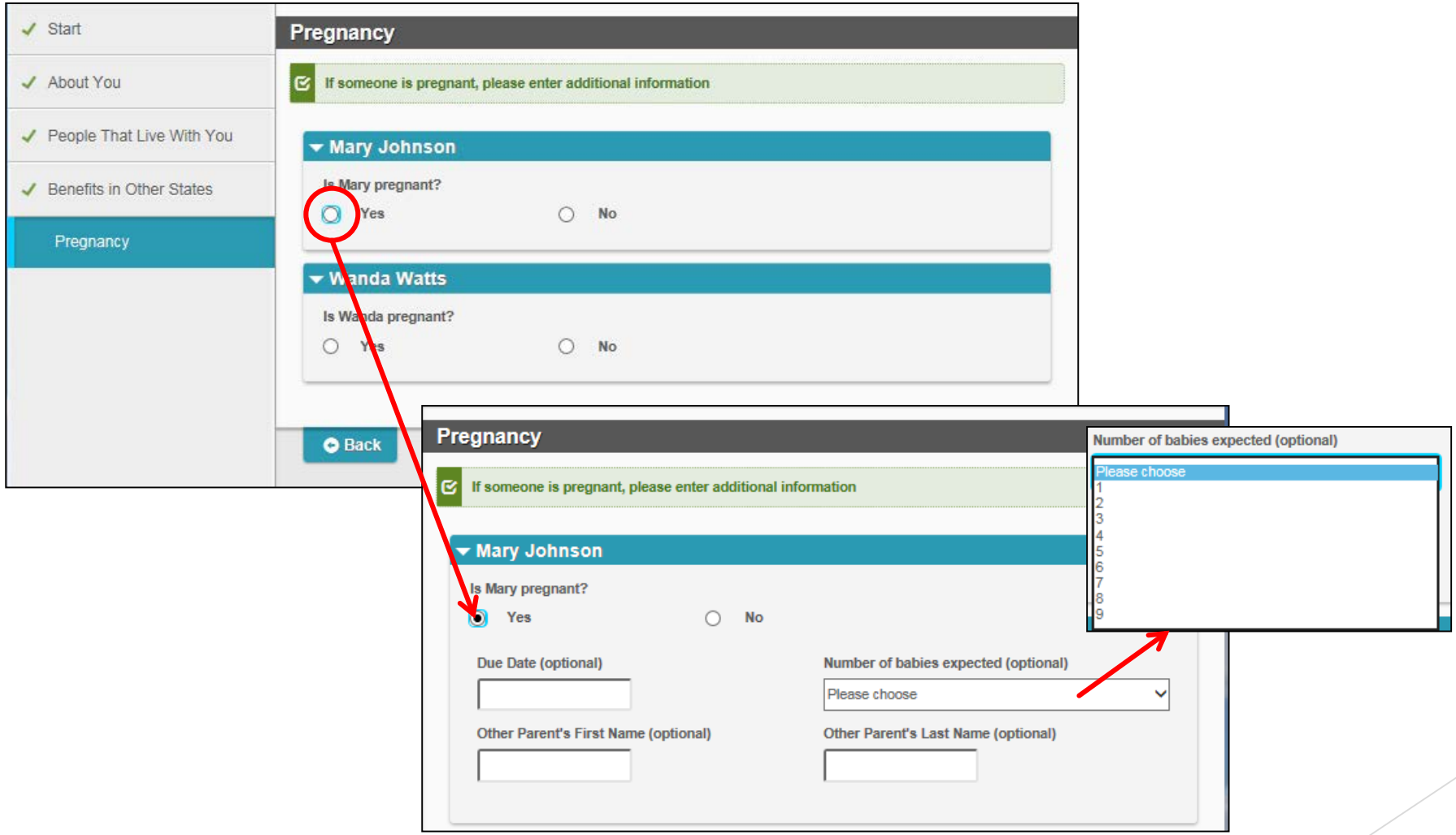


Select the Federally Recognized Tribe and the State the tribe is located in.

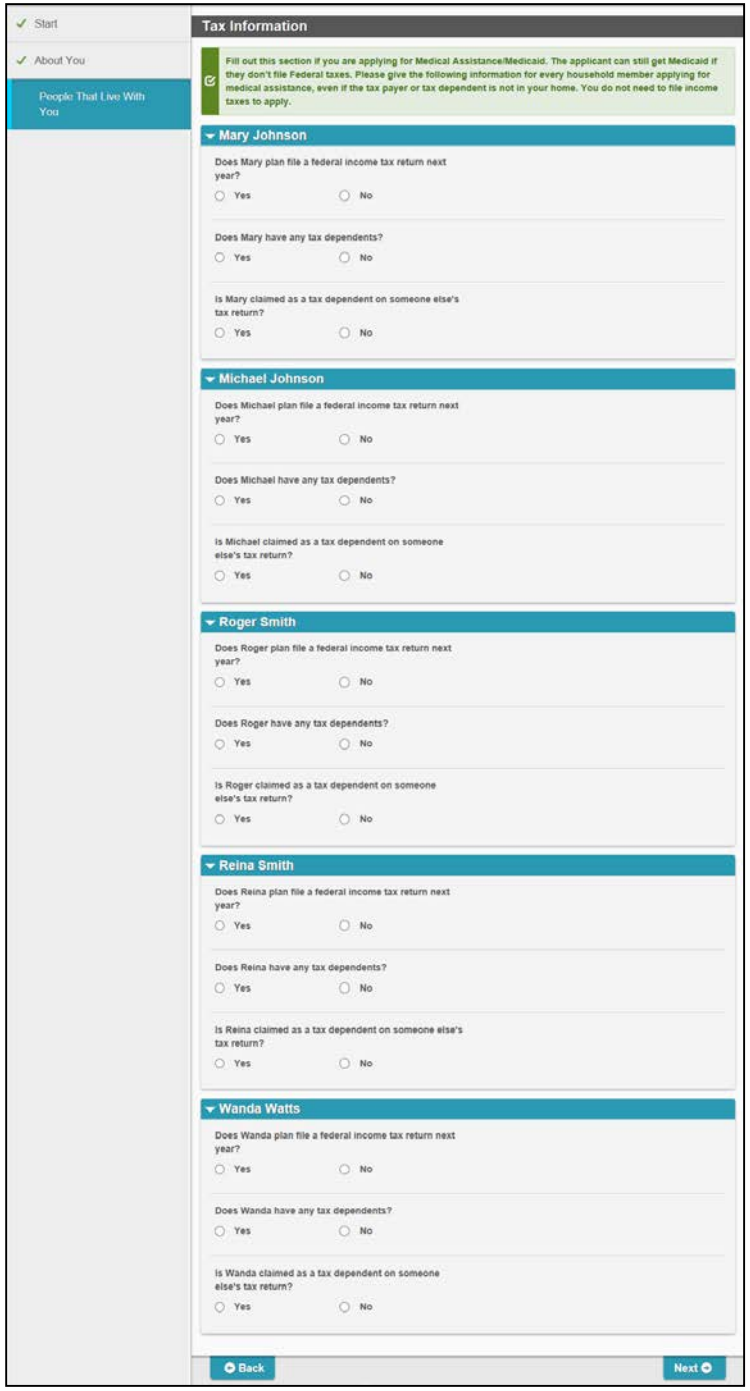
Benefits in Other States



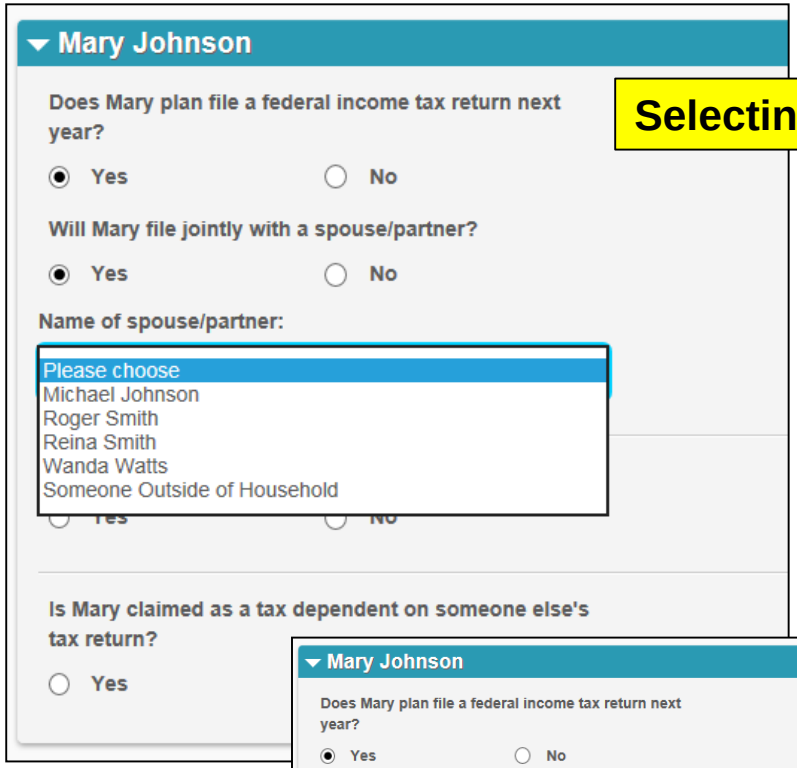
Pregnancy


Start
About You
People That Live With You
Benefits in Other States
Pregnancy
Pregnancy
If someone is pregnant, please enter additional information
Mary Johnson
Is Mary pregnant?
Yes
No
Wanda Watts
Is Wanda pregnant?
Yes
No
Back
Pregnancy
If someone is pregnant, please enter additional information
Mary Johnson
Is Mary pregnant?
Yes
No
Due Date (optional)
Number of babies expected (optional)
Please choose
Other Parent's First Name (optional)
Other Parent's Last Name (optional)
Number of babies expected (optional)
Please choose
1
2
3
4
5
6
7
8
9

Tax Information Screen

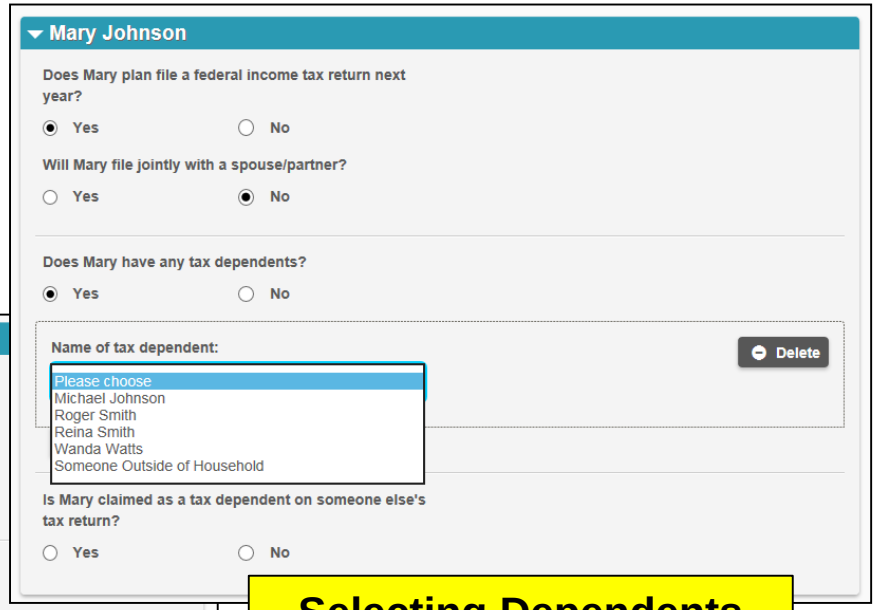


Tax Information Screen (continued)

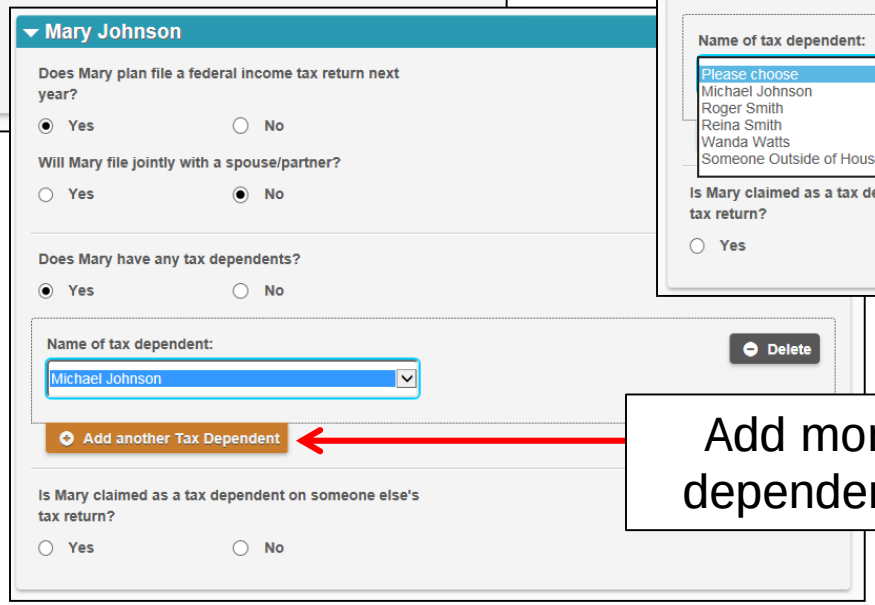


Selecting Spouse

When selecting legal Spouse or Dependent(s), you will see a drop-down screen listing these individuals.



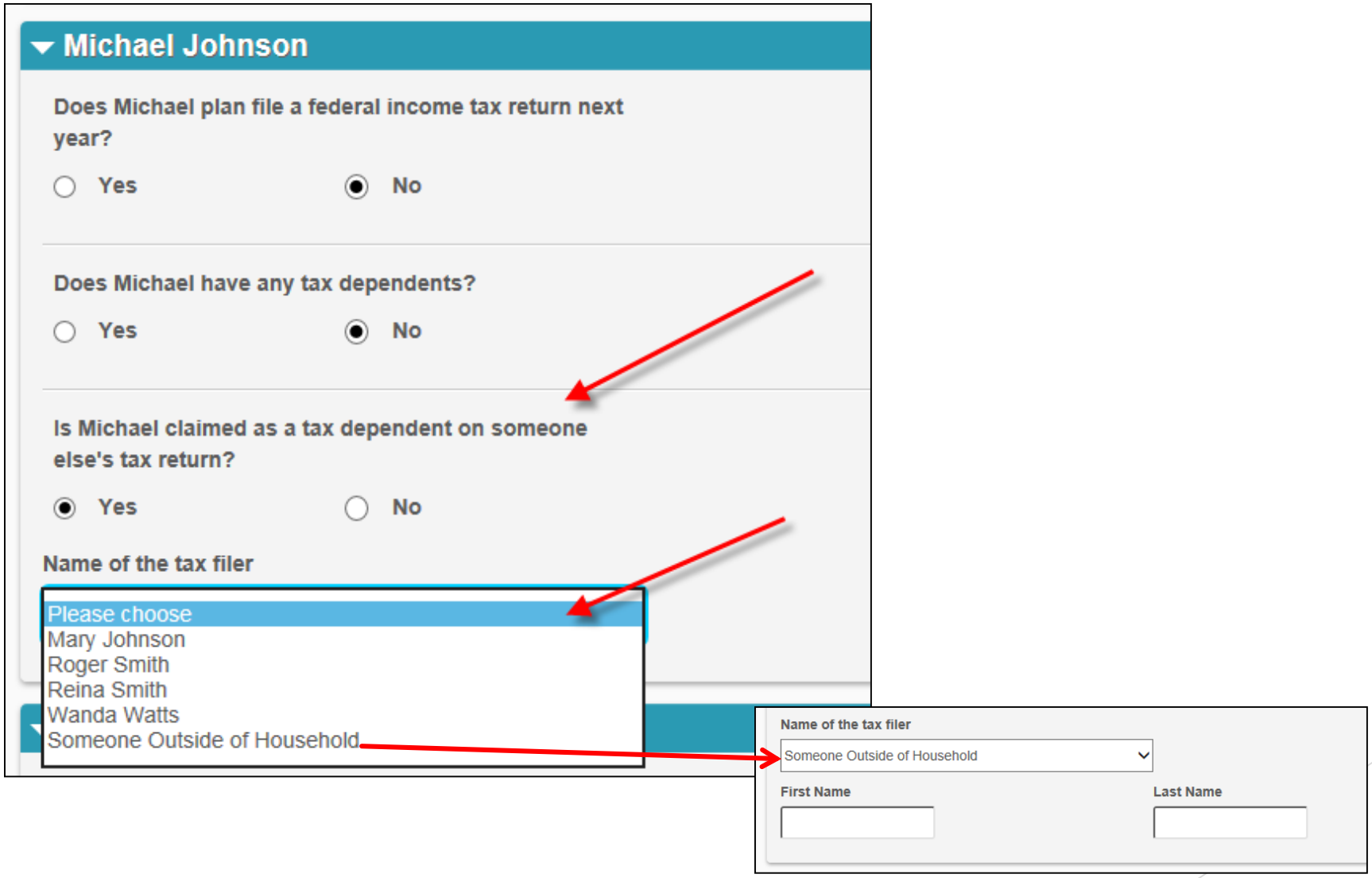
Selecting Dependents



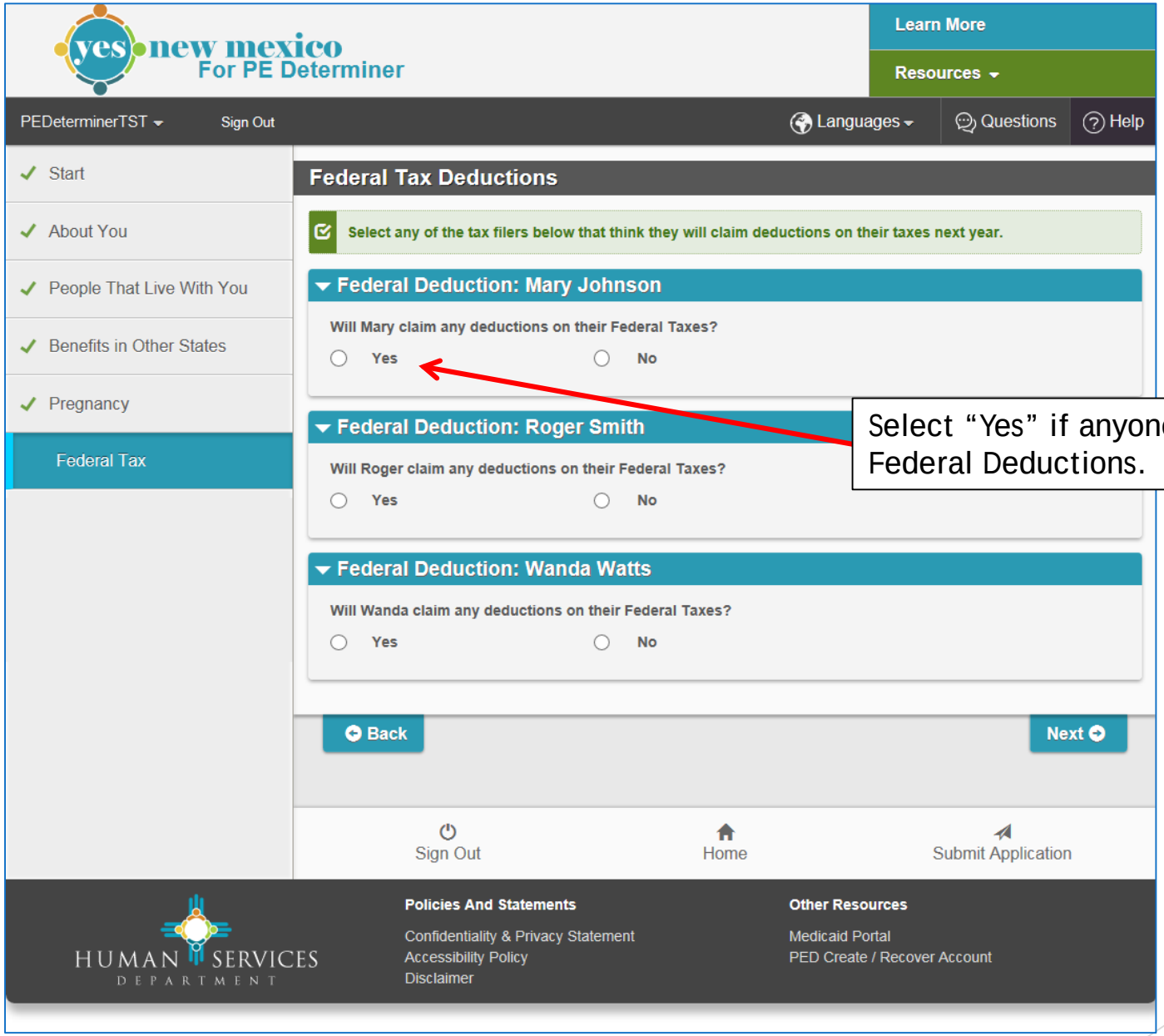
Add more dependents

Tax Information Screen (continued)

The dependent also lists who is claiming them on their taxes.

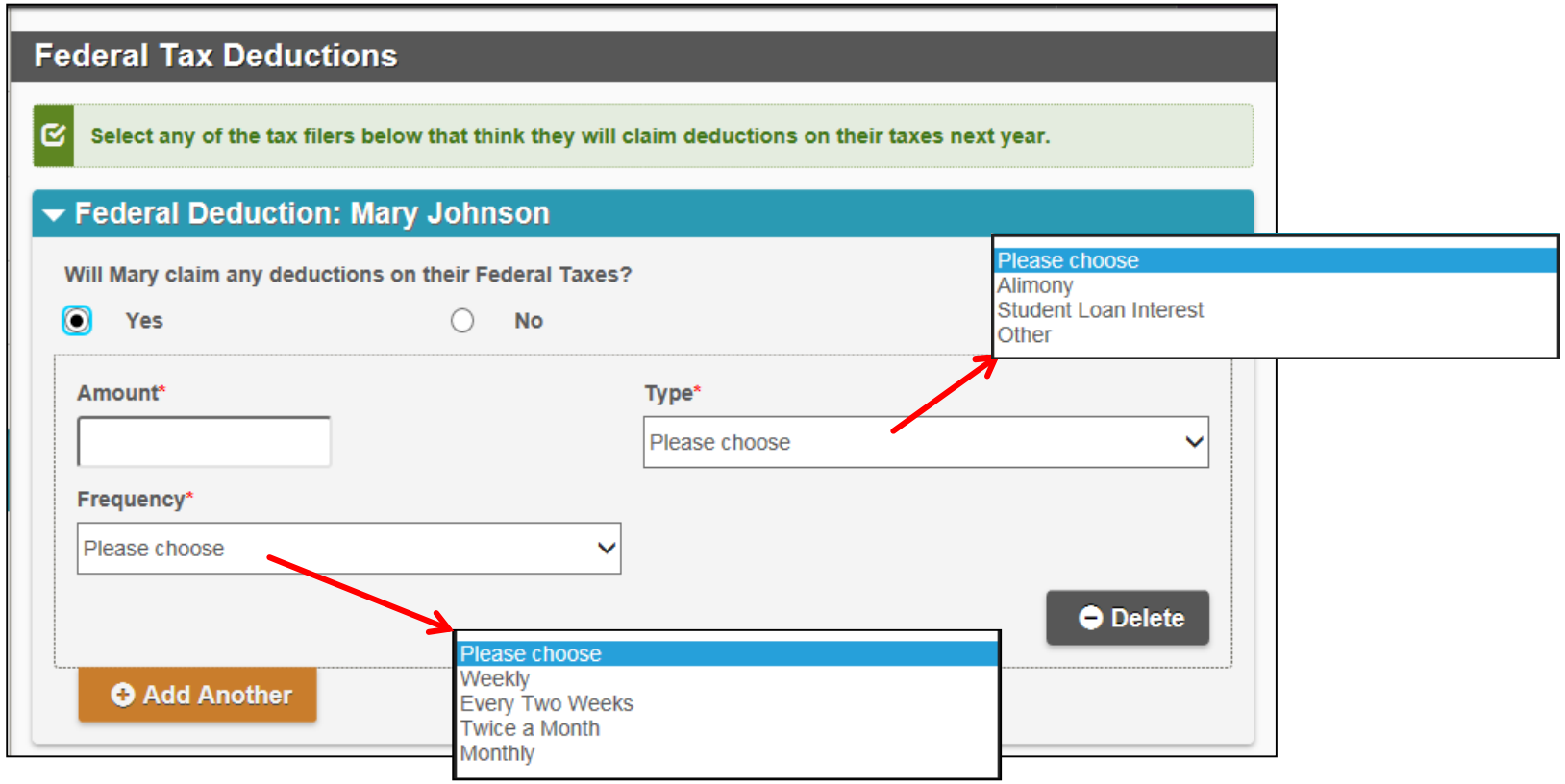


Federal Tax Deductions

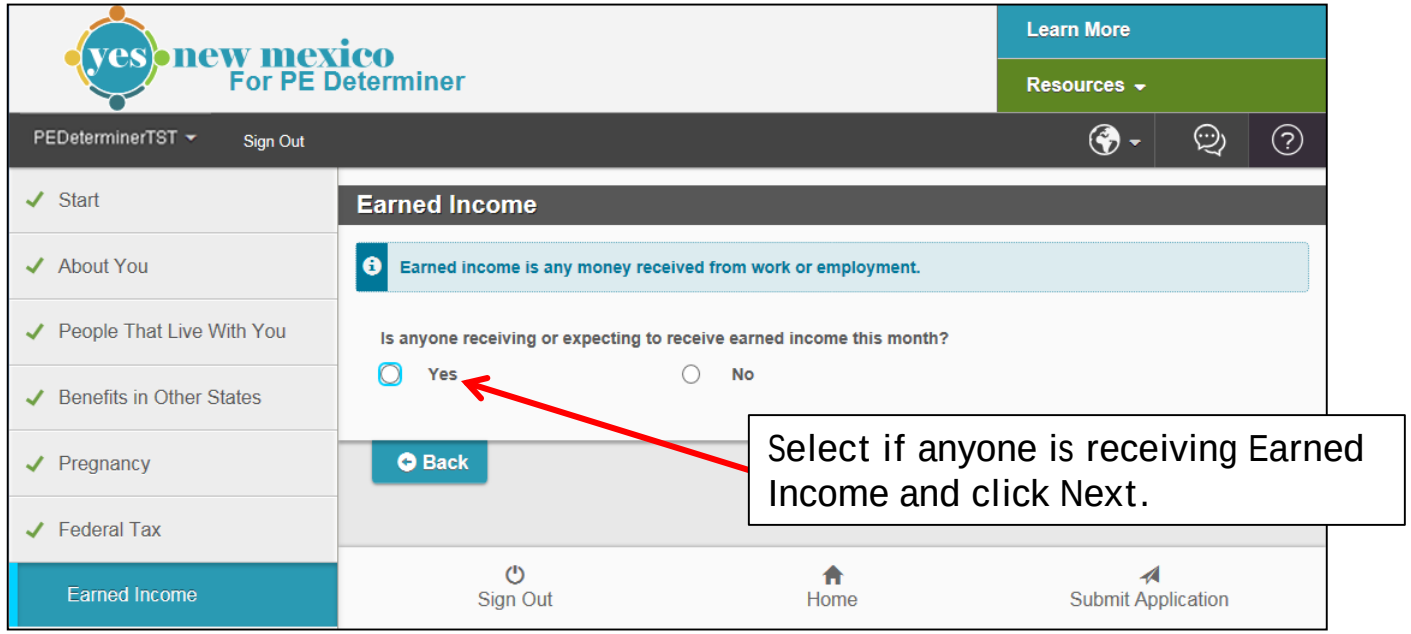


Select "Yes" if anyone has any Federal Deductions.

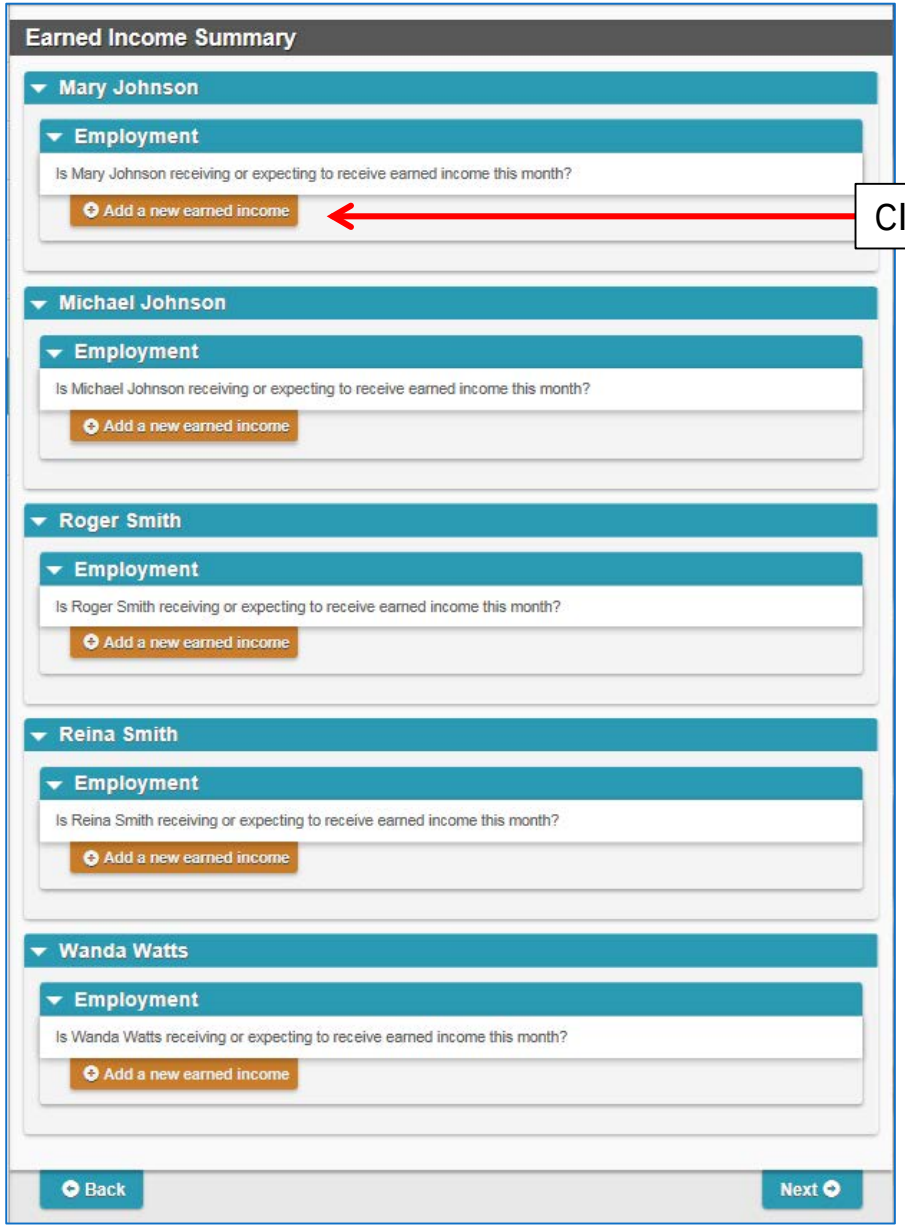
Federal Tax (continued)



Earned Income

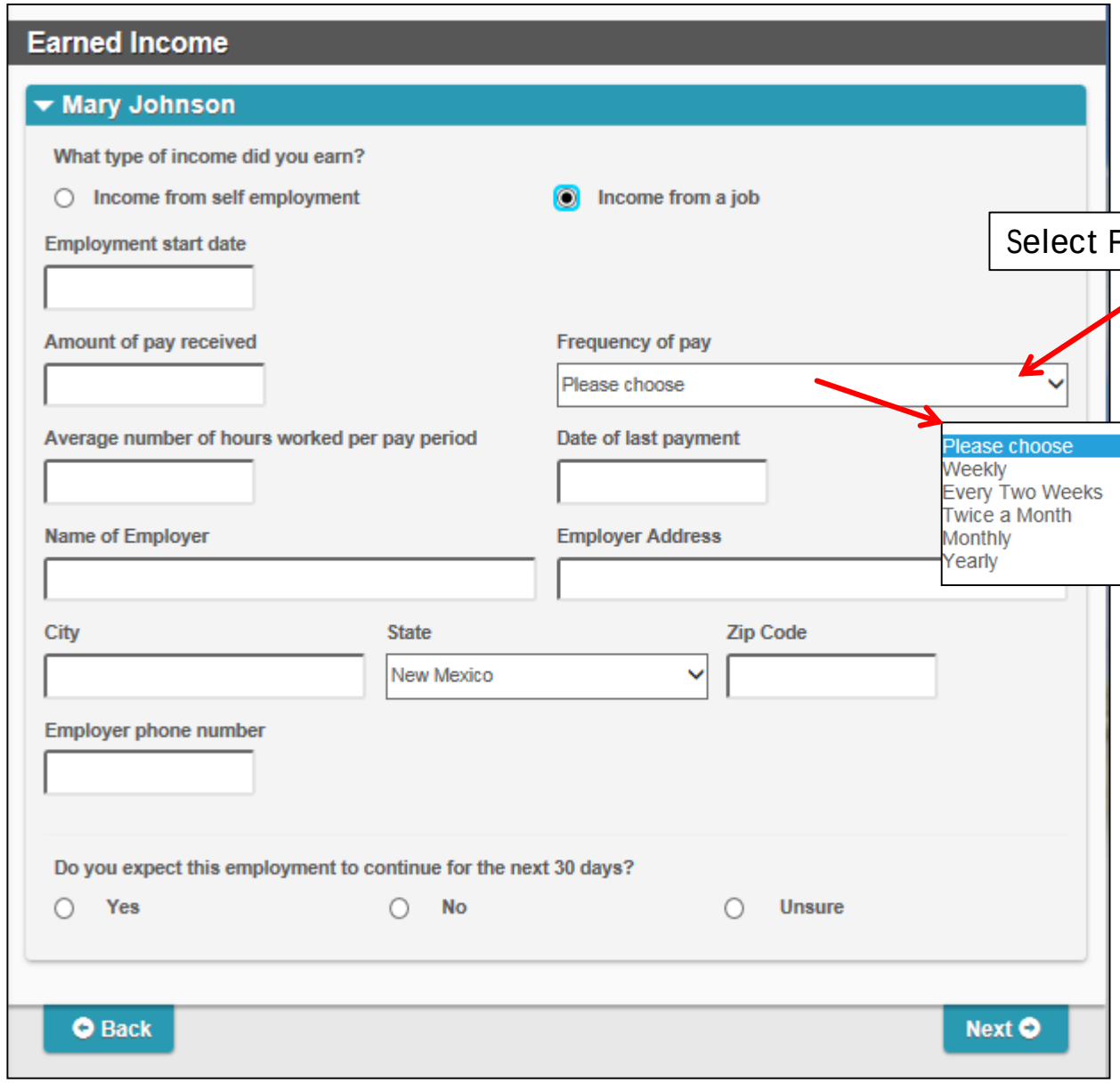


Earned Income (continued)



Click to add Employment

Earned Income for Employment

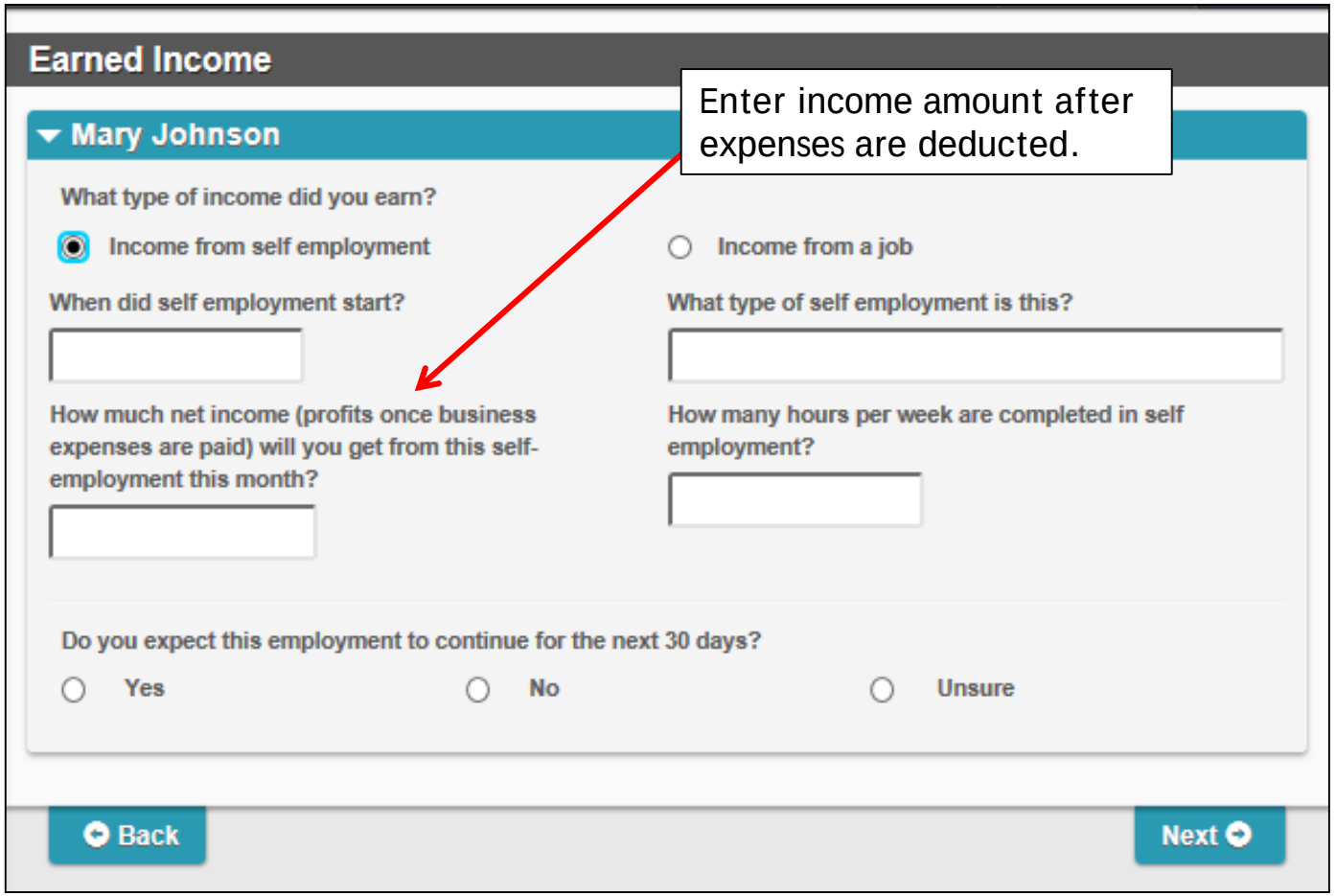


Select Frequency of Pay

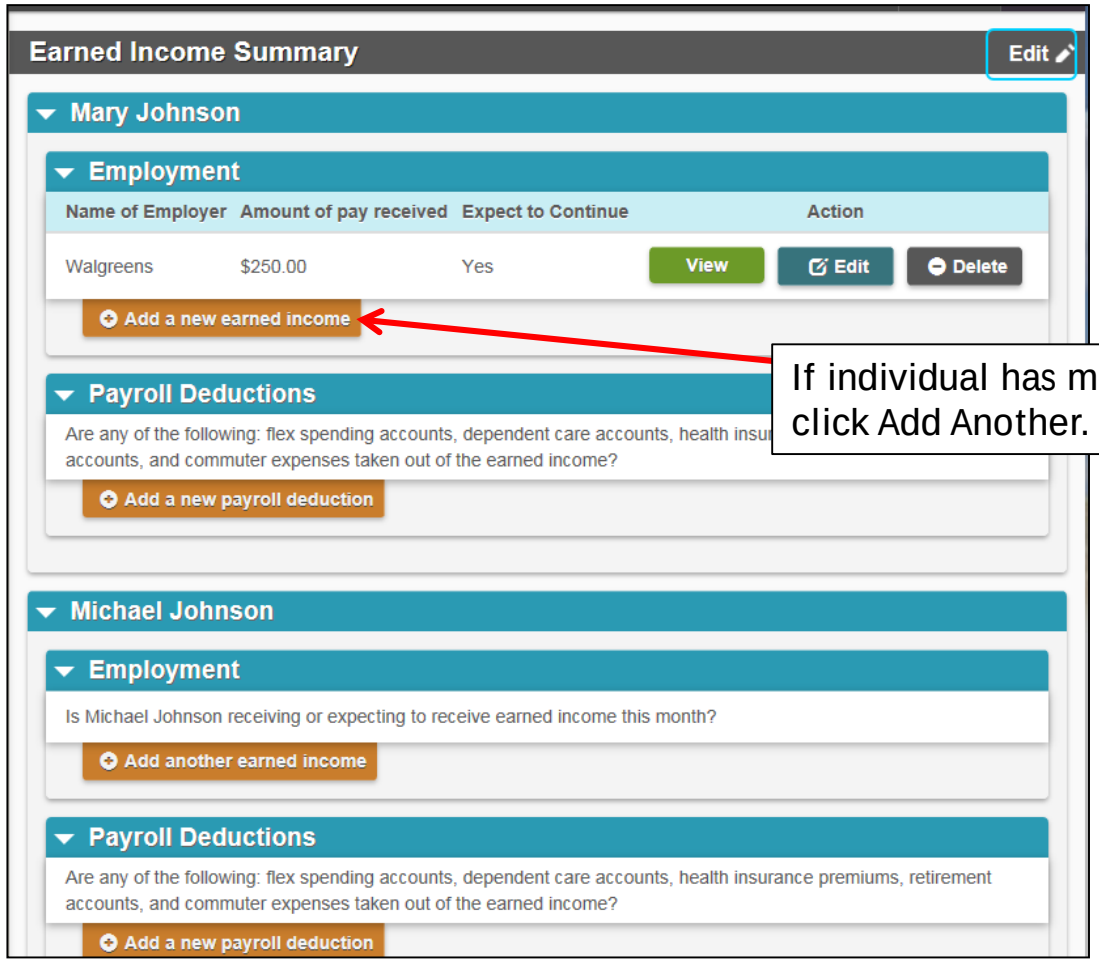
Please choose
Weekly
Every Two Weeks
Twice a Month
Monthly
Yearly

Income for Self-employment is on the next slide.

Earned Income for Self Employment

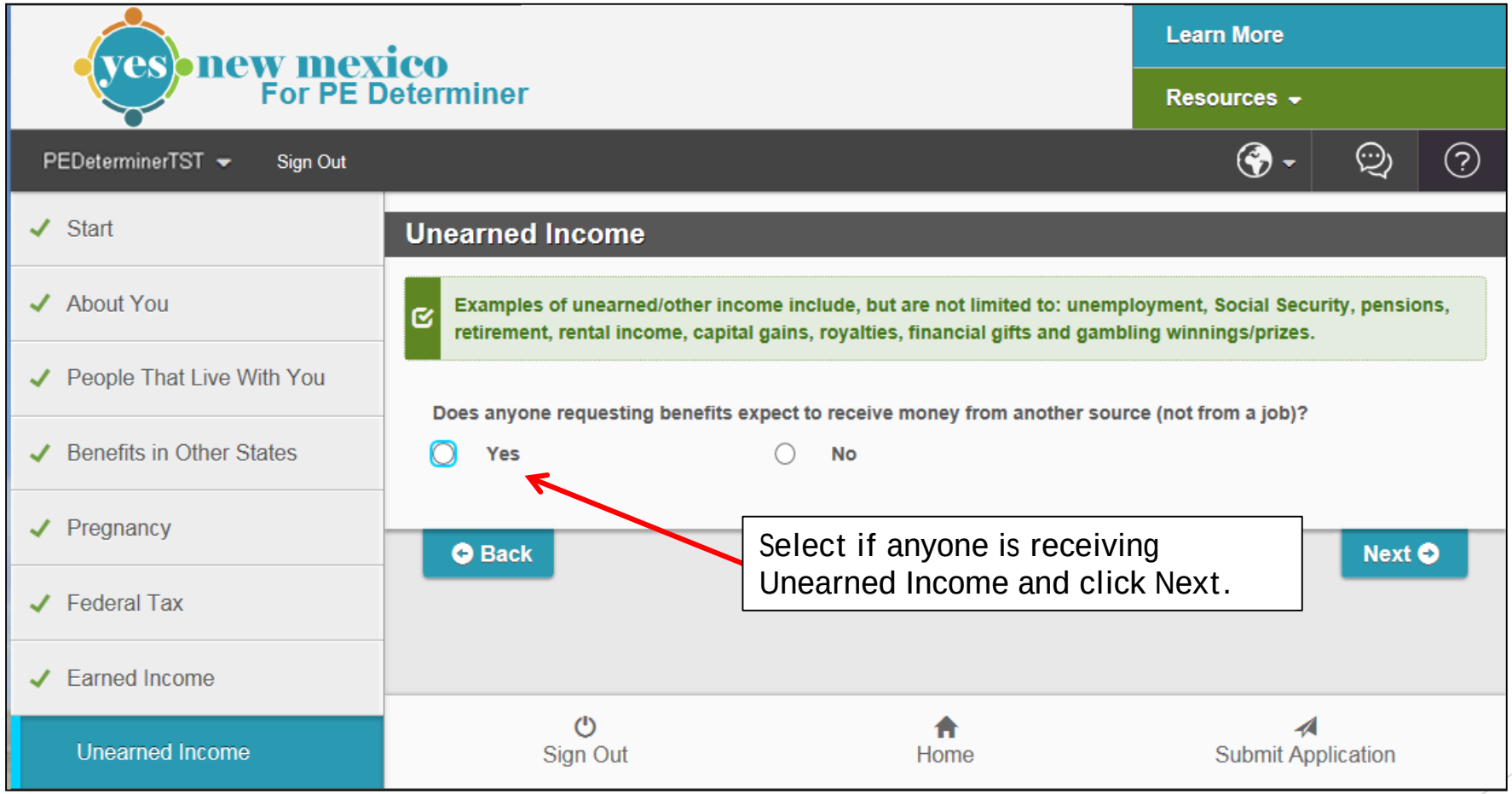


Earned Income Summary page

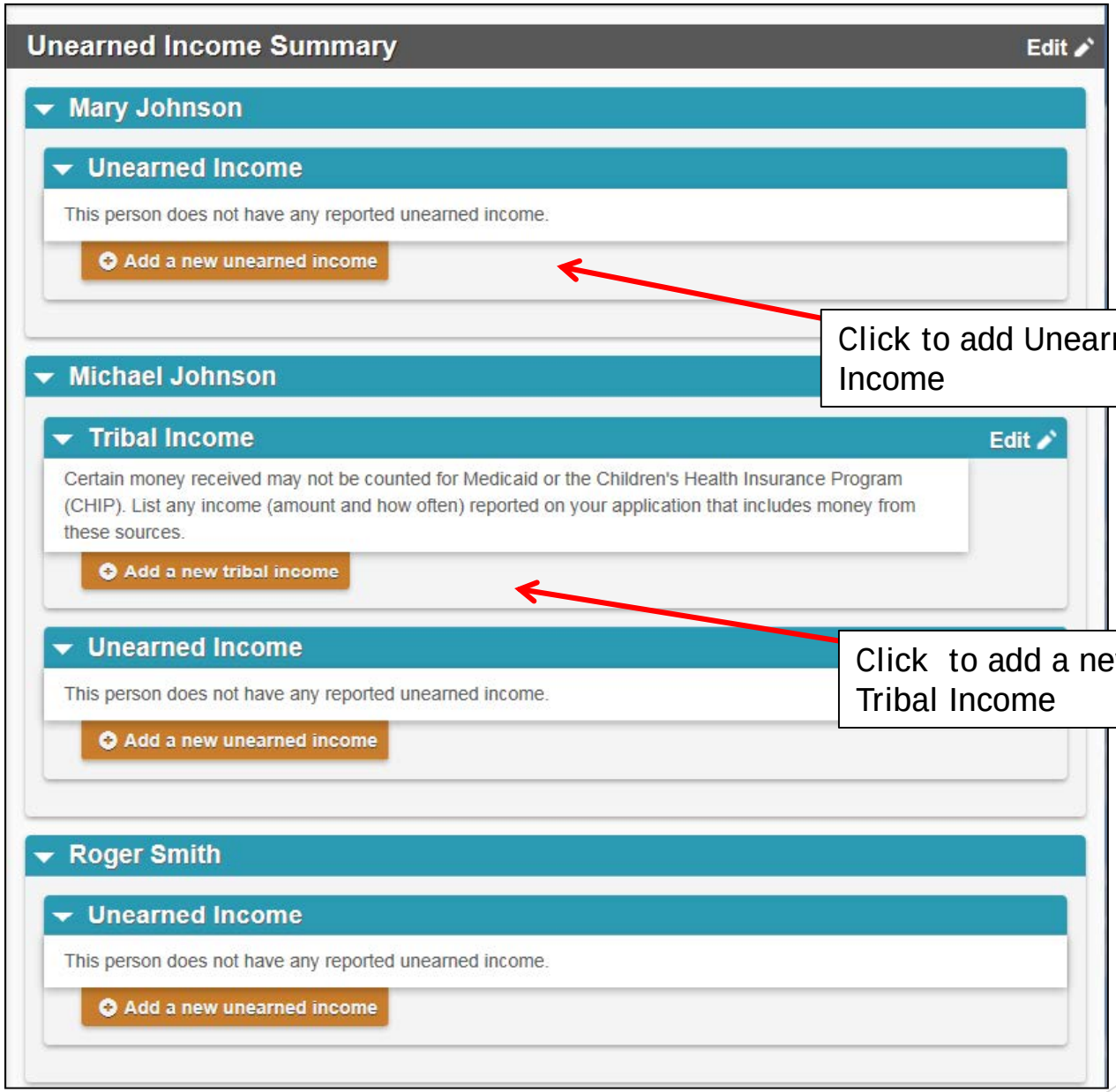


If individual has more than one job, click Add Another.

Unearned Income



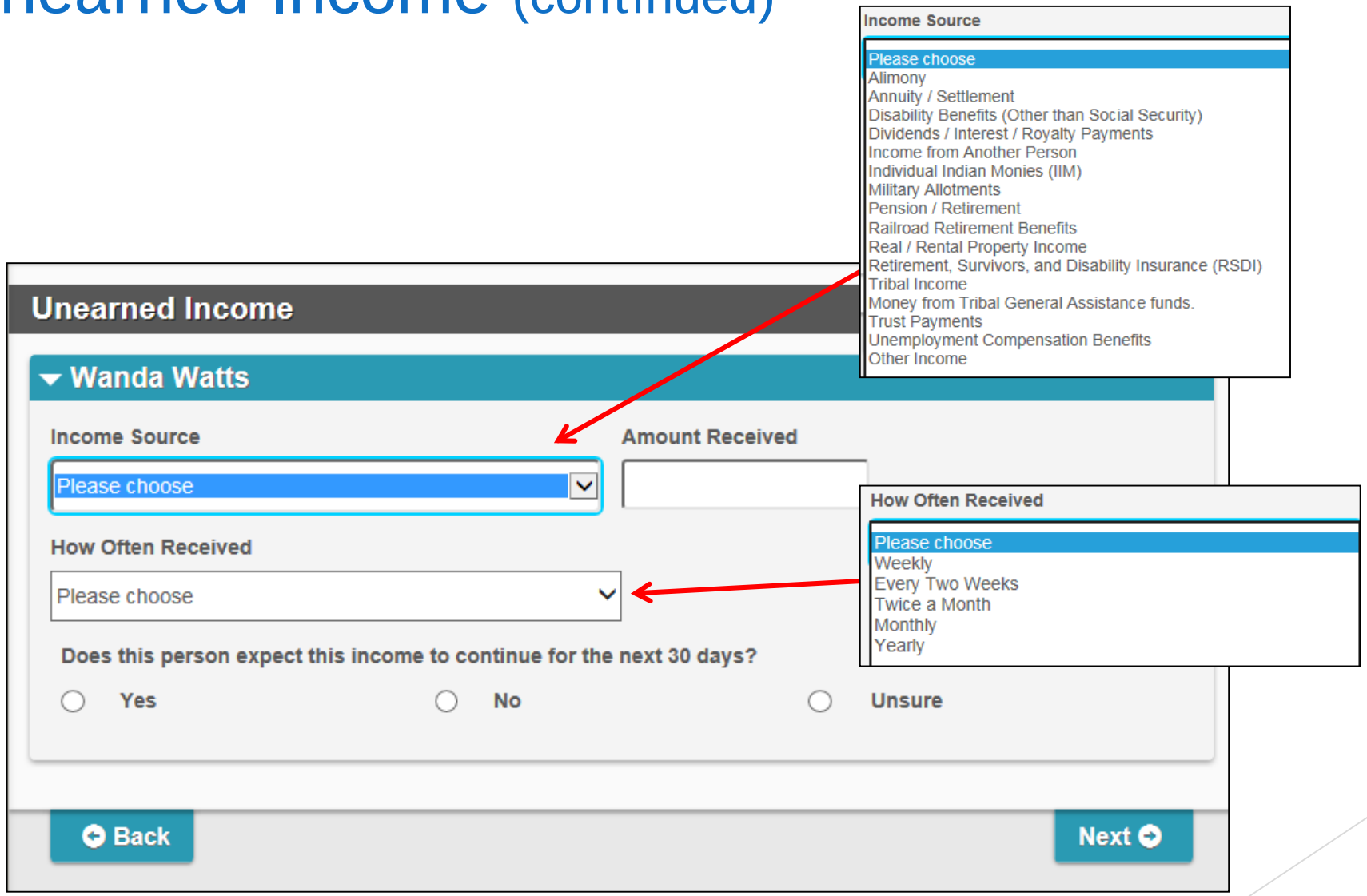
Unearned Income



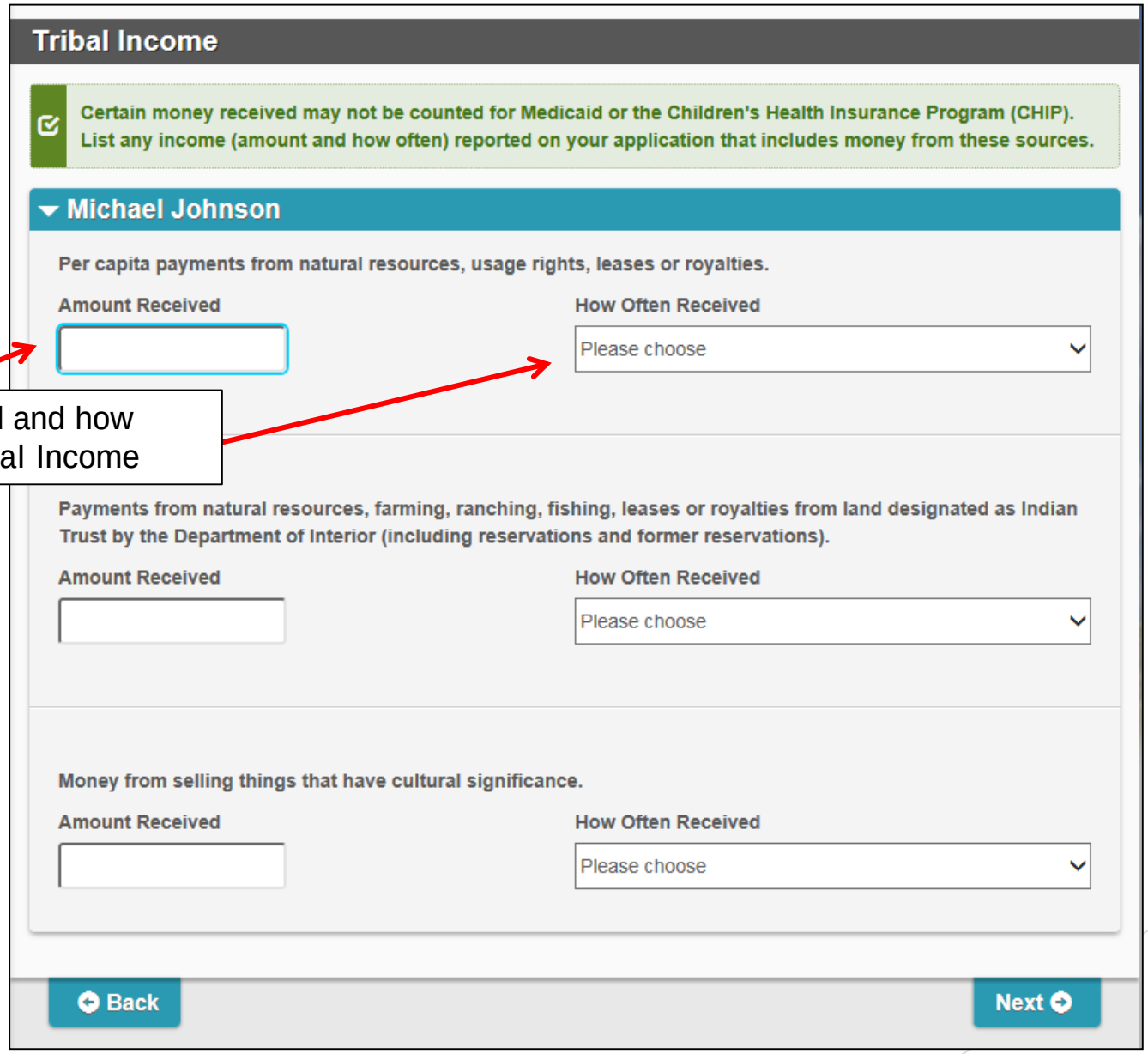
Click to add Unearned Income

Click to add a new Tribal Income

Unearned Income (continued)

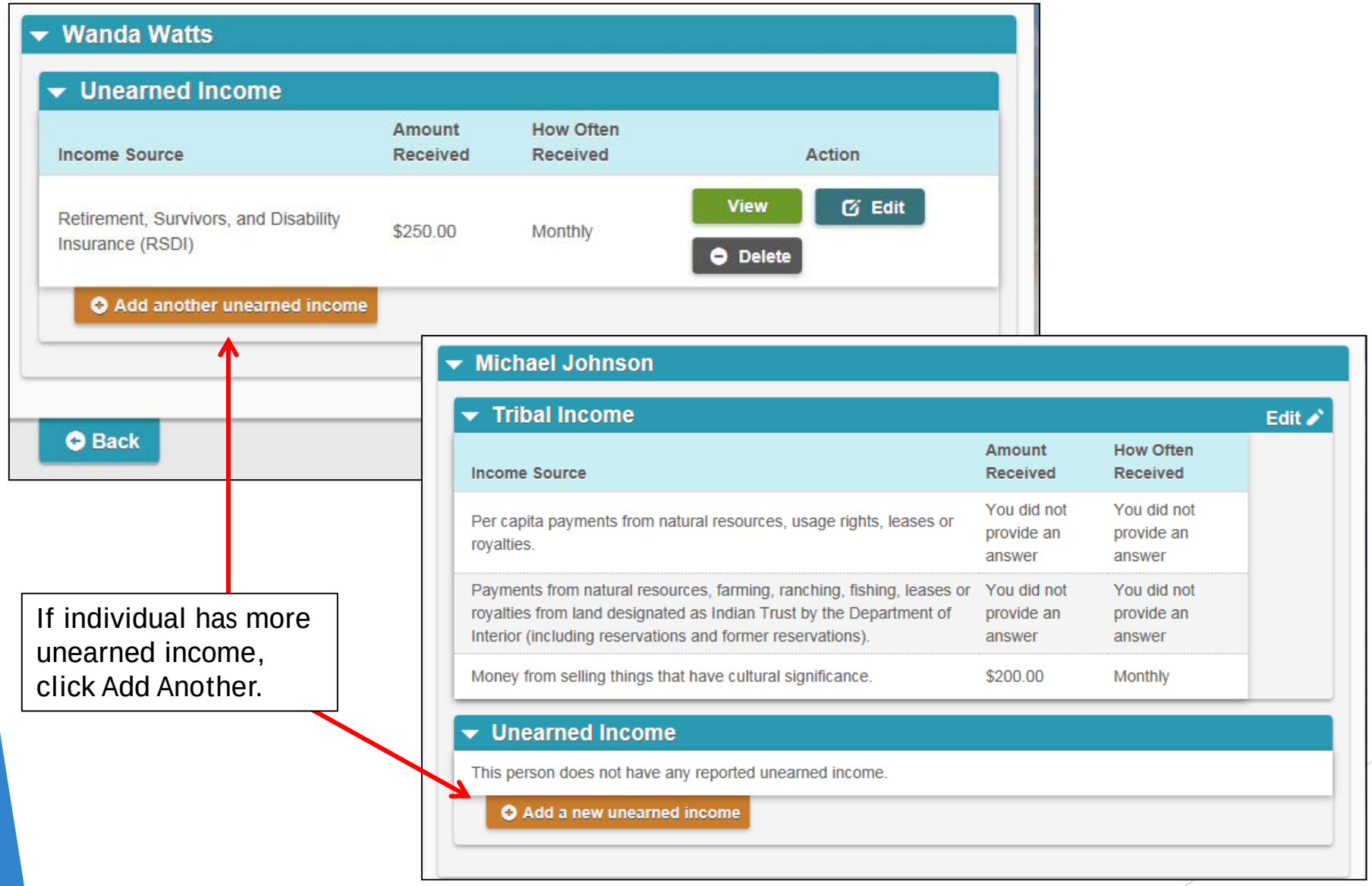


Unearned Income (for Native Americans)



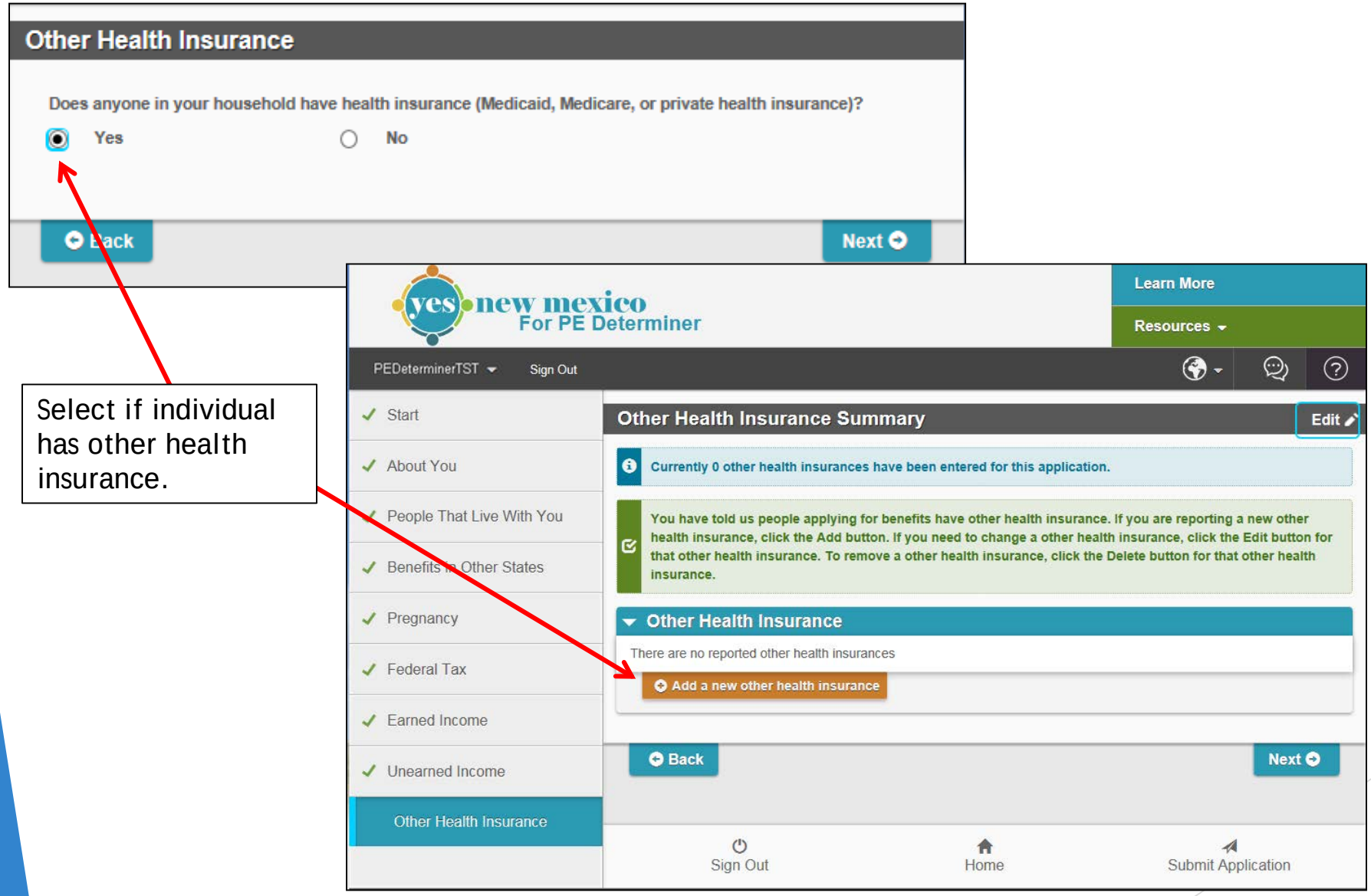
Enter amount received and how often received for Tribal Income

Unearned Income Summary page



If individual has more unearned income, click Add Another.

Other Health Insurance

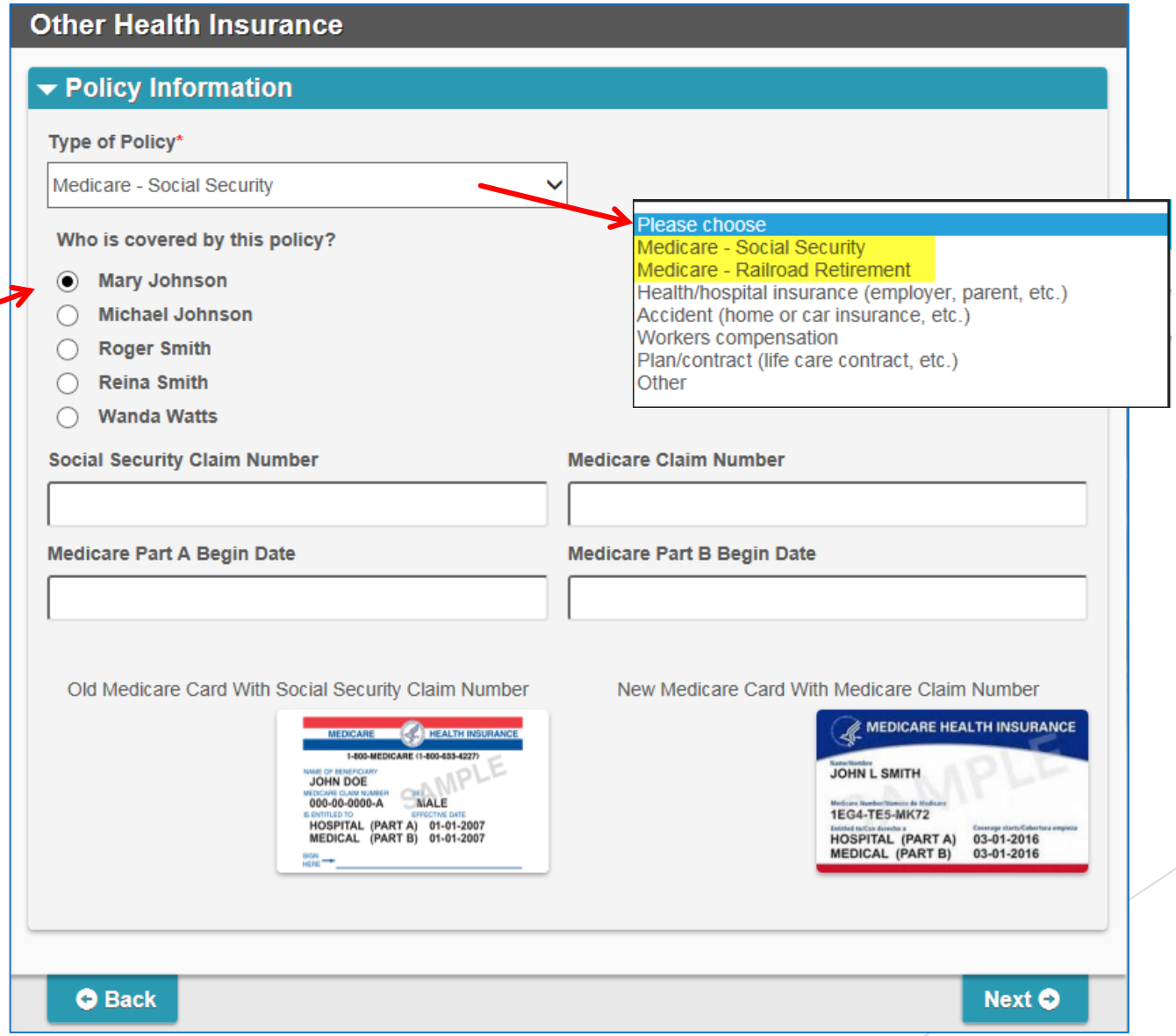


Select if individual has other health insurance.

Other Health Insurance (Continued)

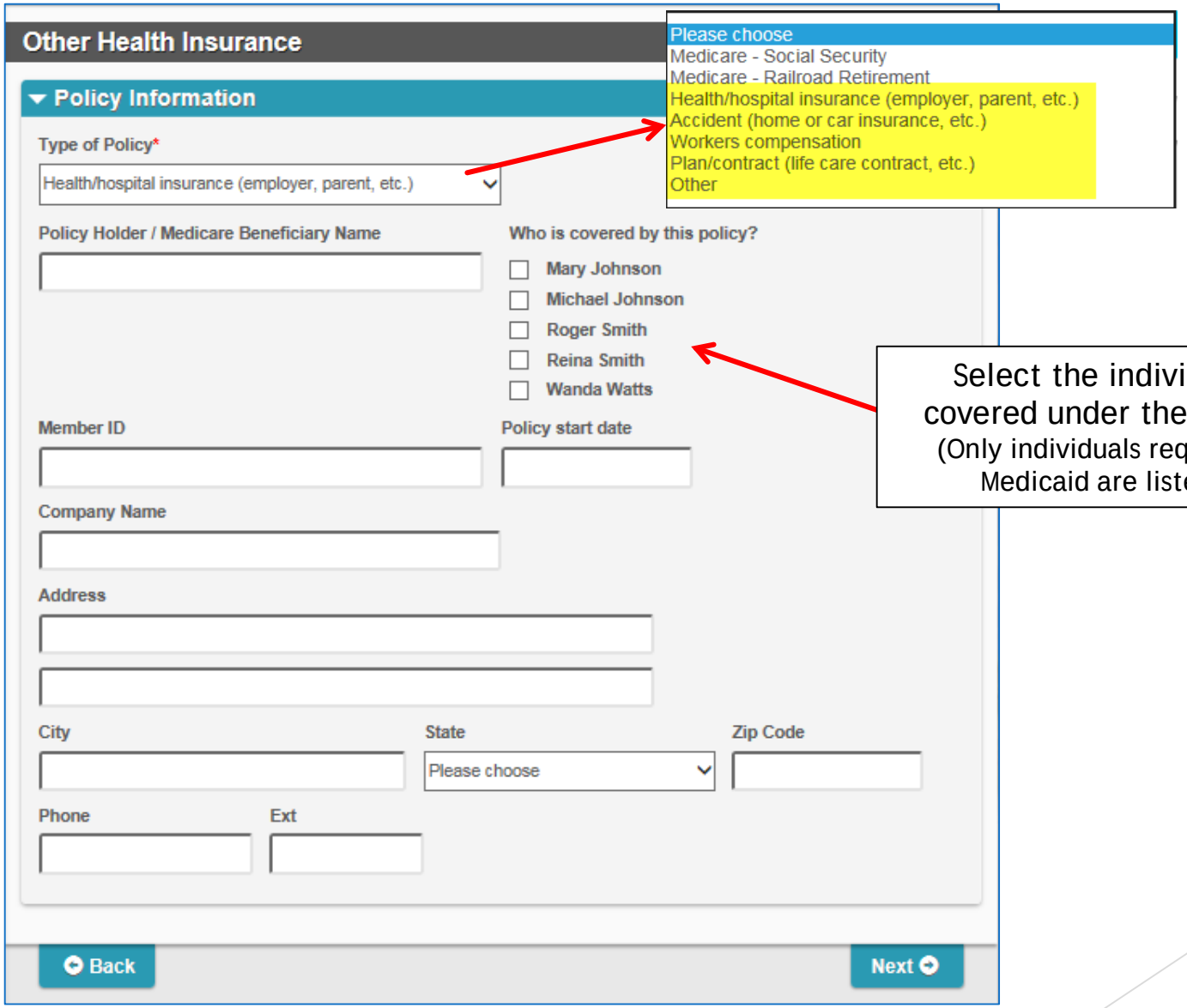
When Selecting Medicare – Social Security or Medicare – Railroad Retirement

Select the individuals covered under the policy.
(Only individuals requesting Medicaid are listed.)



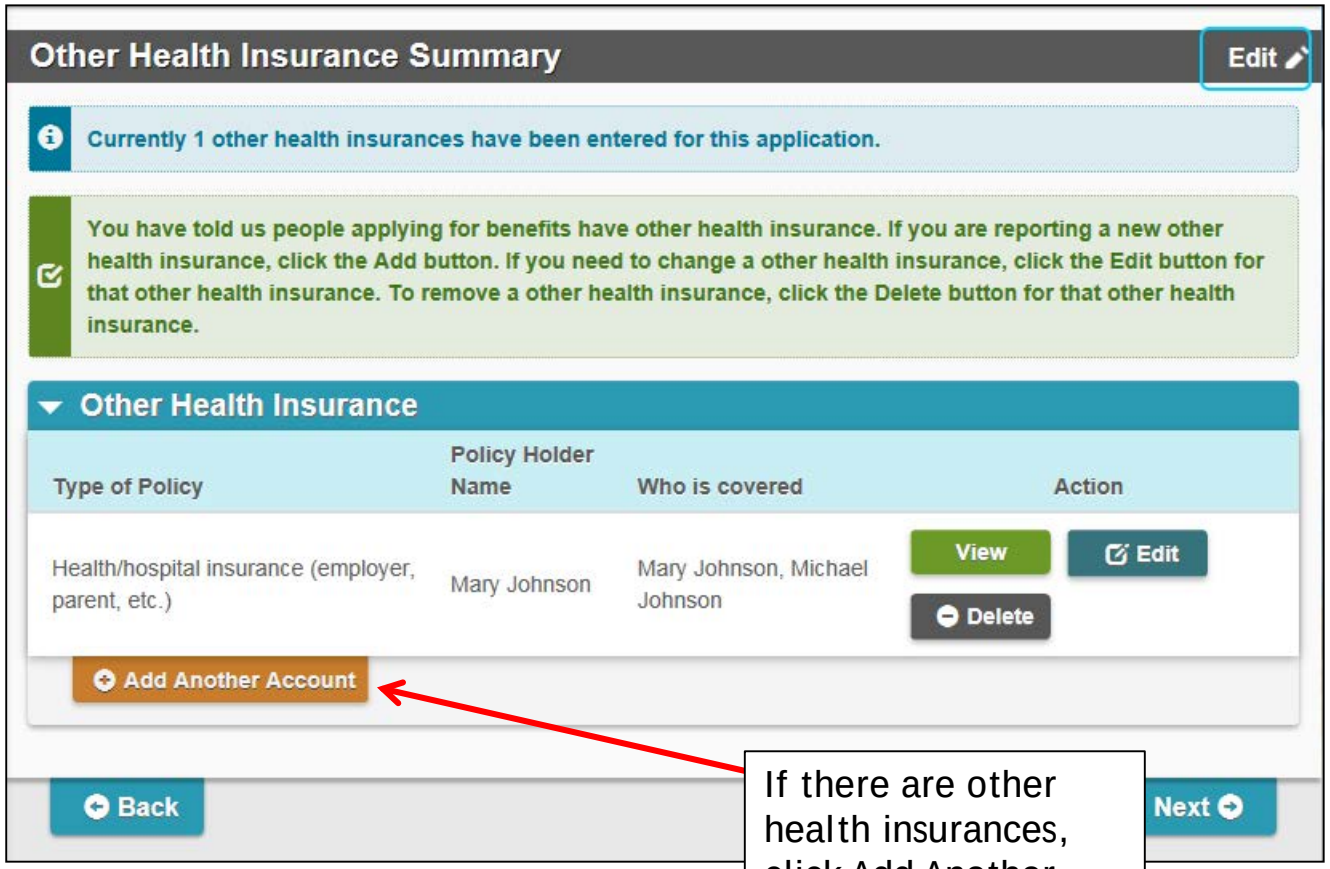
Other Health Insurance (Continued)

When Selecting Insurances other than Medicare

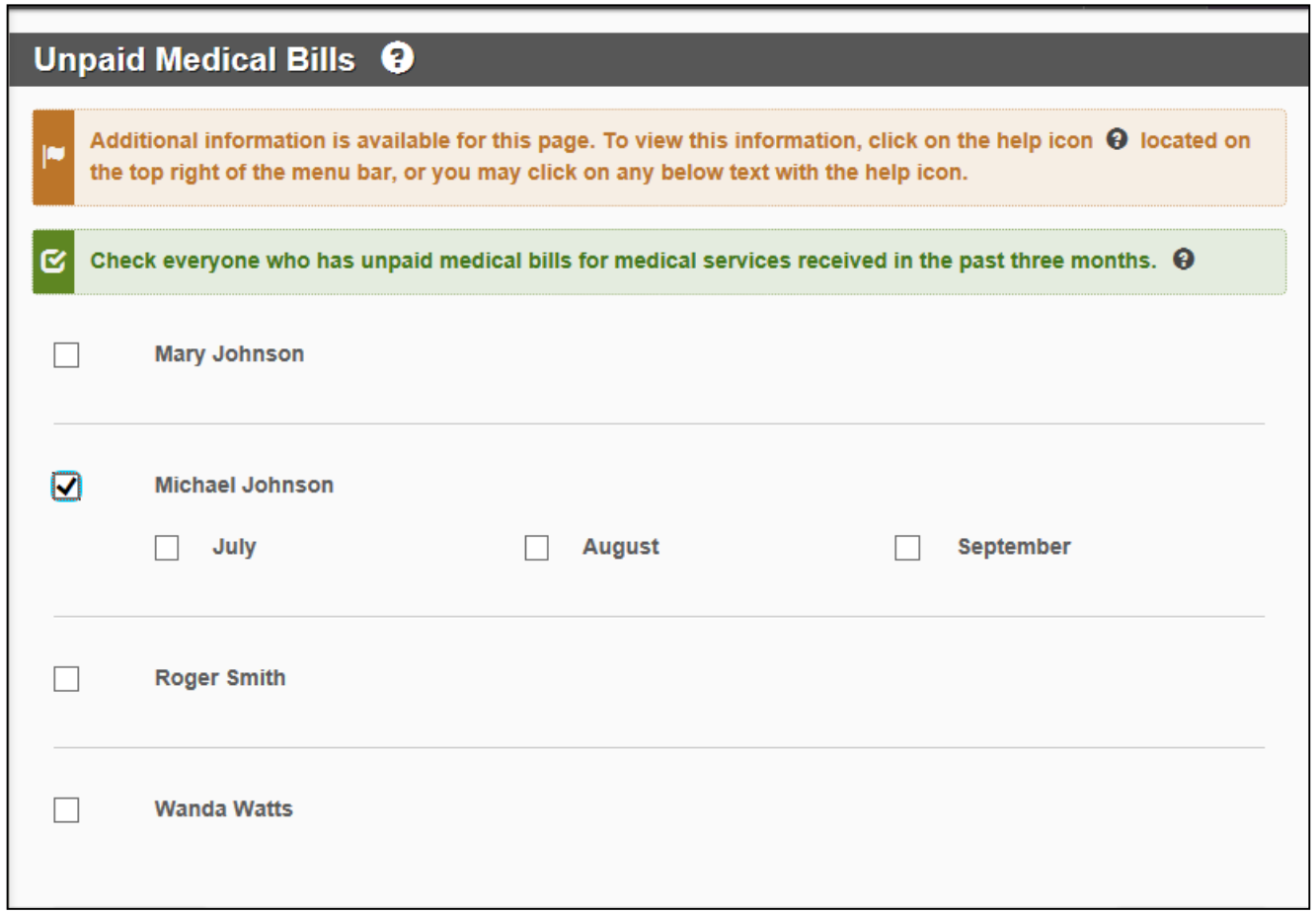


Select the individuals covered under the policy. (Only individuals requesting Medicaid are listed.)

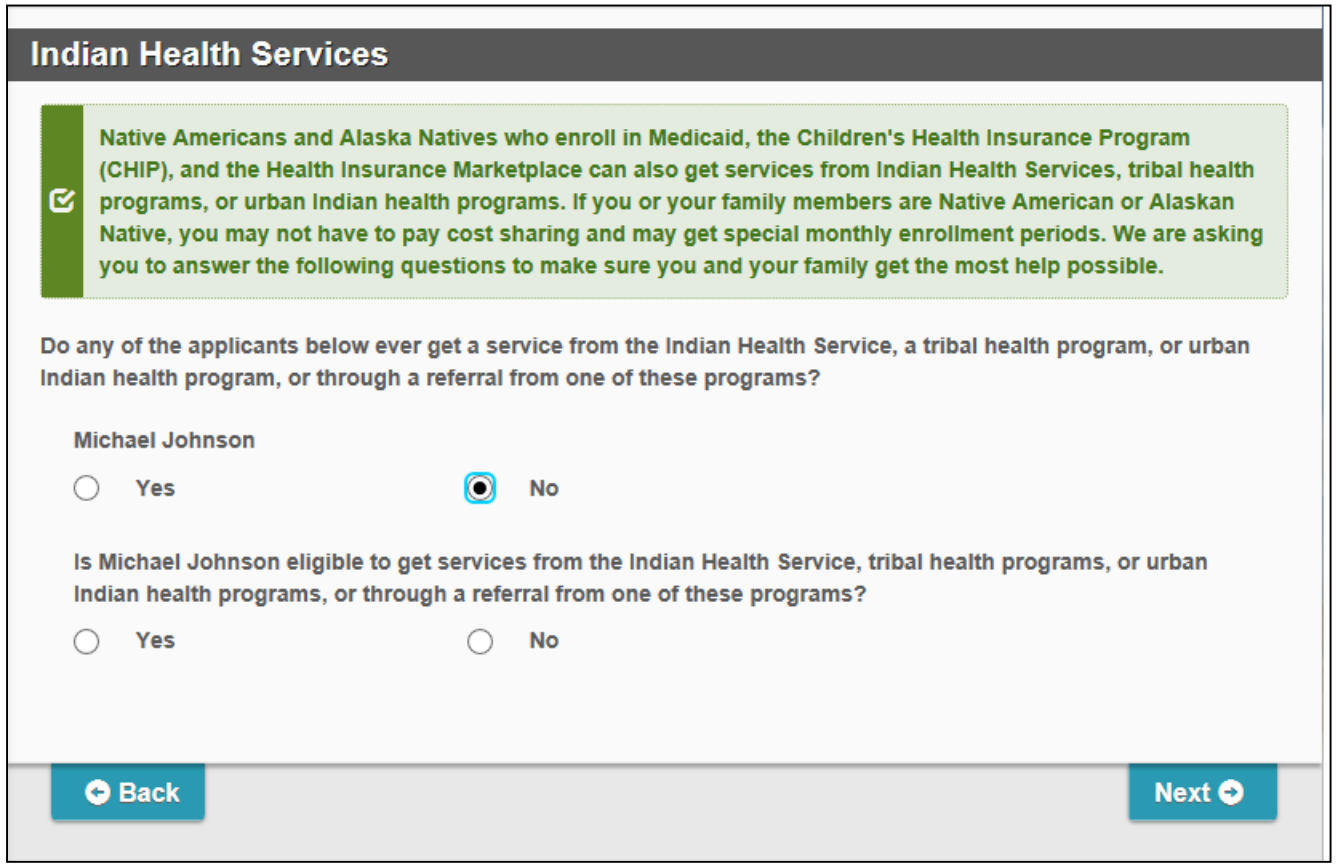
Health Insurance Summary



Unpaid Medical Bills
(Request for Retro Active Medicaid)

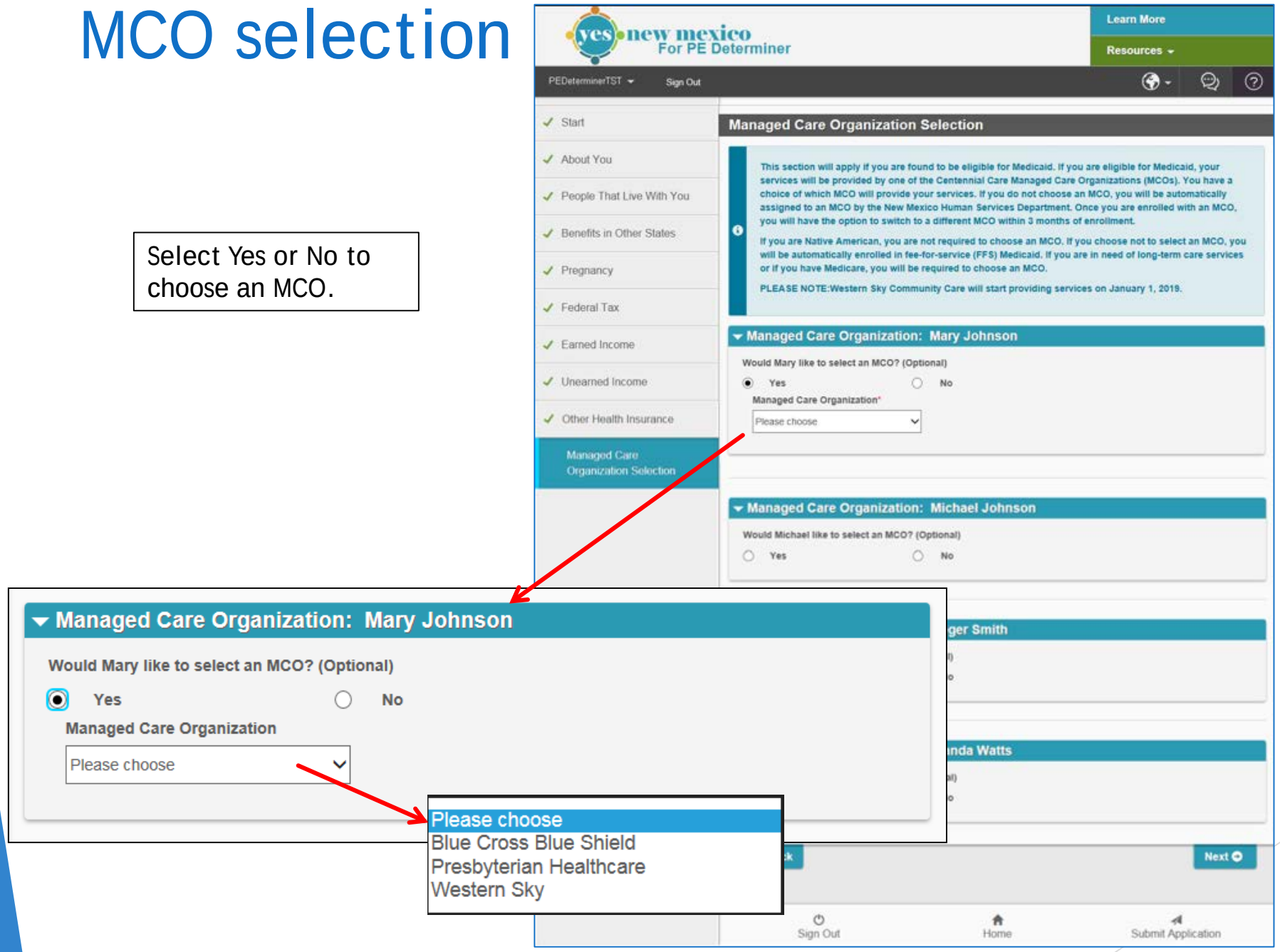


Indian Health Services for Native Americans

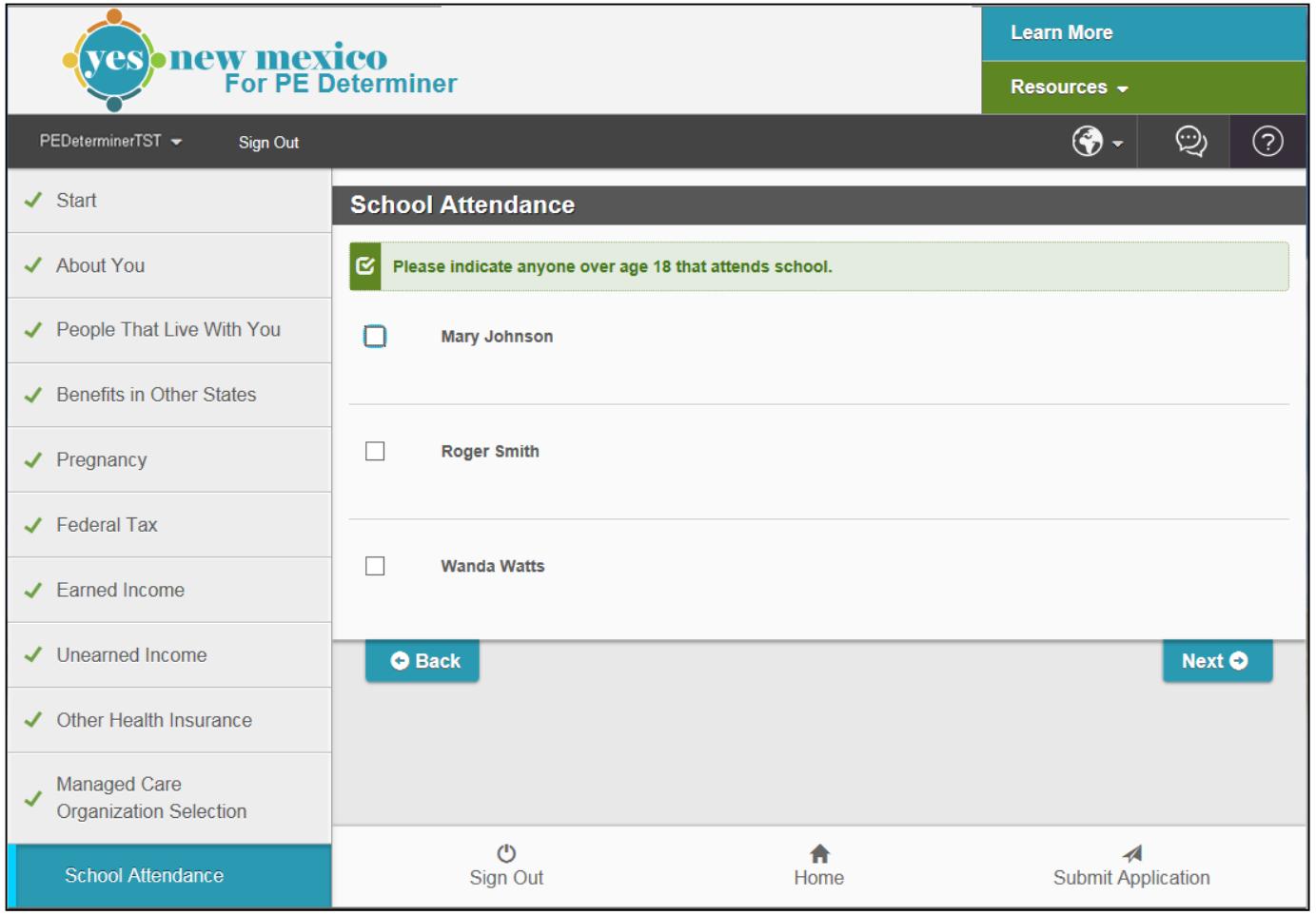


MCO selection

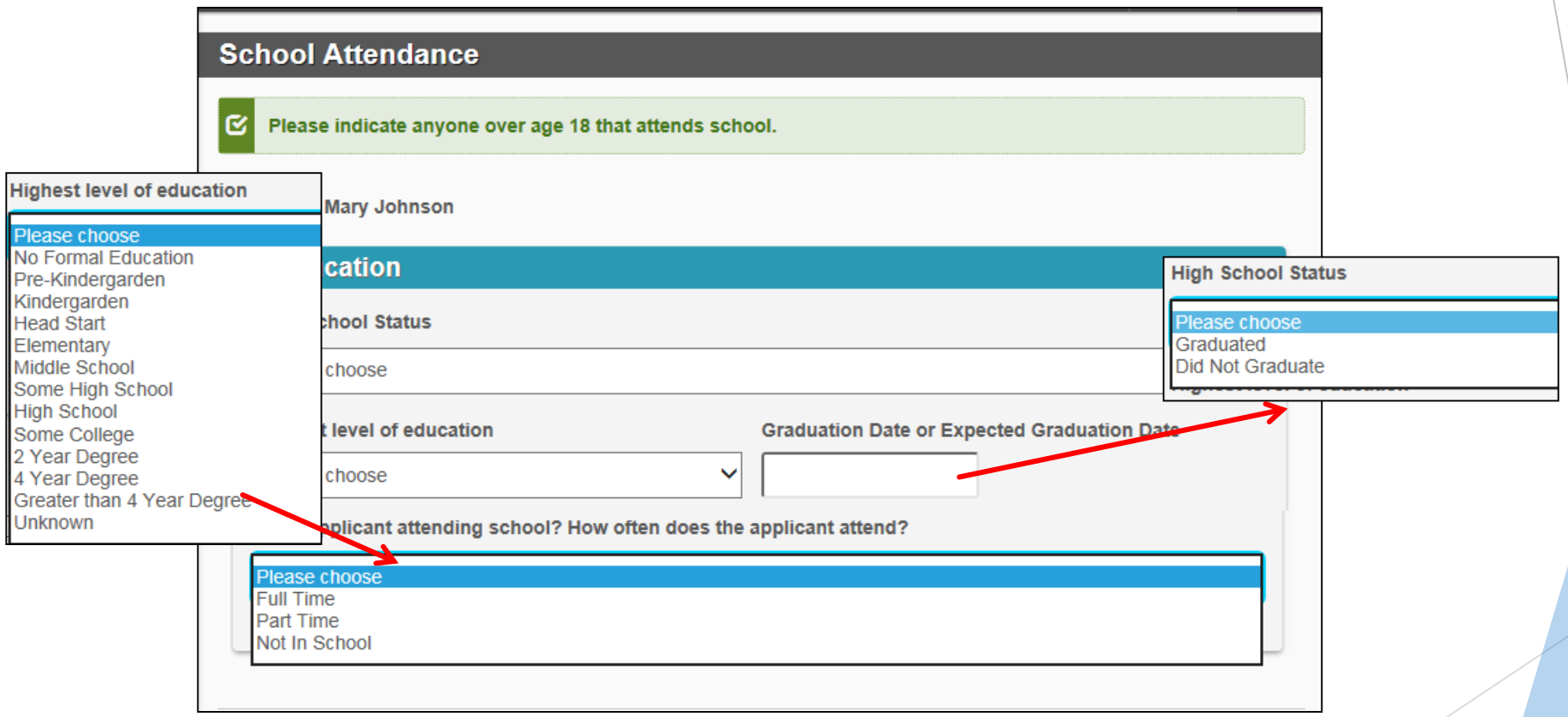
Select Yes or No to choose an MCO.



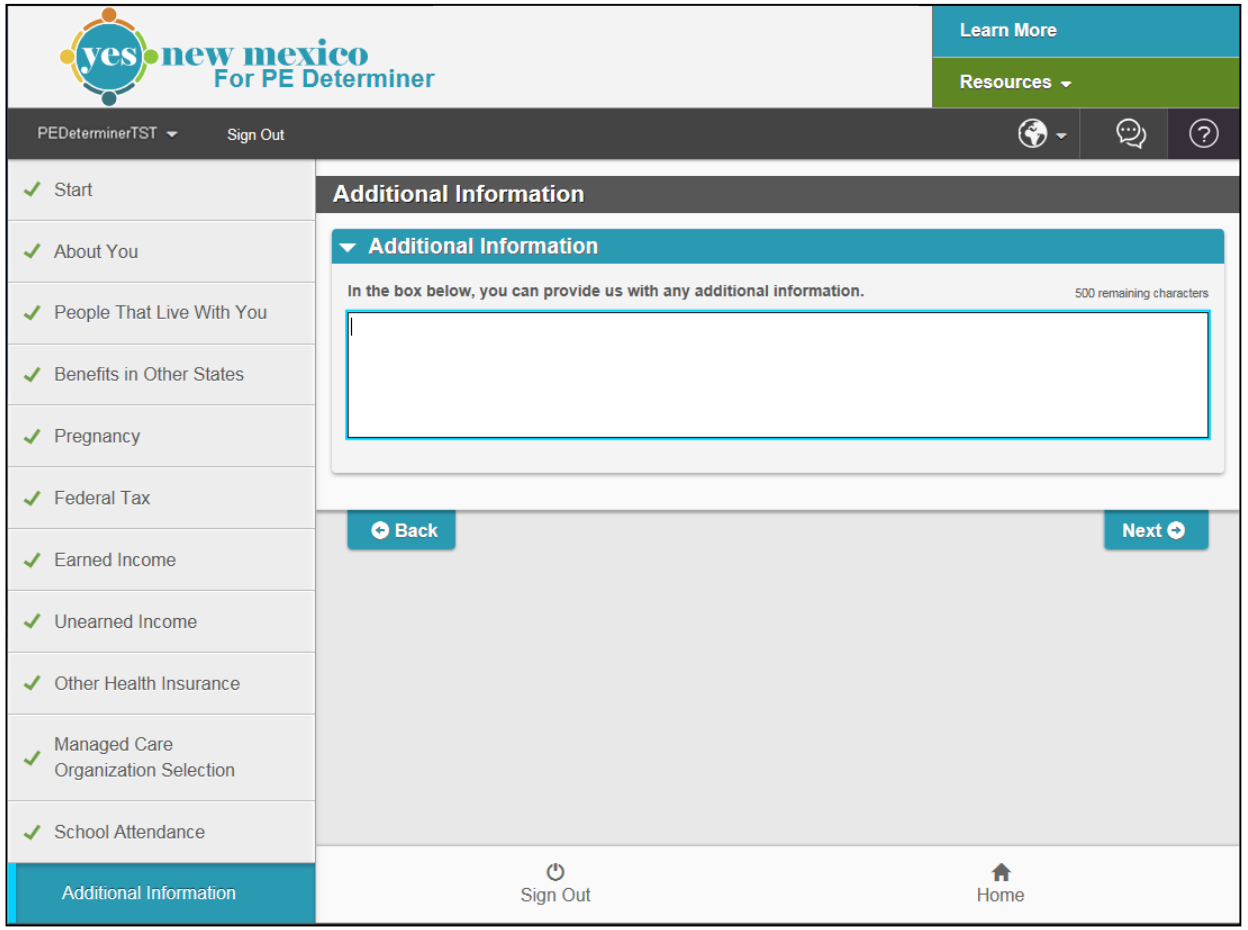
School Attendance



School Attendance
(continued)



Additional Information

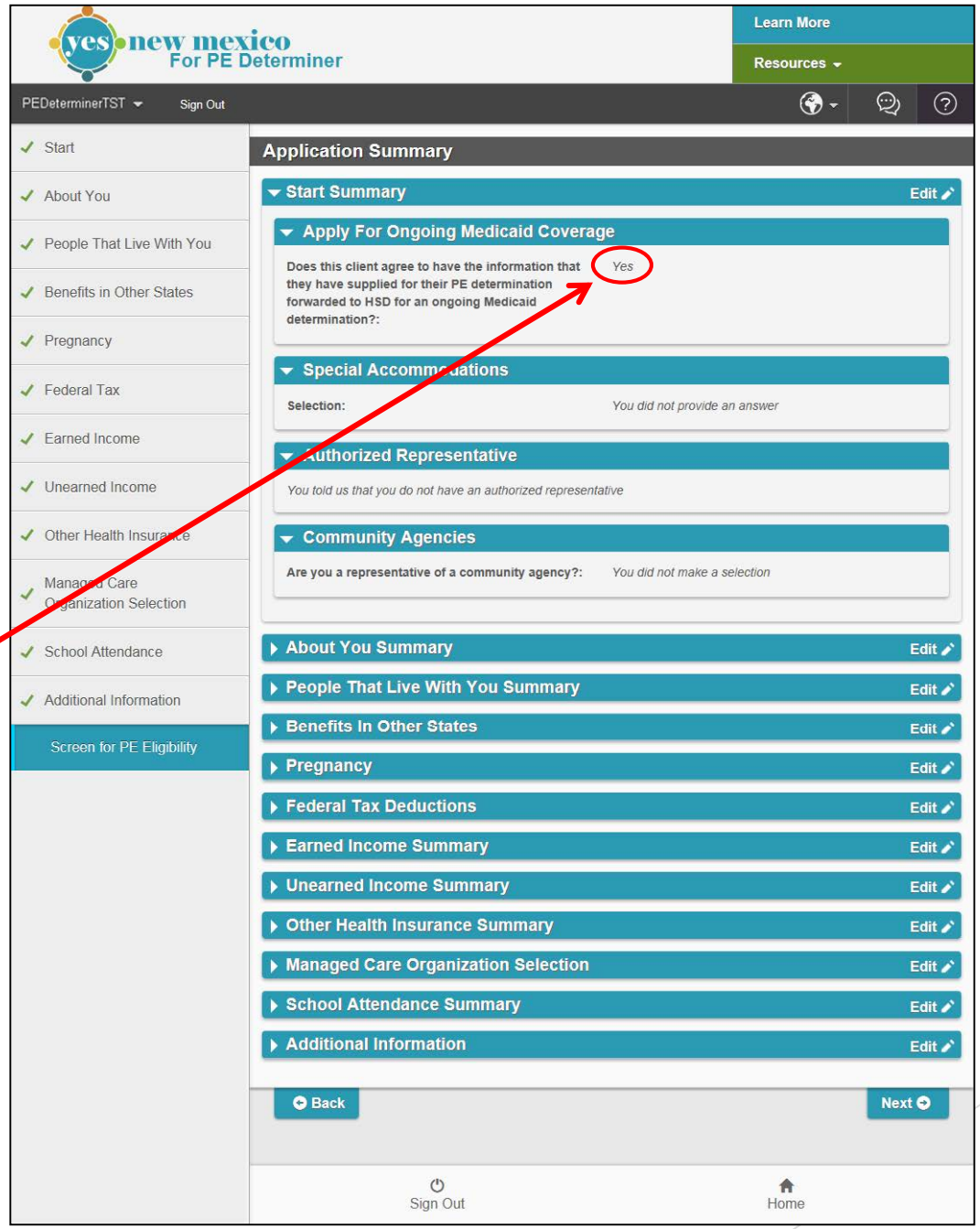


Enter any additional information you have to help with processing the application.

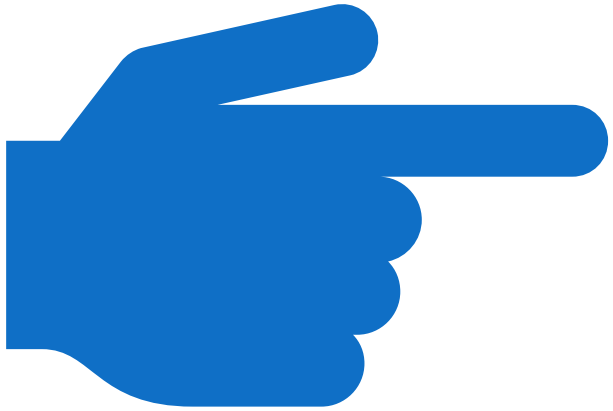
Application Summary Page

Review the application to ensure all information entered is correct.

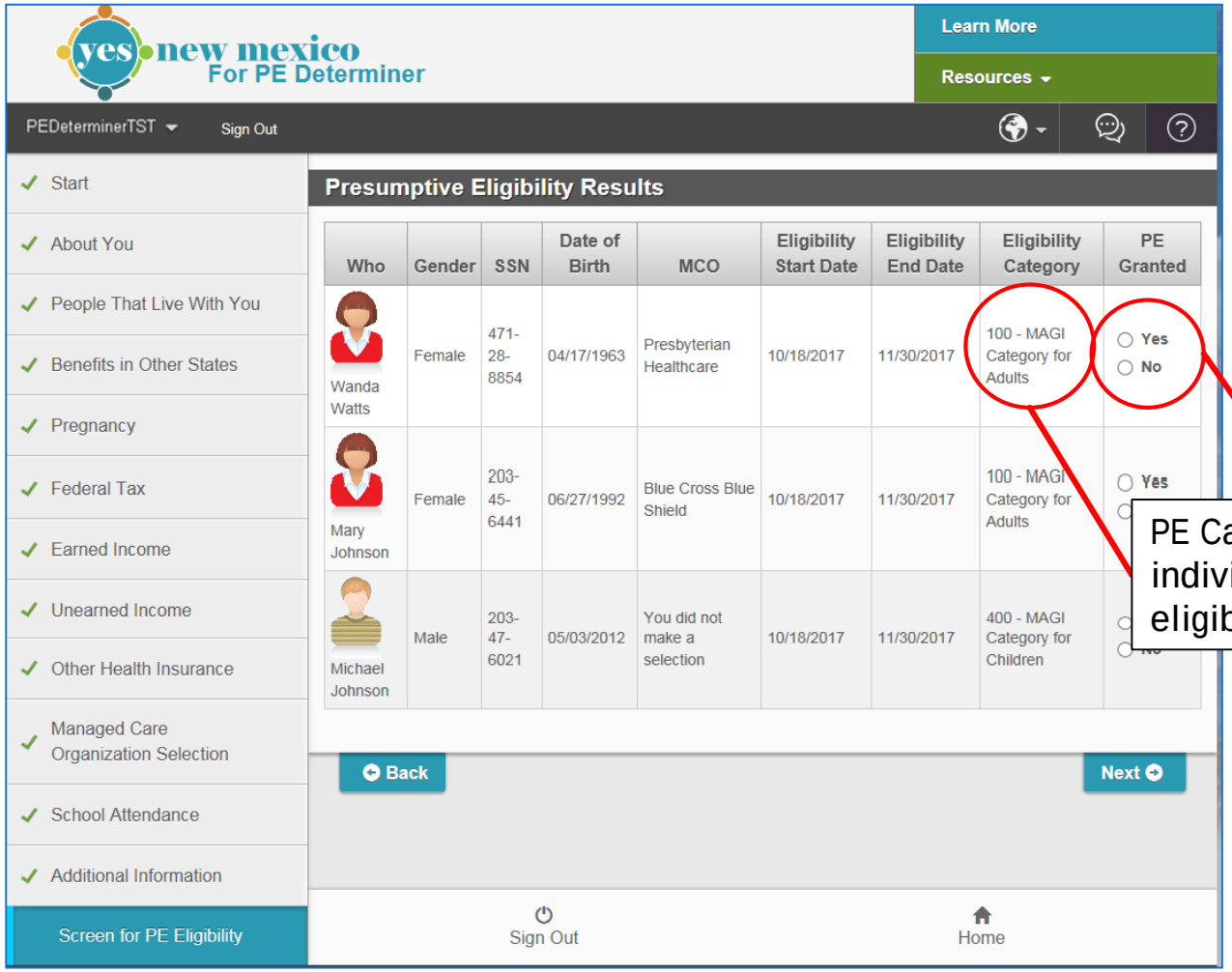
Ensure "YES" or "NO" is selected for ongoing Medicaid.



Granting PE and submitting an ongoing Medicaid Application



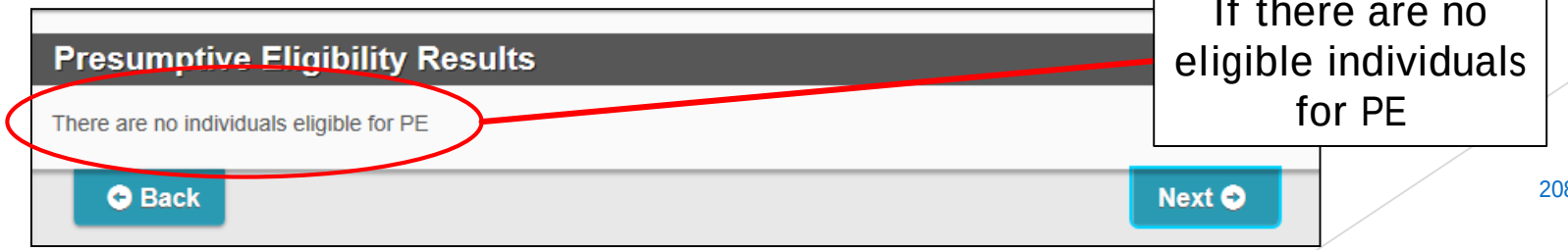
PE Screening Results



Select Yes or No if PE will be granted for the individual.

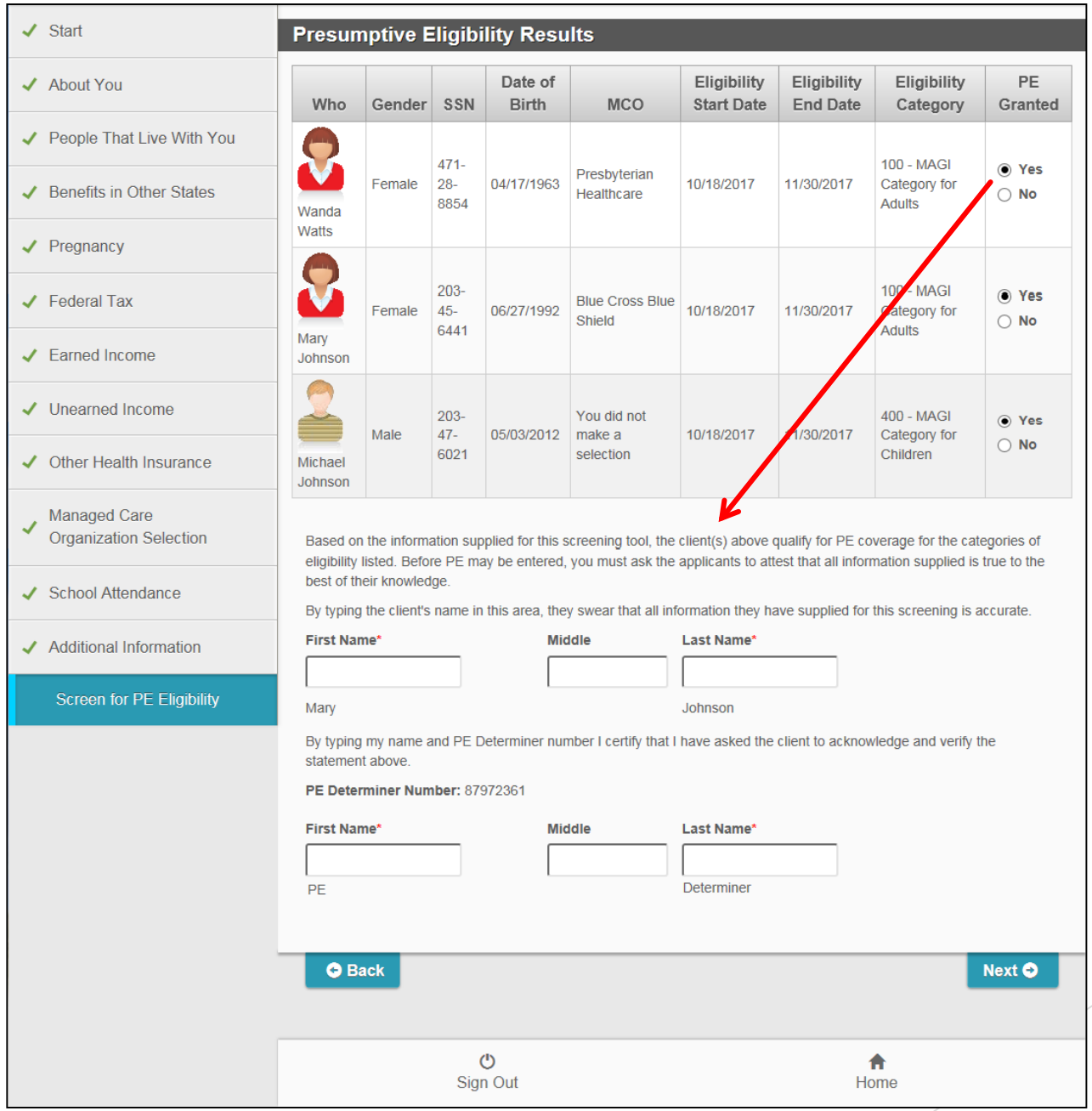
PE Category the individual is eligible for.

OR

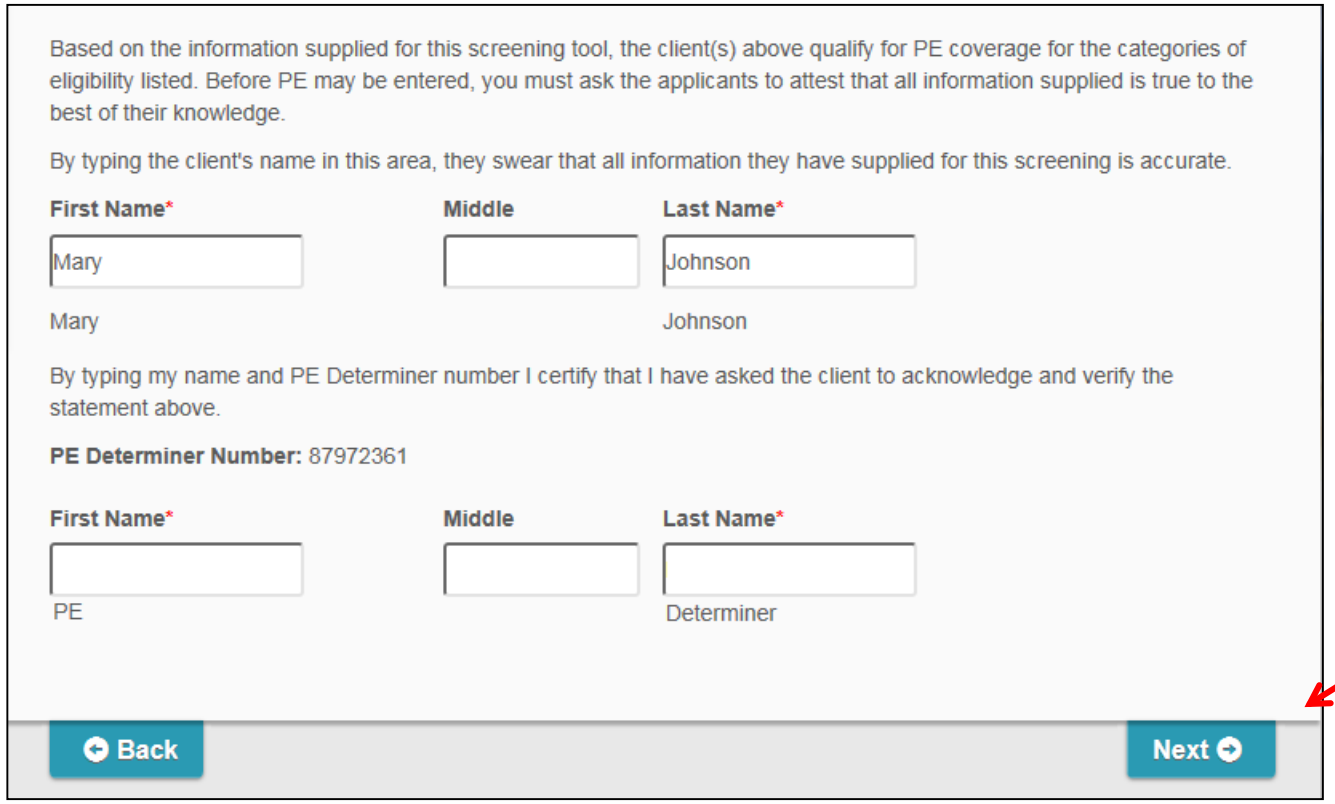


If there are no eligible individuals for PE

The screen will show a signature section when “Yes” is selected.

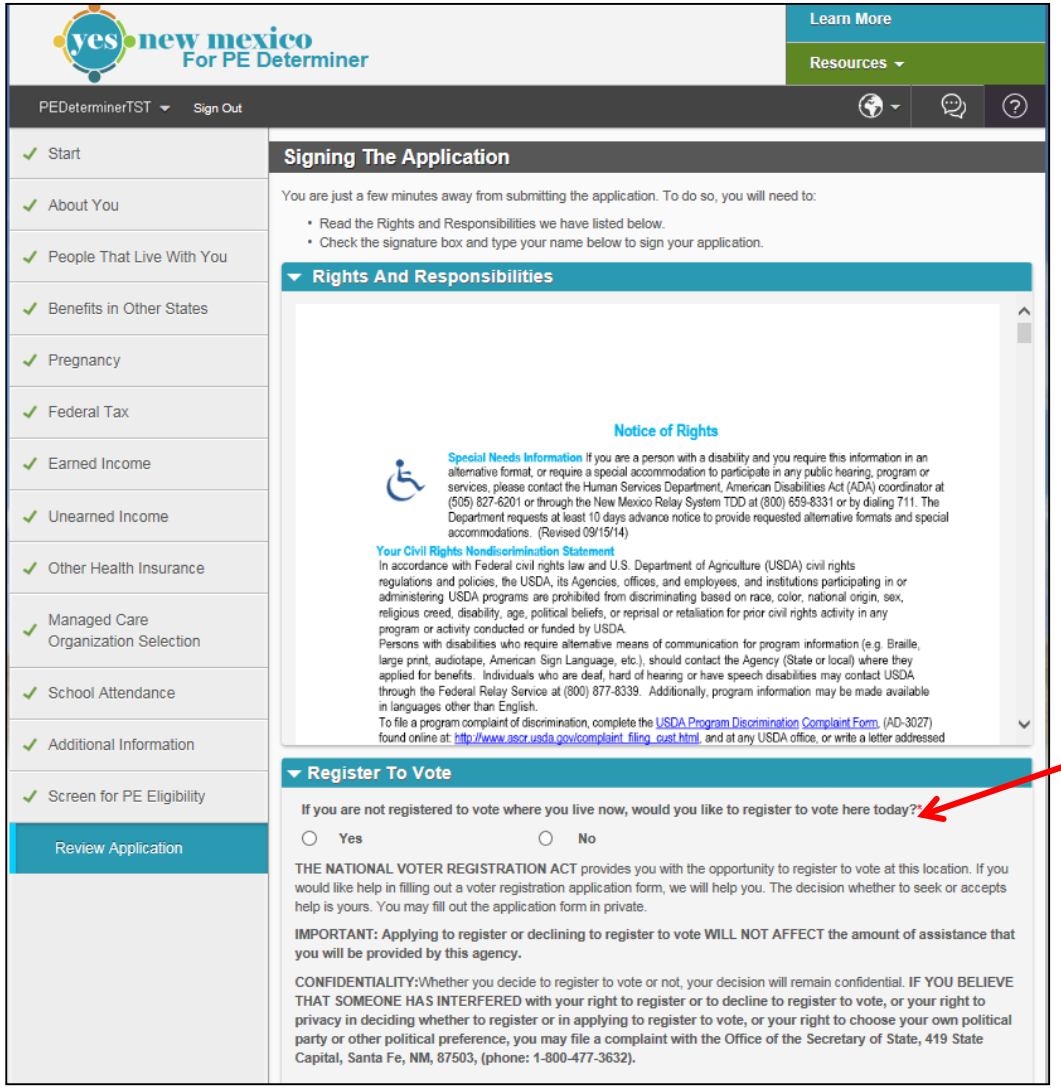


Presumptive Eligibility Signature Page



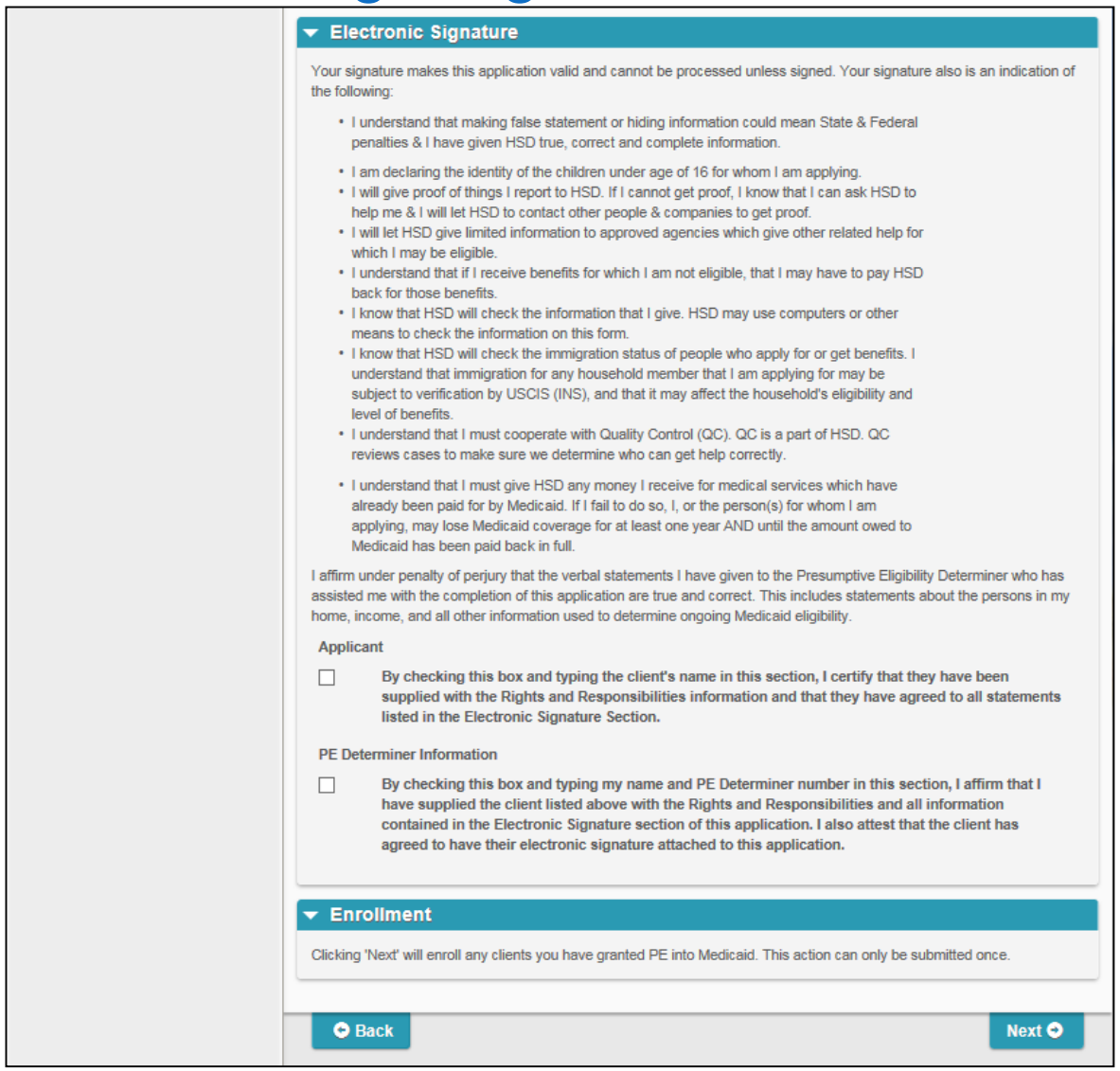
Click Next after completing signature

Ongoing Application Signature Page

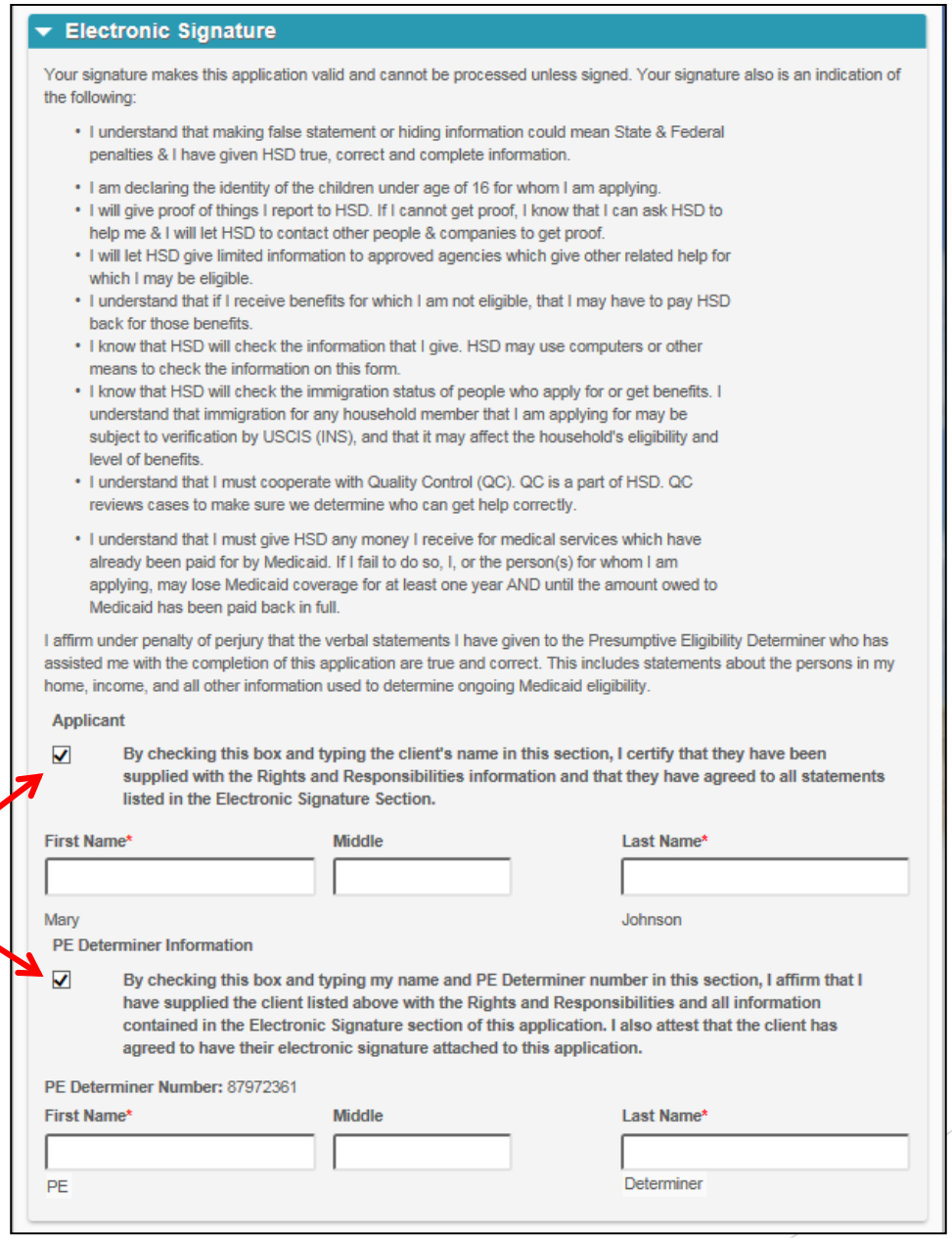


Select Yes or No to Vote

Electronic Signature Section for Ongoing Medicaid

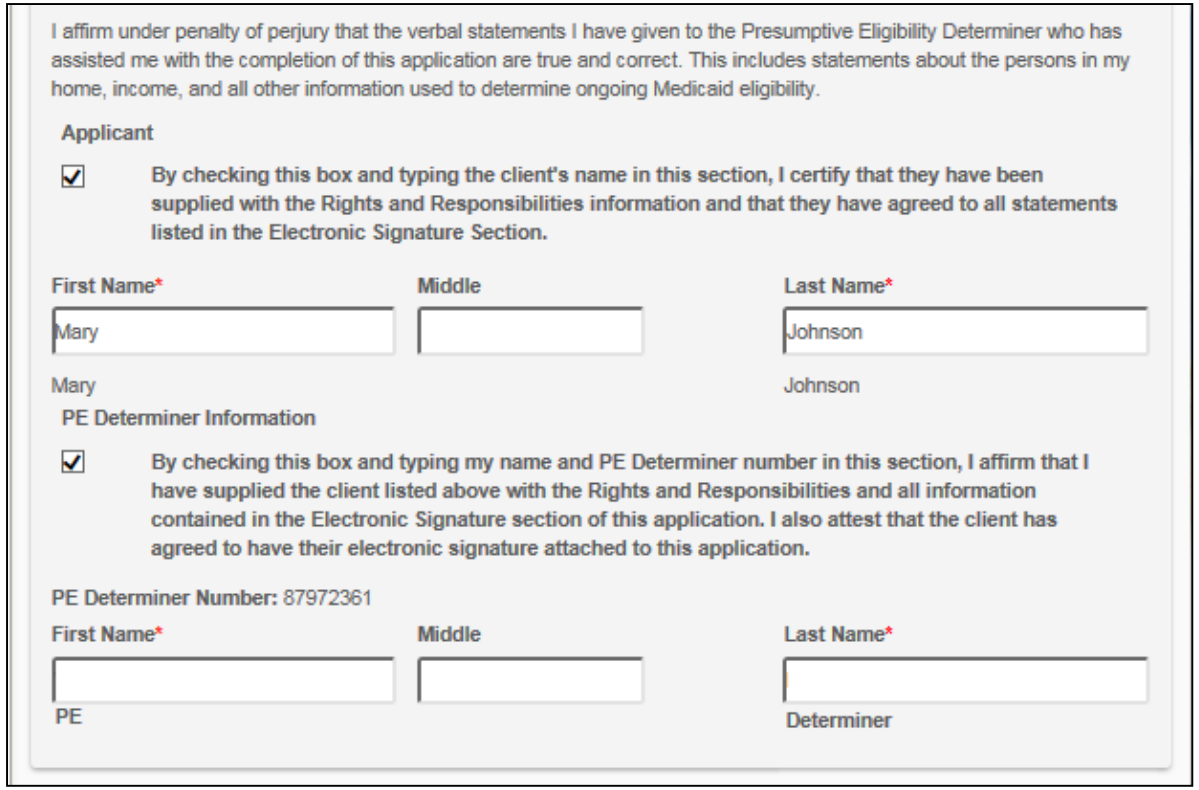


Electronic Signature Section for Ongoing Medicaid (continued)



Check the box for signature section

Ongoing application signature section (continued)



I affirm under penalty of perjury that the verbal statements I have given to the Presumptive Eligibility Determiner who has assisted me with the completion of this application are true and correct. This includes statements about the persons in my home, income, and all other information used to determine ongoing Medicaid eligibility.

Applicant

☑ **By checking this box and typing the client's name in this section, I certify that they have been supplied with the Rights and Responsibilities information and that they have agreed to all statements listed in the Electronic Signature Section.**

First Name*	Middle	Last Name*
Mary		Johnson
Mary		Johnson

PE Determiner Information

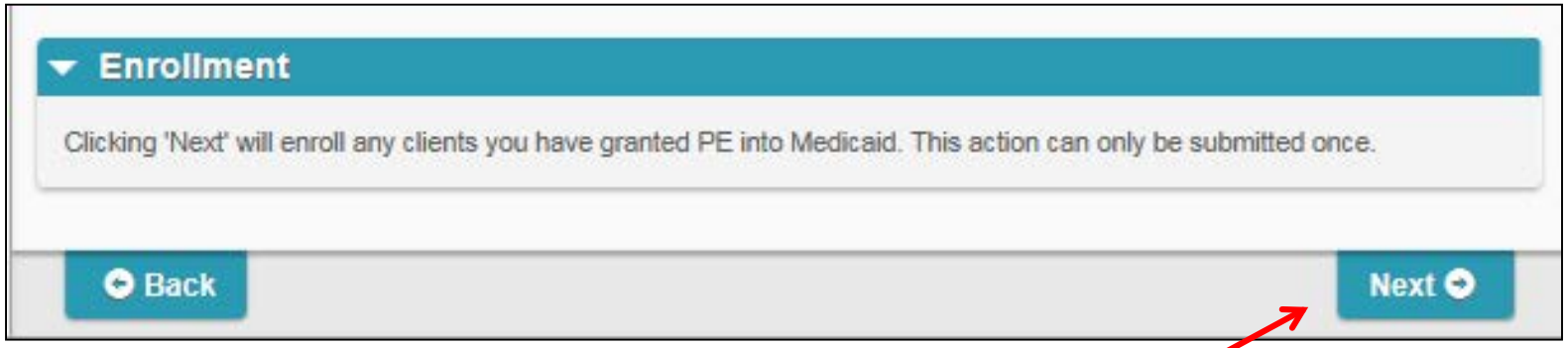
☑ **By checking this box and typing my name and PE Determiner number in this section, I affirm that I have supplied the client listed above with the Rights and Responsibilities and all information contained in the Electronic Signature section of this application. I also attest that the client has agreed to have their electronic signature attached to this application.**

PE Determiner Number: 87972361

First Name*	Middle	Last Name*
PE		Determiner

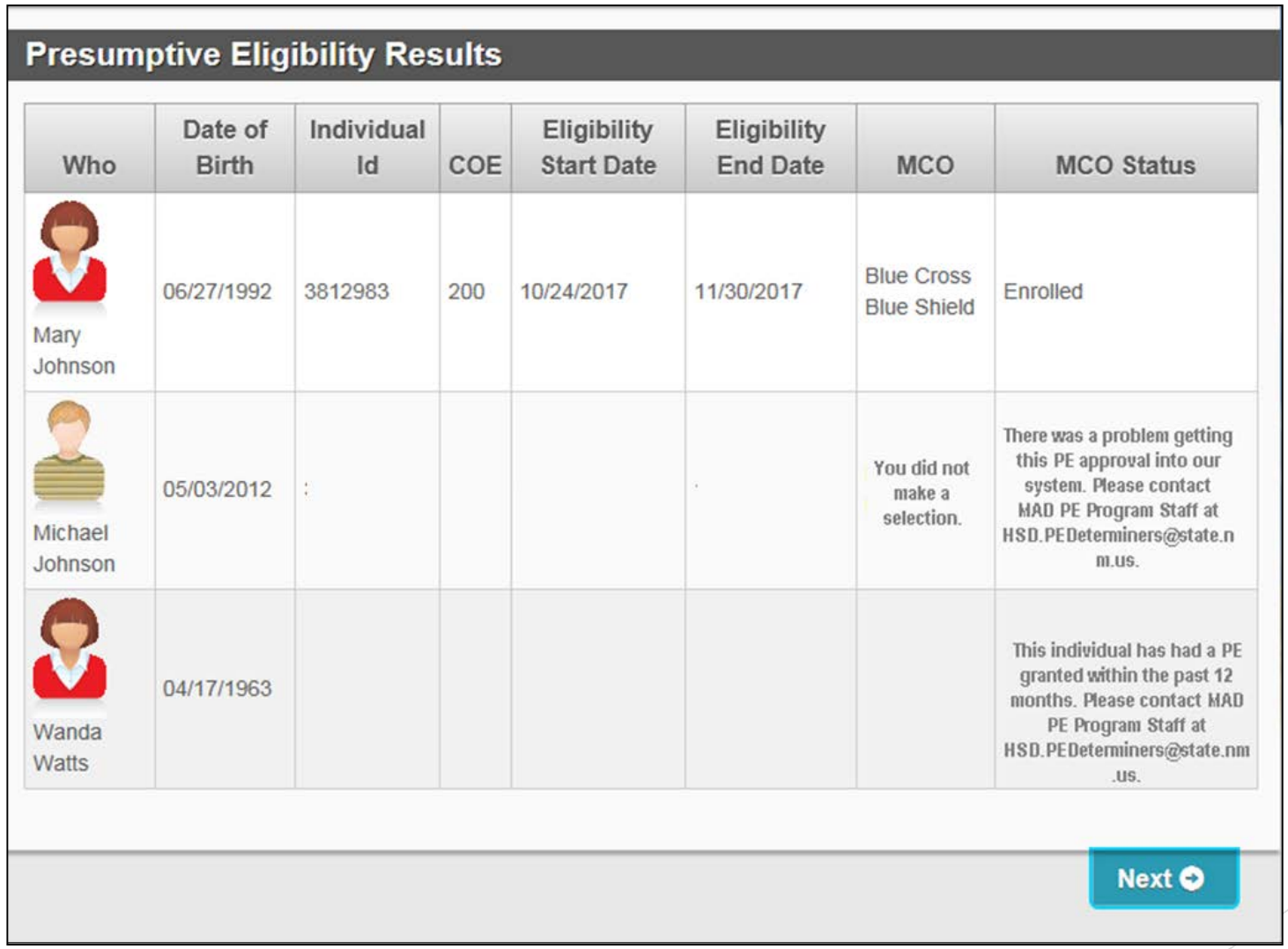
Signature should match name listed.

Presumptive Eligibility ENROLLMENT



Clicking “Next” will enroll individuals selecting “Yes” into PE

Enrollment Results



Presumptive Eligibility Results

Who	Date of Birth	Individual Id	COE	Eligibility Start Date	Eligibility End Date	MCO	MCO Status
Mary Johnson	06/27/1992	3812983	200	10/24/2017	11/30/2017	Blue Cross Blue Shield	Enrolled
Michael Johnson	05/03/2012	:				You did not make a selection.	There was a problem getting this PE approval into our system. Please contact MAD PE Program Staff at HSD.PEDeterminers@state.nm.us.
Wanda Watts	04/17/1963						This individual has had a PE granted within the past 12 months. Please contact MAD PE Program Staff at HSD.PEDeterminers@state.nm.us.

Next

- Individual is enrolled in PE Coverage.

Who	Date of Birth	Individual Id	COE	Eligibility Start Date	Eligibility End Date	MCO	MCO Status
Mary Johnson	06/27/1992	3812983	200	10/24/2017	11/30/2017	Blue Cross Blue Shield	Enrolled

- Individual is not enrolled in PE Coverage.
  - MAD PE Program Staff must verify individual and approve PE eligibility.

Michael Johnson	05/03/2012	:				You did not make a selection.	There was a problem getting this PE approval into our system. Please contact MAD PE Program Staff at HSD.PEDeterminers@state.nm.us.

- Individual is Exempt from an MCO and is approved for PE on Fee for Service.

Baby Test	10/12/2009	503980319	401	01/24/2019	02/28/2019	--	Exempt

- Individual has had PE Coverage in the past 12 months

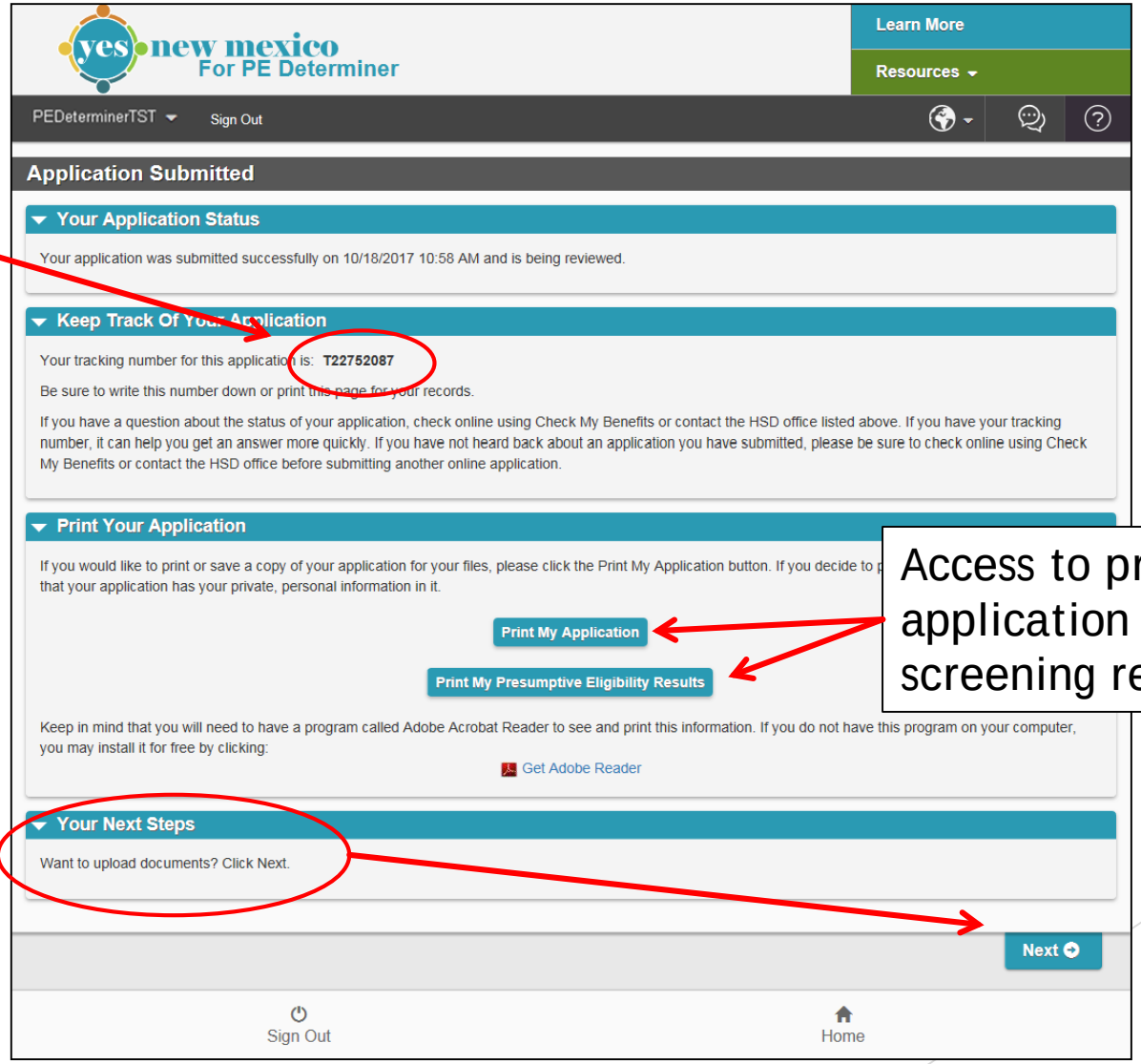
Wanda Watts	04/17/1963						This individual has had a PE granted within the past 12 months. Please contact MAD PE Program Staff at HSD.PEDeterminers@state.nm.us.

- Individual has existing Medicaid

Who	Date of Birth	Individual Id	COE	Eligibility Start Date	Eligibility End Date	MCO	MCO Status
	08/25/1982						Individual is currently receiving Medicaid benefits (E04).

Application Submission Page

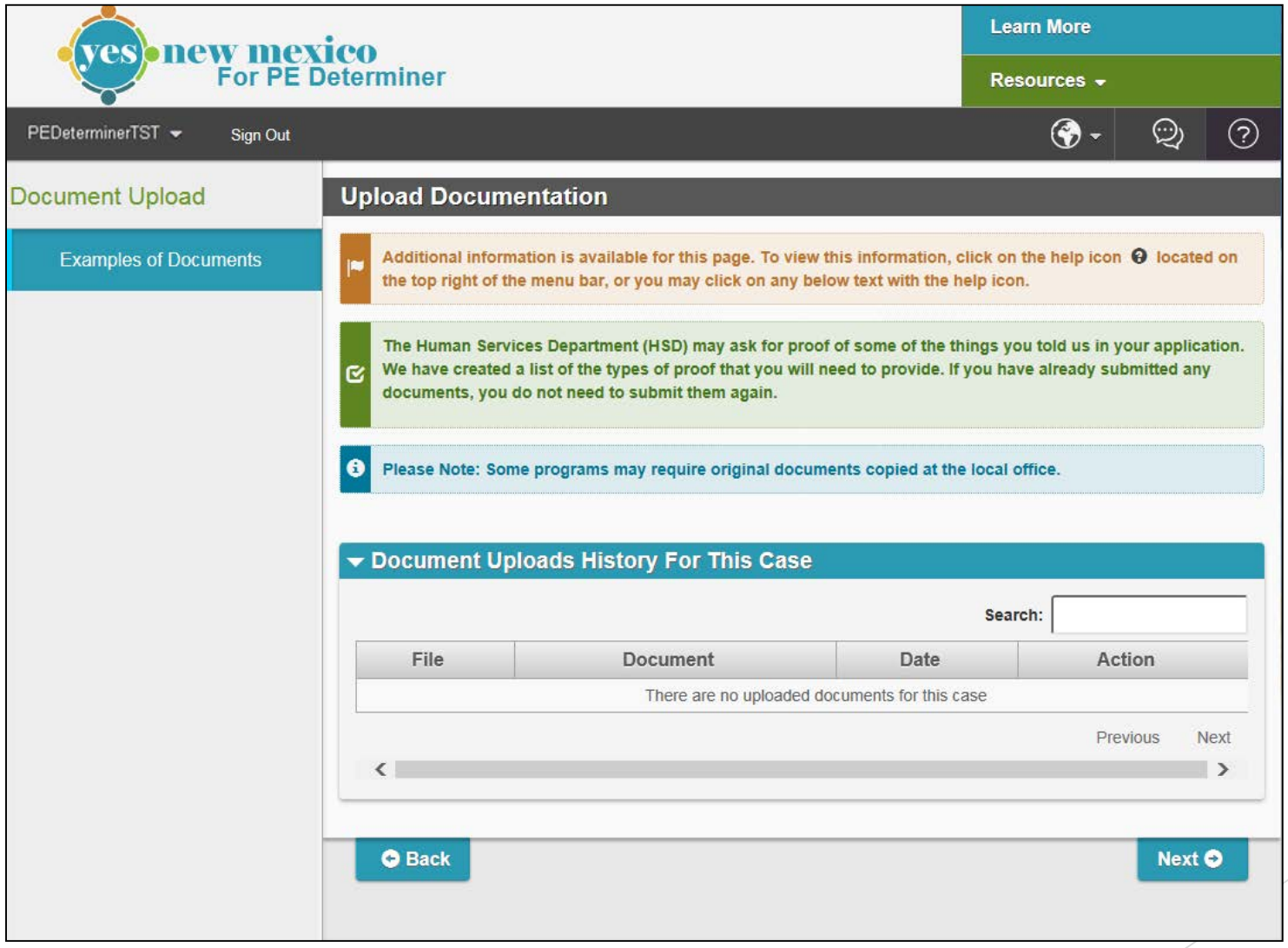
Application Tracking Number (T Number)



To upload client documents to submit with the ongoing application, click “Next”.

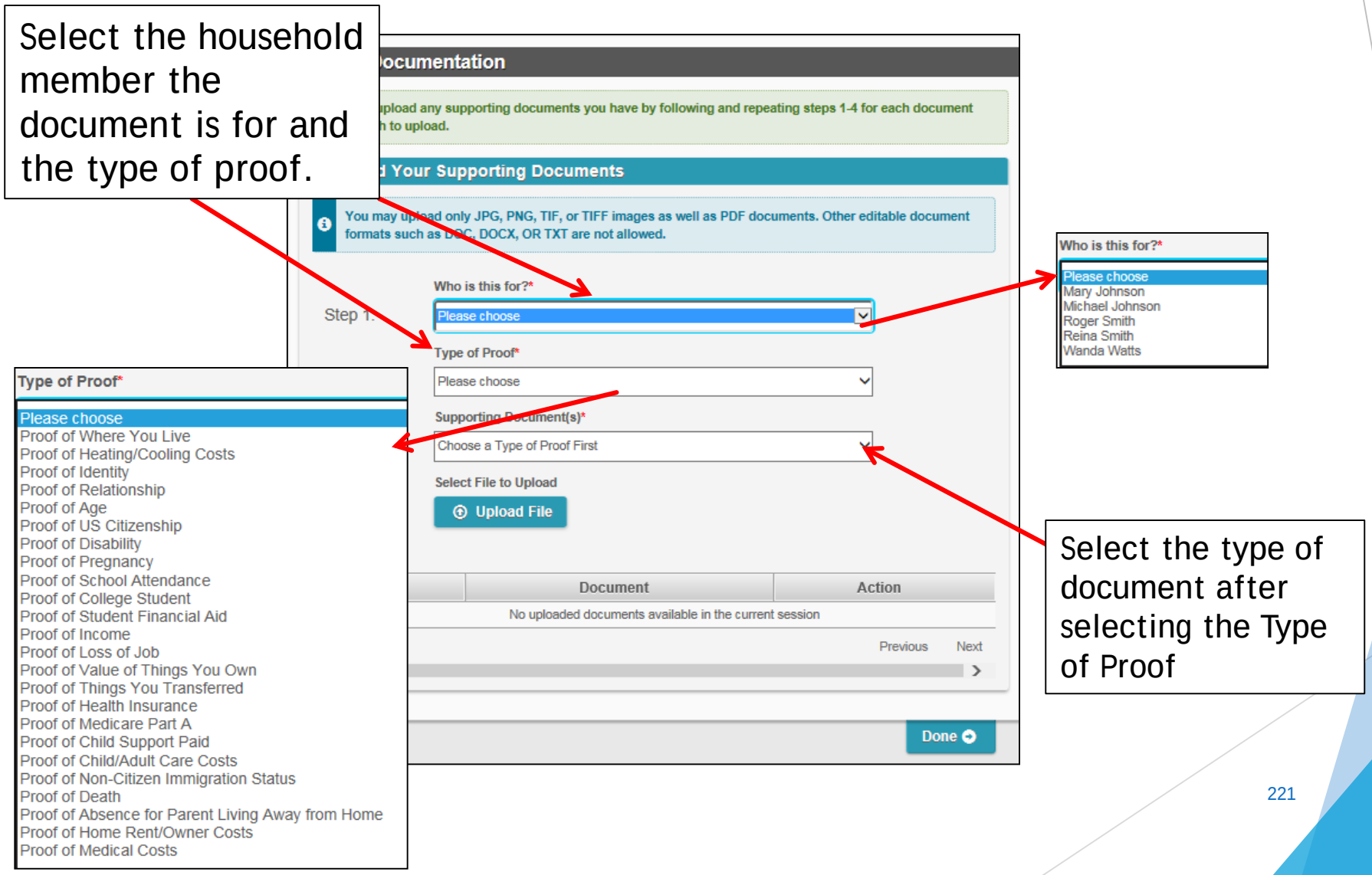
Access to print the application and PE screening results

Uploading Documents



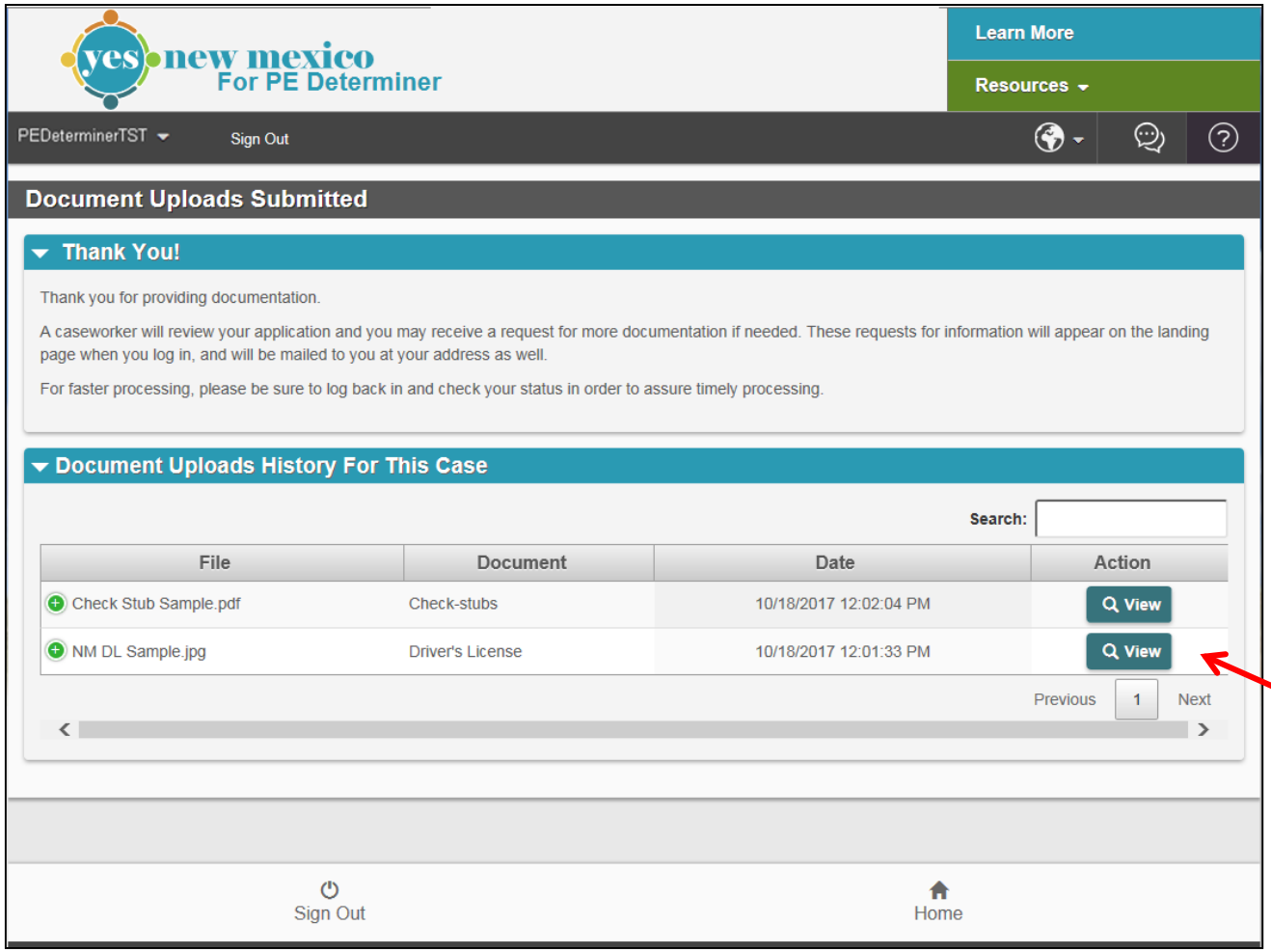
Uploading Documents
(continued)

Select the household member the document is for and the type of proof.



Select the type of document after selecting the Type of Proof

Uploading Documents (Continued)



List of documents that have been uploaded.

PE Screening Results

yes new mexico

HUMAN SERVICES DEPARTMENT

Medicaid Presumptive Eligibility (PE) Approval

The individual(s) below have been determined Presumptively Eligible for the Medicaid category of eligibility (COE) listed. Coverage is limited to the benefit package of the COE for the eligibility dates listed.

The PE Eligibility Approval(s) below is valid as of the "Eligibility Start Date" listed. If an application for ongoing Medicaid eligibility has been submitted by the "Eligibility End Date," the PE will remain in effect until a final application determination has been made.

Mary Johnson		
Gender **Female**	Date of Birth **06/27/1992**	Race **White**
Managed Care Organization **Blue Cross Blue Shield**	Age **25**	Eligibility Category **100 MAGI Category for Adults**
Eligibility Start Date **10/24/2017**	Eligibility End Date **11/30/2017**	PE Granted **Yes**
Michael Johnson		
Gender **Male**	Date of Birth **05/03/2012**	Race **American Indian / Alaska Native**
Managed Care Organization **An answer was not provided**	Age **5**	Eligibility Category **400 MAGI Category for Children**
Eligibility Start Date **10/24/2017**	Eligibility End Date **11/30/2017**	PE Granted **Yes**
Wanda Watts		
Gender **Female**	Date of Birth **04/17/1963**	Race **White**
Managed Care Organization **Presbyterian Healthcare**	Age **54**	Eligibility Category **100 MAGI Category for Adults**
Eligibility Start Date **10/24/2017**	Eligibility End Date **11/30/2017**	PE Granted **Yes**

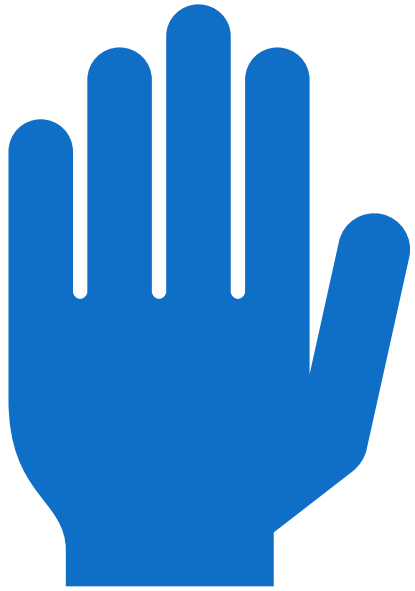
PE Determiner Information	
PE Determiner Name Vanessa Medina	PE Determiner Number 87972361
PE Determiner Location Medical Assistance Division	
Phone Number (505) 476-7151	

Information for Provider

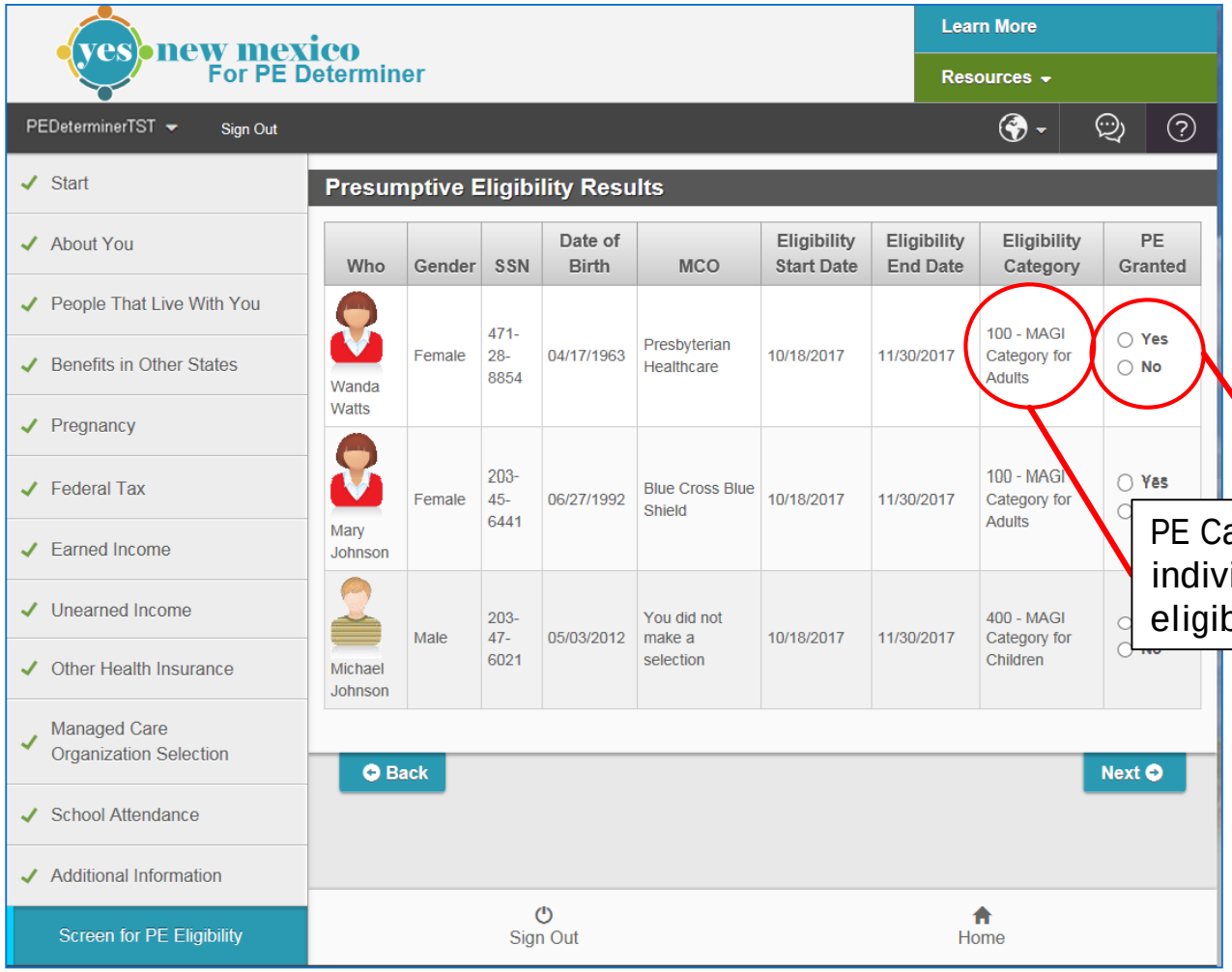
Any alteration of the information on this form voids this notice. Providers should verify the current eligibility status of all Medicaid recipients on the New Mexico Medicaid Portal.

Note: If other third party sources are available for health care services, those sources must be used before the Medicaid program makes payments for covered sources.

Granting PE and NOT submitting an ongoing Medicaid Application



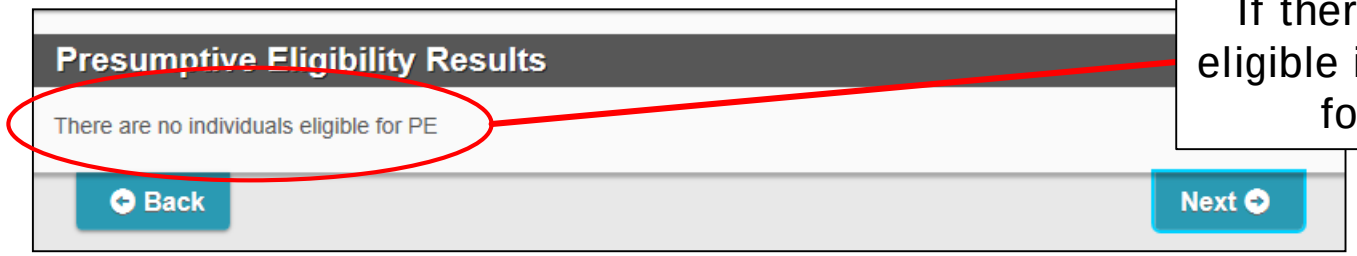
PE Screening Results



Select Yes or No if PE will be granted for the individual.

PE Category the individual is eligible for.

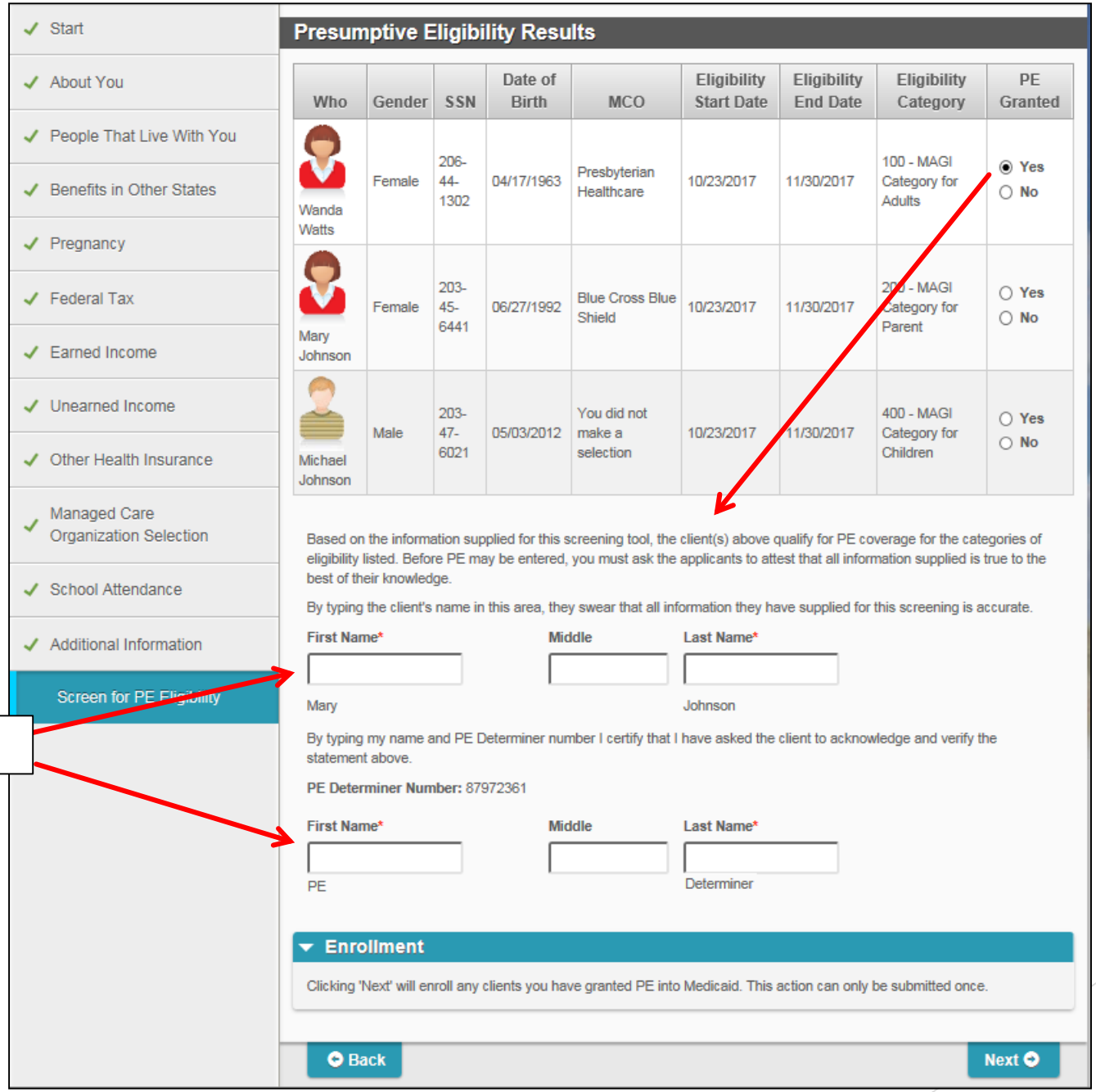
OR



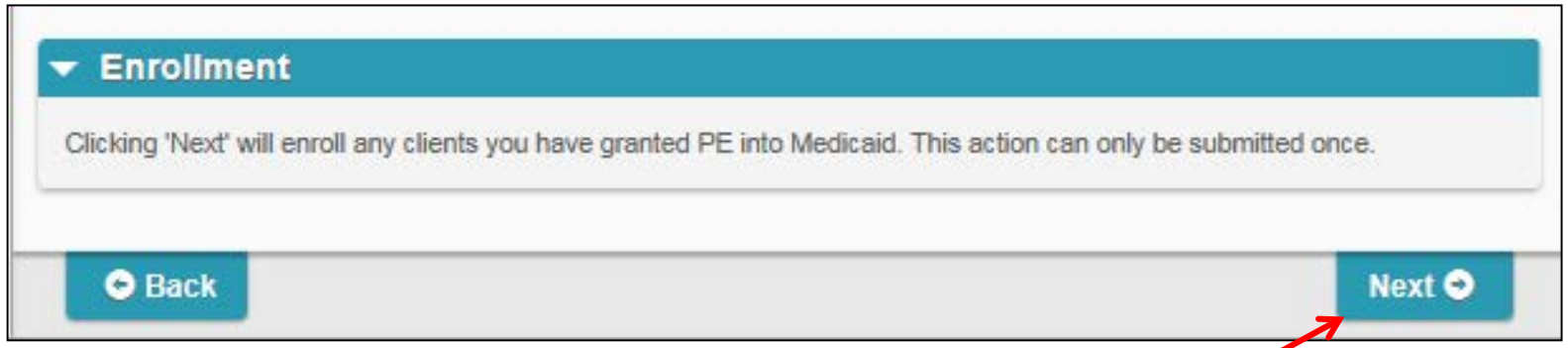
If there are no eligible individuals for PE

The screen will show a signature section when "Yes" is selected.

Sign Application



Presumptive Eligibility ENROLLMENT



Clicking “Next” will enroll individuals selecting “Yes” into PE

- Individual is enrolled in PE Coverage.

Who	Date of Birth	Individual Id	COE	Eligibility Start Date	Eligibility End Date	MCO	MCO Status
Mary Johnson	06/27/1992	3812983	200	10/24/2017	11/30/2017	Blue Cross Blue Shield	Enrolled

- Individual is not enrolled in PE Coverage.
  - MAD PE Program Staff must verify individual and approve PE eligibility.

Michael Johnson	05/03/2012	:				You did not make a selection.	There was a problem getting this PE approval into our system. Please contact MAD PE Program Staff at HSD.PEDeterminers@state.nm.us.

- Individual is Exempt from an MCO and is approved for PE on Fee for Service.

Baby Test	10/12/2009	503980319	401	01/24/2019	02/28/2019	--	Exempt

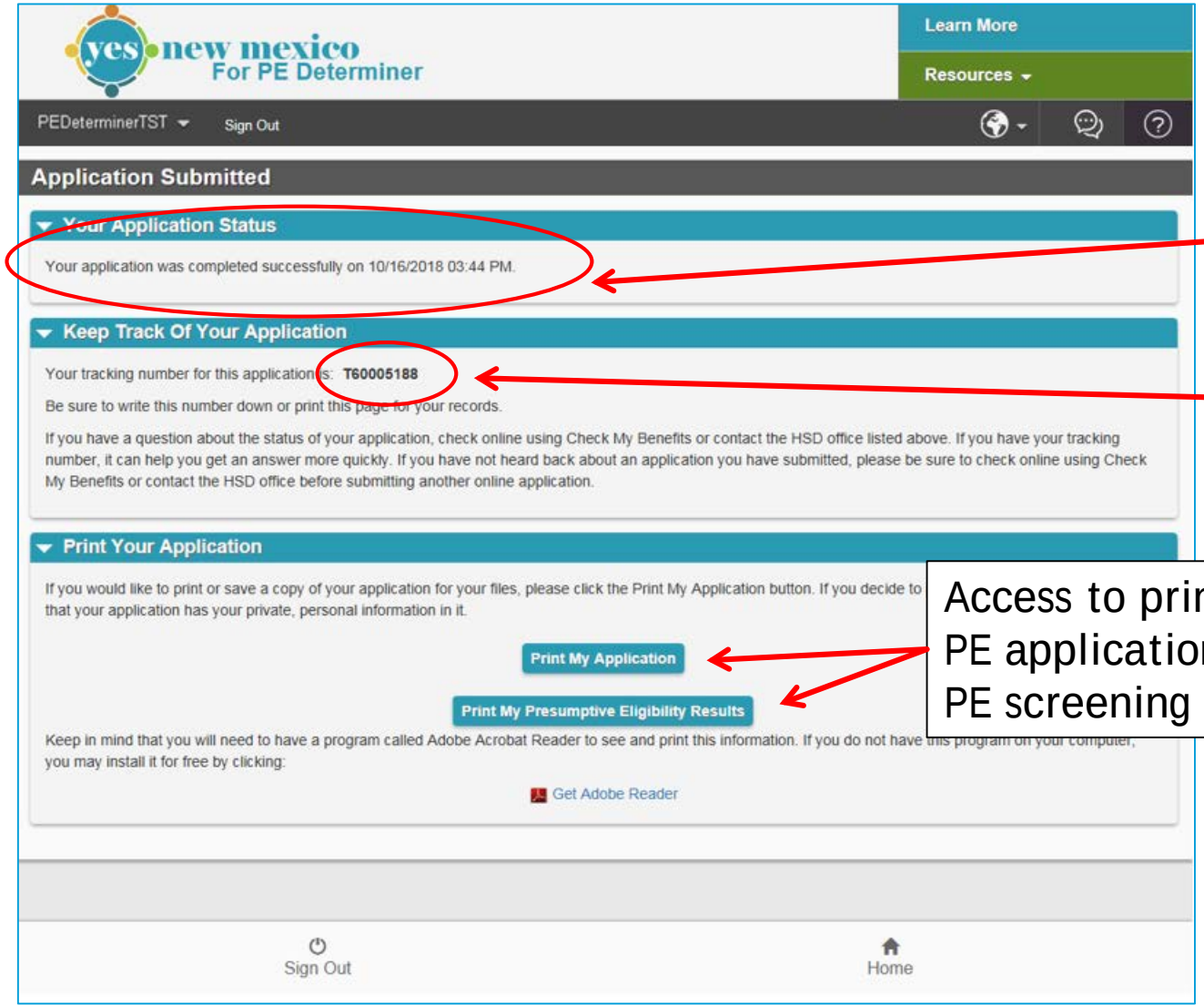
- Individual has had PE Coverage in the past 12 months

Wanda Watts	04/17/1963						This individual has had a PE granted within the past 12 months. Please contact MAD PE Program Staff at HSD.PEDeterminers@state.nm.us.

- Individual has existing Medicaid

Who	Date of Birth	Individual Id	COE	Eligibility Start Date	Eligibility End Date	MCO	MCO Status
	08/25/1982						Individual is currently receiving Medicaid benefits (E04).

Application Submission Page



The application was not submitted for ongoing.

Application Tracking Number (T Number)

Access to print the PE application and PE screening results

NOTE: Uploading documents is not available because an ongoing application was not submitted.

PE Screening Results

yes new mexico

HUMAN SERVICES DEPARTMENT

Medicaid Presumptive Eligibility (PE) Approval

The individual(s) below have been determined Presumptively Eligible for the Medicaid category of eligibility (COE) listed. Coverage is limited to the benefit package of the COE for the eligibility dates listed.

The PE Eligibility Approval(s) below is valid as of the "Eligibility Start Date" listed. If an application for ongoing Medicaid eligibility has been submitted by the "Eligibility End Date," the PE will remain in effect until a final application determination has been made.

Mary Johnson		
Gender **Female**	Date of Birth **06/27/1992**	Race **White**
Managed Care Organization **Blue Cross Blue Shield**	Age **25**	Eligibility Category **100 MAGI Category for Adults**
Eligibility Start Date **10/24/2017**	Eligibility End Date **11/30/2017**	PE Granted **Yes**
Michael Johnson		
Gender **Male**	Date of Birth **05/03/2012**	Race **American Indian / Alaska Native**
Managed Care Organization **An answer was not provided**	Age **5**	Eligibility Category **400 MAGI Category for Children**
Eligibility Start Date **10/24/2017**	Eligibility End Date **11/30/2017**	PE Granted **Yes**
Wanda Watts		
Gender **Female**	Date of Birth **04/17/1963**	Race **White**
Managed Care Organization **Presbyterian Healthcare**	Age **54**	Eligibility Category **100 MAGI Category for Adults**
Eligibility Start Date **10/24/2017**	Eligibility End Date **11/30/2017**	PE Granted **Yes**

PE Determiner Information	
PE Determiner Name Vanessa Medina	PE Determiner Number 87972361
PE Determiner Location Medical Assistance Division	
Phone Number (505) 476-7151	

Information for Provider

Any alteration of the information on this form voids this notice. Providers should verify the current eligibility status of all Medicaid recipients on the New Mexico Medicaid Portal.

Note: If other third party sources are available for health care services, those sources must be used before the Medicaid program makes payments for covered sources.

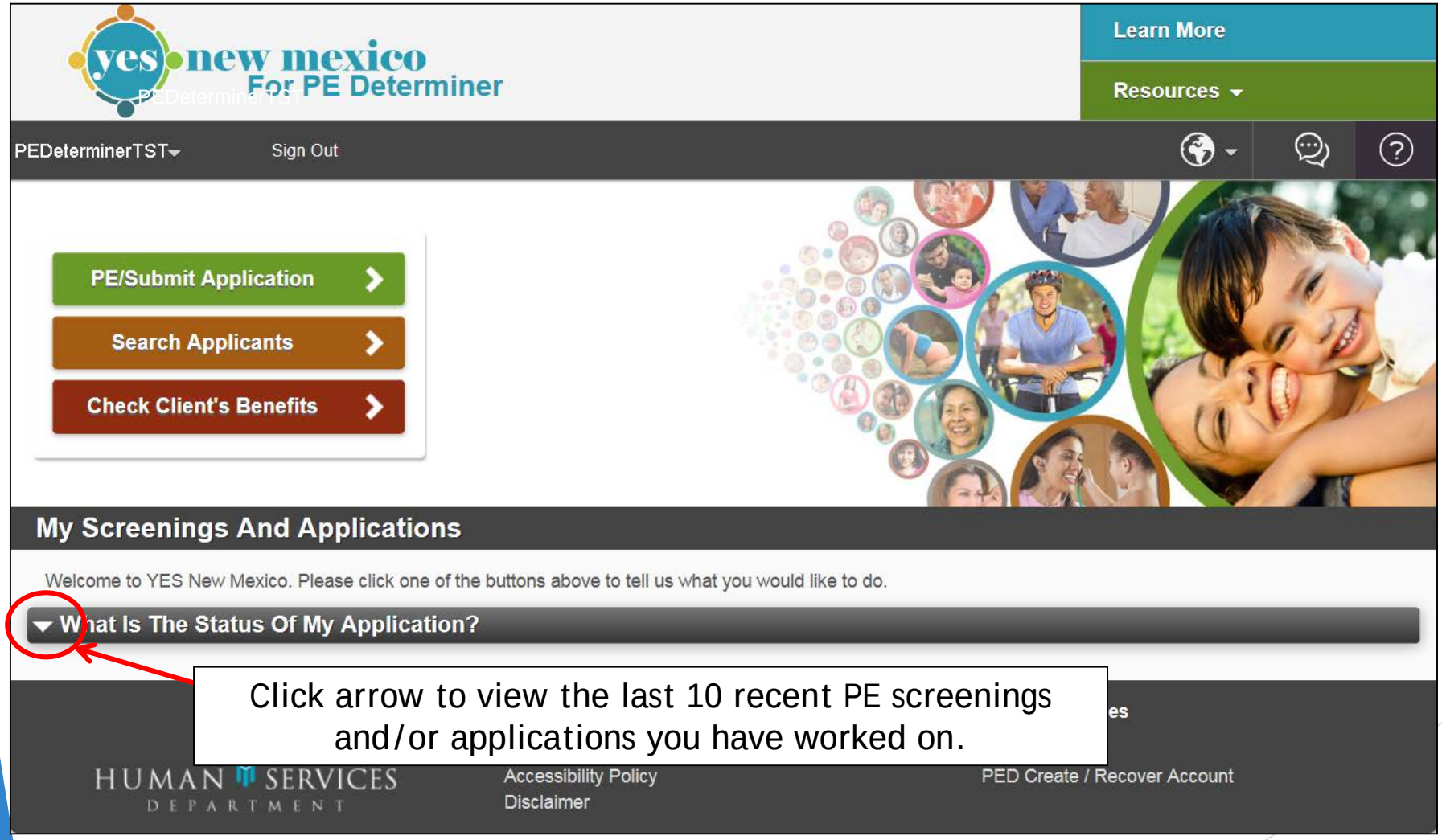
Important PE Screening Fields in YESNM-PE 2.0

Non-Mandatory Fields required for Accurate PE Screening Results

- Relationships
- NM residency and intent to stay
- “Where does this person live?”
- Citizenship information
- Non-citizen information if applicable
- Tax information
- Pregnancy information
- Earned income
- Unearned income
- Other Health Insurance

Searching for Completed and/or “In Progress” applications in YESNM-PE

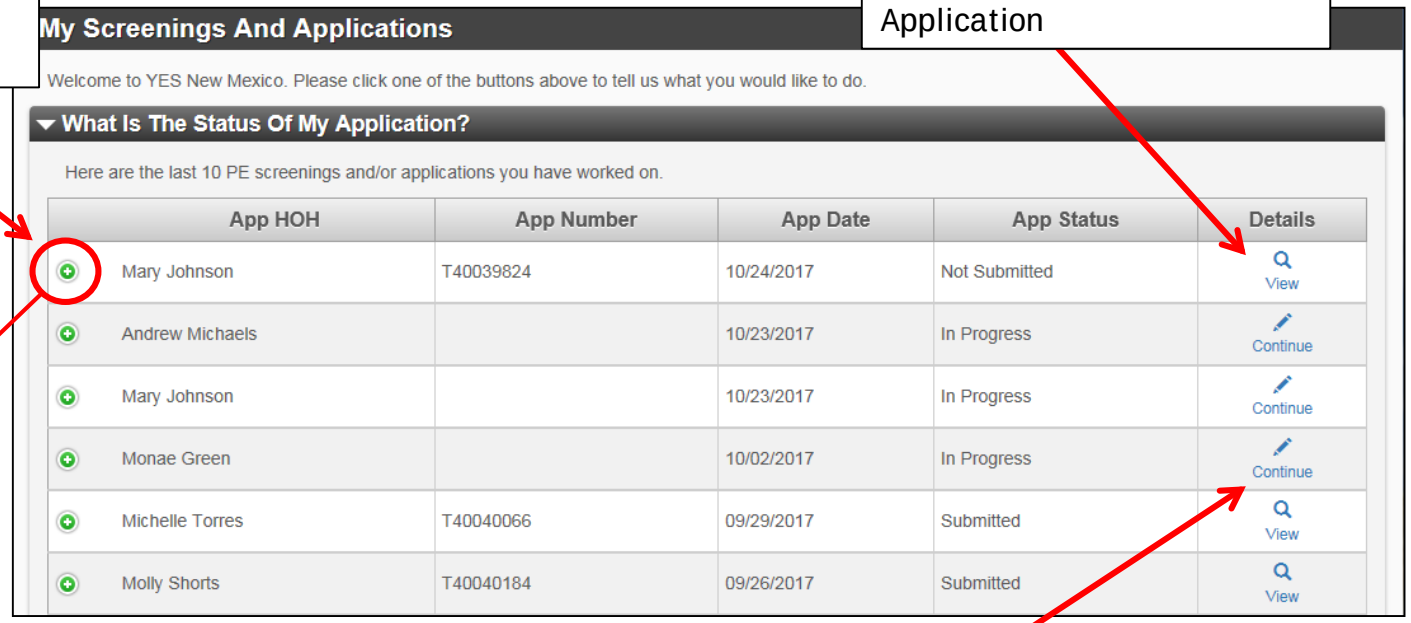
Last 10 PE Screenings and/or applications worked on



Viewing Most Recent Applications Worked – Status of Applications

Click Green button to view additional individuals on application.

Click View to view Details of Application



Click Continue for applications still in progress

App HOH	App Number	App Date	App Status
Mary Johnson	T22752087	10/18/2017	Submitted

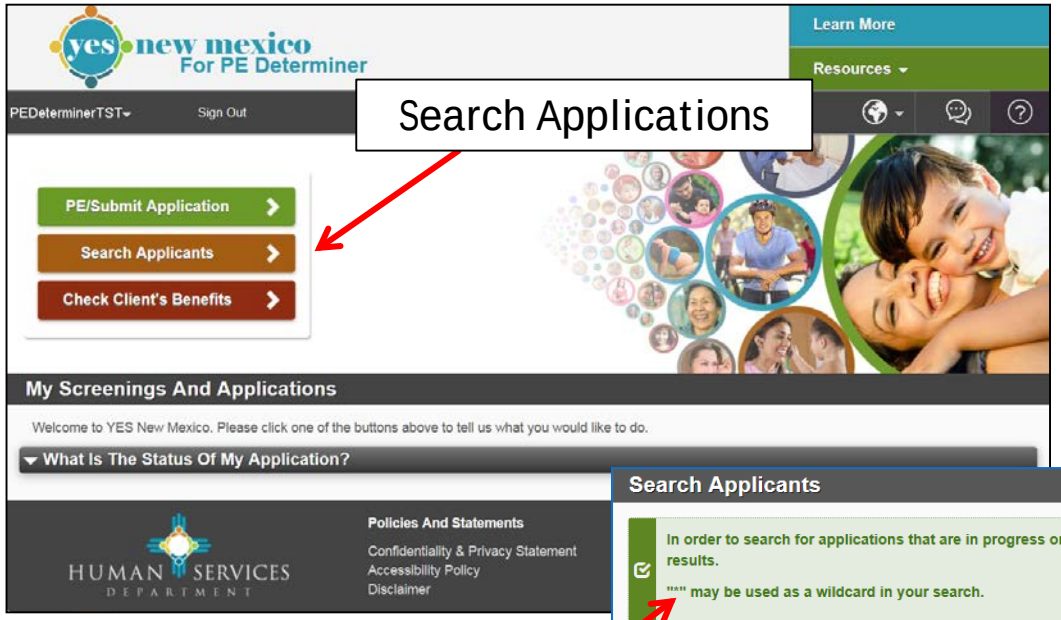
Individuals	DOB	PE Status	COE	Enrolled	PE Date
Molly Johnson	*06/27/1992*	*Granted*	*200*	*Blue Cross Blue Shield*	*09/11/2018*
Michael Johnson	*05/03/2015*	*Granted Pending Approval*	*400*	*There was a problem getting this PE approval into our system. Please contact the MAD PE Program staff by e-mail at HSD.PEDeterminers@state.nm.us.*	*09/11/2018*
Roger Smith	*02/17/1990*	*Denied*			
Reina Smith	*04/13/2010*	*Not Requested*			
Wanda Watts	*04/17/1963*	*Denied*			

Status of Presumptive Eligibility and Ongoing Medicaid Applications

App HOH	App Number	App Date	App Status	Details
Mary Johnson	T22752087	10/18/2017	Submitted	View

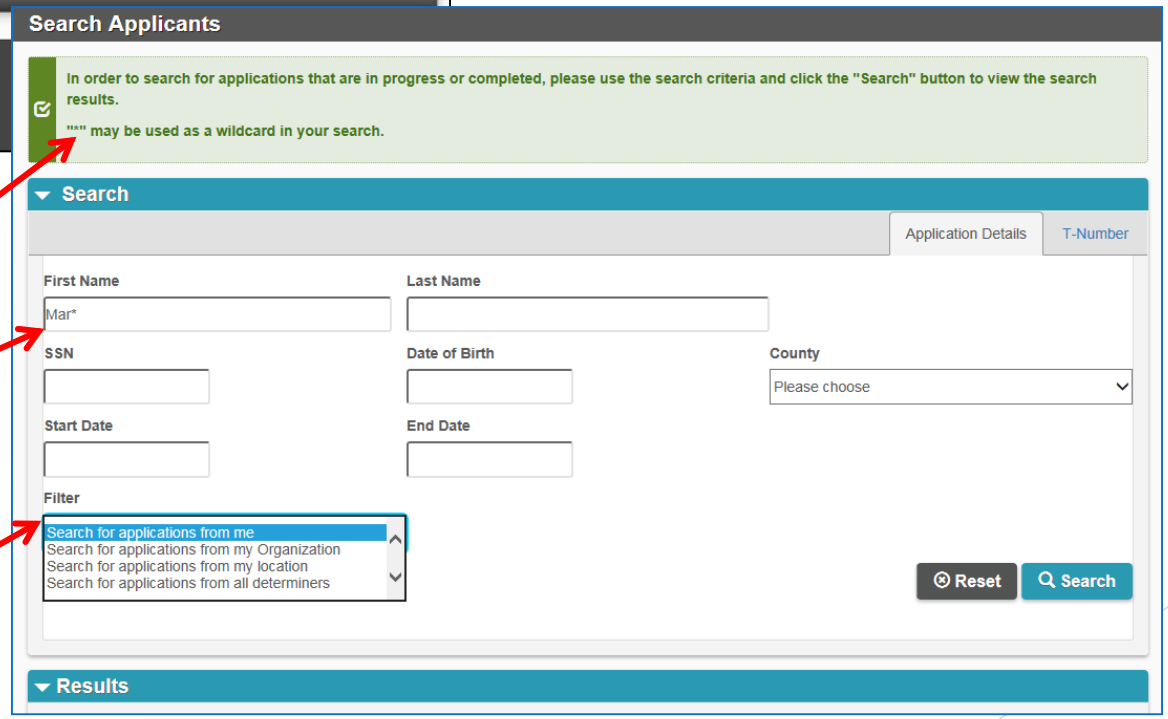
Individuals	DOB	PE Status	COE	Enrolled	PE Date
Molly Johnson	*06/27/1992*	*Granted*	*200*	*Blue Cross Blue Shield*	*09/11/2018*
Michael Johnson	*05/03/2015*	*Granted Pending Approval*	*400*	*There was a problem getting this PE approval into our system. Please contact the MAD PE Program staff by e-mail at HSD.PEDeterminers@state.nm.us.*	*09/11/2018*
Roger Smith	*02/17/1990*	*Denied*			
Reina Smith	*04/13/2010*	*Not Requested*			
Wanda Watts	*04/17/1963*	*Denied*			

Searching for Applications using the Search Tool



Search Applications

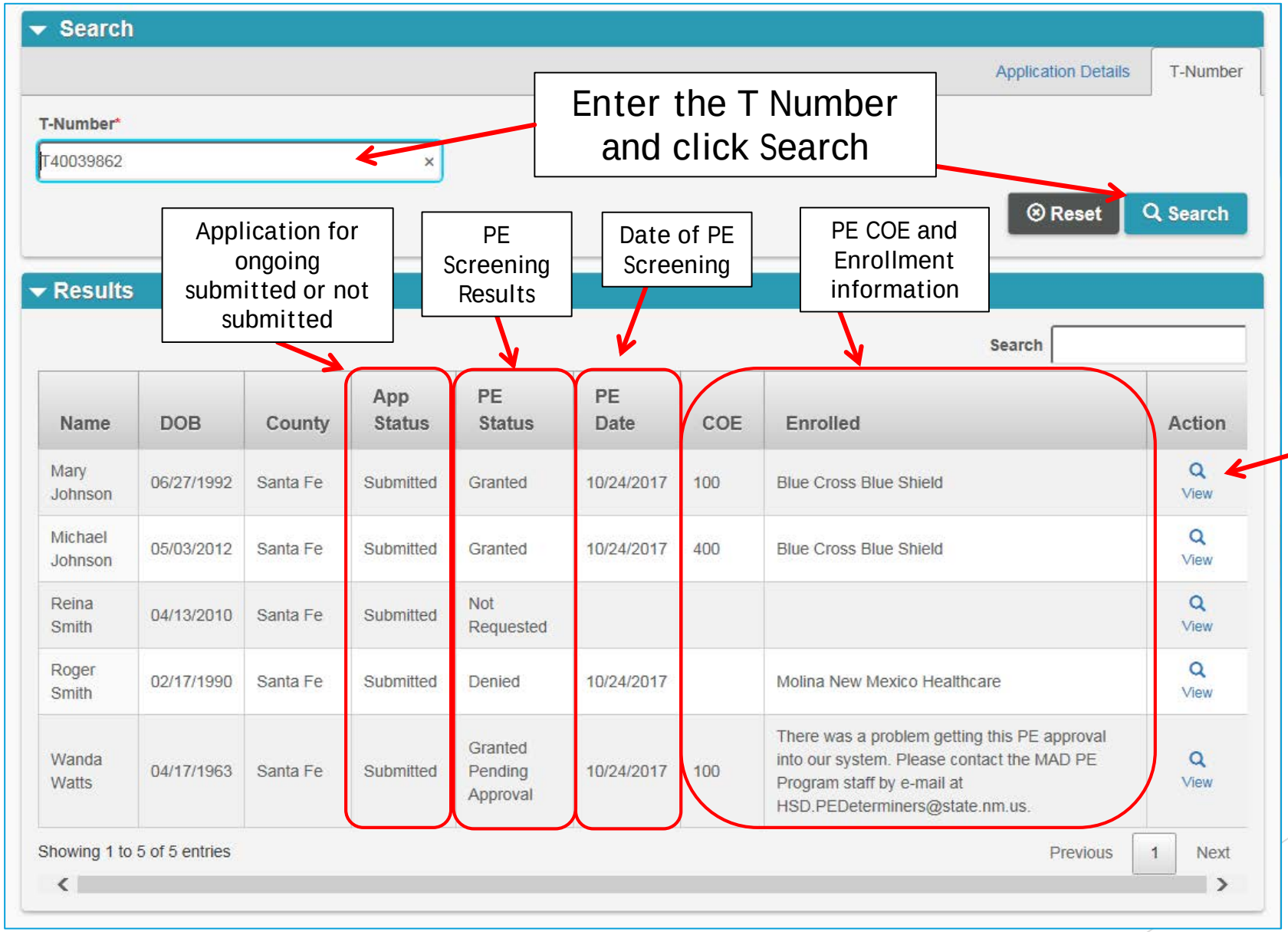
Enter Search criteria



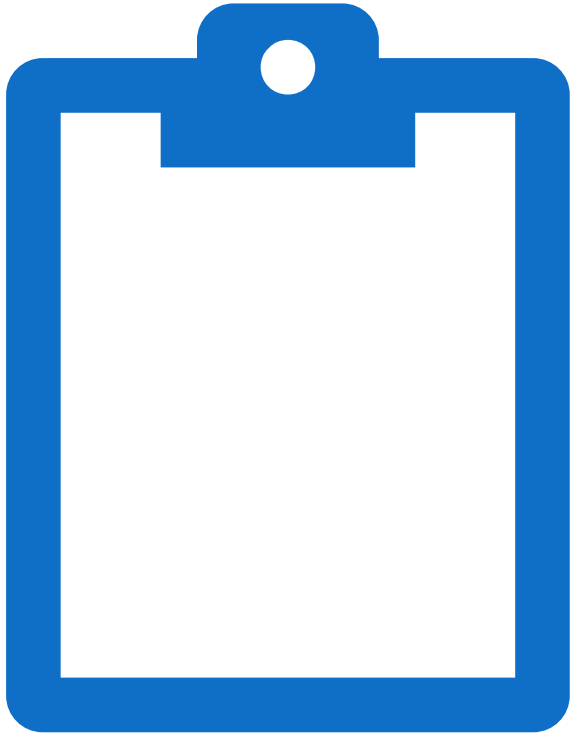
Enter a * for more results

Filter your Search for better results.

Searching for Applications using the T Number

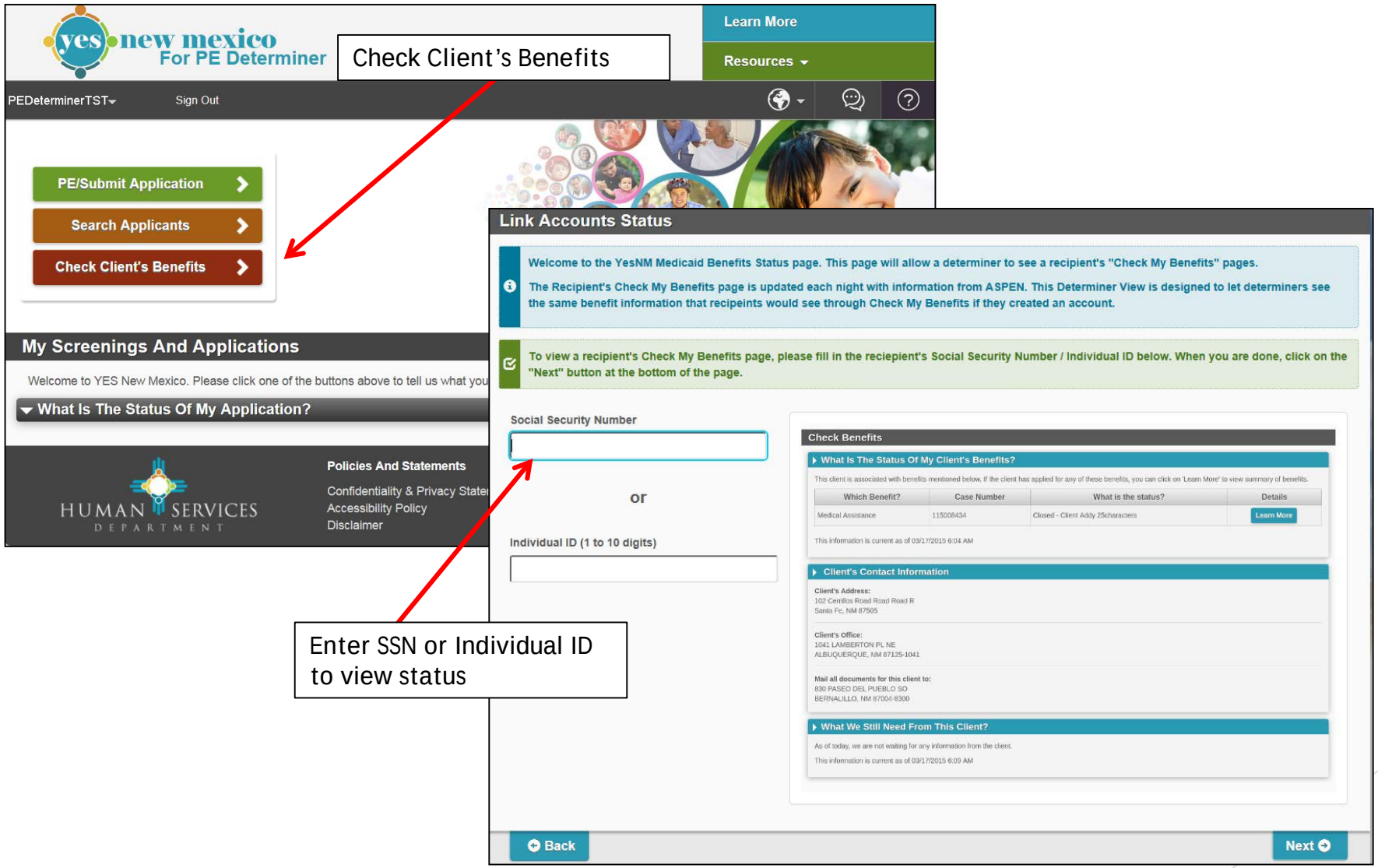


Click View to view Details of Application



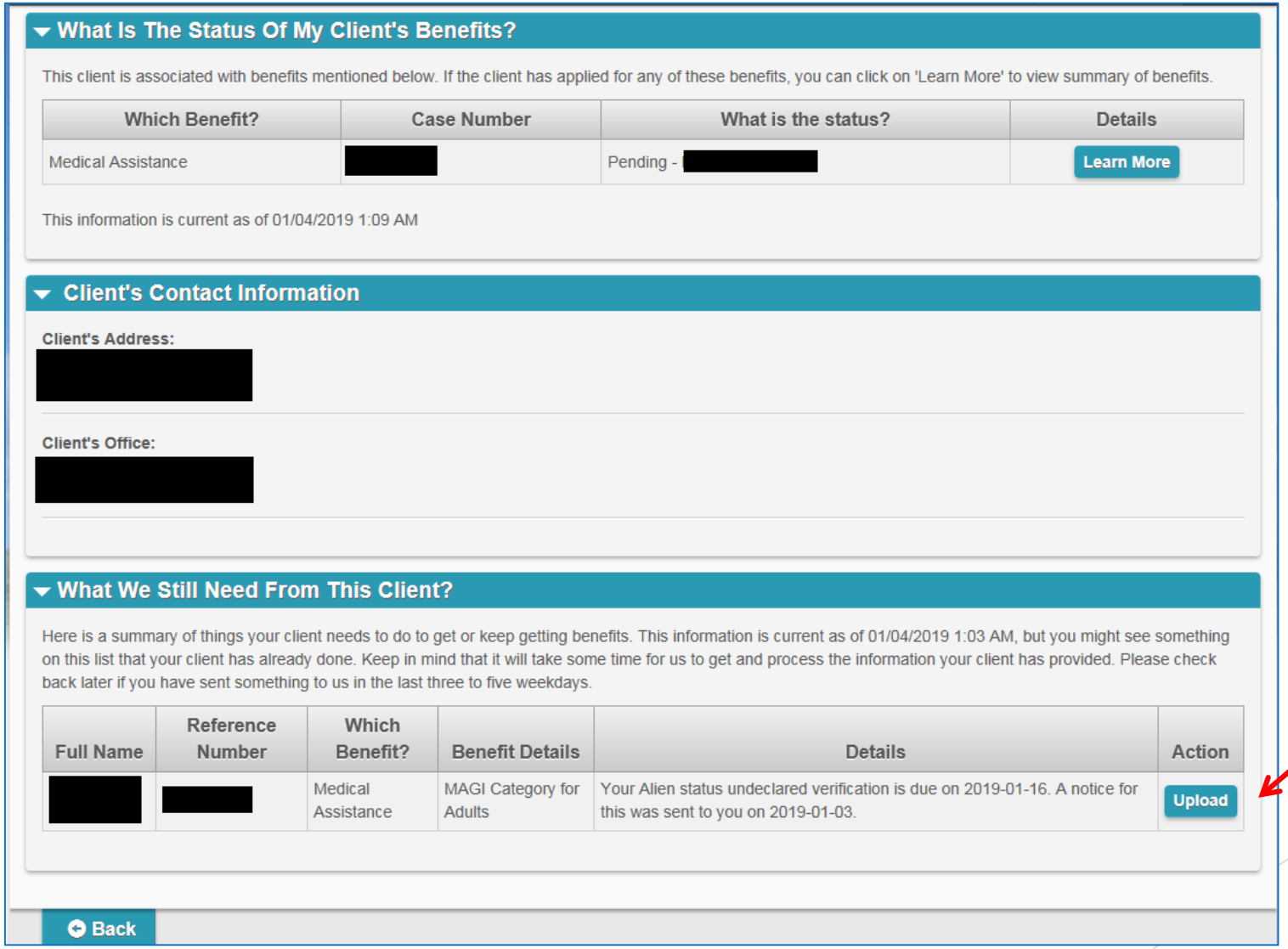
Check Client's Benefits

Check Client's Benefits



Enter SSN or Individual ID to view status

Pending Cases – waiting for documents from applicant



What Is The Status Of My Client's Benefits?

This client is associated with benefits mentioned below. If the client has applied for any of these benefits, you can click on 'Learn More' to view summary of benefits.

Which Benefit?	Case Number	What is the status?	Details
Medical Assistance	[redacted]	Pending - [redacted]	Learn More

This information is current as of 01/04/2019 1:09 AM

Client's Contact Information

Client's Address:
[redacted]

Client's Office:
[redacted]

What We Still Need From This Client?

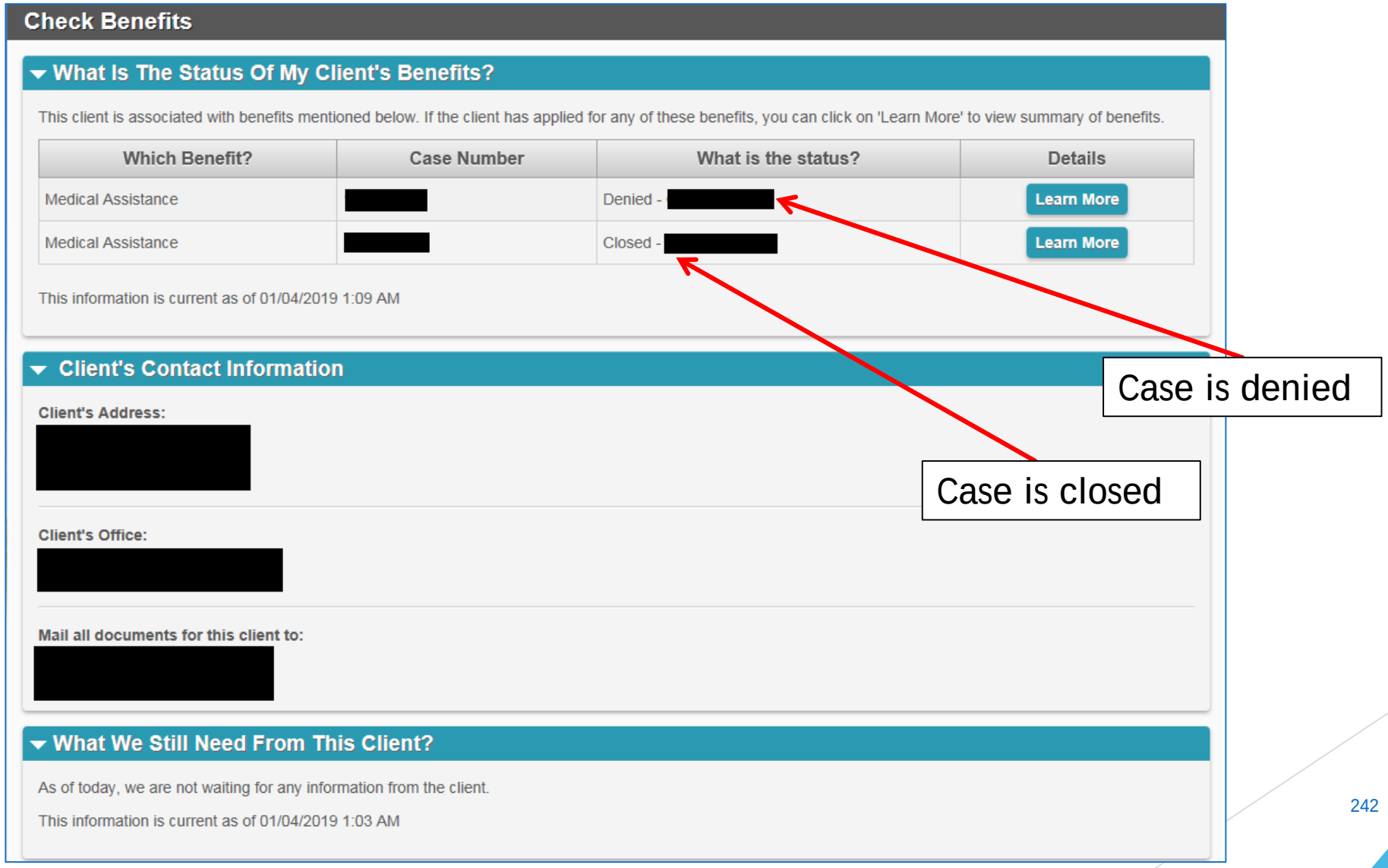
Here is a summary of things your client needs to do to get or keep getting benefits. This information is current as of 01/04/2019 1:03 AM, but you might see something on this list that your client has already done. Keep in mind that it will take some time for us to get and process the information your client has provided. Please check back later if you have sent something to us in the last three to five weekdays.

Full Name	Reference Number	Which Benefit?	Benefit Details	Details	Action
[redacted]	[redacted]	Medical Assistance	MAGI Category for Adults	Your Alien status undeclared verification is due on 2019-01-16. A notice for this was sent to you on 2019-01-03.	Upload

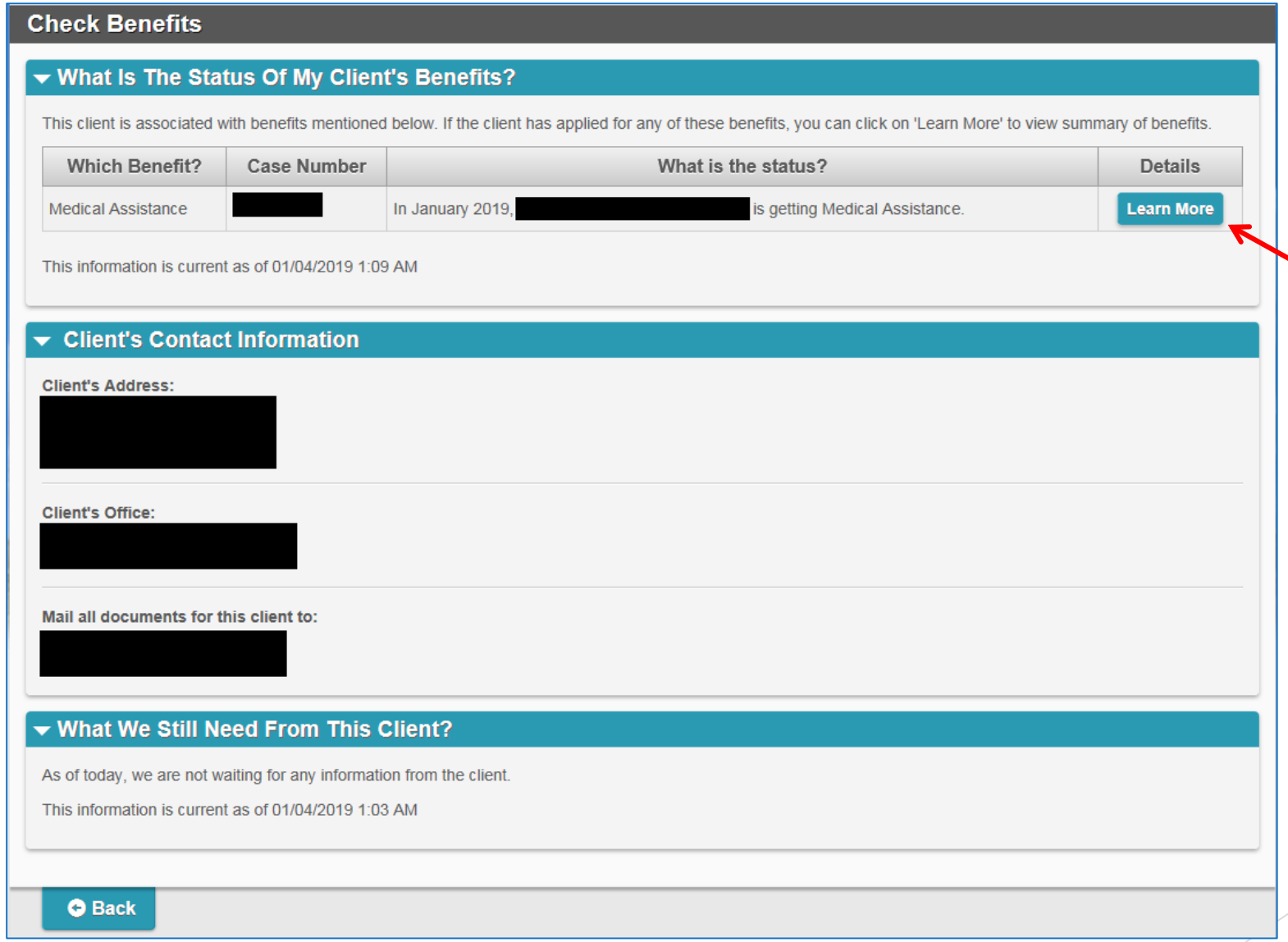
Back

Upload documents

Example of Denial

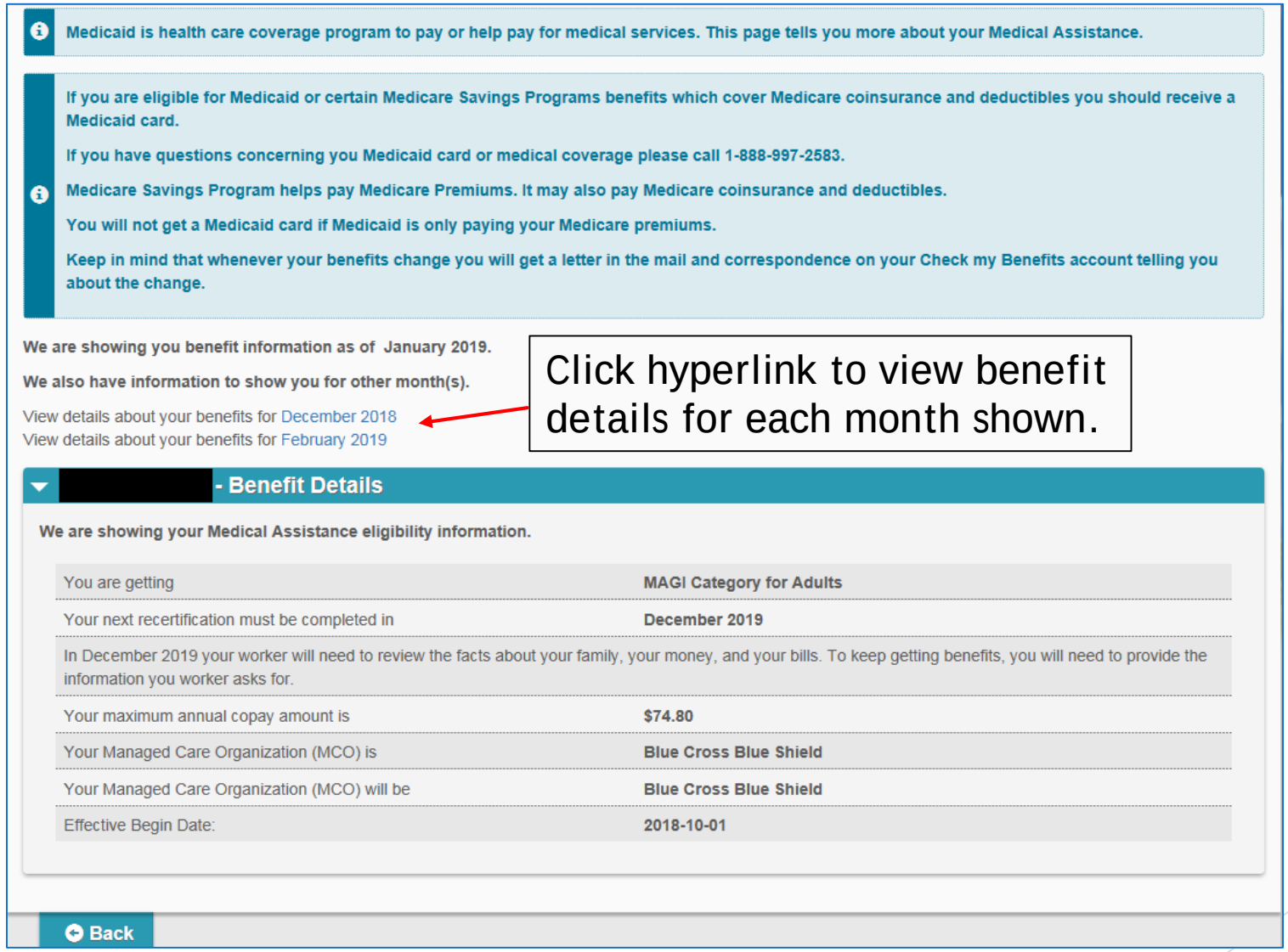


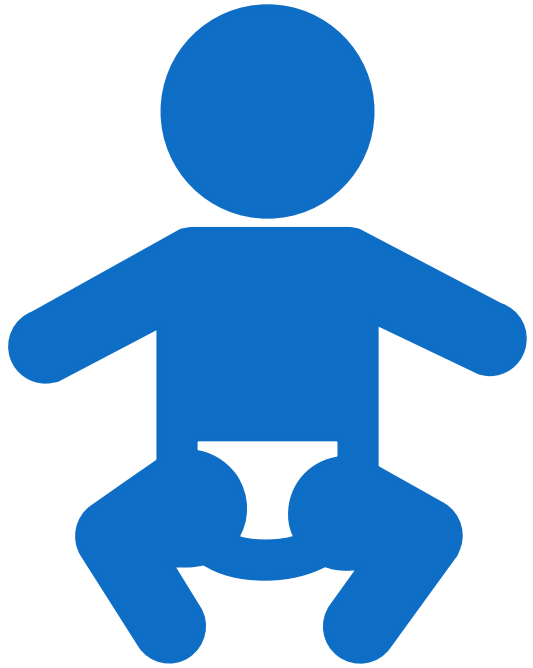
Example of approval



Click “Learn More” for more information about the case

Eligibility and MCO information





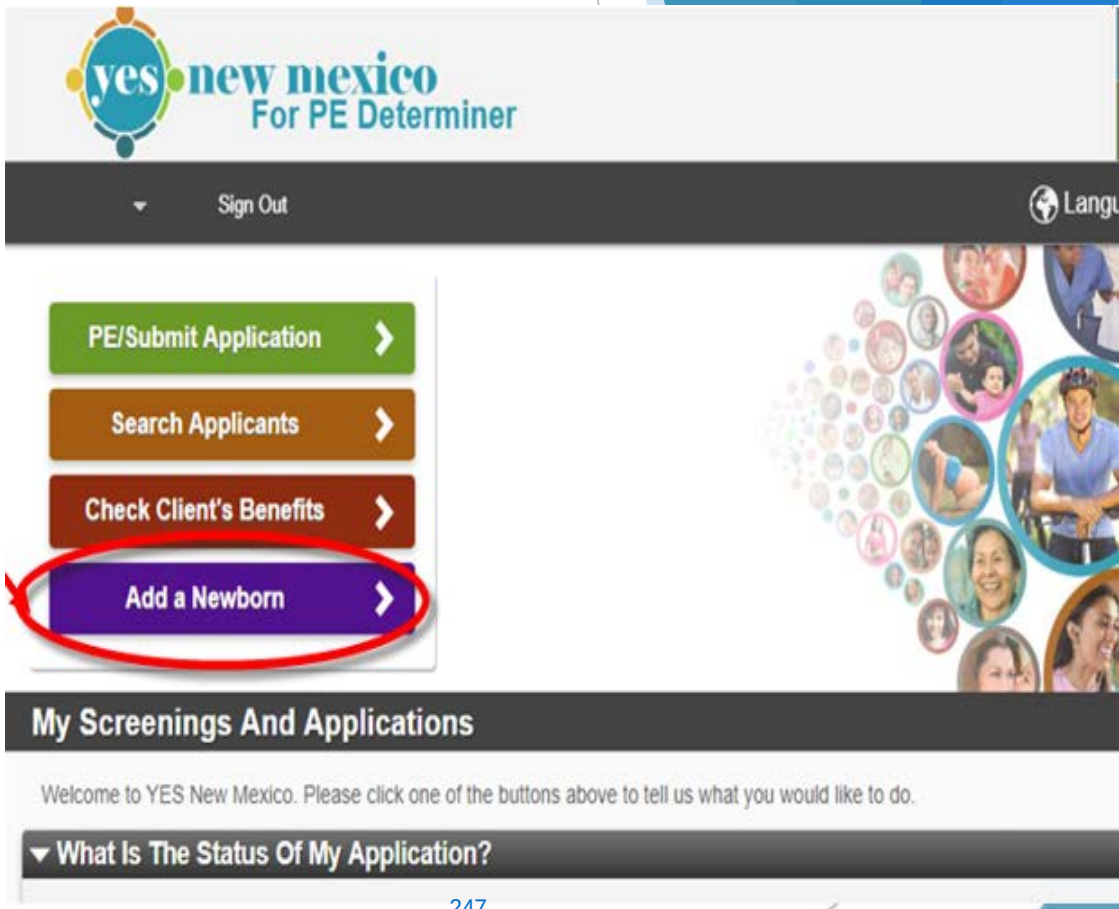
Medicaid for Newborns

Overview of Medicaid for Newborns

The New Mexico Medicaid program “Medicaid for Newborns” covers infants up to 13 months born to mothers who are eligible for and receiving New Mexico Medicaid at the time of the child's birth including during the period of retroactive eligibility. The child is deemed to have applied and been determined eligible under the Medicaid state plan effective as of the date of birth and remains eligible regardless of changes in circumstances through the month of the child's first birthday, unless the child dies or ceases to be a resident of the state or the child's representative requests a voluntary termination of eligibility.

What is AVA the “Baby Bot”

- Ava is a bot that works by sending the information about a newborn client electronically into the mother’s ongoing Medicaid case and grants the newborn immediate eligibility and or enrollment if eligible.
- The Bot serves as a new feature in YESNM-PE that allows a PED provider to add a eligible newborn onto Medicaid immediately.
- The MAD 313 Notification of Birth paper form will still be available, however AVA the Baby Bot process will be the preferred method for providers to use.

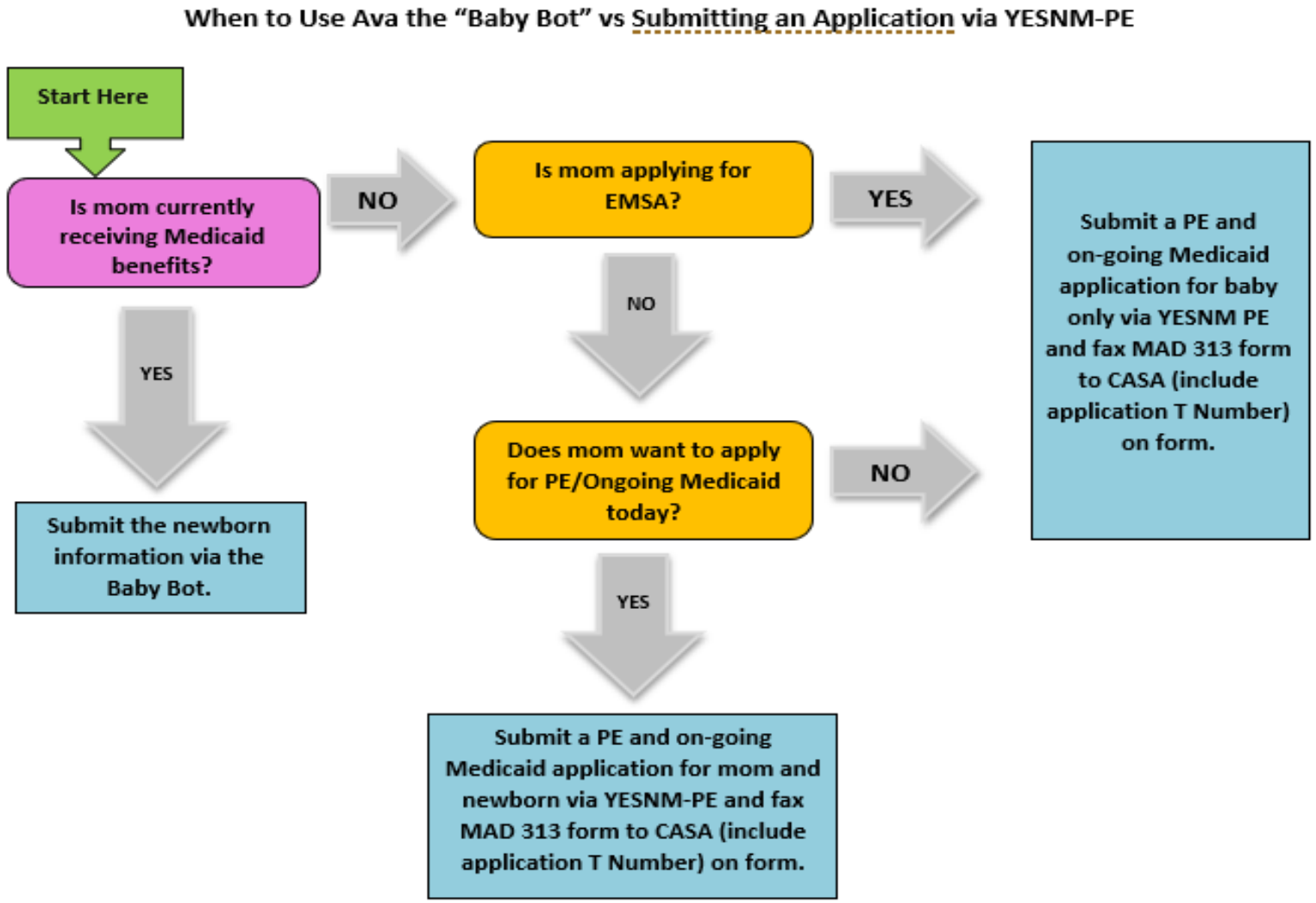


Who is eligible for Newborn Medicaid?

Category 031

- An Infant born to a mother who is receiving Medicaid benefits (including SSI category) at time of birth
- An Infant born to a mother who is deemed eligible for Medicaid during the birth month
- Infant born to an eligible mother receiving “Emergency Medical Services for Aliens” (EMSA) at the time of labor and delivery
- The mother was approved for EMSA services for the birth and delivery of the infant.
- The infant continues to reside in New Mexico.
  - A temporary absence from the state does not prevent eligibility for this category.

When to use AVA the "Baby Bot" Versus Submitting an Application Via YESNM-PE

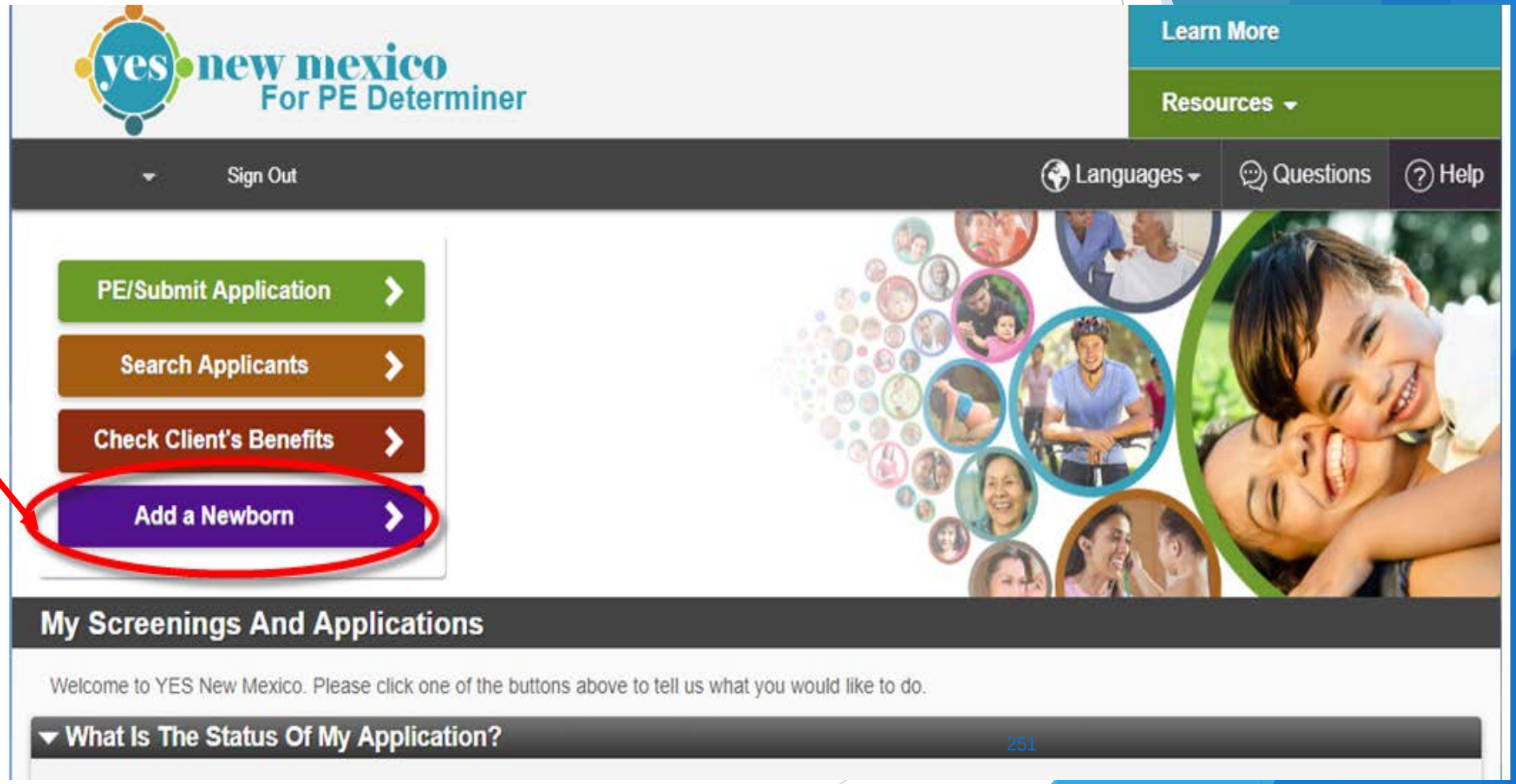


Steps for Submitting Newborn Information using AVA

- Step 1: Check the mother's Medicaid eligibility using YESNM-PE or the New Mexico Medicaid Web Portal.
- Step 2: If the mother is currently active on Medicaid log onto the YESNM-PE Website and click the button titled "Add a Newborn."
- Step 3: When you have successfully finished submitting the newborn information you will receive an email confirmation.

Step 2: Accessing the AVA the "Baby Bot" Link

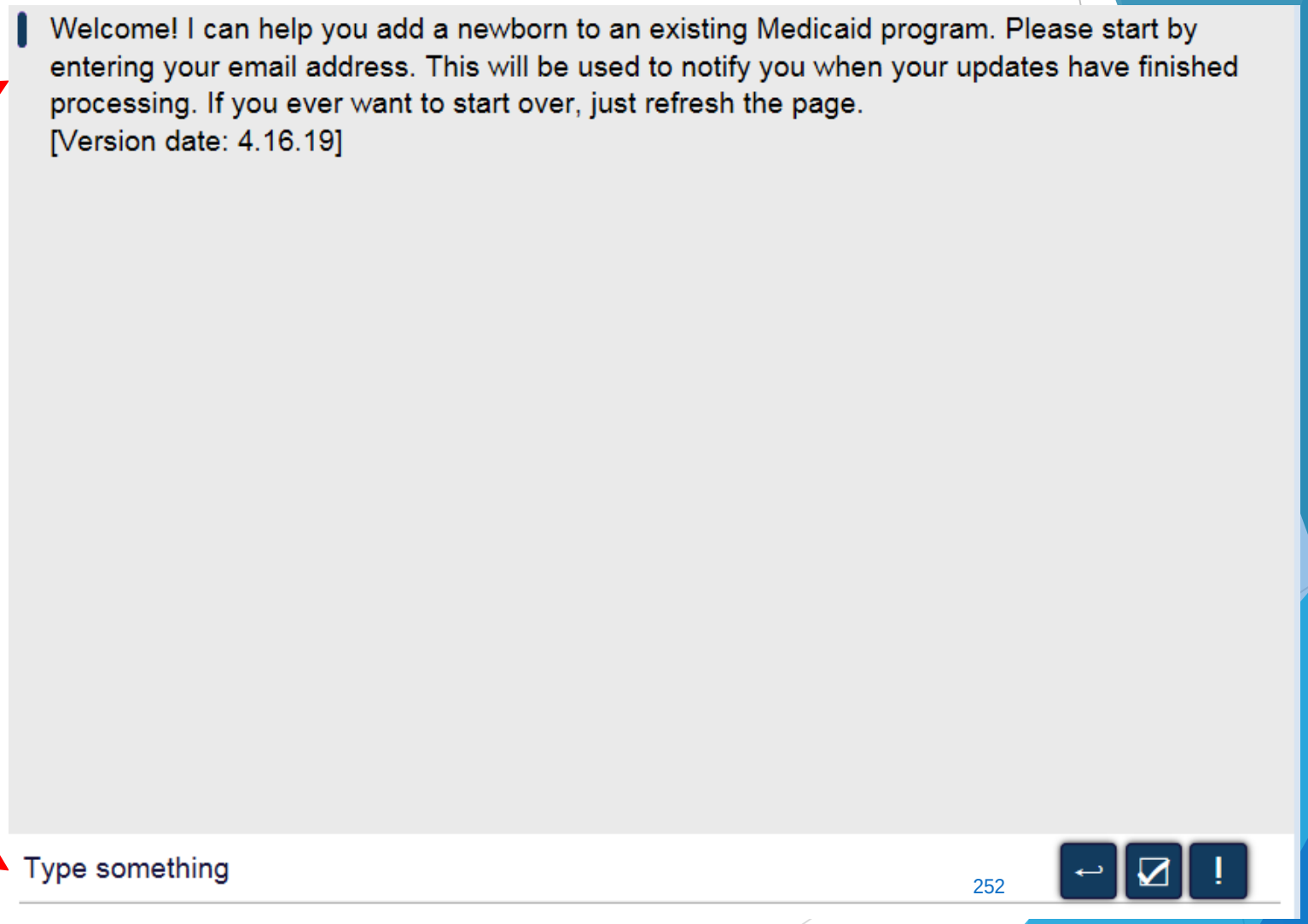
If eligible, in the YESNM-PE site you will click the button titled "Add a Newborn". Your YESNM-PE credentials will grant you access to AVA the "Baby Bot" site.



AVA the “Baby Bot” Site

When you enter AVA the “Baby Bot” site you will see this window and message.

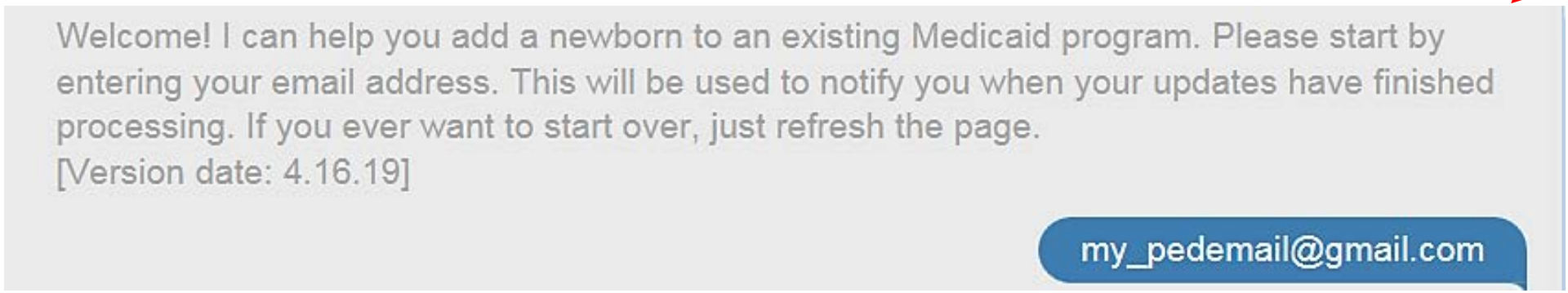
You can begin by typing in your email address(use the email address you have registered with your PED status) here. After you type, press ‘enter’ on your keyboard to submit the text.



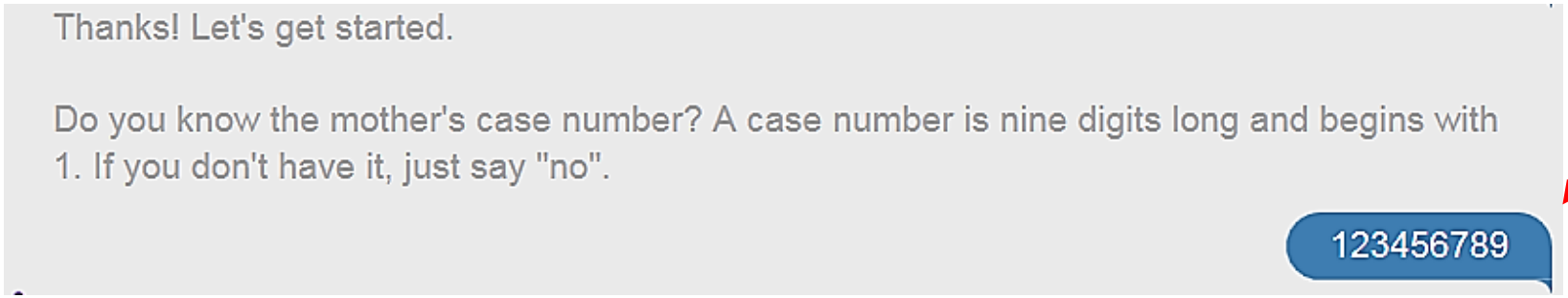
Getting started

The Baby Bot will ask you for more information with questions about the mother and newborn including information such as name, date of birth, social security number and Medicaid ID among other information. Follow the prompts and enter the most accurate information.

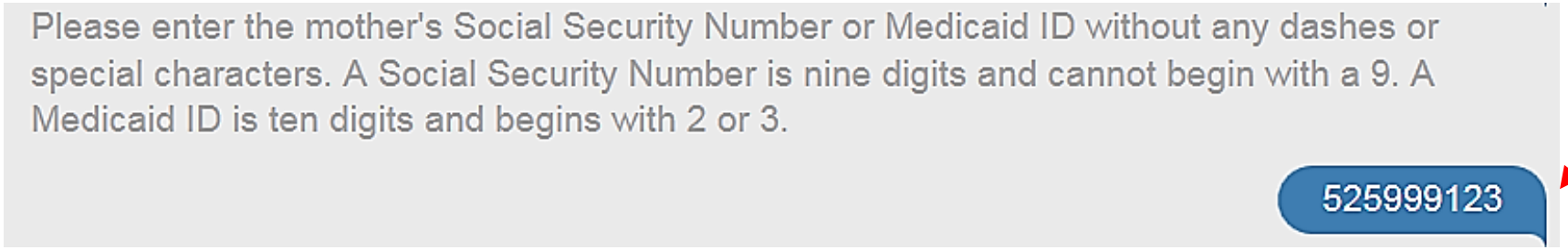
Begin by entering your PED email address



Locating the Newborn's Mother

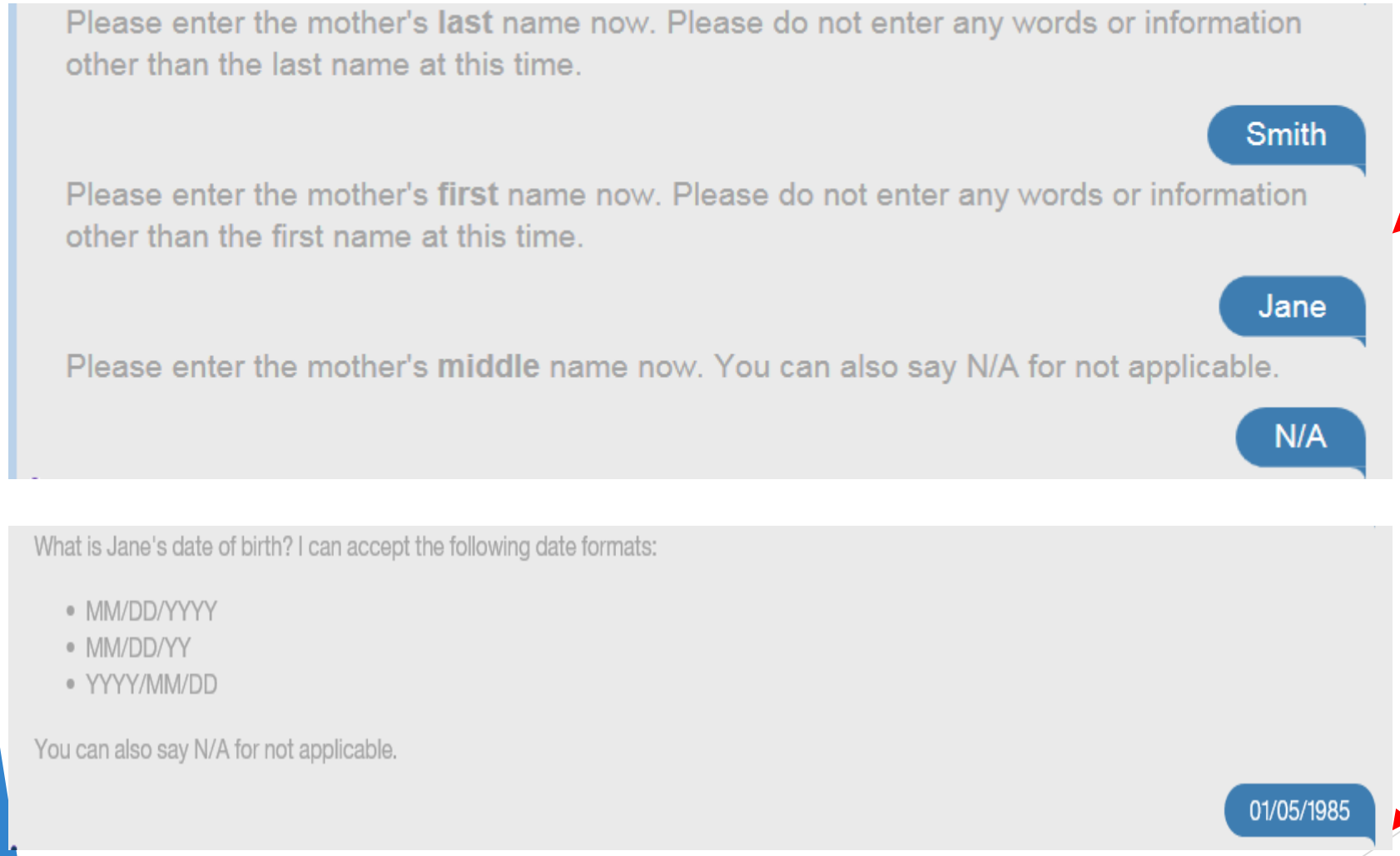


You will begin by typing the mother's ASPEN case number.



If you do not have the mother's ASPEN case number, you can type the mother's Social Security number or Medicaid ID number instead.

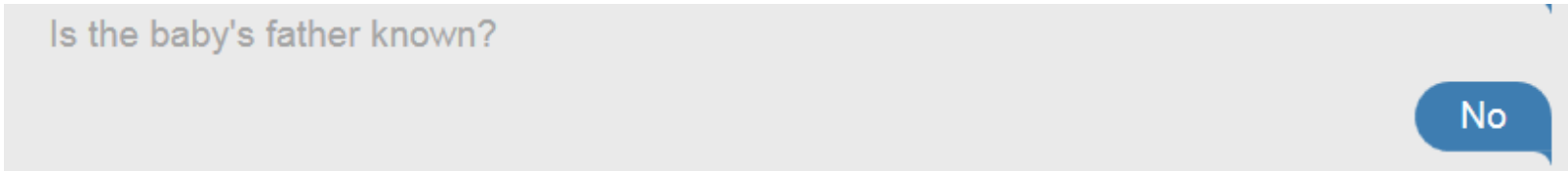
Entering the Mother's Information



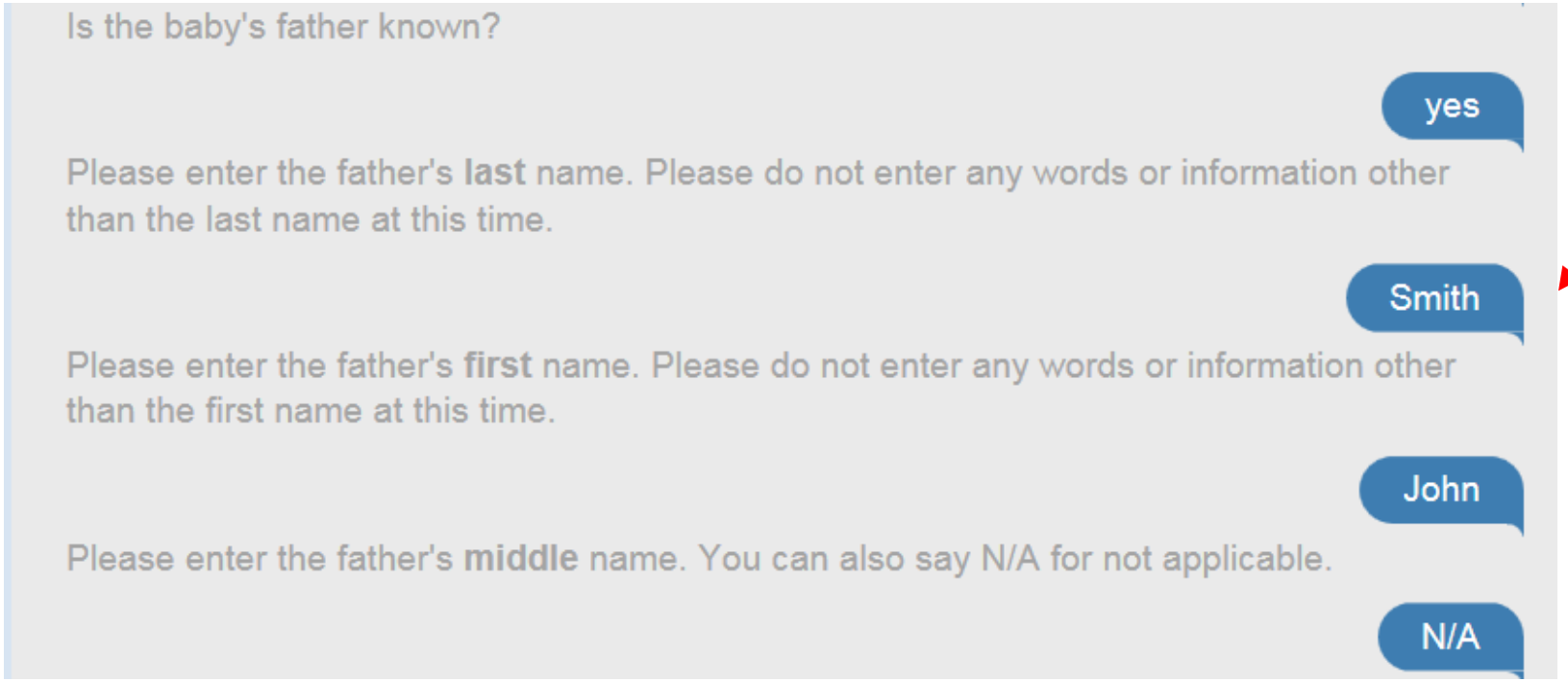
The bot will then prompt you to continue entering the mother's details including her last name first name and middle name if applicable.

Enter the mother's date of birth as indicated.

Entering the Father's Information



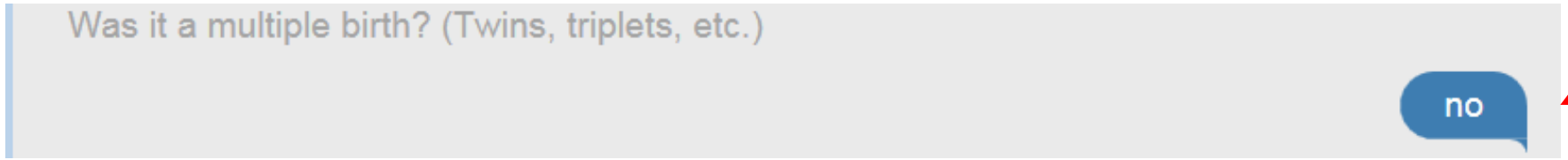
If you do not have the father's information, you can answer 'no'.



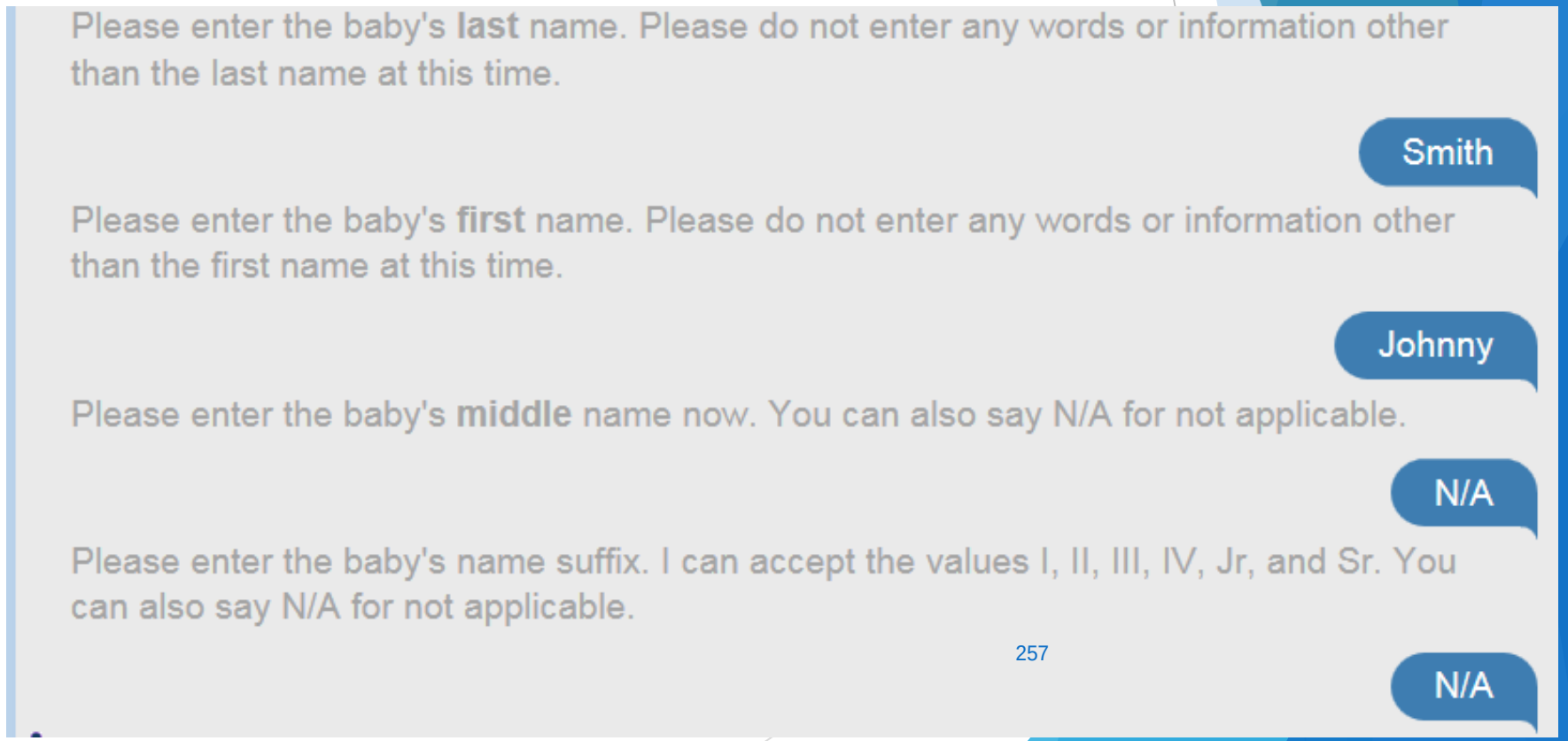
If you do have the father's information answer 'yes' and add this information by following the subsequent prompts.

Entering the Newborn's information

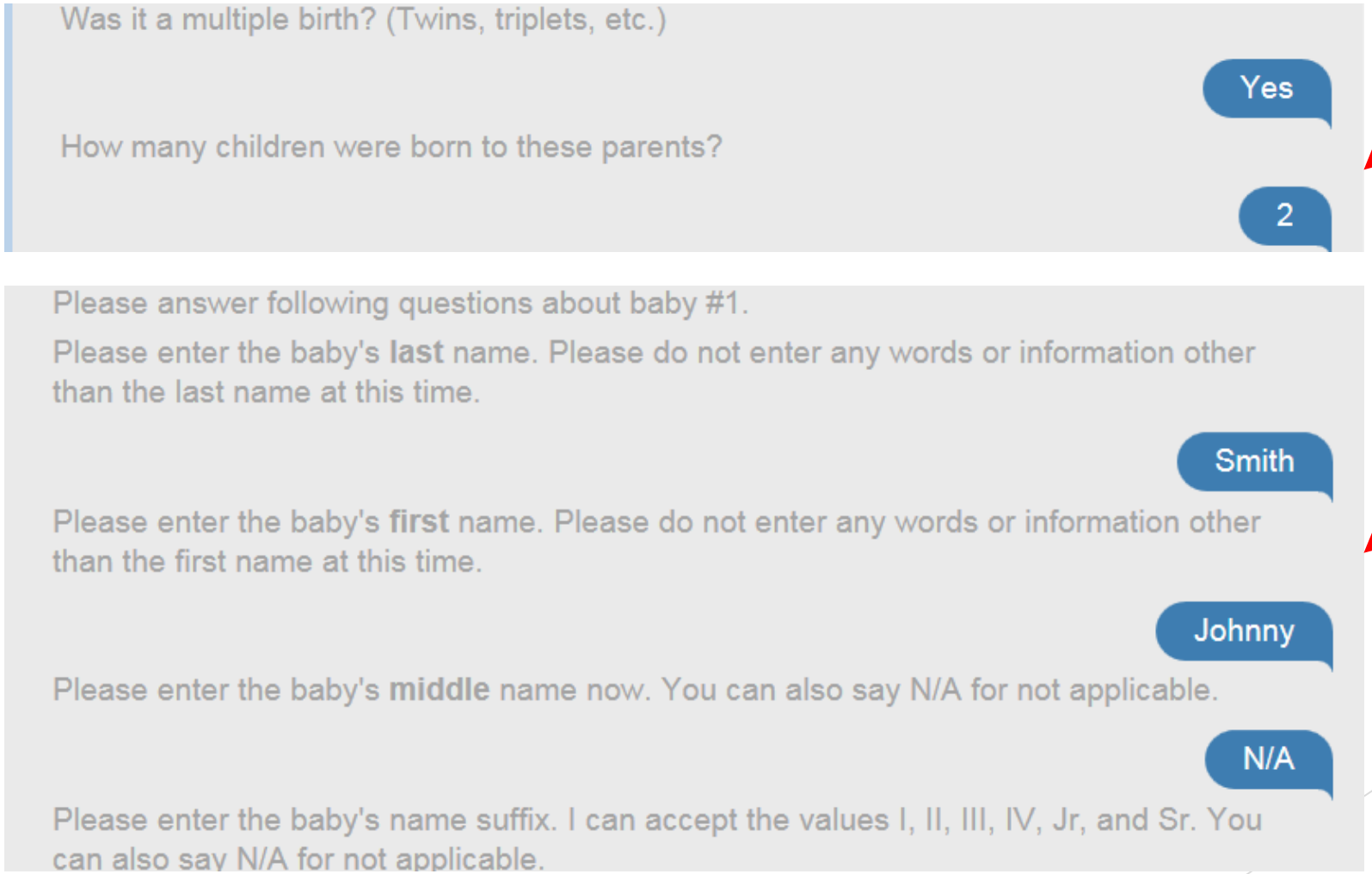
Indicate if the mother gave birth to one child or multiple children.



If it is only one child you will begin by entering the newborn's name and last name.



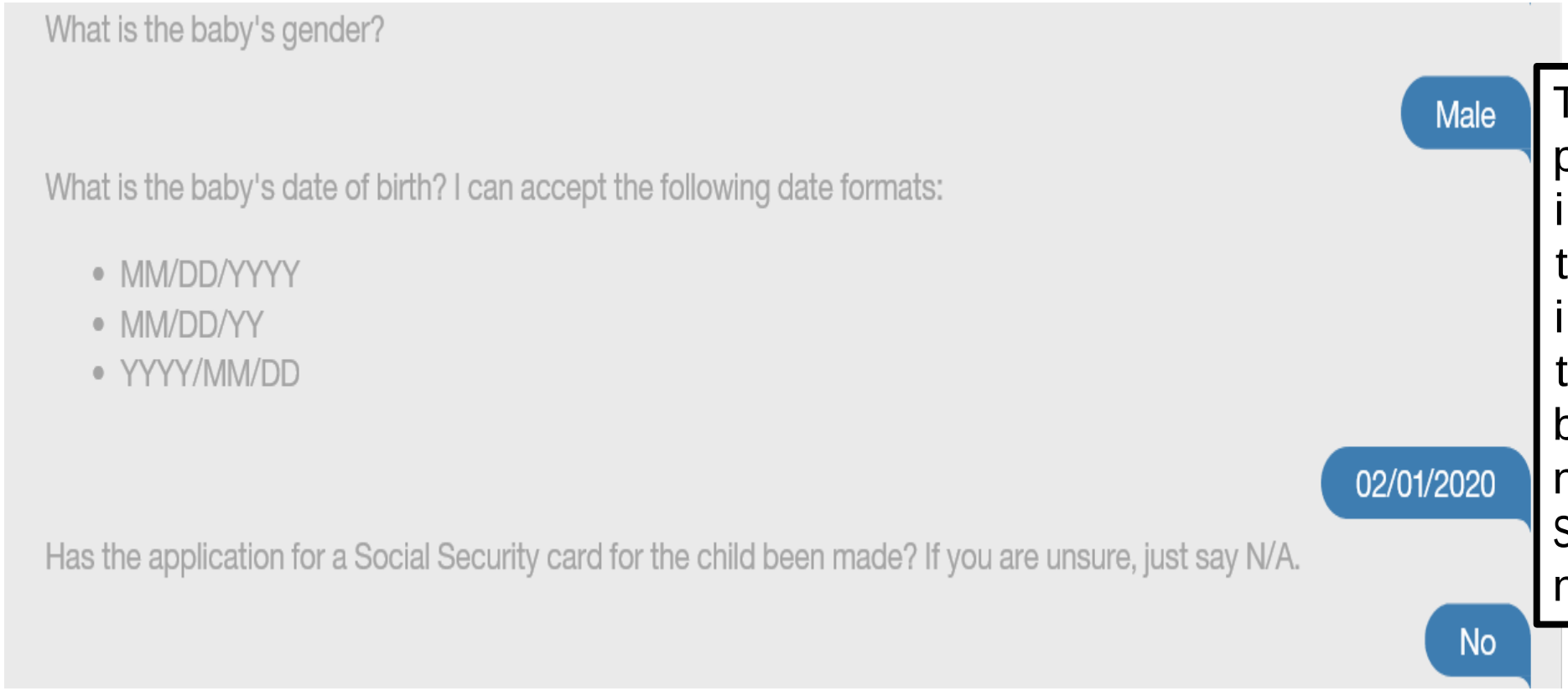
Entering information for more than one baby (twins, triplets, etc.)



If the birth is for more than one baby, you will first indicate how many children were born.

The bot will prompt you to begin by entering all of the information for the first baby then it proceeds to the second (third, or fourth etc..) newborn.

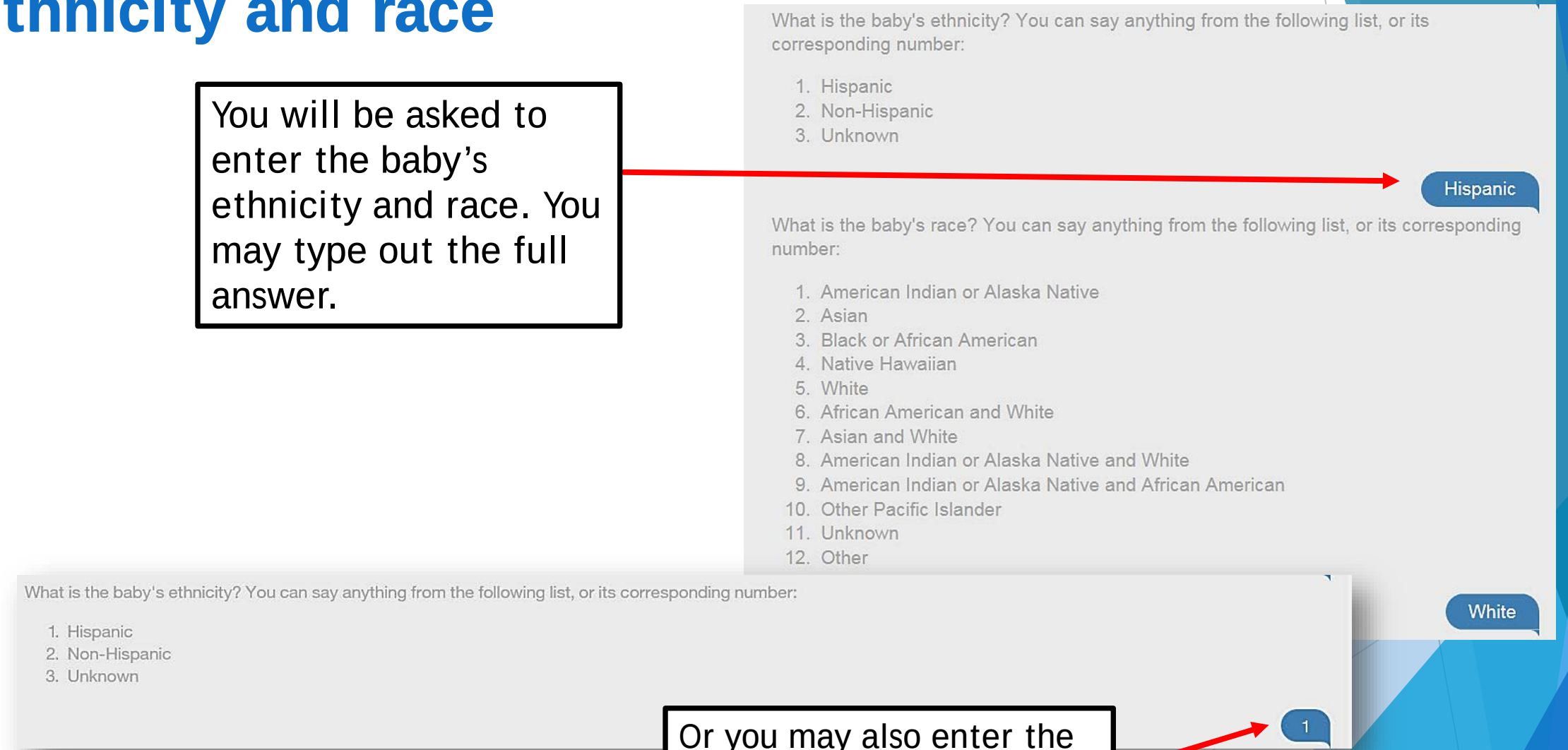
Entering the Newborn's Information



The baby bot will prompt you to enter information about the newborn. Such information includes the gender, date of birth and if the newborn has a Social Security number.

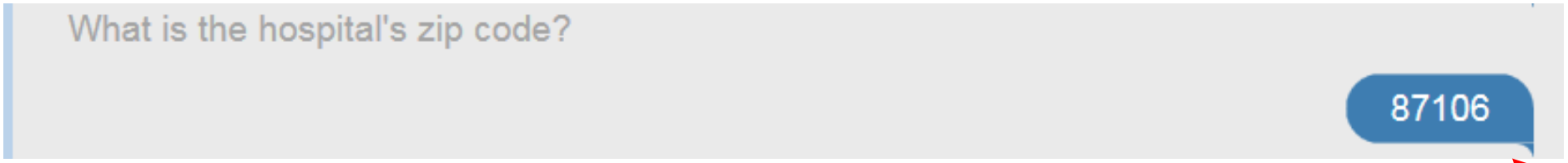
Enter information about the baby's ethnicity and race

You will be asked to enter the baby's ethnicity and race. You may type out the full answer.



Or you may also enter the number corresponding to the answer choice.

Ending Questions



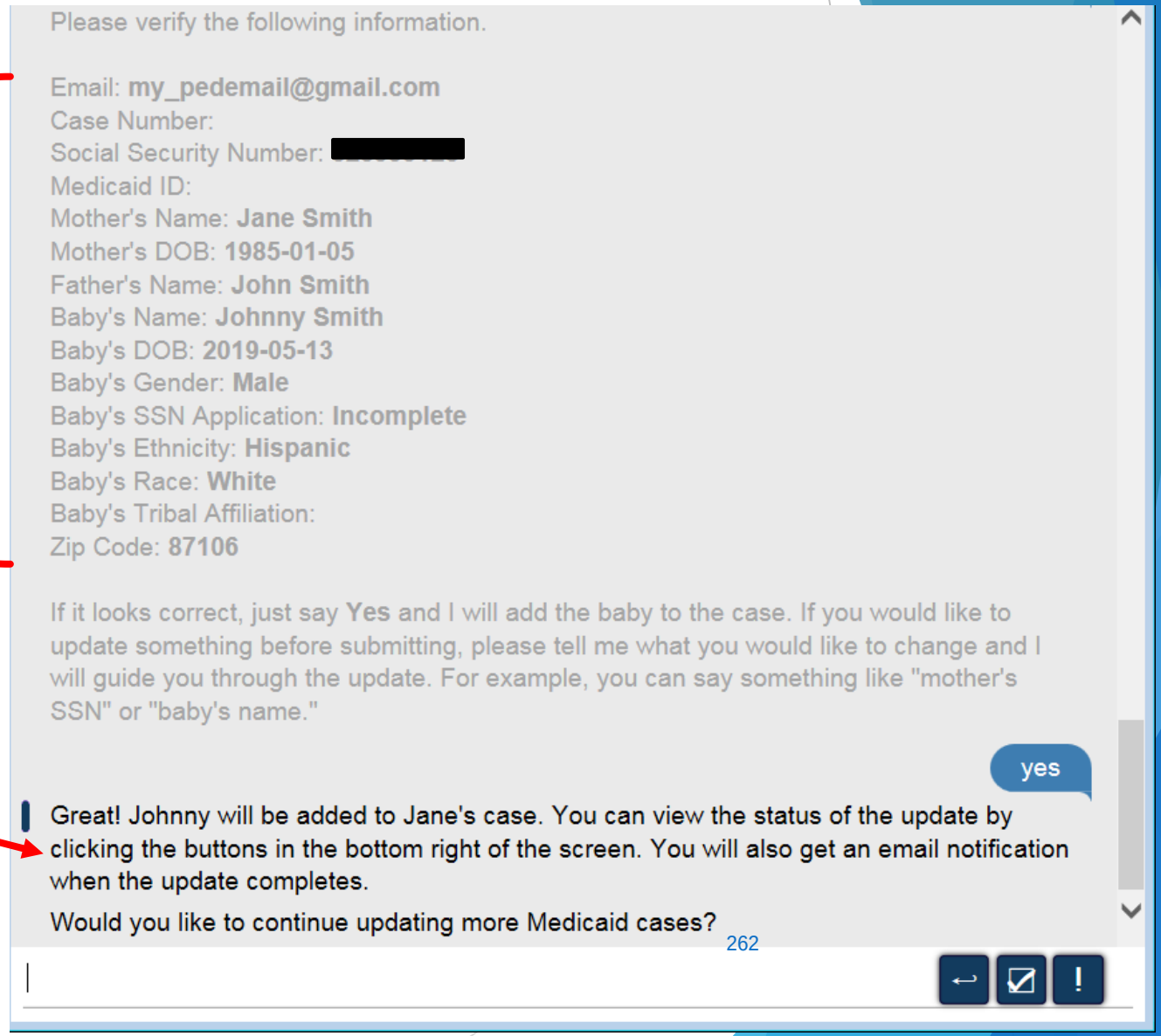
It is important that you enter the hospital zip code. If the mother's case cannot be located in the eligibility system using any of the information you entered, the baby bot will then route the information to the ISD office closest to the hospital.

Enter the zip code of the hospital, birthing center or other where the mother gave birth.

Review All the Information Entered

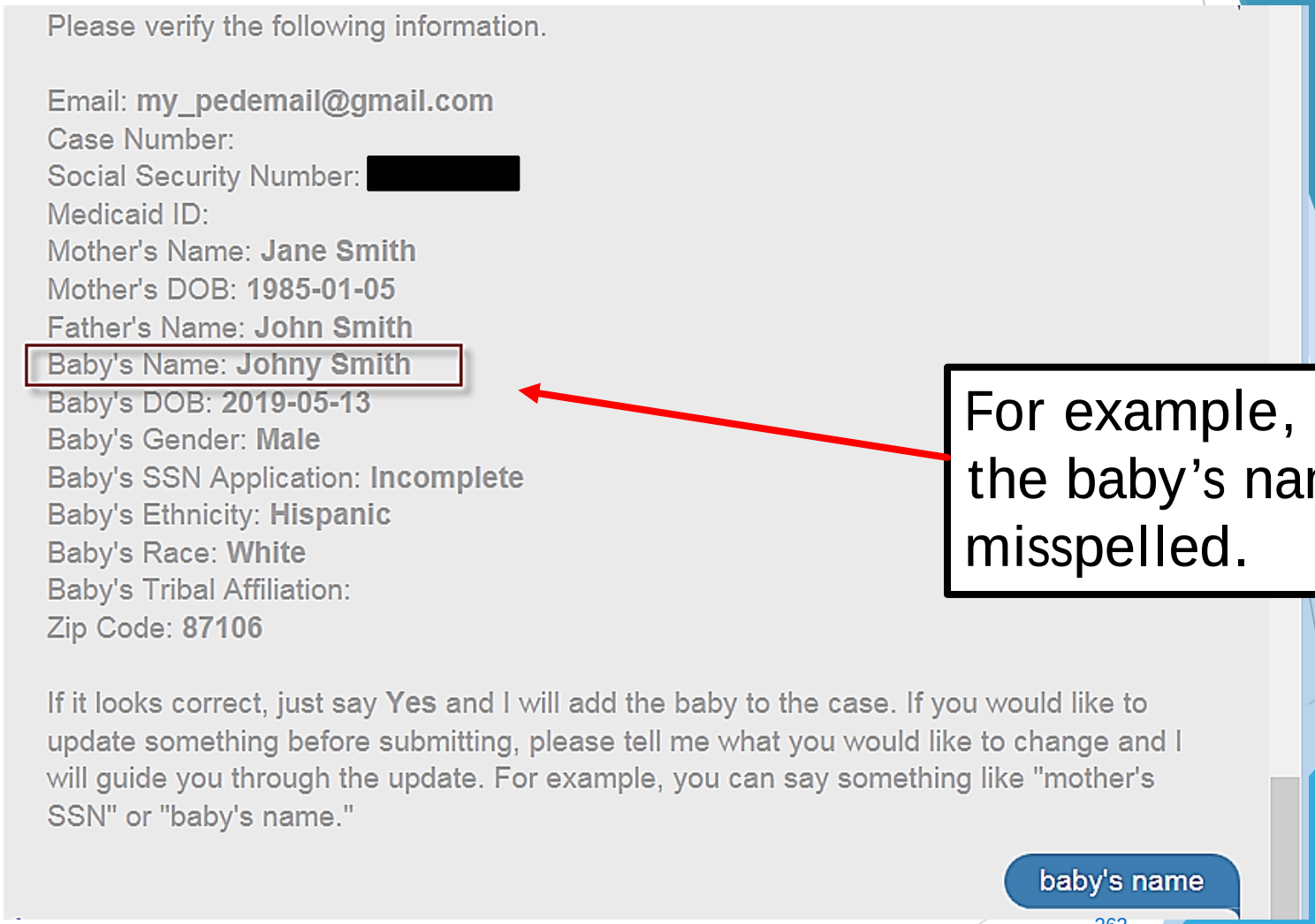
After entering the zip code you will be prompted to verify all of the information you entered. Be sure to carefully review the entire list.

If all of the information is correct you will attest and submit the information by typing “yes”. This will add the newborn to the mother’s case.



Edit Information Entered

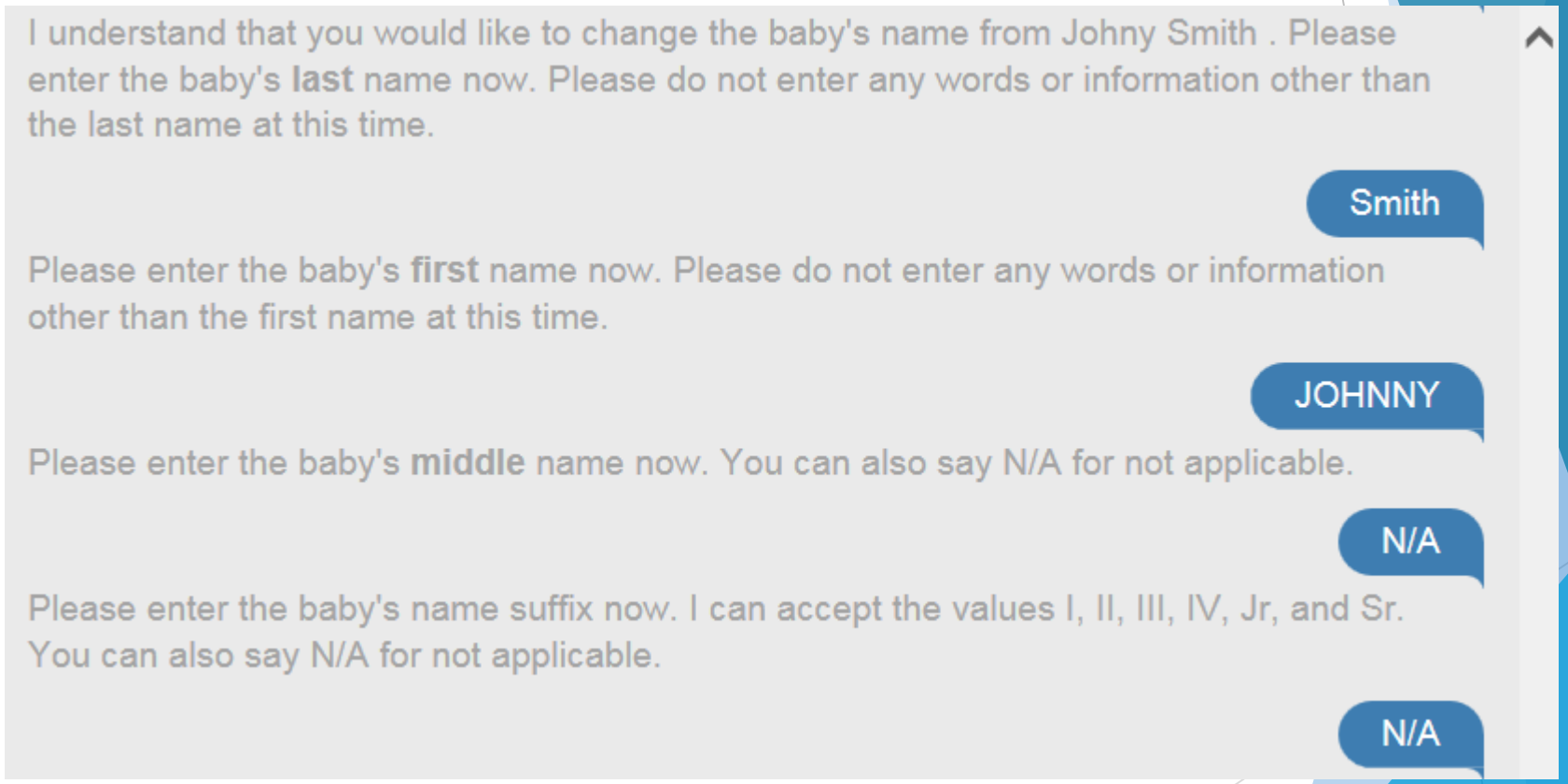
If you find something you need to change, for example a name or date of birth, you can indicate that by typing the phrase, at the very end of this question.



For example, here the baby's name is misspelled.

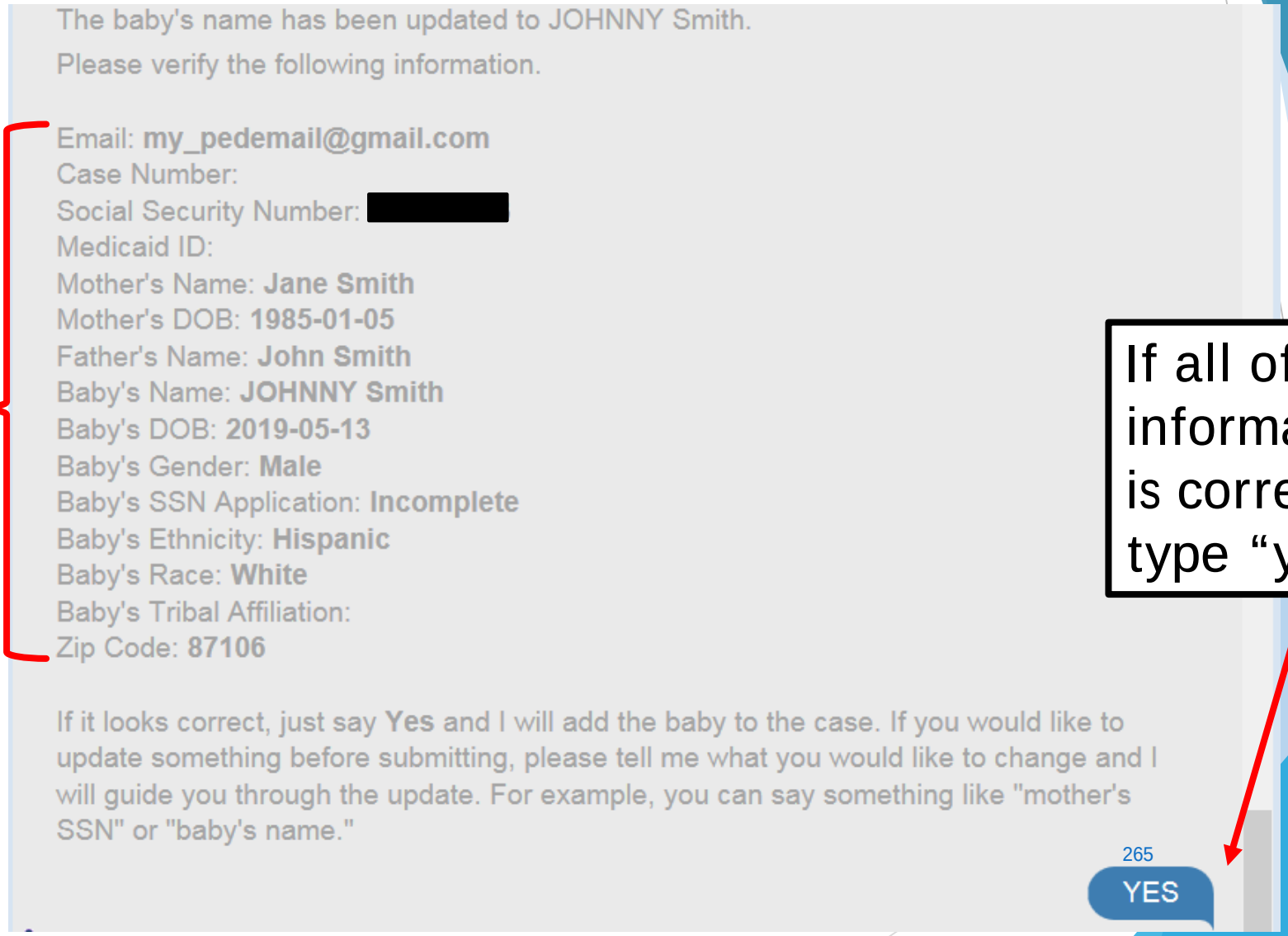
Edit Information (continued)

Follow the prompts to make the appropriate changes to the information you submitted.



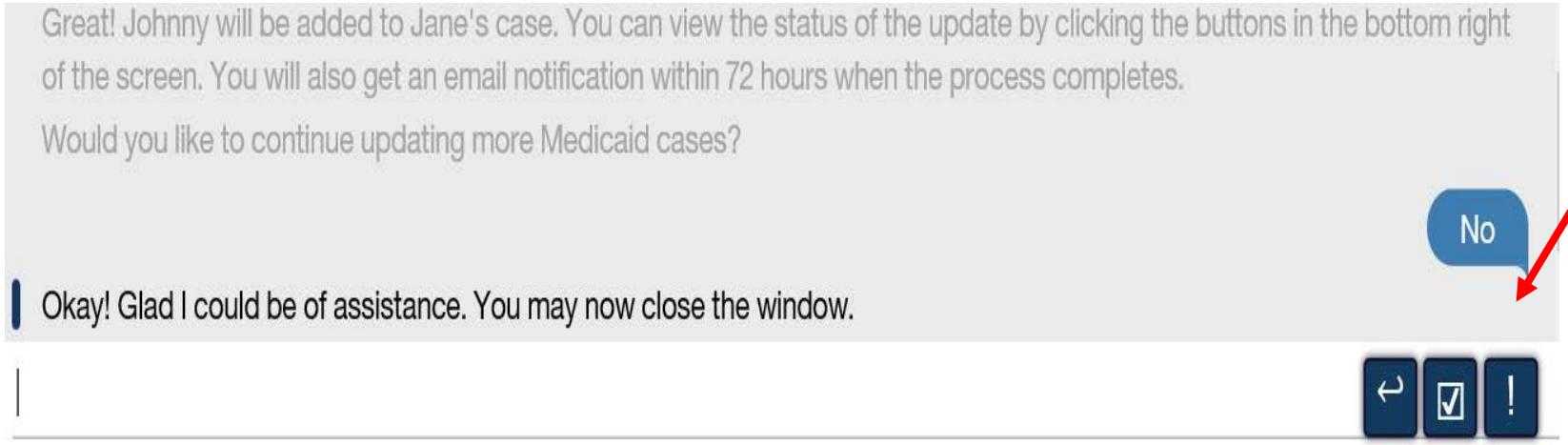
Edit Information (continued)

Once again, you will need to carefully review the information you submitted.



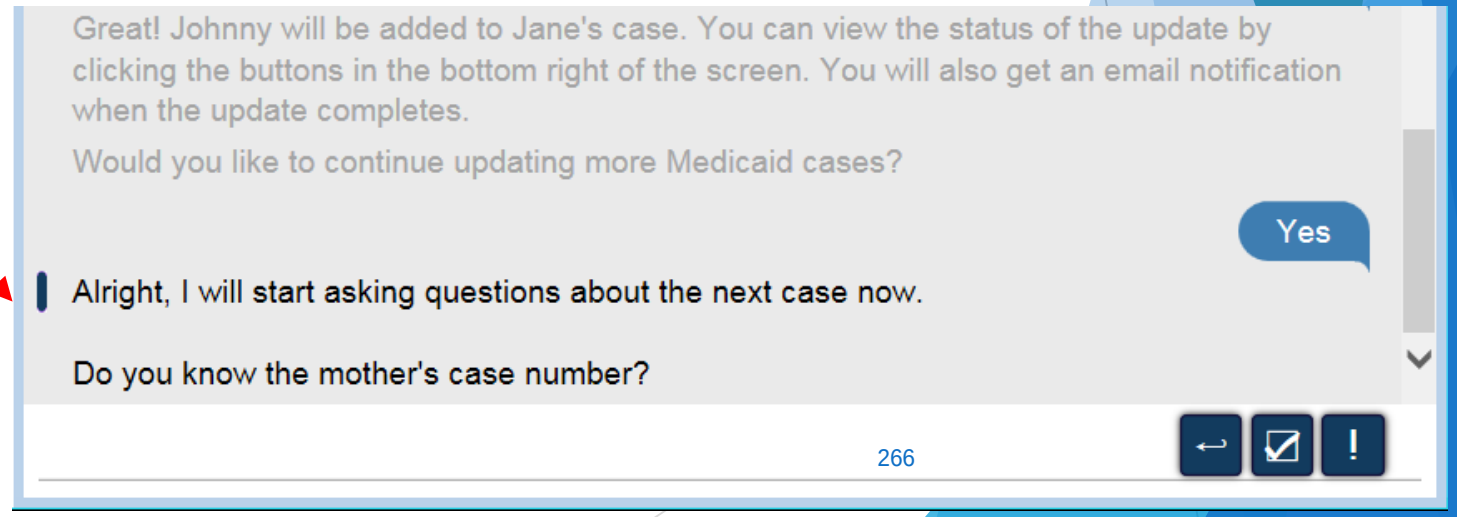
If all of the information above is correct you can type “yes”.

Finishing the Information Entry



Indicate if you have additional newborn's to enter at this time. After you have finished you can close the window and wait for the confirmation email.

If you have another newborn's information to enter at this time you can answer "yes" to this question. You will be prompted to begin entering all of the information for the other newborn.



Step 3: Verify the Email Confirmation

When you have finished submitting the newborn information you will receive an email confirmation in about 24 to 72 hours.

A successful newborn submission to the mother's Medicaid case will generate this email:

Thank you for using the NMHSD Virtual Assistant. Your Transaction ID is 321.

*Please find below the status of your request made for Mother with SSN/Medicaid ID ****-**-4321 and case number 10299999.*

*Mother and Case information validation - **Successful.***
*Data Collection updates for Newborn - **Successful.***
*Eligibility certification for the Newborn - **Successful.***

Your add newborn process request has been completed and the newborn has been added to the Mother's case in ASPEN. There are no actions required from you at this point in time.

A successful submission of the newborn to mother's Medicaid case

- This means that the information you typed using the baby bot was accurate and located the mother in the HSD eligibility system called ASPEN.
- The newborn's submission was successfully added to the mother's case and will begin receiving benefits from the first day of the month of birth.
- Notes: The newborn will be enrolled onto the same MCO that the mother is enrolled with at the time of birth.
- The newborn will be enrolled on Fee for Service Medicaid if the mother is a Native American who is enrolled on Fee for Service at the time of birth.

An unsuccessful newborn submission to the mother's Medicaid case will generate this email:

Thank you for using the NMHSD Virtual Assistant. Your Transaction ID is 321.

*Please find below the status of your request made for Mother with SSN/Medicaid ID ****-**-4321 and case number 10299999.*

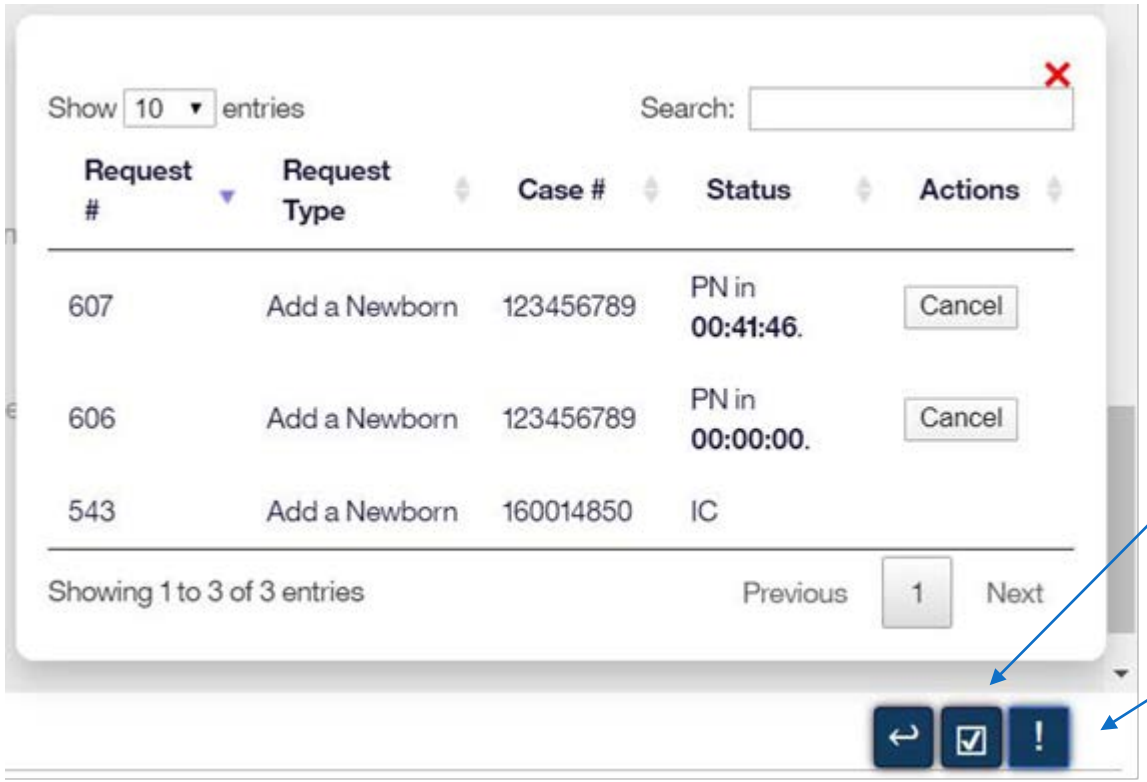
*Mother and Case information validation - **Successful.***
*Data Collection updates for Newborn - **Unsuccessful.***
ASPEN navigation exception. Last screen: MCO - Details
*Eligibility certification for the Newborn - **Unsuccessful.***

There was an issue while attempting to add the Newborn to the Mother's case in ASPEN. Please review the above messages for additional details on the issue.

An unsuccessful submission of information

- This means that the data collected and submitted using the baby bot may have been inaccurate.
- A worker at the Income Support Division office must verify the data collected and determine the newborn's eligibility.
- The newborn will begin receiving benefits, if eligible, once the ISD worker reviews the information and approves the eligibility.

AVA – Baby Bot Status



The status types are:
PN – Pending
IP – In Progress
IC – Incomplete (unsuccessful/cancelled)
CM – Complete

- The button that looks like a checkmark will show completed newborn submissions.
- The exclamation point will show pending/in progress/incomplete cases.

A reminder about retro-active Medicaid rules

- Retro-active Medicaid may assist applicants with payments of outstanding medical bills that were incurred in months prior to the application date.

- If you are submitting a MAD 313 and an application for ongoing Medicaid (whether through a manual form or through YESNM-PE) on a day that is in another month that is not the birth month be sure to request one month of retro-active Medicaid.

- This ensures that if/when approved, the mother and newborn's unpaid Medical bills, such as the labor procedure, is covered by Medicaid.

Manual Process for PE Screenings and Ongoing Medicaid

Manual Screening Process – Forms to be used

- Streamlined Medicaid Application
  (MAD100) Revised 02/24/2020

- Presumptive Eligibility Applicant Information Form
  (MAD011) Revised 5/2/2014

- Household Comp and Income Calculation Form
  (MAD008) Revised 6/25/2014

- Presumptive Eligibility Authorization Form
  (MAD070) Revised 6/18/2018

Completing Manual Forms

- PEDS must always use the most up to date versions of HSD forms.
- PEDs should also note that alteration of HSD/MAD-issued forms is strictly prohibited.
- The most current version of all PE forms may be accessed on the NM Medicaid Portal.

https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm

Manual Screening for Presumptive Eligibility

- **Manual Inquiries**
  - Medicaid Call Center's Automatic Voice Response System

- **Manual Forms to be Used for PE**
  - MAD 011 – Presumptive Eligibility (PE) Applicant Information Form
  - MAD 008 – Household Size and Income Calculation Worksheet
  - MAD 070 – Presumptive Eligibility Authorization Form

- **All PE Forms must be faxed to MAD PE Program Staff at (505) 827-7200.**

- **If the applicant wishes to apply for on-going Medicaid, also complete the following and fax to CASA:**
  - MAD 100 or HSD 100
  - Include any documents supplied by applicant
  - Fax to CASA (855-804-8960)

Complete MAD 011 for Presumptive Eligibility

HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

PRESUMPTIVE ELIGIBILITY (PE) APPLICANT INFORMATION FORM

Person Supplying Information on Behalf of Applicants and/or Household Members Listed Below

First Name _____ Middle _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Mailing Address (if different than above)

Address _____ City _____ State _____ Zip _____

Family Members in the Household

Name (First, Middle, Last)	**Applying** For PE?	**Relationship** to Person Supplying Information	**Date of Birth**	**SSN** (not required)	**US Citizen, US National or Eligible Immigrant?** (not required)	**Living in New Mexico?**	**Pregnant?**	**Receiving Income from Work or Job?**	**How Often?**	**Enrolled in Medicaid or Medicare?**
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐
	Y☐ N☐				Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐		Y☐ N☐

Total Household Job Income per Month (before taxes): _____

Other Household Income per Month (before taxes): _____
DO Include: Unemployment, Alimony, and Disability from the Social Security Administration
DO NOT Include: SSI Payments, or Child Support Received

MAD 011 Revised 5/2/14

By signing below, you are swearing that all information you have supplied for the completing of this Presumptive Eligibility application is true and correct to the best of your knowledge.

All information supplied will be kept secure and private.

_____
Signature of Person Supplying Info on Behalf of This Household

Calculation of a Household Size

Calculation of Household Size

- Ensure all household members are listed on the application
- Household members determine Household Composition
- Household Composition:
  - Assistance Unit
  - Budget Group(s)

Calculation of Household Size cont.

- Assistance Unit includes
  - All individuals who apply and are determined eligible for a category of eligibility

- Budget Group
  - Established on individual basis
  - Includes tax filers, dependents and non-filers
  - Individuals living together including:
    - the individual
    - individual's spouse
    - parents/step-parents
    - individual's biological, adopted and stepchildren under 19

Tax Filers, Tax Dependents and Non-filers

Tax Filer	• Intends to file federal taxes for the current year • Will be claimed as a dependent on federal income taxes for current year • Married couples living together – will be included in each others household/budget group
Tax Dependents	• Will be claimed as a dependent on federal income taxes for current year • Determined as a Tax Filer unless exception to rule makes individual a Non-Filer
Non - Filer	• Has not filed for taxes • Does not intend to file for federal taxes • Has not been claimed as a dependent on taxes in the current year • Meets an exception to tax filer rules

Exceptions to Tax Filer Rules –
Treated as Non-Filers

- Individuals who will be claimed as a tax dependent by another tax filer outside of household
  (other than a spouse or a biological, adopted or stepparent)

- Children under 19 living with both parents who will not file a joint tax return and will be claimed by one parent as a tax dependent

- Children under 19 who will be claimed as a tax dependent by a non-custodial parent

Tax Filing Rules for Incarcerated Individuals

Tax Filer

Inmate will be included in the assistance unit and budget group of other household members.

If an inmate is on a case in which other household members are receiving Medicaid, he/she will **NOT** be excluded from the household if he/she is expected to file a tax return or be claimed as a tax dependent. Follow Tax Filer Rules (**Per NMAC 8.291.430.14**)

Non - Filer

Inmate will not be included in the assistance unit or budget group of others.

- ASPEN shall impose the incarcerated individual eligibility rules only during regular recertification, administrative renewal or auto renewal, as long as the inmate is in prison for 30 days or more.
- If an inmate is on a case in which other household members are receiving Medicaid, he/she **WILL BE** excluded from that household if he/she is not filing taxes or will not be claimed as a tax dependent. (Per NMAC 8.291.430.13)

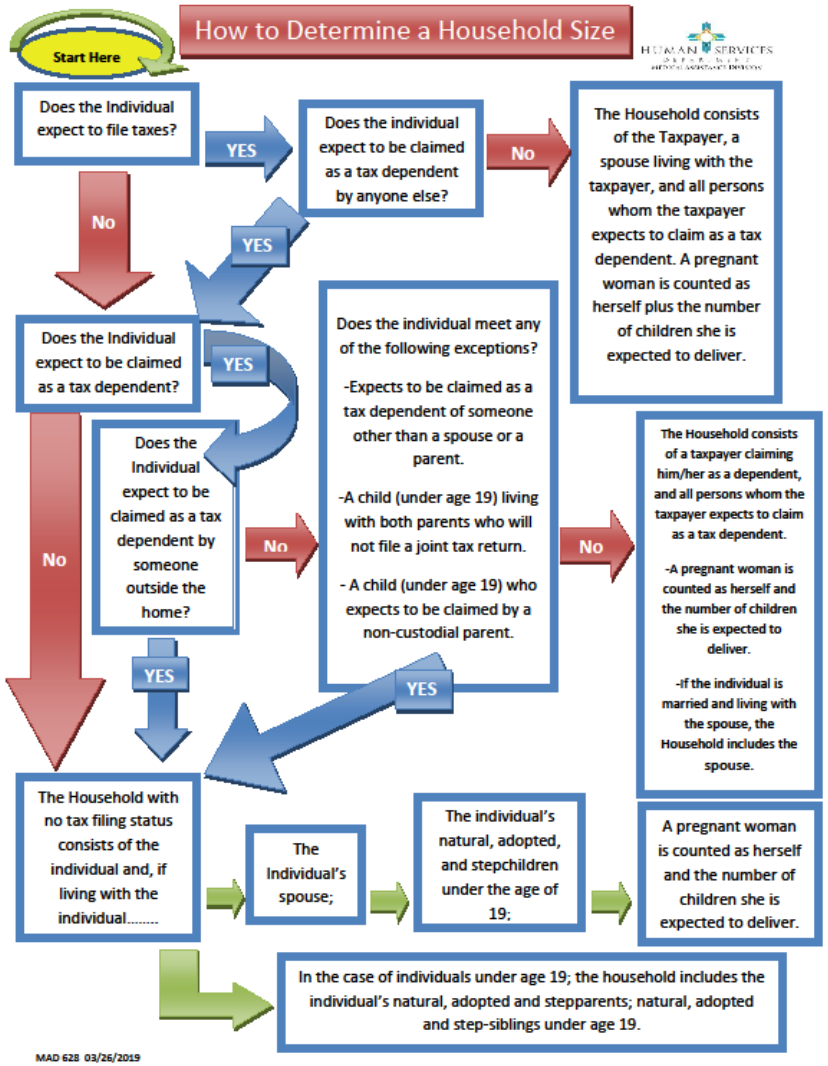
Extended Living

Physically absent individuals included in the household

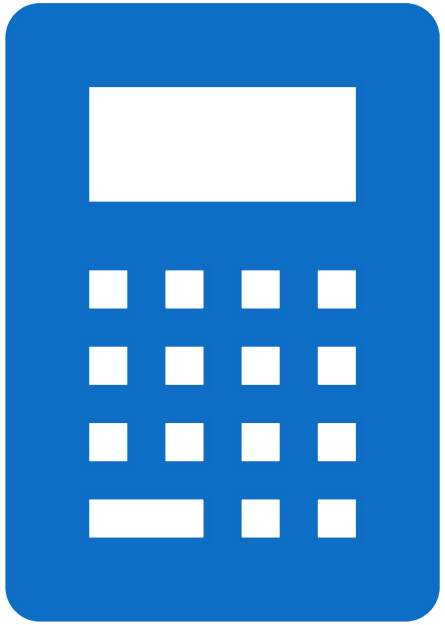
- Attending college or boarding school
- Receiving treatment in certain facilities
- Emergency absences
- Foster Care Placements
- Detention center
- Residential treatment centers
- Group homes
- Free-standing psychiatric hospitals

Assistance Unit of Parent/Caretaker

- Child must be living or considered living in home of:
  - Biological, adoptive, or stepparent(s)
  - Specified relative related within 5th degree by blood, marriage, or adoption (assumes responsibility for day-to-day care & control of child)
  - If child is in more than one household:
    - The custodial parent is the parent with whom the child lives with the greater number of nights.
    - If child spends equal time with each household, child is considered to be living in the household of parent with higher Modified Adjusted Gross Income (MAGI)



How to Determine A Household Size



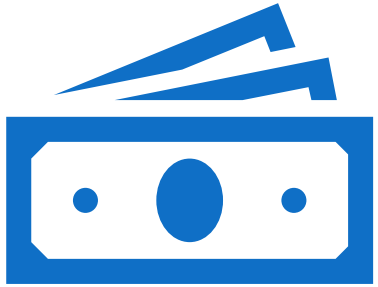
Calculating Medicaid Financial Eligibility

MAGI - Modified Adjusted Gross Income

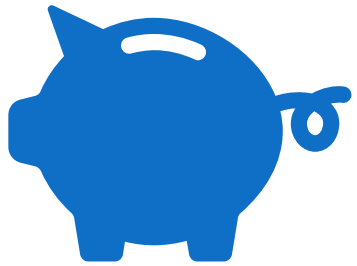
- Income calculation methodology based on household composition and family size
- Based on federal tax rules for determining adjusted gross income
- No asset tests or income disregards other than those that may exist for some specific Medicaid COEs
- Federal Deductions may apply
  - Student Loan Interest
  - IRAs
  - Alimony

Countable Income

- Taxable wages/salary (before taxes taken out)
- Self-employment (profit once business expenses are paid out)
- Social Security benefits – RSDI (exception – children's benefits)
- Unemployment benefits
- Alimony received
- Most retirement benefits
- Interest (including tax-exempt interest)
- Net capital gains (profit after subtracting capital losses)
- Most investment income such as canceled debts, court awards, jury duty pay not given to an employer, cash support and gambling, prizes or awards.
- Foreign earned income
- Pan handling



Non-Countable Income



- Supplemental Security Income (SSI)
- Child support received
- Veterans benefits
- Workers compensation benefits
- Proceeds from life insurance, accident insurance or health insurance
- Federal tax credits and Federal income tax refunds
- Gifts and loans
- Inheritances
- Temporary Assistance to Needy Families (TANF) and other government cash assistance

Children and Tax Dependents with Income

A child/tax dependent's income does not count toward household income unless child/tax dependent is required to file taxes.

A child/tax dependent's income will not count toward:
(unless required to file taxes)

- household income of parent
- evaluating child's eligibility
- evaluating eligibility of other household members
- evaluating adult children who are tax dependents

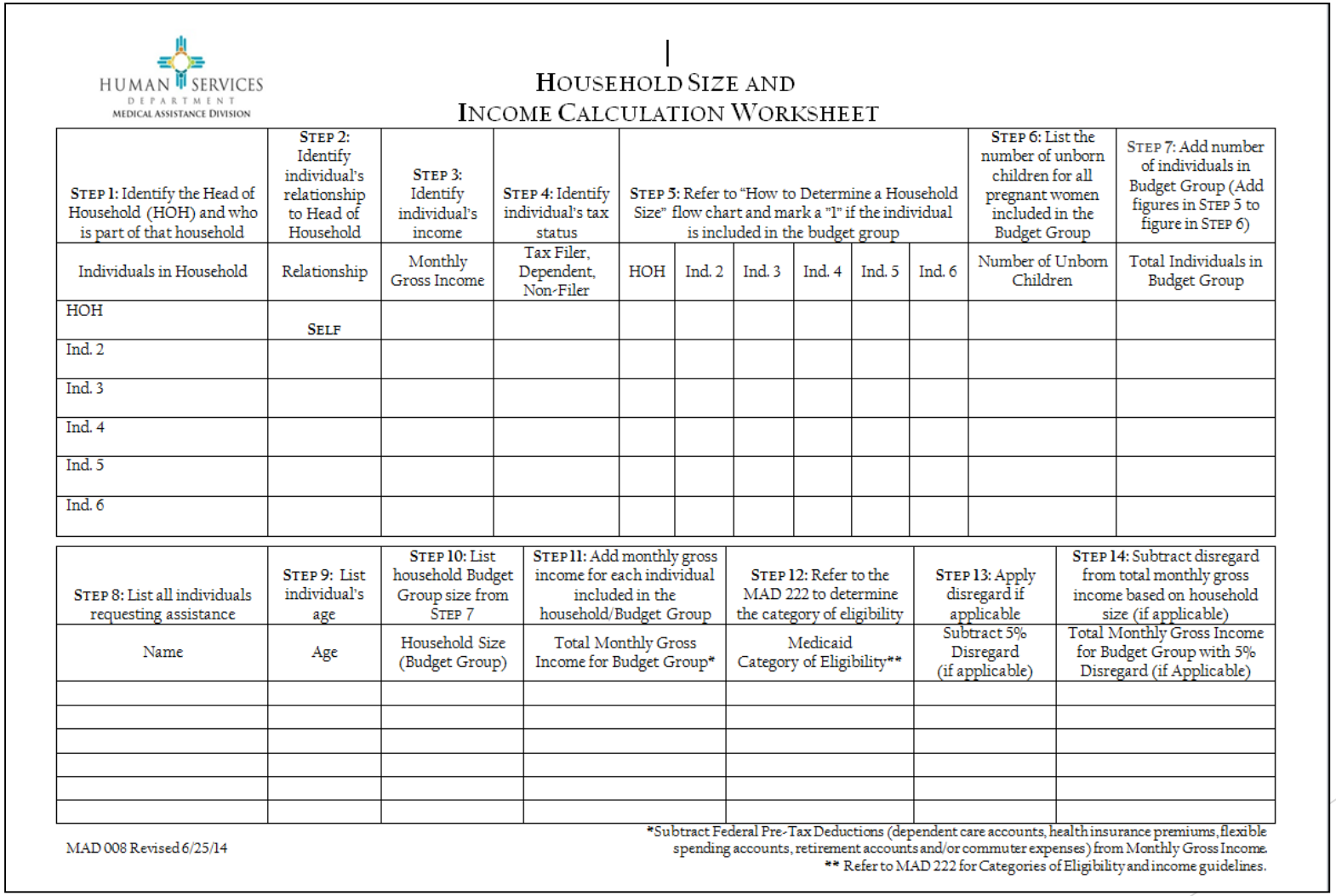
Exception –
Child/Tax Dependents Not Living with Parent/Claiming Tax Filer

A child/tax dependent's income WILL count regardless if child/tax dependent is required to file taxes.

Child/Tax Dependent's income will count toward:

- evaluating child/tax dependent's own eligibility
- evaluating eligibility of child/tax dependent's other household members (such as siblings)

Household Comp and Income Calculation Worksheet (MAD008)



HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

HOUSEHOLD SIZE AND INCOME CALCULATION WORKSHEET

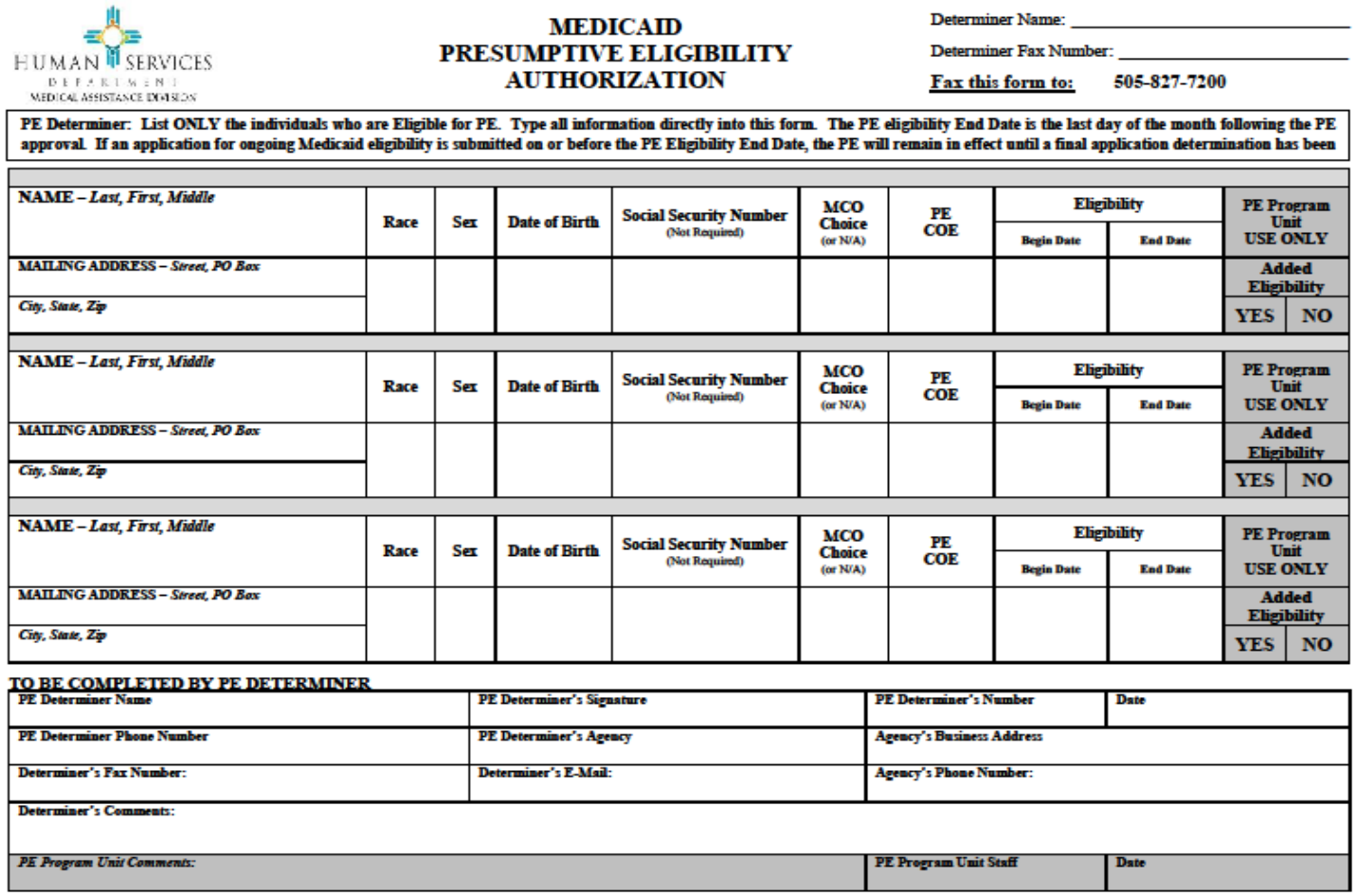
STEP 1: Identify the Head of Household (HOH) and who is part of that household	STEP 2: Identify individual's relationship to Head of Household	STEP 3: Identify individual's income	STEP 4: Identify individual's tax status	STEP 5: Refer to "How to Determine a Household Size" flow chart and mark a "1" if the individual is included in the budget group						STEP 6: List the number of unborn children for all pregnant women included in the Budget Group	STEP 7: Add number of individuals in Budget Group (Add figures in STEP 5 to figure in STEP 6)
Individuals in Household	Relationship	Monthly Gross Income	Tax Filer, Dependent, Non-Filer	HOH	Ind. 2	Ind. 3	Ind. 4	Ind. 5	Ind. 6	Number of Unborn Children	Total Individuals in Budget Group
HOH	SELF										
Ind. 2											
Ind. 3											
Ind. 4											
Ind. 5											
Ind. 6											

STEP 8: List all individuals requesting assistance	STEP 9: List individual's age	STEP 10: List household Budget Group size from STEP 7	STEP 11: Add monthly gross income for each individual included in the household/Budget Group	STEP 12: Refer to the MAD 222 to determine the category of eligibility	STEP 13: Apply disregard if applicable	STEP 14: Subtract disregard from total monthly gross income based on household size (if applicable)
Name	Age	Household Size (Budget Group)	Total Monthly Gross Income for Budget Group*	Medicaid Category of Eligibility**	Subtract 5% Disregard (if applicable)	Total Monthly Gross Income for Budget Group with 5% Disregard (if Applicable)

MAD 008 Revised 6/25/14

*Subtract Federal Pre-Tax Deductions (dependent care accounts, health insurance premiums, flexible spending accounts, retirement accounts and/or commuter expenses) from Monthly Gross Income.
** Refer to MAD 222 for Categories of Eligibility and income guidelines.

Medicaid Presumptive Eligibility Authorization Form (MAD070)



HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

MEDICAID PRESUMPTIVE ELIGIBILITY AUTHORIZATION

Determiner Name: _____

Determiner Fax Number: _____

Fax this form to: 505-827-7200

PE Determiner: List ONLY the individuals who are Eligible for PE. Type all information directly into this form. The PE eligibility End Date is the last day of the month following the PE approval. If an application for ongoing Medicaid eligibility is submitted on or before the PE Eligibility End Date, the PE will remain in effect until a final application determination has been

NAME – *Last, First, Middle*	Race	Sex	Date of Birth	Social Security Number (Not Required)	MCO Choice (or N/A)	PE COE	Eligibility		PE Program Unit USE ONLY
							Begin Date	End Date	
MAILING ADDRESS – *Street, PO Box*									Added Eligibility
City, State, Zip									YES / NO

NAME – *Last, First, Middle*	Race	Sex	Date of Birth	Social Security Number (Not Required)	MCO Choice (or N/A)	PE COE	Eligibility		PE Program Unit USE ONLY
							Begin Date	End Date	
MAILING ADDRESS – *Street, PO Box*									Added Eligibility
City, State, Zip									YES / NO

NAME – *Last, First, Middle*	Race	Sex	Date of Birth	Social Security Number (Not Required)	MCO Choice (or N/A)	PE COE	Eligibility		PE Program Unit USE ONLY
							Begin Date	End Date	
MAILING ADDRESS – *Street, PO Box*									Added Eligibility
City, State, Zip									YES / NO

TO BE COMPLETED BY PE DETERMINER

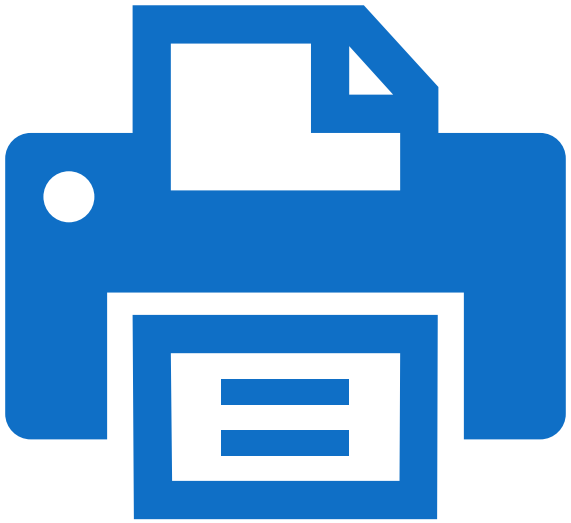
PE Determiner Name	PE Determiner's Signature	PE Determiner's Number	Date
PE Determiner Phone Number	PE Determiner's Agency	Agency's Business Address	
Determiner's Fax Number:	Determiner's E-Mail:	Agency's Phone Number:	
Determiner's Comments:			
PE Program Unit Comments:		PE Program Unit Staff	Date

MAD 070 Revised 06/18/2018

Fax to MAD PE Program Staff at

505-827-7200

Submitting Paper Applications for Ongoing Coverage



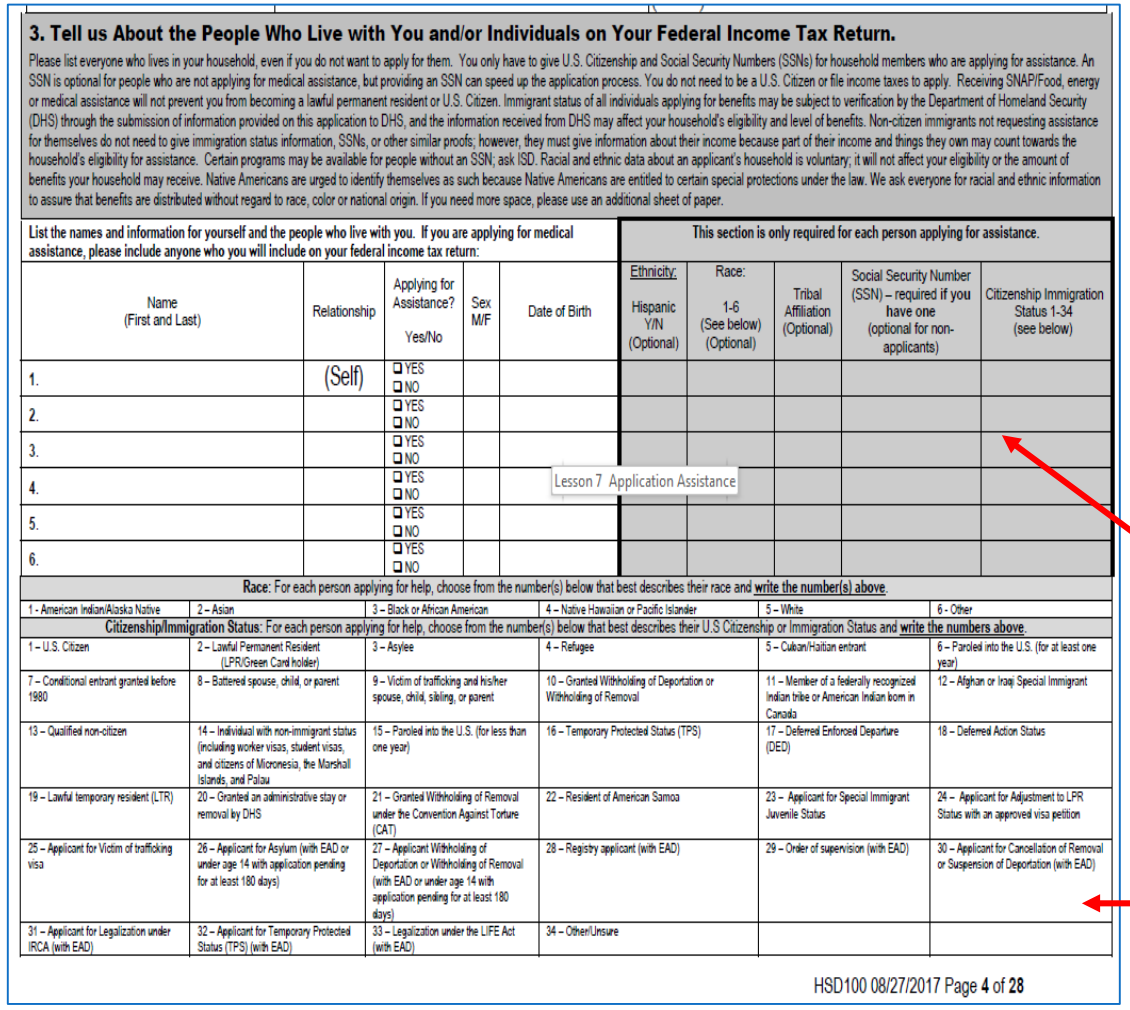
Send to Central ASPEN Scanning Area (CASA)

- Include Medicaid-Only Application (MAD100)
- Any documents supplied by applicant

Information Collected on the Application

- HSD uses all information supplied on an application and attempts to electronically verify immigration status for individuals seeking benefits for themselves before requiring additional information or paperwork
- Information collected on the HSD's paper applications, YESNM and YESNM-PE include:
  - Immigration status
  - Alien Number
  - Document type
  - Date of Entry
  - Other information as volunteered by the individual filling out the application – which then becomes known to HSD and can be used

Paper Application Assistance



3. Tell us About the People Who Live with You and/or Individuals on Your Federal Income Tax Return.

Please list everyone who 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 (SSNs) for household members who are applying for assistance. An SSN is optional for people who are not applying for medical assistance, but providing an SSN can speed up the application process. You do not need to be a U.S. Citizen or file income taxes to apply. Receiving SNAP/Food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Immigrant status of all individuals applying for benefits may be subject to verification by the Department of Homeland Security (DHS) through the submission of information provided on this application to DHS, and the information received from DHS may affect your household's eligibility and level of benefits. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, SSNs, or other similar proofs; however, they must give information about their income because part of their income and things they own may count towards the household's eligibility for assistance. Certain programs may be available for people without an SSN; ask ISD. Racial and ethnic data about an applicant's household is voluntary; it will not affect your eligibility or the amount of benefits your household may receive. Native Americans are urged to identify themselves as such because Native Americans are entitled to certain special protections under the law. We ask everyone for racial and ethnic information to assure that benefits are distributed without regard to race, color or national origin. If you need more space, please use an additional sheet of paper.

List the names and information for yourself and the people who live with you. If you are applying for medical assistance, please include anyone who you will include on your federal income tax return:					This section is only required for each person applying for assistance.				
Name (First and Last)	Relationship	Applying for Assistance? Yes/No	Sex M/F	Date of Birth	Ethnicity: Hispanic Y/N (Optional)	Race: 1-6 (See below) (Optional)	Tribal Affiliation (Optional)	Social Security Number (SSN) – required if you have one (optional for non-applicants)	Citizenship Immigration Status 1-34 (see below)
1.	(Self)	❑ YES ❑ NO							
2.		❑ YES ❑ NO							
3.		❑ YES ❑ NO							
4.		❑ YES ❑ NO							
5.		❑ YES ❑ NO							
6.		❑ YES ❑ NO							

Lesson 7 Application Assistance

Race: For each person applying for help, choose from the number(s) below that best describes their race and write the number(s) above.

1 - American Indian/Alaska Native	2 – Asian	3 – Black or African American	4 – Native Hawaiian or Pacific Islander	5 – White	6 - Other

Citizenship/Immigration Status: For each person applying for help, choose from the number(s) below that best describes their U.S Citizenship or Immigration Status and write the numbers above.

1 – U.S. Citizen	2 – Lawful Permanent Resident (LPR/Green Card holder)	3 – Asylee	4 – Refugee	5 – Cuban/Haitian entrant	6 – Paroled into the U.S. (for at least one year)
7 – Conditional entrant granted before 1980	8 – Battered spouse, child, or parent	9 – Victim of trafficking and his/her spouse, child, sibling, or parent	10 – Granted Withholding of Deportation or Withholding of Removal	11 – Member of a federally recognized Indian tribe or American Indian born in Canada	12 – Afghan or Iraqi Special Immigrant
13 – Qualified non-citizen	14 – Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau	15 – Paroled into the U.S. (for less than one year)	16 – Temporary Protected Status (TPS)	17 – Deferred Enforced Departure (DED)	18 – Deferred Action Status
19 – Lawful temporary resident (LTR)	20 – Granted an administrative stay or removal by DHS	21 – Granted Withholding of Removal under the Convention Against Torture (CAT)	22 – Resident of American Samoa	23 – Applicant for Special Immigrant Juvenile Status	24 – Applicant for Adjustment to LPR Status with an approved visa petition
25 – Applicant for Victim of trafficking visa	26 – Applicant for Asylum (with EAD or under age 14 with application pending for at least 180 days)	27 – Applicant Withholding of Deportation or Withholding of Removal (with EAD or under age 14 with application pending for at least 180 days)	28 – Registry applicant (with EAD)	29 – Order of supervision (with EAD)	30 – Applicant for Cancellation of Removal or Suspension of Deportation (with EAD)
31 – Applicant for Legalization under IRCA (with EAD)	32 – Applicant for Temporary Protected Status (TPS) (with EAD)	33 – Legalization under the LIFE Act (with EAD)	34 – Other/Unsure		

HSD100 08/27/2017 Page **4** of **28**

When assisting with an on-going Medicaid paper application, either the HSD100 or the MAD100 may be submitted.

On the paper application, there are two sections regarding citizenship and immigration status.

Section 3:
Individuals seeking benefits may attest to a Citizenship/Immigration status in this section. Statuses can be identified by the numbers assigned in this list.

Paper Application Assistance

5. Please Answer the Following Questions About the People You Listed in Section 3 who are Seeking Benefits for Themselves.

For household members seeking benefits who are not U.S. Citizens, please give the information that appears on their immigration documents, if known. This will be used to see who can get benefits. If you need more space please attach another piece of paper.

Name	Immigration Document Type (if known)	Alien or I-94 Number (if known)	Card or Passport Number (if known)	SEVIS ID or Expiration Date (optional)	Other (Category Code or Country of Issuance, if known)	Lived in the US Since 1996?	Is this person a spouse or parent of a veteran or on active duty with the U.S. Military?
						❑ YES ❑ NO	❑ YES ❑ NO
						❑ YES ❑ NO	❑ YES ❑ NO
						❑ YES ❑ NO	❑ YES ❑ NO
						❑ YES ❑ NO	❑ YES ❑ NO

Section 5:

If an applicant supplies you with immigration information or documents, you can enter the information in this section.

Remember: Individuals seeking benefits are NOT REQUIRED to submit proof of documents but may do so if they wish. HSD will use electronic sources to attempt to verify the applicant's citizenship/immigration status.

Documenting Income

- In determining ongoing Medicaid eligibility, all mandatory household members (even non-applicants) must provide proof of income and, depending on the Medicaid category of eligibility, may also have to provide resource information

- To verify income for ongoing Medicaid eligibility, available electronic sources, pay stubs, or employer letters are preferred, but if they are unavailable, collateral contacts or sworn statements may be used
  - **Collateral Contact**: Someone outside the household who provides oral or written confirmation of the household's circumstances
  - **Sworn Statement**: Allowed when caseworker has been provided with a reasonable explanation for why documentary proof is not available and collateral contact is not readily available

Determining State Residency

- The test for State Residency is whether the applicant lives in New Mexico and intends to reside here

- Immigration status CANNOT be used to disprove state residency.
  - (i.e., a student visa is temporary authorization but students may be residents of NM)

Voter Registration

Do not ask non-citizens if they would like to register to vote!

- This is very different than what PEDs must do for all citizens
- All Citizens must be told about the opportunity to register to vote
- Non-citizens should not attempt to register to vote, and PEDs should NOT advise them to register when we know they are not citizens

Systematic Alien Verification for Entitlements (SAVE)

- When processing ongoing Medicaid applications, HSD uses the electronic Systematic Alien Verification for Entitlements (SAVE) program to verify immigrant status for eligibility determinations
- In many cases, SAVE verification makes it possible for HSD to determine eligibility without asking for paper documents or further information. Limitations of the SAVE system are being addressed (for example, Afghani/Iraqi Special Immigrants cannot be verified by SAVE version 37)
- SAVE is operated by the U.S. Department of Homeland Security and is only used to confirm naturalized or derived citizenship or immigration status for the purpose of public benefits
- Once verification is received from SAVE, ASPEN determines eligibility based on the SAVE verification and other eligibility information
- If more information is needed, HSD will send a "Help Us Make a Decision" (HUMAD) form requesting the information or details on what is needed or identified by SAVE
- The SAVE system has 3 levels. In most cases, the first level will provide HSD with the necessary verification

Reasonable Opportunity – Medicaid

- If an individual applies for benefits and self-attests to a citizen/immigration status that is eligible for Medicaid, but the information cannot be verified for the ongoing application determination:
  - A HUMAD will be issued to gather more information, and
  - The applicant must be provided with 90** days of Medicaid if he or she meets all other eligibility factors.
  - This provision is "reasonable opportunity," and is not an approval for on-going benefits. It is temporary coverage for 90 days.

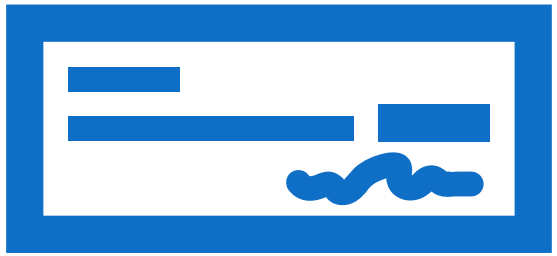
- **The applicant has 95 days (90 days from receipt of the HUMAD) to submit the requested documentation needed to verify the individual's eligible immigration status.

- Upon request, an applicant may be granted three additional 10-day extensions in addition to the initial 95-day Reasonable Opportunity Period.

Documents That May Be Needed For Ongoing Medicaid

Proof of Income

- Proof of wages from employment for past 30 days
- Social Security statements
- Income tax return from previous year
  (Include schedule C if applicant files)
- Unemployment Income



Proof of Citizenship, Immigration Status and Identity

Type of Proof	Citizenship	Identity	Citizenship & Identity
Certificate of Indian Blood (CIB) or Certificate of Degree of Indian Blood (CDIB)			X
Certificate of Naturalization (DHS Form N-550 or N570)			X
Certificate of U.S. Citizenship (DHS Form N-56- 0r N561)			X
Federal, State or Local Government-Issued Identification Card (w/ photo)		X	
Military Dependent's Identification Card		X	
NM Department of Health Birth Record Web Portal Verification	X		
School-Issued Identity Card (w/Photo)		X	
State-Issued Driver's License (Current & Valid w/Photo)		X	
State-Issued Identity Card (Current & Valid w/Photo)		X	
U.S. Birth Certificate	X		
U.S. Passport (Expired or Unexpired)			X

The New Mexico Department of Health's (DOH) Vital Records Bureau Birth Record Web Portal

Verify an individual's citizenship status

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

https://birthconfirm.health.state.nm.us/

Looking at Immigration Documents

- REMEMBER – HSD does NOT require that immigrants submit copies of immigration documents when a Medicaid application is submitted.
- When determining ongoing eligibility, HSD will use SAVE to verify an individual's immigration status, whenever it can do so.
- HSD will not require a document unless SAVE requires it, or unless SAVE is incapable of verifying a specific status.
- If the applicant volunteers a document, the PED should submit it with the application and HSD will use it to help determine ongoing eligibility.

Looking at Immigration Documents

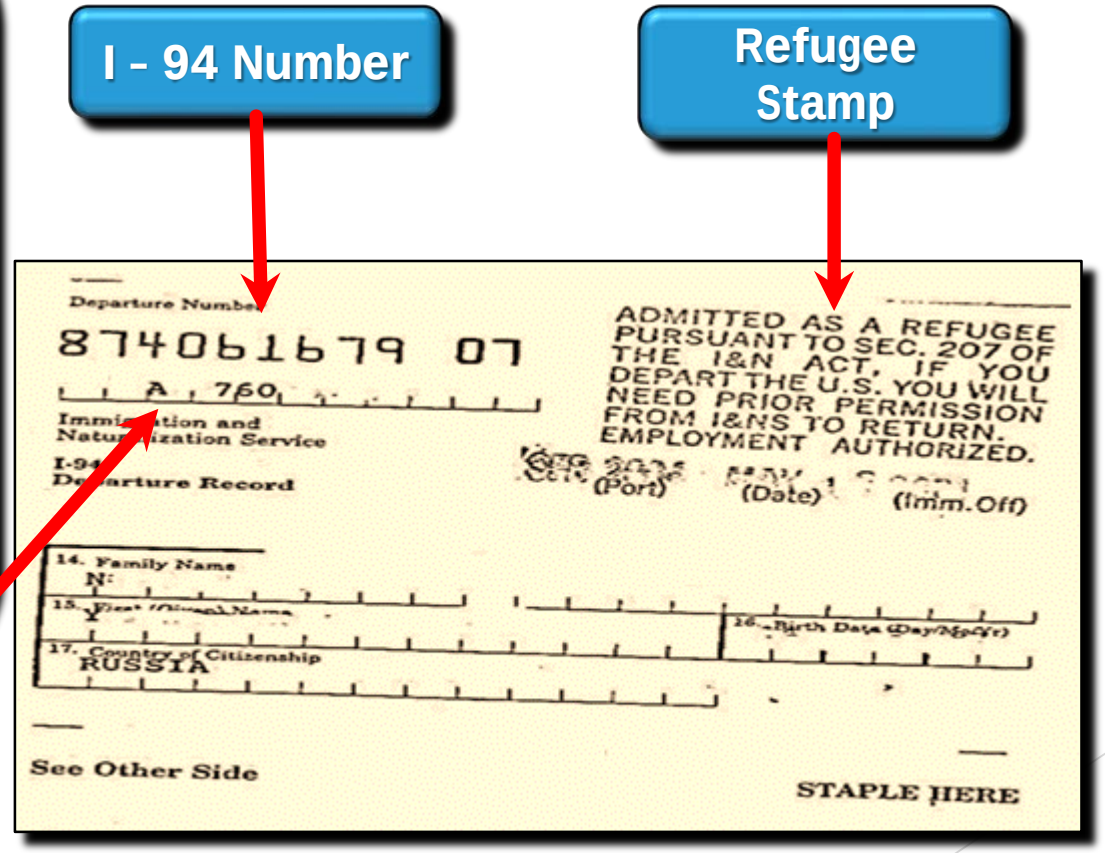
- Any PED who receives an immigration document that cannot be easily identified, may utilize trusted search engines that can provide details on documents.
  - One such trusted source is US Citizenship and Immigration Services website: www.uscis.gov

- A few examples of immigrant documents that PEDs may receive from immigrant applicants are shown in the following slides.

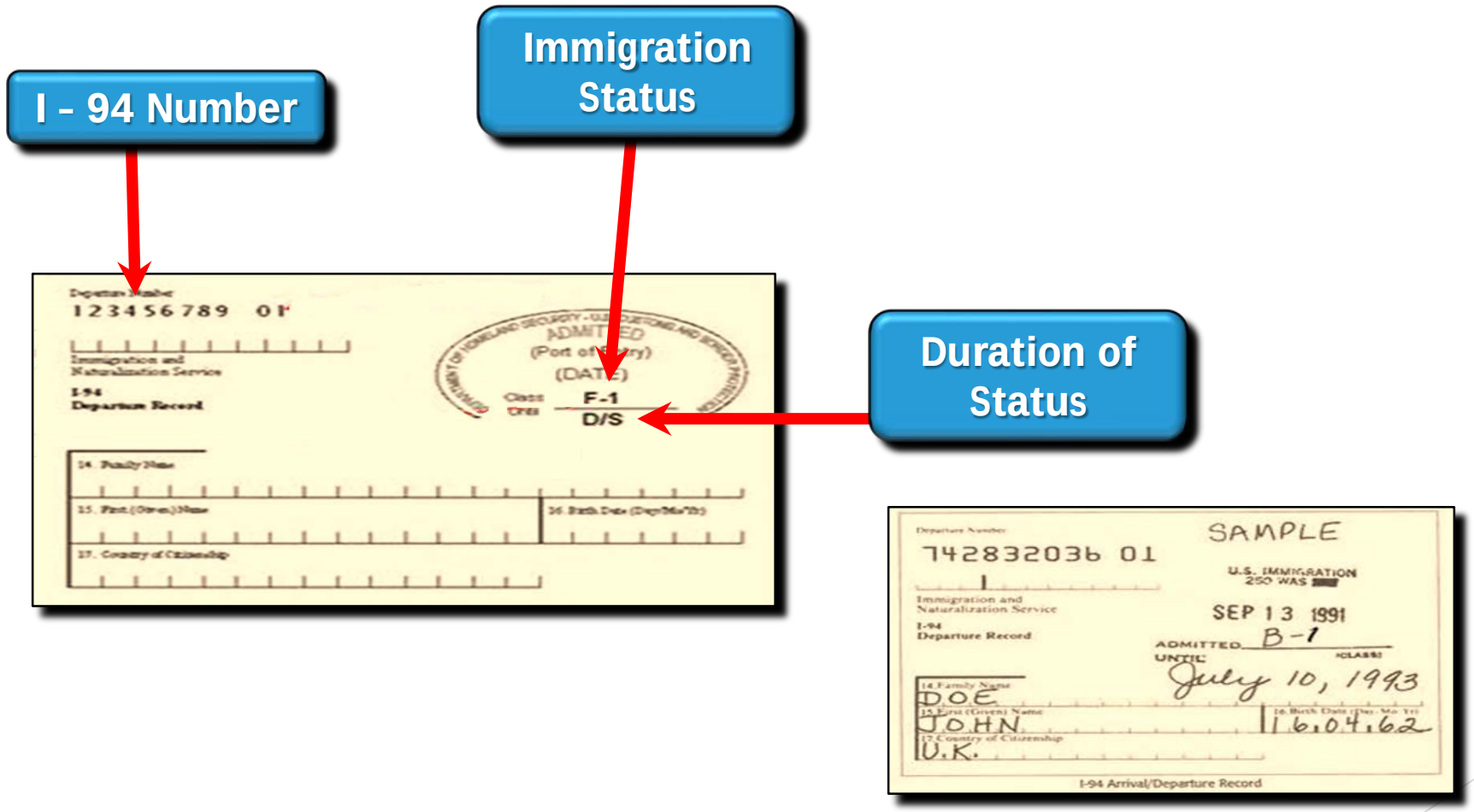
I-94 Cards (Arrival/Departure Form) – 1

What to look for:

- **Admission Stamp (section admitted under, i.e., 207, 212)**
- **Grant Date (sometimes called "resident since"**
- **I-94#**
- **(Admission/Departure #)**
- **"A" Number (Alien Number)**
- **Expiration Date**



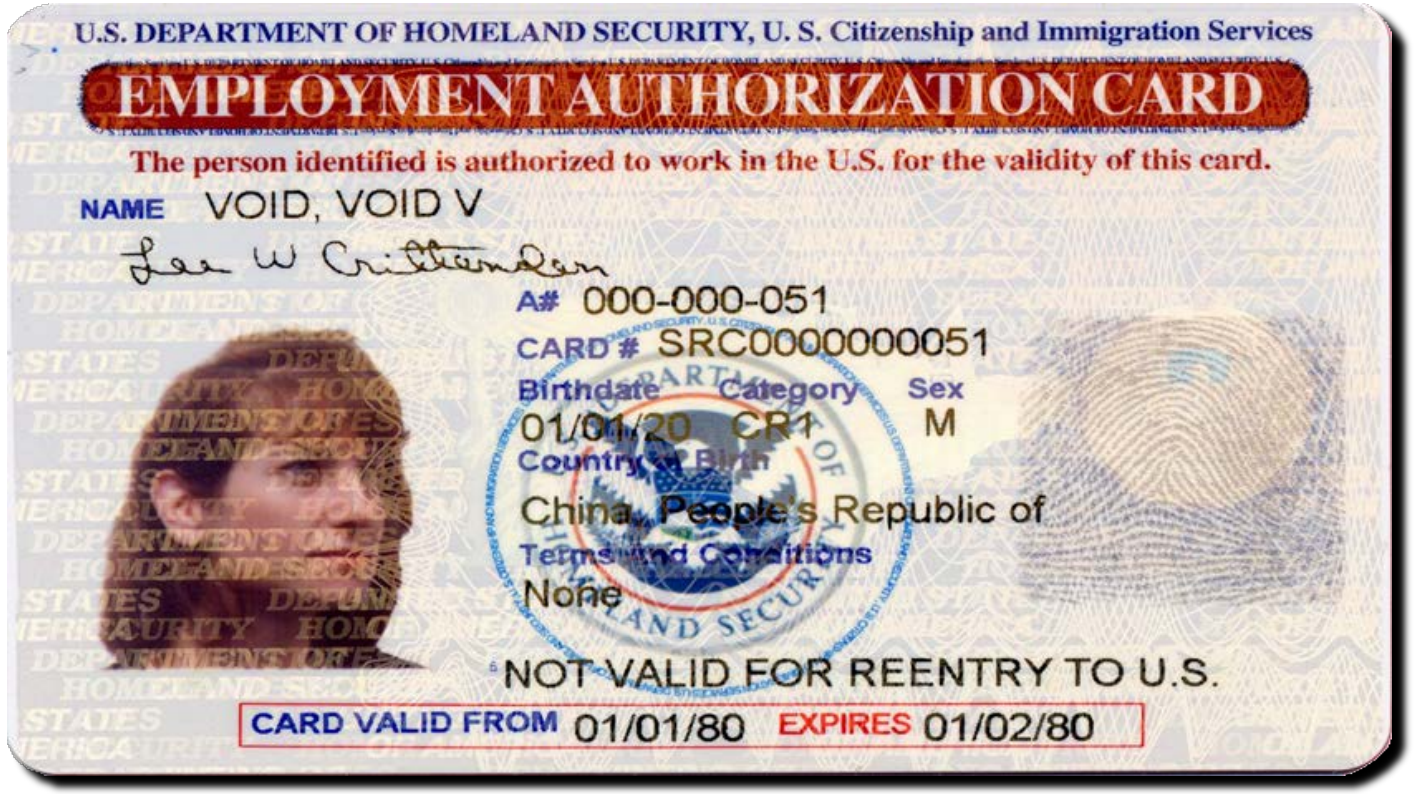
I-94 Cards (Arrival/Departure Form) – 2



Example of a Lawful Permanent Resident Card

Example of a Lawful Permanent Resident Card

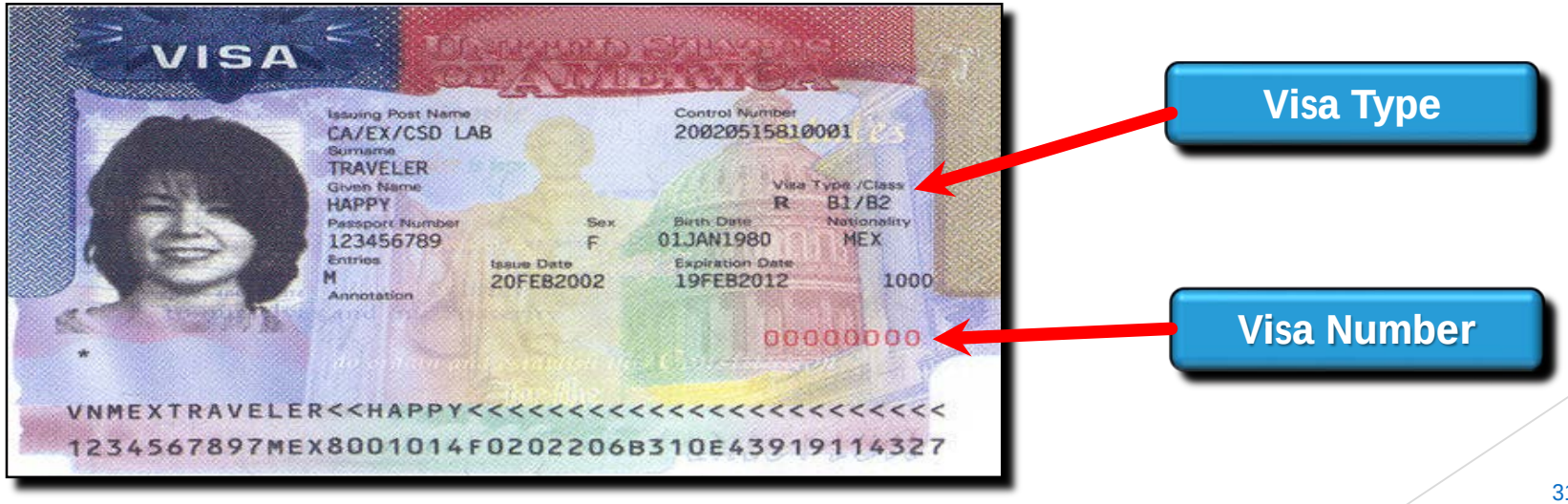
Employment Authorization Card (EAD)



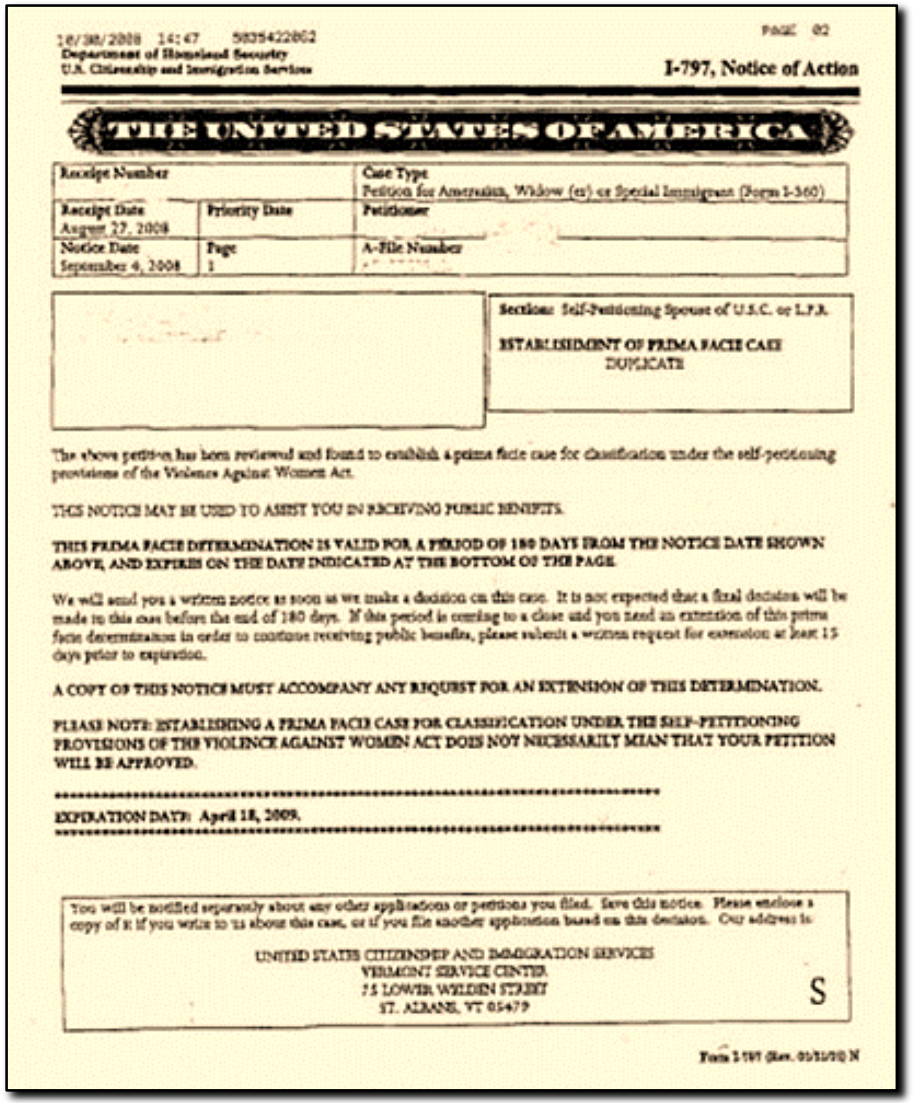
Visas

There are two types of Visas:

- Non-Immigrant Visas are issued to foreign nationals in the United States for a limited period of time.
- Immigrant Visas are used by people coming to the United States to live permanently.



I-797 Prima Facie Letter



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Department of Homeland Security
U.S. Citizenship and Immigration Services

I-797, Notice of Action

THE UNITED STATES OF AMERICA

Receipt Number		Case Type Petition for Amerasian, Widow (er) or Special Immigrant (Form I-360)
Receipt Date August 27, 2008	Priority Date	Petitioner
Notice Date September 4, 2008	Page 1	A-File Number

Section: Self-Petitioning Spouse of U.S.C. or L.P.R.

ESTABLISHMENT OF PRIMA FACIE CASE
DUPLICATE

The above petition has been reviewed and found to establish a prima facie case for classification under the self-petitioning provisions of the Violence Against Women Act.

THIS NOTICE MAY BE USED TO ASSIST YOU IN RECEIVING PUBLIC BENEFITS.

THIS PRIMA FACIE DETERMINATION IS VALID FOR A PERIOD OF 180 DAYS FROM THE NOTICE DATE SHOWN ABOVE, AND EXPIRES ON THE DATE INDICATED AT THE BOTTOM OF THE PAGE.

We will send you a written notice as soon as we make a decision on this case. It is not expected that a final decision will be made in this case before the end of 180 days. If this period is coming to a close and you need an extension of this prima facie determination in order to continue receiving public benefits, please submit a written request for extension at least 15 days prior to expiration.

A COPY OF THIS NOTICE MUST ACCOMPANY ANY REQUEST FOR AN EXTENSION OF THIS DETERMINATION.

PLEASE NOTE: ESTABLISHING A PRIMA FACIE CASE FOR CLASSIFICATION UNDER THE SELF-PETITIONING PROVISIONS OF THE VIOLENCE AGAINST WOMEN ACT DOES NOT NECESSARILY MEAN THAT YOUR PETITION WILL BE APPROVED.

EXPIRATION DATE: April 18, 2009.

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

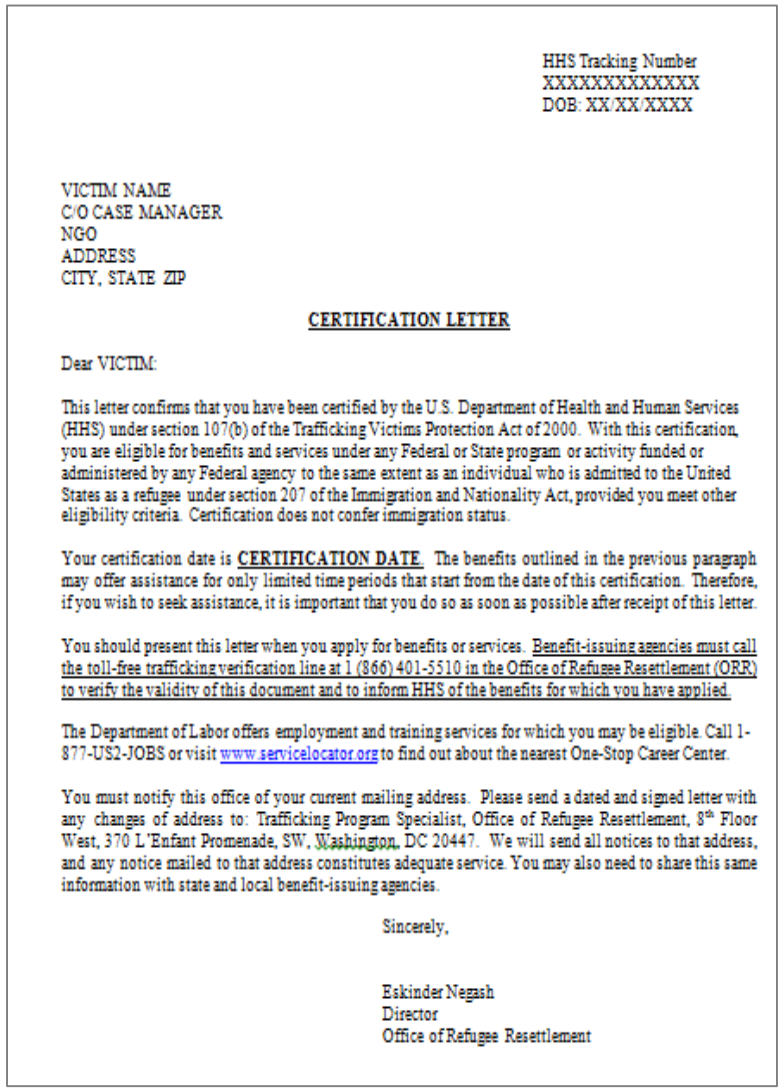
UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
ST. ALBANS, VT 05479

S

Form I-797 (Rev. 01/31/03) N

A **prima facie letter** can be used for a VAWA applicant.

Person applying for T Visa



HHS Tracking Number
XXXXXXXXXXXX
DOB: XX/XX/XXXX

VICTIM NAME
C/O CASE MANAGER
NGO
ADDRESS
CITY, STATE ZIP

CERTIFICATION LETTER

Dear VICTIM:

This letter confirms that you have been certified by the U.S. Department of Health and Human Services (HHS) under section 107(b) of the Trafficking Victims Protection Act of 2000. With this certification, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria. Certification does not confer immigration status.

Your certification date is **CERTIFICATION DATE**. The benefits outlined in the previous paragraph may offer assistance for only limited time periods that start from the date of this certification. Therefore, if you wish to seek assistance, it is important that you do so as soon as possible after receipt of this letter.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies must call the toll-free trafficking verification line at 1 (866) 401-5510 in the Office of Refugee Resettlement (ORR) to verify the validity of this document and to inform HHS of the benefits for which you have applied.

The Department of Labor offers employment and training services for which you may be eligible. Call 1-877-US2-JOBS or visit www.servicelocator.org to find out about the nearest One-Stop Career Center.

You must notify this office of your current mailing address. Please send a dated and signed letter with any changes of address to: Trafficking Program Specialist, Office of Refugee Resettlement, 8th Floor West, 370 L'Enfant Promenade, SW, Washington, DC 20447. We will send all notices to that address, and any notice mailed to that address constitutes adequate service. You may also need to share this same information with state and local benefit-issuing agencies.

Sincerely,

Eskinder Negash
Director
Office of Refugee Resettlement

A person applying for a T Visa (victim of trafficking) will have a certificate from the **Office of Refugee Resettlement (ORR).**

Emergency Medical Services for Aliens (EMSA)

Policy

- NMAC 8.285.400.9 Emergency Medical Services for Aliens
  - Immigrants who are not eligible for Medicaid because of their non-citizen status, but who meet all other eligibility criteria for Medicaid, may receive assistance for emergency medical services. This type of benefit is paid after services are rendered.
  - Emergency conditions means: a medical or behavioral health condition manifesting itself through acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the health of the individual or with respect to a pregnant woman, the health of the woman or her unborn child to result in serious jeopardy; serious impairment to the individual's bodily functions; or serious dysfunction of any of his or her bodily organs or parts. With respect to a pregnant woman and her unborn child, emergency services includes all emergency labor and delivery services, such as inductions of labor and caesarean sections.

*** No verification of immigration status or SSN is required to approve EMSA.**

Case Examples

Case Example #1

Liam (age 33) brings his family, including his wife (32 years old, not pregnant) and two children (ages 3 and 8), to a Presumptive Eligibility Determiner to ask if they are eligible for PE Medicaid.

Everyone in the family has been a **Lawful Permanent Resident** for two years, except the youngest child who is a U.S. citizen.

None of the family members adjusted to an LPR from an exempt status.

- What can you advise them?
- Who may be eligible for Medicaid?

Case Example #1 – Answer

Liam (age 33) brings his family, including his wife (32 years old, not pregnant) and two children (ages 3 and 8), to a Presumptive Eligibility Determiner to ask if they are eligible for PE Medicaid.

Everyone in the family has been a **Lawful Permanent Resident** for two years, except the youngest child who is a U.S. citizen.

None of the family members adjusted to an LPR from an exempt status.

- What can you advise them?
- Who may be eligible for Medicaid?

- PEDs should always encourage individuals to apply for PE and on-going Medicaid.
- PEDs will determine eligibility for PE and submit an ongoing application to HSD.
- Never turn someone away from submitting an application!

For the LPR members, the 5-year bar will apply EXCEPT:

Medicaid for LPR Children
(applicants under 21 do not have to meet the 5 year bar)

U.S. Citizens are potentially eligible for Medicaid, provided they meet all other program requirements.

Case Example #2

Maya recently obtained a U visa (as a victim of a serious crime).

She is pregnant.

Is she potentially eligible for Medicaid?

Case Example #2 - Answer

Maya recently obtained a U visa (as a victim of a serious crime).

She is pregnant.

Is she potentially eligible for Medicaid?

She is not a Qualified immigrant, but is lawfully residing/present.

Does she fall in the category of other immigrants who may be Medicaid eligible?

Yes, Maya is potentially eligible for a Medicaid benefit.
Eligible as a lawfully present pregnant woman.

Case Example #3

Rosa is a 20 year old who has been a Conditional Entrant for 3 years. Her husband is a US citizen. They have come in to request assistance for Medicaid.

Can she apply?

May she potentially be eligible for Medicaid?

Case Example #3 - Answer

Rosa is a 20 year old who has been a Conditional Entrant for 3 years. Her husband is a US citizen. They have come in to request assistance for Medicaid.

Can she apply?

May she potentially be eligible for Medicaid?

Rosa may apply for any program she chooses. As a PED, you should encourage her to apply.

Because Rosa is a Conditional Entrant and under 21 years of age, she will be eligible for PE and on-going Medicaid provided she meets other qualifying factors (such as income guidelines).

Case Example #4

Mary has two children who are covered by her VAWA prima facie letter.

A VAWA prima facie letter is a letter wherein the federal government states that a woman's case for VAWA status has merit.

She is only requesting medical assistance for her children.

No one in the family has a Social Security Number.

Does the fact that the children don't have SSNs delay the processing of their application?

What benefits may her children potentially be eligible for?

Case Example #4 - Answer

Mary has two children who are covered by her VAWA prima facie letter.

A VAWA prima facie letter is a letter wherein the federal government states that a woman's case for VAWA status has merit.

She is only requesting medical assistance for her children.

No one in the family has a Social Security Number.

Does the fact that the children don't have SSNs delay the processing of their application?

What benefits may her children potentially be eligible for?

- Some individuals do not have SSNs and may still be still eligible for benefits.
- Families like Mary's will not have SSNs.
- PEDs should screen for PE and submit an application to HSD for on-going Medicaid.
- HSD should process the application and give the family information about how to obtain a non-work SSN.
- Benefits CANNOT be delayed or denied while the family waits for a number.

Mary's children are potentially eligible for PE and on-going Medicaid.

In this case, Mary voluntarily provided us with her VAWA status while verifying her children's status. However, it is important to remember that Mary is not requesting benefits for herself so you MAY NOT ask her for her SSN or for more information on her citizenship or immigration status.

Case Example #5

Albert, a 14-year-old high school student, has a green card and has been in the U.S. as a Lawful Permanent Resident for 3 years.

Albert and his brother, Jaime, are injured in a car accident. They are both taken to the emergency room.

At the hospital, Jaime volunteers that he is undocumented.

Are there any Medical assistance programs that might help pay the medical bills from Albert and Jaime's accident?

Case Example #5 - Answer

Albert, a 14-year-old high school student, has a green card and has been in the U.S. as a Lawful Permanent Resident for 3 years.

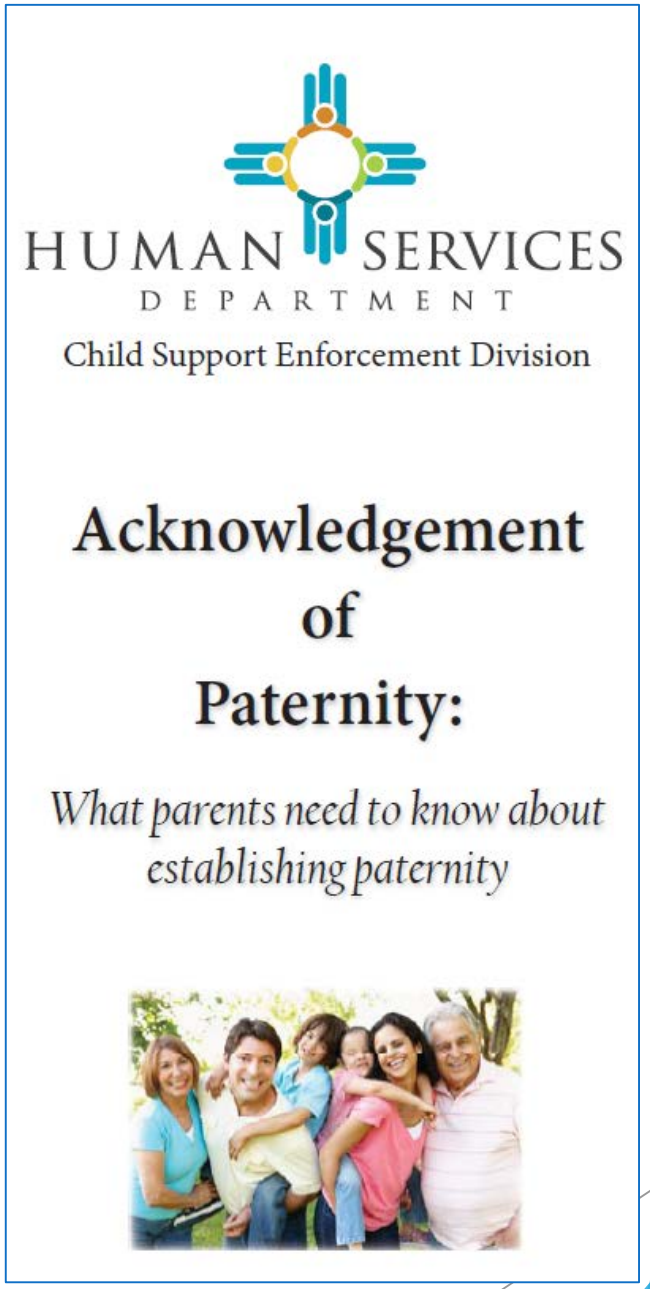
Albert and his brother, Jaime, are injured in a car accident. They are both taken to the emergency room.

At the hospital, Jaime volunteers that he is undocumented.

Are there any Medical assistance programs that might help pay the medical bills from Albert and Jaime's accident?

Since Albert is a Lawful Permanent Resident under age 21, he may be eligible for Medicaid.
If Albert meets all other eligibility requirements, he may be granted a PE and have an on-going application submitted for a Medicaid determination.

If Jaime's treatment is verified as emergency services and he meets all other Medicaid eligibility requirements (other than citizenship/immigration status), Jaime's bills should qualify for payment under Emergency Medical Services for Aliens (EMSA).



Acknowledgement of Paternity

Establishes paternity creating legal rights and responsibilities between a father and his child.

Paternity must be established before father's name can be included on the birth certificates of unmarried parents.

Acknowledgement of Paternity (Continued)

- Must be completed at the hospital after the baby is born if both parents are present.
- Can be completed at any CSED field office.

- Establishing a child's paternity creates:
  - A Sense of Identity
  - Better Medical Care
  - Financial Security

YOUR NEXT STEPS

Taking your Test

- You will have 24 hours to take the test.
- You must score 90% or higher.

If you fail the test:

- You will have a 2nd chance to take a test.
- There are 30 questions on the test.
- You must score 90% or higher.

After you Pass the Test

- You will receive an email which will include your Verification of Training and your test score. You will upload the Verification of Training document onto the Portal to enroll
  - Instructions for enrolling (for new PEDs) or re-enrolling (for current PEDs) in the Portal will be provided with the Verification of Training email.
- Enroll (for new PEDs) or re-enroll (for current PEDs) as a user on the NM Medicaid Portal (Portal) to electronically “sign” the PE Determiner Agreement and Code of Conduct (MAD 219)
  - This step must be completed within 60 days from the date of your training or you will need to retake the training
- You will receive a confirmation email from Conduent when you successfully enroll in the Portal
- HSD PED program staff will validate your training and test results
- Wait for your Welcome Letter, PED Certificate of Completion and unique PED number

Contacts

Issue	Assistance For:	Contact	Phone/Fax #
NM Medicaid Web Portal	Claim & Eligibility Information	Conduent	800-705-4452
(AVRS) Automated Voice Response System	Eligibility information	Conduent	800-820-6901
Client Eligibility Questions	General Client Questions	Medicaid Call Center	888-997-2583
General inquiries for all HSD programs including YESNM	Eligibility and Customer Service Center	NM Human Services Department	800-283-4465
YESNM-PE Customer Service	YESNM-PE logins, PE and ongoing applications	MAD PE Program Staff	HSD.PEDeterminer@state.nm.us
Ongoing Medicaid Applications	Assistance with applications or documents - submitted through Aspen	Central ASPEN Scanning Area (CASA)	CASA E-fax#: 855-804-8960
Managed Care Organizations (MCO)	Client Issues Enrolled in Managed Care	MCOs • Blue Cross Community Centennial • Presbyterian Health Plan, Inc. • Western Sky Community Care	(866) 689-1523 (888) 977-2333 (844) 543-8996

Direct Contact Information

Jeanelle Romero
PE Program Manager

505-827-7713

JeanelleC.Romero@state.nm.us

Roberta Roybal
PED Trainer/Auditor

505-476-7132

RobertaL.Roybal@state.nm.us

Edmundo Barraza
PE Enrollment Specialist
505-827-7293
Edmundo.Barraza@state.nm.us

Kimberly Lucero
MAD Processing Supervisor
505-827-6230
Kimberly.Lucero@state.nm.us

Thank you!

- Request YES-NM demo session schedules
- Request PED Training session schedules
- Information on PED enrollment status
- General PED questions

HSD.PEDeterminers@state.nm.us