

# 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.

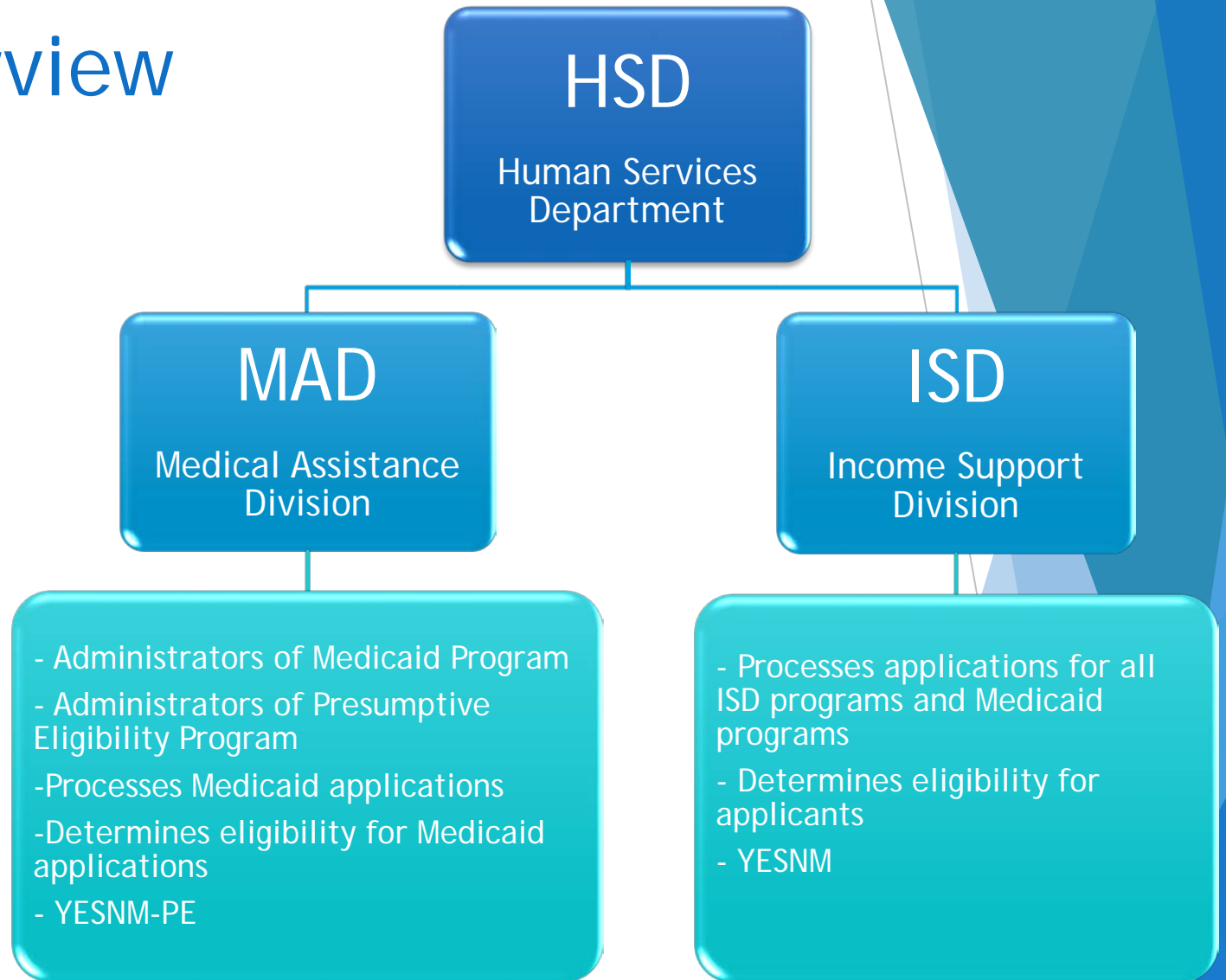


# Medicaid Overview

# 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 1<sup>st</sup>
- 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](http://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/](https://www.bcbsnm.com/community-centennial/)



**western sky  
community care.**

Western Sky  
Community Care

1-844-543-8996 Member  
Services

[https://www.westernskyc  
ommunitycare.com/mem  
bers/medicaid.html](https://www.westernskycommunitycare.com/members/medicaid.html)



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](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](http://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



**BlueCross BlueShield of New Mexico** **Blue Cross Community Centennial™**  
*A Centennial Care Plan*

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Subscriber Name: **<John A Doe>** PCP: **<PCP\_NAME>**  
 Identification No: **YIF<123456789>** **<PCP\_PHONE#>**

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Group Number: <b>&lt;XXXX&gt;</b>	OFFICE VISIT	\$0
Date of Birth: <b>&lt;MM DD, YYYY&gt;</b> Enrollment	EMERGENCY ROOM*	\$0
Effective Date: <b>&lt;MM DD, YYYY&gt;</b>	URGENT CARE	\$0
<b>Medicaid ID: &lt;123456789&gt;</b>	HOSPITAL	\$0

Expansion Alternative Benefit Plan  
 RxBin: 011552  
 RxPCN: SALUD

\*You may be billed (dollar amount for applicable FPL) for non-emergency use of the ER.

**Rx**

**PRESBYTERIAN Centennial Care**

Member Name: John Q. Sample  
 PHP Member ID: 12345678911  
 Medicaid ID: 12345678911  
 Date of Birth:  
 Effective Date:  
 Group Number:  
 Product:   
 Plan:  
 Primary Care Provider:

**western sky community care**  
*A Centennial Care Program*

EFFECTIVE: MM/DD/YYYY  
 PLAN TYPE: [ABP/State Plan]

NAME: JANE C. DOE  
 MEMBER ID#: XXXXXXXXXXXX  
 DATE OF BIRTH: mm/dd/yyyy

COPAYS: Effective 3/1/2019  
 Non-Emergency Room Visit: \$8  
 Non-Preferred Prescription Drugs: \$8

PCP NAME: DR. NAME  
 PCP NUMBER: XXXXXXXXXXXX

RX: INVOLVE Rx  
 RXBIN: 004336  
 RXPCN: MCAIDADV  
 RXGRP: RXS469

If you have an emergency, call 911 or visit the nearest emergency room (ER).  
 For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.

**STATE OF NEW MEXICO HUMAN SERVICES DEPARTMENT**  
**Medicaid Identification Card**

Card Control # 00000000      Date Issued 00/00/0000

FIRST, LAST NAME

ID Card # 0000000000 ←      Date of Birth 00/00/0000

# 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 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:



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



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

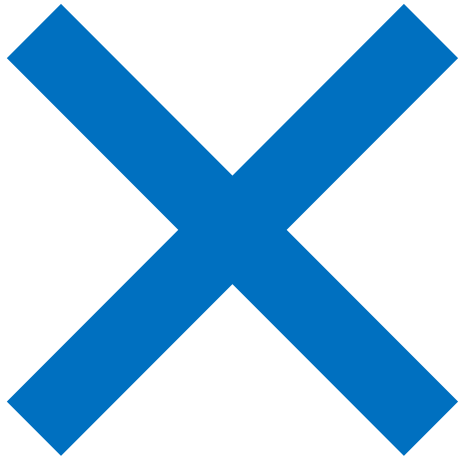
A suspension is a defined period of time that the PED will not be allowed to determine presumptive eligibility for applicants.

- 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 confidentiality 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.		

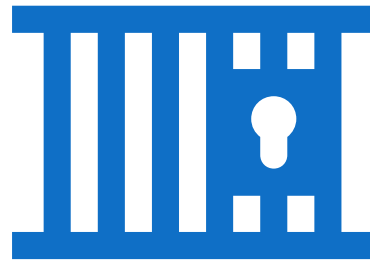
# Presumptive Eligibility Determiner Specialty Types

**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.

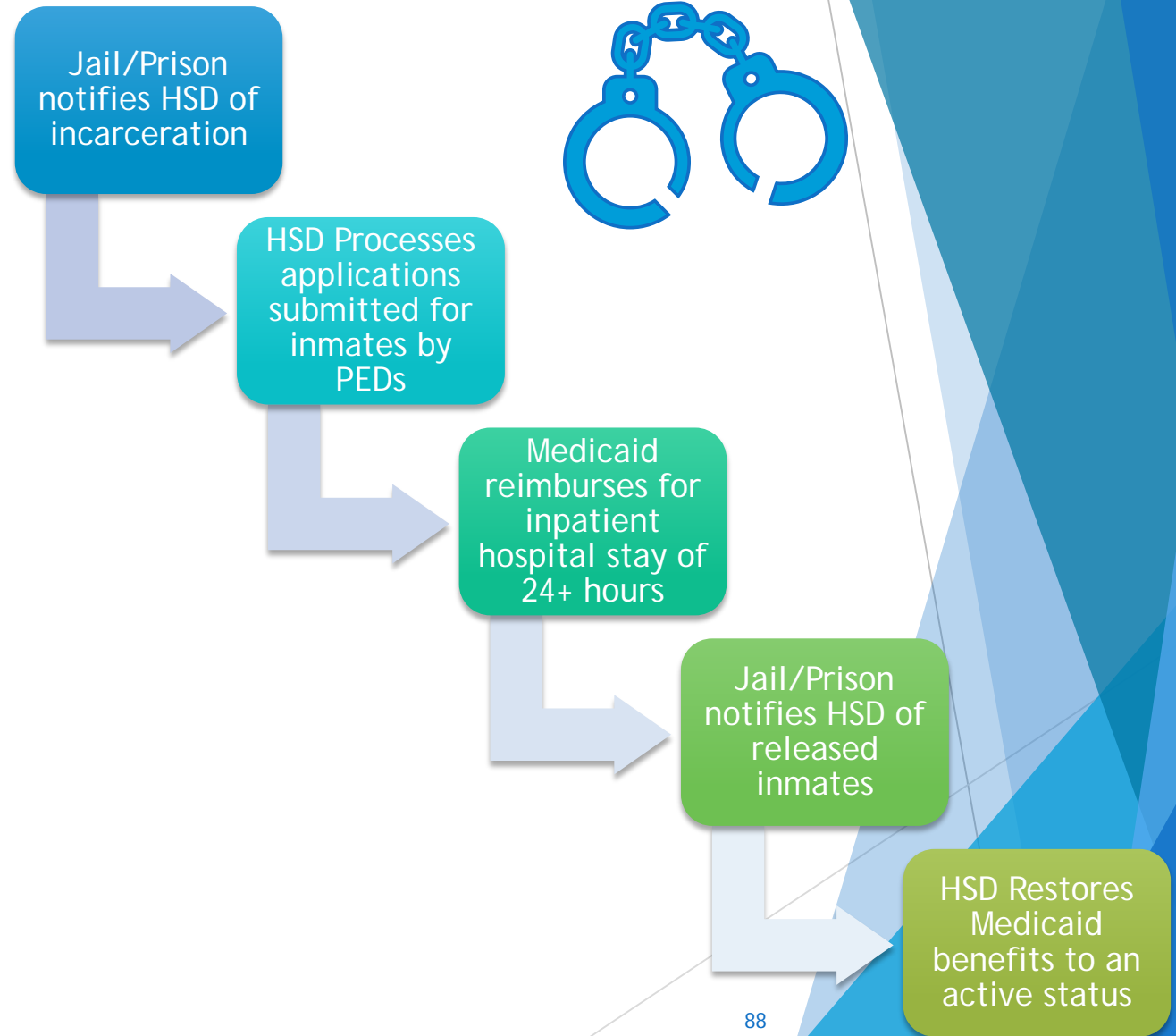
**House Bill 19 signed into law by Governor Martinez in 2018**

**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
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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

# 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
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+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.

Table of Relationships within the Fifth Degree				5
Relationships marked with an "X" are not within the fifth degree				Great-Great-Great Grandparents
			3	4
			Great Grandparents	Great-Great Grandparents
		2	4	5
		Grandparents	Great Aunt/Unice	Great-Grand Uncies/Aunts
	1	3	5	X
	Parents	Aunt/Unice	First Cousins Once-Removed	
Dependant Child	2	4	X	
	Siblings	First Cousins		
X	3	5		
	Nephew/Niece	First Cousins Once-Removed		
	4	X		
	Grand Nephew/Niece			
	5			
	Great Grand Nephew/Niece			
	X			

# Category 200 – Medicaid for Parent / Caretakers

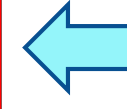
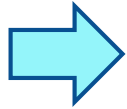
- Must be 19 years of age or older
- May have other health coverage
- Income must be below the Fixed Dollar Amount.
  - 5% disregard may apply for individuals 65 or older or a Medicare recipient.
- Full Medicaid coverage

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
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

# 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
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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

<b>Regular Medicaid for Children - COEs 400, 401, 402 &amp; 403</b>		
<b>Category</b>	<b>Age</b>	<b>Income Guideline</b>
<b>400</b>	<b>0 - 5</b>	<b>Up to 200% of the FPL</b>
<b>401</b>	<b>6 - 18</b>	<b>Up to 138% of the FPL</b>
<b>402</b>	<b>0 - 5</b>	<b>200% - 240% of the FPL*</b>
<b>403</b>	<b>6 - 18</b>	<b>138% - 190% of the FPL*</b>

\*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
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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)

<b><i>Children's Health Insurance Program (CHIP) COEs 420 &amp; 421</i></b>		
<b>Category</b>	<b>Age</b>	<b>Income Guideline</b>
<b>420</b>	<b>0 - 5</b>	<b>240% - 300% of the FPL*</b>
<b>421</b>	<b>6 - 18</b>	<b>190% - 240% of the FPL*</b>

\*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
1	\$451	\$1,064	\$1,415	\$1,468	\$2,021	\$2,127	\$2,499	\$2,552	\$2,659	\$3,190	\$54.00
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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



# 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](http://www.yes.state.nm.us)

## How To.....

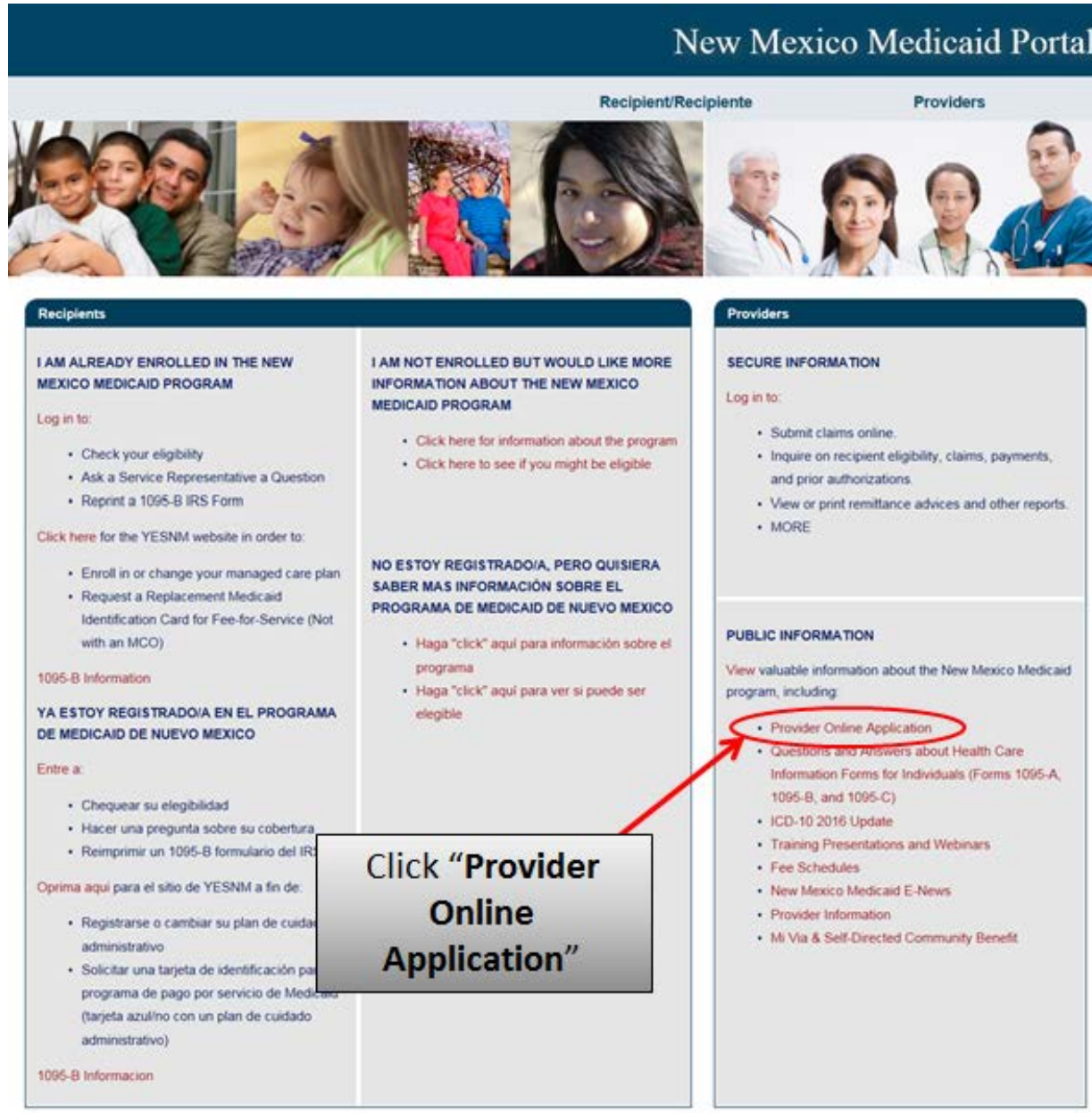
- Enroll as a Presumptive Eligibility Determiner on the Portal, Sign Presumptive Eligibility Determiner Agreement and Code of Conduct (MAD 219)
- Register as a User on the Portal
- Register as a User on YESNM-PE



# Enrolling in the Portal as a PED



# Enrolling as a Presumptive Eligibility Determiner on the Portal



**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

**Click "Provider Online Application"**

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment Application**

Please note: effective July 31st, 2017 all incomplete/incorrect Provider Enrollment applications will be returned to the portal once reviewed and will no longer be held by Conduent. Correspondence noting required corrections will be sent via email (if available) or mailed. The entire application will need to be corrected and resubmitted to Conduent.

**Create a New Application**  
Please enter your email address and click CREATE

\*Email:  **Create**

**Recall Your Existing Application**  
To recall an application that you have partially completed, enter your reference number and click RECALL

\*Reference #:  **Recall**

**Forgot Your Reference Number?**  
If you have forgotten your reference number, please enter your email address below and click SUBMIT. The email address you submit will be validated against the one on file for you and your reference number will be sent to you by email.

\*Email:  **Submit**

**Reopen and Resubmit Your Returned Application**  
To reopen a submitted application that has been returned for missing or incomplete information

\*Reference #:  **Reopen**

Enter work email address

Click "Create"

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

**New Mexico Medicaid Portal**

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment - Participation Agreement**

**Dear Medicaid Provider Applicant:**

Thank you for your interest in becoming a New Mexico Medicaid Provider. Please read the following instructions carefully before completing the agreement(s).

Application processing timeframes may vary based on application type.

When your agreement is approved, a unique provider identification number will be assigned to you. It is recommended that you not provide services to New Mexico Medicaid recipients until your Medicaid provider number has been assigned and you have received your welcome letter.

If you have ANY questions at all, please do not hesitate to contact the Conduent Provider Enrollment Helpdesk at 1-800-299-7304 or 505-246-9988.

**Back ACCEPT DECLINE**

Click "ACCEPT"

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

New Mexico Medicaid Portal

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment**

**Application Setup**  
**Select An Application Type**

**Billing (MAD 335)**

- This agreement is for groups, organizations, or individual applicants to whom payments will be made. If the applicant is an individual applying for a provider number only for identifying services billed through a group practice or other organization and payments will be made to that group or organization, then this form should not be used. Use Form MAD 312 instead.
  - Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only
    - New Mexico Medicaid general Provider Policy (NMAC 8.302.1) requires that a provider must be enrolled in Electronic Fund Transfer (EFT) in order to receive Fee-for Service (FFS) reimbursement. You have the ability to include EFT information with your provider enrollment application. EFT is required to be an active Medicaid provider.
  - Managed Care Organization (MCO) network only.

**Service-only (MAD 312)**

- This agreement is for individual applicants who perform services within a group or other organization. Payments will be made only to the group or organization. No payments will be made directly to the individual. If the applicant will be providing services for which payments are to be made directly to the applicant, then this form should not be used. Use Form MAD 335 Instead.
  - Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only.
  - Managed Care Organization (MCO) network only.

**MCO Restricted**

- Select if you are an MCO registering a restricted provider.
  - MAD 012 (groups, organizations, facilities, or individual providers to whom payments are made)
  - MAD 013 (individual providers rendering services as part of a group or organization)

**Electronic Health Records (EHR) Incentive (MAD 220)**

- Select if this application is for an Electronic Health Record (EHR) Incentive Payment Plan.

**Presumptive Eligibility Determiner (MAD 219)**

- Select if this application is for a Presumptive Eligibility Determiner or Provider.

**This Application Is (select one):**

**Initial Enrollment**  
Select if you are not currently enrolled in the NM Medicaid program.

**Re-enrollment**  
Select if you were previously enrolled in the NM Medicaid program.

Back Continue - If Application

Click “Presumptive Eligibility Determiner (MAD 219)”

Click “Initial Enrollment” and then click “Continue”

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. On the left side, there is a sidebar menu with sections: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Specialties' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .' followed by a blue link 'Provider Type & Specialty Listing'. Below this is a table titled 'Provider Specialties' with two columns and two rows. The first row is the header, and the second row contains two checkboxes with their corresponding specialty names. At the bottom of the form are three buttons: 'Back', 'Continue', and 'Exit Application'. A red arrow points from the 'Continue' button to a grey callout box that says 'Select your Specialty Type and click "Continue"'. The 'Continue' button is highlighted in red.

New Mexico Medicaid Portal

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Specialties**

Please click here for additional information regarding Provider Type-Specialty .

[Provider Type & Specialty Listing](#)

Provider Specialties	
<input type="checkbox"/> 170 Presumptive Eligibility	<input type="checkbox"/> 171 Presumptive Eligibility-HospitalsOnly

Back Continue Exit Application

Select your **Specialty Type** and click "**Continue**"

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment** Reference Number: O25DXPTB1N

**Instructions**

Your Reference Number is [REDACTED] **You will receive a Reference Number**


Please record your reference number. You may use this number to recall your application.

**Contact a Provider Enrollment Specialist**  
You may contact a Provider Enrollment Specialist by calling (800) 299-7304 or (505) 246-9988 for any questions concerning this application.

**Saving an Application for Recall at a Later Time**  
If at any time while completing this application you would like to save your information and finish at a later time, click the Save Application button at the bottom of the page. The next time you visit the online application, enter your reference number in the Recall Application section.

This application will only be available for 90 days. After the 90 day limit, the entire application will be purged and all information will need to be re-entered.

**PDF Files**  
The Provider Enrollment application, signature page, and other documents that are available for download from this web site are presented in Adobe PDF file format. To view PDF files you will need Adobe Acrobat Reader installed on your computer. For a free download please click the Acrobat Reader icon.



**Click "Continue"**

**Back Continue Exit Application**

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

Enter **your name** into the PED Agreement

Read through the entire PE Determiner Agreement

New Mexico Medicaid Portal

Home Contact Us Search GO

Reference Number: 025DXPTB1N

**Provider Enrollment**

HSD and **YOUR NAME GOES HERE** (Presumptive Eligibility Determiner Name) enter into this Agreement to allow the person named above to be certified as a Medicaid Presumptive Eligibility Determiner (PED). PEDs are authorized to make Presumptive Eligibility (PE), or short-term, Medicaid determinations for eligible individuals. The goal of presumptive eligibility is to provide access to immediate care for eligible recipients and to ensure assistance with application submission and possible ongoing Medicaid coverage for those individuals. PE is not available for all Medicaid categories of eligibility and is limited to those as outlined by the New Mexico Human Services Department's (HSD's) Medical Assistance Division (MAD).

Individuals who are initially screened for PE are done so based on some of the same qualifying factors that help to determine ongoing eligibility. Individuals who are accurately screened for PE are most likely to be approved for ongoing coverage. Eligible screenings and enrollments of individuals in PE coverage can only be made by certified PEDs. PEDs must meet the PED certification requirements as established by HSD/MAD. Eligible entities approved to participate as PEDs include:

- (a) a qualified hospital that participates as a provider under the Medicaid state plan or a Medicaid 1115 demonstration, notifies the Medicaid agency of its election to make presumptive
- (b) a qualified hospital that has as not been disqualified by the Medicaid agency for failure to make PE determinations in accordance with applicable state policies and procedures; or for
- (c) a Federally Qualified Health Center (FQHC), an Indian Health Service (IHS) facility, a Department of Health (DOH) clinic, a school, a Children, Youth and Families Department (CYFD) Child Care
- (d) other entities that HSD has determined as an eligible Presumptive Eligibility participant including eligible employees of the New Mexico Department of Corrections, County Jails or Detention Centers

**DETERMINER CODE OF CONDUCT**

**DISCLOSURE OR MISUSE OF CONFIDENTIAL OR OFFICIAL INFORMATION AND PERFORMANCE STANDARDS**

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

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

PEDs shall disqualify themselves from participating in any official action affecting a client or any other person related to them by blood or marriage, (e.g. a first cousin or closer relative); clients or other persons with whom they enjoy a personal relationship that could compromise or be reasonably perceived by Department management or the public as compromising the integrity of their official actions; or any client or any other person with whom that PE Determiner is engaged in a sexual relationship and/or is sharing living quarters.

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

PEDs may not disclose confidential or official information, if the disclosure of such information is prohibited by law or regulation or would be contrary to the best interest of the Department or its clients. This includes confidential information from other governmental agencies that PE Determiners may access via electronic data connections. PEDs may not disclose or misuse confidential or official information not generally available to the public or acquired by virtue of his/her affiliation with the Human Services Department, for his/her own or another's private gain.

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

- 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](#)

After reading the PED Agreement  
Click **“Continue”**



# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

New Mexico Medicaid Portal

Home Contact Us Search **GO**

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment - Applicant Information** Reference Number: O25DXPTB1N

**PED Information**

*PED First:	<input type="text"/>	PED MI:	<input type="text"/>	*PED Last:	<input type="text"/>
*Job Title:	<input type="text"/>				
*PED's Employer (No Abbreviations):	<input type="text"/>				
*PED's Direct Telephone Number:	<input type="text"/>	Extension:	<input type="text"/>		
<small>(Example: 9999999999)</small>					

**Business Physical Address**

*Street Address:	<input type="text"/>				
Suite/Office/Other:	<input type="text"/>				
*City:	<input type="text"/>	*State:	Select One	*ZIP:	<input type="text"/>
*County:	Select One				
*PED's Work Email Address :	<input type="text"/>				

**Business Mailing Address**

Same as Physical Address

*Street Address:	<input type="text"/>				
Suite/Office/Other:	<input type="text"/>				
*City:	<input type="text"/>	*State:	Select One	*ZIP:	<input type="text"/>
*County:	Select One				
*Certified PE Determiner Name:	<input type="text"/>				

By signing this document, I agree to abide by the PE Determiner Code of Conduct and comply with HSD's guidelines for establishing PE status and submission. Either party may terminate this Agreement without cause, with fourteen (14) days written notice. HSD may exercise its right to terminate a PE Determiner's status immediately for cause if the PED breaches the Code of Conduct or fails to comply with HSD guidelines.

\*PE Determiner's Signature:

**Back Continue Save And Exit Exit**

Enter your information and click **“Continue”**



# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

New Mexico Medicaid Portal

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment - Required Attachments** Reference Number: O25DXPTB1N

If you have not included the required documentation, please use the page below to attach files to be included in your enrollment application.

Training Completion Confirmation	Upload Attachments
Confirmation of Test Results	Upload Attachments
Additional Documentation	Upload Attachments

Back Continue Save And Exit Exit

Attach your **“Verification of Training”** by uploading it into both **Training Completion Confirmation** and **Confirmation of Test Results**, then click **“Continue”**

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

The screenshot displays the New Mexico Medicaid Portal interface. At the top, the header reads "New Mexico Medicaid Portal". Navigation links for "Home" and "Contact Us" are visible, along with a search bar and a "GO" button. The left sidebar contains a menu with sections: "INFORMATION" (Provider Information, FAQ), "WEB REGISTRATION", and "PROVIDER ENROLLMENT" (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled "Provider Enrollment - Submit Application" with a reference number "O25DXPTB1N". It contains the instruction: "Please click Submit to complete the application process and submit your provider participation agreement." Below this text are two buttons: "Submit" and "Save And Exit". A red arrow points from a callout box labeled "Click 'Submit'" to the "Submit" button.

# Enrolling as a Presumptive Eligibility Determiner on the Portal cont.

The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the portal name. Below the header, a navigation bar includes 'Home', 'Contact Us', a search box, and a 'GO' button. A left sidebar contains menu items under three categories: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area features a 'Provider Enrollment - SUBMISSION CONFIRMATION' box with a 'Reference Number: O25DXPTB1N'. Inside this box, a message states: 'Your application has been submitted for review. You may use the Tracking Number to monitor the status of your application. You may also use the Web Reference Number to retrieve a copy of your submitted application.' Below this, two fields show 'The Web Reference Number for your application is [REDACTED]' and 'The Tracking Number for your application is [REDACTED]'. A paragraph follows: 'Please print or record the information on this page for your reference. You may also print or save a copy of the Enrollment Application for your records. If you have ANY questions at all, please do not hesitate to contact the Conduent Provider Enrollment Helpdesk at 1-800-299-7304 or 505-246-9988.' A red button labeled 'Print or Save Copy of Enrollment' is positioned at the bottom of the confirmation box. Below the confirmation box, a separate grey box contains the text: 'Note your Web Reference Number and tracking Number'.

## 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>

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](#)

Click "Log in to"

**HOME**

**PROVIDER**

- Provider Login
- Provider Information
- FAQ
- E-News and Notices
- Links
- Contact Us
- Provider Search

### Provider Login

#### Updated EDI Online URL Address

Conduent has updated the URL address for the EDI Online website. The new URL address is currently active. The user name and password will remain the same to access EDI Online services. Please start using the new URL address listed below to access the website:

New EDI Online URL - <https://edionline.portal.conduent.com/EDIOnline/redirect.action>

The old URL address listed below will cease to work as of **March 31, 2018**:

Old EDI Online URL - <https://edionline.acs-inc.com/EDIOnline/redirect.action>

If you have any questions related to this email blast, please contact the HIPAA Helpdesk for assistance at 1-800-299-7304, followed by option 4.

#### New Mexico Medicaid Web Portal - New URL Address

The website for the New Mexico Medicaid Web Portal has been updated to:

<https://nmmedicaid.portal.conduent.com/static/index.htm>

The updated URL includes the same tools and resources.

Please update your bookmarks and/or favorites in your web browser. If you experience any issues with the web portal content, refresh the page and/or clear your browser history to ensure the most up-to-date content appears.

Questions related to this email blast, please contact the Provider Relations department for assistance at 1-800-299-7304, option 6, followed by option 4.

#### Proposed Rule Amendments - Managed Care Program and Third Party Liability

The Human Services Department (the Department) Medical Assistance Division (MAD) is proposing amendments to several New Mexico Administrative code (NMAC) rules to become effective **February 1, 2018**. These amendments are being proposed to align with recently updated Medicaid managed care requirements in federal rules that the Department must implement.

The register, with additional information on submitting comments, and proposed rule language are available on the Department's website at:

<http://www.hsd.state.nm.us/LookingForInformation/registers.aspx> and <http://www.hsd.state.nm.us/public-notice-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>

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

Click "I'm a new user (Web Registration)"



## INFORMATION

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

## WEB REGISTRATION

### PROVIDER ENROLLMENT

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

### Web Registration

Access to secure web portal functions for enrolled Medicaid providers requires registration. Providers may elect to register their assigned NM Medicaid Provider ID, National Provider Identifier (NPI), or both. Select the appropriate option below to register one of your IDs. You may come back later to register another ID.

If registering as a PE Determiner, please use 999999999 in the EIN or SSN box. Do not use your SSN as this will result in an error.

\* denotes required field(s)

<input checked="" type="radio"/>	Register Provider ID	Registering the Provider ID will only allow access to information associated with the registered provider ID.
<input type="radio"/>	Register NPI	Registering the NPI will allow access to information for all NM Medicaid Provider IDs associated with the NPI. If you have multiple Provider IDs associated with your NPI, you may use only one to complete your NPI registration. Please make sure the entered matches with the location zip code on file for that Provider.
*	Provider ID:	<input type="text"/>
*	EIN or SSN:	<input type="text"/> <i>If registering as a PE Determiner, please use 999999999.</i>
*	Location Zip Code:	<input type="text"/> <i>Location zip code for provider's facility that is on file with ACS.</i>

Click  
"Register  
Provider ID"

Enter your PED  
# for "Provider  
ID"

Enter you're your zip  
code

Enter  
"999999999"  
for EIN or SSN

## INFORMATION

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

## WEB REGISTRATION

## PROVIDER ENROLLMENT

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

### Select Master Administrator

You must now select your Master Administrator by designating either a new or existing user.

The Master Administrator will have the authority to create/edit/delete the portal users within your provider organization. The first registered user in a provider organization will be designated as the Master Administrator. If the need arises, you may contact the [HIPAA Help Desk](#) to have a new Master Administrator assigned.

Please select one of the following options:

[Create a new user to be your Master Administrator.](#)

[Assign an existing user to be your Master Administrator.](#)

[Cancel](#)

Click "Create a new user to be your Master Administrator"

## INFORMATION

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

## WEB REGISTRATION

## PROVIDER ENROLLMENT

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

### Personal Profile

Enter the information below to create your Master Administrator and click 'Continue.'

It is suggested that you enter a User ID that is easy to remember.

Your User ID must have a minimum of 6 and a maximum of 12 alphanumeric characters and cannot be identical to your provider ID or NPI. If your User ID already exists, you will be required to select a different one.

\* denotes required field(s)

*User Id:	<input type="text"/>		
*Last Name:	<input type="text"/>		
*First Name:	<input type="text"/>		
Middle Initial:	<input type="text"/>		
*Email:	<input type="text"/>	*Confirm Email:	<input type="text"/>
*Phone:	<input type="text"/>	Phone Extension:	<input type="text"/>

Create a user ID,  
then enter name  
and contact  
information

Click "Continue"

### INFORMATION

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

### WEB REGISTRATION

### PROVIDER ENROLLMENT

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

## Review Personal Profile

Please confirm the information entered for your Master Administrator. If there is an error, click 'Edit.' Once you are satisfied with the information entered, click 'Submit.'

User Id: PEDeterminer

Last Name: Determiners

First Name: PE

Middle Initial:

Email: hsd.pedeterminers@state.nm.us

Phone: 5058277248

Extension:

- 
- 
- 
- 

Confirm the information you entered is correct

Click "Submit"

## INFORMATION

Provider Information  
FAQ

## WEB REGISTRATION

## PROVIDER ENROLLMENT

Enroll Online  
Check Enrollment Status  
Download Enrollment  
Application

### Registration Confirmation

Thank you...

You have successfully registered for web portal access.

Your Master Administrator registration information is displayed below. Please [print a copy](#) for your records, as your User ID and Provider ID will be required to log in.

Provider Id: 76824713

Login Id: PEDeterminer

Last Name: Determiners

First Name: PE

Middle Initial:

Email: hsd.pedeterminers@state.nm.us

Phone: 5058277248 Extension:

If the Master Administrator registered is a new user, a one-time use password has been sent to the e-mail account supplied during registration. This password must be changed upon initial log in. If any of the information above is incorrect, please call the [HIPAA Help Desk](#) for assistance.

As a registered Web Portal organization, you will no longer receive a paper version of your Reports and Data Files. All reports and data files are available on-line. To view an RA, log in and click on the Reports and Data Files link on the [PDF Reports](#) link. Click on [Remittance Advice\(RA\) Report](#) to see your current RA. Only the Master Administrator or a user with the "Reports and Data Files" privilege. The Master Administrator or any user with user administrator rights may grant this privilege to other users.

Click on following links for more information :

[Additional information about accessing the RA](#)  
[What if I can't access my RA from the Web?](#)

Click "Log in"

Log In

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.



# 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

**yes new mexico** [Learn More](#) [Resources](#)

**Sign In**  
Username  
Password  
[Forgot User ID or Password?](#)  
**Login**

**Don't Have An Account?**  
**Create an Account**

Welcome to YesNM. This is your portal to quickly and easily apply, check, update, or renew for a variety of public assistance programs. Create an account now to apply for and access your status for various benefits such as:

- Medical Assistance (Medicaid)
- Food Assistance (SNAP)
- Cash Assistance (TANF)
- Energy Assistance (LIHEAP)

**Am I Eligible?**  
The best way for you to find out what kind of assistance you might be able to get is to fill out and submit an application. You can apply for and access your status online.  
[Learn More +](#)

**I Sent An Application. Now What?**  
Give us a few days before you check the status of your application. It could take 30 days to process. We may contact you for more information.  
[Learn More +](#)

**Would You Like To Vote?**  
Download a Voter Registration Application and return it to your local Income Support Division Office, Motor Vehicle Division Office, or your local County Clerk's office.  
[Learn More +](#)

**HUMAN SERVICES DEPARTMENT** [ISD Home](#) [Confidentiality & Privacy Policies](#) [Accessibility Policy](#) [Other Resources](#) [PED Create / Recover Account](#)

**Select PED Create/Recover Account**



# Registering as a User on YESNM-PE (Continued)

yes new mexico

Learn More

Resources

PED Account

PED Account

2

For additional help regarding creating or recovering an account you can email [HSD.PEDeterminers@state.nm.us](mailto:HSD.PEDeterminers@state.nm.us).

To create a PE Determiner account, you must be a certified PE Determiner with an assigned PED number.

Create Account

To recover a PED account, you must know your assigned PED number and the account's secret questions and answers.

Recover Account

ISD Home  
Confidentiality & Privacy Policies  
Accessibility Policy  
Other Resources  
PED Create / Recover Account

Select Create Account

PE Determiner Identification

Create A New Account

Determiner Identification

For additional help regarding creating or recovering an account you can email [HSD.PEDeterminers@state.nm.us](mailto:HSD.PEDeterminers@state.nm.us).

Enter Your Determiner Id

Determiner Id \*

123456789

Please check the box to let us know that you have read and agreed to New Mexico's User Acceptance Agreement. [Click here](#) to read the Agreement, which tells you more about how we will keep your personal information private and secure. \*

3

Enter PED number and check box.

# Registering as a User on YESNM-PE (Continued)

The screenshot displays a registration form for YESNM-PE. On the left, a sidebar contains the text "Create A New Account" and "Determiner Identification" with a checkmark. Below this is a blue bar labeled "Account Details" and a blue square with the number "4". The main content area is titled "PED Account Details" and is divided into two sections: "Account Holder" and "Account Credentials".

**Account Holder Section:**

- Instruction: "Enter the account holder's first name and last name"
- Field: "First Name \*" with the value "PED"
- Field: "Last Name \*" with the value "Trainer"

**Account Credentials Section:**

- Instruction: "Enter the information that you will use to access your account. Be sure to choose a password that nobody could easily guess."
- Field: "Username \*" with the value "PEDTrainer"
- Field: "Password \*" with masked characters "....."
- Field: "Confirm password \*" with masked characters "....."

At the bottom of the form are two navigation buttons: a left-pointing arrow and a right-pointing arrow. A red box at the bottom left contains the text "Create username and password", with two red arrows pointing to the "Username" and "Password" input fields.

# Registering as a User on YESNM-PE

(Continued)

	<b>PED Account Recovery</b>
<b>Create A New Account</b>	Please provide answers to the following questions for account recovery.
✓ Determiner Identification	Secret Question #1 * Make a selection
✓ Account Details	Secret Question #2 * Make a selection
<b>Account Recovery</b>	Answer to Secret Question #1 <input type="text"/>
	Answer to Secret Question #2 <input type="text"/>
	5

Select Secret Questions and type in your answers

	<b>Your PED Account Was Created Successfully</b>
<b>Create A New Account</b>	Welcome to YES New Mexico for Presumptive Eligibility Determiners!
✓ Determiner Identification	Now that you have created an account you can log in to screen for Presumptive Eligibility and/or submit a Medicaid application, search for in progress and completed applications and check eligibility details.
✓ Account Details	To continue you will need to log in with your new username and password.
✓ Account Recovery	<b>Login</b>
	6
	PED Account created



# 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

**New Mexico Medicaid Portal**

Recipient/Recipiente      Providers

**Recipients**

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

Log in to:

- Check your eligibility.
- Enroll in or change your managed care plan.
- Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO).
- Ask a question about your coverage.

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

Entre a:

- Chequear su elegibilidad.
- Registrarse o cambiar su plan de cuidado administrativo.
- Solicitar una tarjeta de identificación para el programa de pago por servicio de Medicaid (tarjeta azul/no con un plan de cuidado administrativo).
- Hacer una pregunta sobre su cobertura.

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

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

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

- Haga "click" aquí para información sobre el programa
- Haga "click" aquí para ver si puede ser elegible

**Providers**

**SECURE INFORMATION**

Log in to:

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

1

Click "Log in to"

Enter User ID,  
Password, and PED  
number

2

**New Mexico Medicaid Portal**

Providers

**HOME**

**PROVIDER**

- Provider Login
- Provider Information
- FAQ
- E-News and Notices
- Links
- Contact Us
- Provider Search

**Provider Login**

All is well!!!  
Please check this page again for updates.

**User Login**

\*User ID:

\*Password:

Provider Id/NPI:

**Log In**

I forgot my password  
I'm a new user (Web Registration)

**New Mexico Medicaid Communication Update:**  
April 23, 2015

**Emergency Medical Services for Aliens (EMSA) Claim (COE 85):**

Recipient must obtain an approved MAD 310 from an ISD office and present the MAD 310 to the hospital or physician who rendered services. Providers must submit the EMSA claim on paper with the approved MAD 310 or Notice of Case Action and any other required documents such as ER notes, History and Physical for admission, discharge summary (if admitted), Surgical reports and Facility Transfer notes (if transported to another facility).



# Checking for Eligibility on the Portal (Continued)

New Mexico Medicaid Portal

Logout  
User logged in as [PED170]  
76652548-NAME PED DO

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**PEPROVIDER - Secure Options**

- ADMINISTRATION
- User Home**
- Change Password
- INQUIRIES**
- SUBMISSIONS

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment  
Application

**User Home**

Welcome, PED170 (PEDName Test)!

Today is Monday, June 22, 2015. You last signed in on Wednesday, June 10, 2015 at 11:29 AM.

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

3

Click "Inquiries"

New Mexico Medicaid Portal

Logout  
User logged in as [PED170]  
76652548-NAME PED DO

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**PEPROVIDER - Secure Options**

- ADMINISTRATION
- User Home**
- Change Password
- Eligibility**
- SUBMISSIONS

**WEB REGISTRATION**

**User Home**

Welcome, PED170 (PEDName Test)!

Today is Monday, June 22, 2015. You last signed in on Wednesday, June 10, 2015 at 11:29 AM.

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

4

Click "Eligibility"

# Checking for Eligibility on the Portal (Continued)

**5**

New Mexico Medicaid Portal

Logout  
User logged in as [PED170]  
76652548-NAME PED DO

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**PEPROVIDER - Secure Options**  
ADMINISTRATION  
INQUIRIES  
Eligibility  
SUBMISSIONS

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Eligibility Inquiry**

- Password changed

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

\* denotes required fields

\* Date of Service (From): 10/01/2016 Today's date of previous year  
Date of Service (To): 10/01/2017 Today's date

**\*Recipient Inquiry**

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

Submit Clear

**At least one of these fields is required. Select a radio button and enter information for that section.**

Enter "Date of Service (From)" and "Date of Service (To)"

Select one of the inquiry fields and enter information into that section

# Checking for Eligibility on the Portal - Results

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

New Mexico Medicaid Portal

User logged in as [redacted] Logout

Home Contact Us Search GO

**Eligibility Response**

06/09/2015 12:05 PM MDT

**Inquiry Criteria**

Date of Service :	06/09/2014 To: 06/09/2015	Provider ID:	[redacted]
SSN:	[redacted]	Date of Birth:	[redacted]

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

**Recipient Information**

Recipient ID:	00000 [redacted]	Recipient Name:	[redacted]
Date of Birth:	[redacted]	Sex:	[redacted]
Medicaid Card ID:	[redacted]	Recertification Date:	01/01/0001

**Category of Eligibility Information**

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
400	Full Medicaid benefits	02/17/2015	03/31/2015	02/17/2015	

**Lock-In Information**

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	PRESBYTERIAN HEALTH PLAN	02/01/2015	03/31/2015

**Medicare Information**

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

**Long Term Care Information** [What's This?](#)

**Level of Care**

Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

**Patient Liability**

Begin Date	End Date	Patient Liability
No Patient Liability information on file for the requested date of service.		

**Third Party Liability Information**

No TPL information on file for the requested date of service

[Modify Criteria](#) [New Inquiry](#)

Terms of Usage Privacy Policy Browser Compatibility Build Version: 3343-2015-05-28\_07-24-11 - 162

# 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	<a href="#">Click here for additional copay info</a>
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	<a href="#">Click here for additional copay info</a>

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.

The screenshot shows the 'Eligibility Inquiry' page. At the top right, it says 'Logout' and 'User logged in as [PED170] 76652548-NAME PED DO'. Below that are 'Home' and 'Contact Us' links, and a search bar with a 'GO' button. On the left is a navigation menu with sections: 'INFORMATION' (Provider Information, FAQ), 'PEPROVIDER - Secure Options' (ADMINISTRATION, INQUIRIES, Eligibility, SUBMISSIONS), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area has a yellow banner with the message: 'No recipient was found that matches the inquiry criteria entered. If you need further assistance, please contact the Eligibility Help Desk. (See the Contact Us page.)'. Below this are instructions on how to enter dates of service and recipient criteria. There are two date input fields: '\* Date of Service (From):' with '10/01/2016' and 'Date of Service (To):' with '10/01/2017'. Below these is a 'Recipient Inquiry' section with fields for Recipient ID, Card ID, SSN (123456789), Date of Birth (02/03/2003), Last Name, and First Name. There are 'Submit' and 'Clear' buttons at the bottom.

Individual is not found in the system with criteria entered.

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

## Eligibility Inquiry

The recipient is not eligible on the requested date(s) of service.

# Suspended Benefits

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

New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION  
 Provider Information  
 FAQ

PEPROVIDER - Secure Options  
 ADMINISTRATION  
 INQUIRIES  
 Eligibility  
 SUBMISSIONS

WEB REGISTRATION

PROVIDER ENROLLMENT  
 Enroll Online  
 Check Enrollment Status  
 Download Enrollment Application

Eligibility Response  
 10/25/2017 02:28 PM MDT

Inquiry Criteria  
 Date of Service: Provider ID:  
 SSN: Date of Birth:

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information:  
 Recipient ID: Recipient Name:  
 Date of Birth: Sex:  
 Medicaid Card ID: Recertification Date:

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	<a href="#">Click here for additional copay info</a>

Provider Name: Begin Date: End Date:  
 ENROLLMENT BLUE CROSS BLUE SHIELD OF NM 09/01/2016 12/31/9999  
 ENROLLMENT BLUE CROSS BLUE SHIELD OF NM 08/01/2016 03/31/2017

Health Home Provider NPI: Begin Date: End Date:  
 on file for requested date of service

Date: End Date: Organization: Contract ID: Plan ID:  
 on file for the requested date of service

What's This?

LOC: Setting of Care: Add Date:  
 No Level of Care information on file for the requested date of service.

Patient Liability  
 Begin Date: End Date: Patient Liability  
 08/01/2015 12/31/9999 \$0.00

Third Party Liability Information  
 No TPL information on file for the requested date of service.

Modify Criteria New Inquiry

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	<a href="#">Click here for additional copay info</a>

# Suspended Benefits MCO Enrollments

New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION  
Provider Information  
FAQ

PEP PROVIDER - Secure Options  
ADMINISTRATION  
INQUIRIES  
Eligibility  
SUBMISSIONS

WEB REGISTRATION  
PROVIDER ENROLLMENT  
Enroll Online

10/25/2017 02:28 PM MDT

Eligibility Response

Inquiry Criteria

Date of Service:	Provider ID:
SSN:	Date of Birth:

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

but Medicaid benefits are suspended from 04/02/2017

Begin Date	End Date	COE Acct. Date	Co-Pay
08/01/2015	12/31/9999	11/11/2016	<a href="#">Click here for additional coverage info</a>

name drug may be subject to a copayment.

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

Health Home Information

Health Home Type	Health Home Provider NPI	Begin Date	End Date
No Health Home information on file for requested date of service			

Medicare Information

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information [What's This?](#)

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

Patient Liability

Begin Date	End Date	Patient Liability
08/01/2015	12/31/9999	\$0.00

Third Party Liability Information

No TPL information on file for the requested date of service

[Modify Criteria](#) [New Inquiry](#)

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".

The screenshot displays the YESNM-PE 2.0 website interface. At the top left is the 'yes new mexico' logo. To the right are links for 'Learn More' and a 'Resources' dropdown menu. Below these are icons for a globe, a chat bubble, and a question mark. The main content area features a 'Sign In' form on the left with fields for 'Username' and 'Password', a 'Sign in' button, and a link for 'Forgot User ID or Password?'. Below the form is a 'Don't Have An Account?' section with a 'Create an Account' button. To the right of the form is a large image of a woman and a child, with the heading 'Welcome To YesNM'. Below this is a paragraph explaining the portal's purpose and a list of services: Medical Assistance (Medicaid), Food Assistance (SNAP), Cash Assistance (TANF), and Energy Assistance (LIHEAP). At the bottom of the main content area are three colored boxes: a green box for 'Am I Eligible?', an orange box for 'Sign Up For my Social Security', and a teal box for 'Would You Like To Vote?'. Each box contains a brief description and a 'Learn More' button. The footer includes the 'HUMAN SERVICES DEPARTMENT' logo, 'Policies And Statements' (Confidentiality & Privacy Statement, Accessibility Policy, Disclaimer), and 'Other Resources' (ISD Home, PED Create / Recover Account). A red arrow points from the 'PED Create / Recover Account' link in the footer to a callout box.

PED Create/Recover Account

# PE Determiner Home Page

**yes new mexico**  
For PE Determiner

Learn More

Resources ▾

PEDeterminerTST ▾ Sign Out

Select PE/Submit Application

PE/Submit Application >

Search Applicants >

Check Client's Benefits >

**My Screenings And Applications**

Welcome to YES New Mexico. Please click one of the buttons above to tell us what you would like to do.

▾ What Is The Status Of My Application?

**HUMAN SERVICES**  
DEPARTMENT

**Policies And Statements**

- Confidentiality & Privacy Statement
- Accessibility Policy
- Disclaimer

**Other Resources**

- Medicaid Portal
- PED Create / Recover Account

# Applying for ongoing Medicaid Coverage

**yes new mexico**  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

Start

### Apply For Benefits

#### Apply For Ongoing Medicaid Coverage

Presumptive Eligibility is short term Medicaid coverage. Any client who has been approved for PE can choose to have the information that they have supplied for the PE Determination forwarded on to the New Mexico Human Services Department to determine eligibility for ongoing coverage.

**Does this client agree to have the information that they have supplied for their PE determination forwarded to HSD for an ongoing Medicaid determination?\***

Yes  No

Next

Sign out button

Home button

Sign Out Home

**HUMAN SERVICES**  
DEPARTMENT

**Policies And Statements**  
Confidentiality & Privacy Statement  
Accessibility Policy  
Disclaimer

**Other Resources**  
Medicaid Portal  
PED Create / Recover Account

# Presumptive Eligibility summary page

The screenshot displays the 'yes new mexico For PE Determiner' website interface. At the top left is the logo with the text 'yes new mexico For PE Determiner'. To the right are 'Learn More' and 'Resources' buttons. Below the header, the user is logged in as 'PEDeterminerTST' with a 'Sign Out' link. The main content area is titled 'Apply For Benefits' and contains two expandable sections: 'Presumptive Eligibility' and 'Screen And Apply For Presumptive Eligibility'. The 'Presumptive Eligibility' section contains a paragraph explaining that this area is for certified PE Determiners (PEDs) to screen individuals for Medicaid eligibility. The 'Screen And Apply For Presumptive Eligibility' section contains two paragraphs: one explaining that PE allows immediate access to short-term Medicaid coverage and that the tool enables PEDs to screen individuals while ensuring ongoing application assistance; the other paragraph states that individuals applying for other programs like SNAP, LIHEAP, or Cash Assistance should use the public access web application at <http://www.yes.state.nm.us> or their local HSD office. At the bottom of the content area are 'Back' and 'Next' buttons. A red arrow points from a box labeled 'Click Next' to the 'Next' button. The footer contains 'Sign Out' and 'Home' buttons.

# Important Information about Medicaid

**yes new mexico**  
For PE Determiner

Learn More

Resources

PEDeterminerTST Sign Out

Start

### Apply For Benefits

**Before You Get Started On Your Application, There Are A Few Things You Should Know:**

This online application can only be used to apply for:

- Medical Assistance (Medicaid or Centennial Care)

The paper application for Human Services Department (HSD) programs can be printed from the HSD Web Site by clicking [this link](#).

If you are already getting benefits from HSD, you can still use the application in YES New Mexico to apply for other programs.

If you do not qualify for full coverage Medicaid, your application will be referred to the NM Health Insurance Exchange where eligibility for other health insurance affordability programs will be determined.

**You Will Receive Benefits From The Following Dates:**

- **Medical Assistance (Medicaid or Centennial Care)** - From the first day of the month in which you applied. You may eligible for up to 3 months prior to your application.

**We Must Process Your Case Within The Following Number Of Days:**

- **Medical Assistance (Medicaid or Centennial Care)** - No later than 45 calendar days after the date of application or up 90 days if disability must be determined

In this application, we will ask you questions about the people in your home, your money and your bills. To better answer these questions and help process your case faster, it is a good idea to have your pay stubs or benefit check stubs with you, as well as the bills you pay each month for housing, utilities and child care.

Once you finish answering these questions and submit your application, it will be sent to an ISD Office. For SNAP and Medical benefits, you have the right to have another person apply for benefits for you. This person is called your authorized representative. You will have a chance to appoint a representative later in this application.

Before you can get benefits, ISD may need to get proof of some of the answers you have given. Some programs will require you to talk with a worker over the phone. Some cash programs may need you to come into the office for an in-person interview. An ISD Office will call you or send a letter about this.

**NOTE:** If you prefer, you can request an in-person interview.

Back Next

Click Next

Sign Out Home

# 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](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](mailto: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](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

**Click Next** → **Next**

**Back** **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 child).
- 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.**

**Click Next** → **Next**

**Back** **Next**

# Special Accommodations and Authorized Representative

The screenshot shows the 'yes new mexico For PE Determiner' web application. The user is logged in as 'PEDeterminerTST' and has a 'Sign Out' link. The main content area is titled 'Do You Need?' and contains two sections:

- Special Accommodations:** A dropdown menu with the text 'Please tell us if you need special accommodations' and 'Please choose'. A red arrow points to the dropdown menu.
- Authorized Representative:** A question 'Do you have an Authorized Representative?' with two radio button options: 'Yes' and 'No'. A red arrow points to the 'Yes' radio button.

At the bottom of the form, there are 'Back' and 'Next' buttons. A text box with a white background and black border contains the instruction: 'If applicant has an "Authorized Representative" Click Yes'. Below the form, there are 'Sign Out' and 'Home' links.

**Special Accommodations List:**

- Please tell us if you need special accommodations
- Please choose
- I do not need special accommodations
- Limited English Proficiency
- Sight Impairment
- Hearing Impairment
- Mental Impairment
- Transportation
- Speech Impairment
- Specific Learning Impairment
- Physical/mobility Impairment
- Other

# Authorized Representative or Guardian

**yes new mexico**  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

Start

### Authorized Representative Or Guardian

An authorized representative is an individual or entity that makes decisions for a person who can't represent himself.  
A Presumptive Eligibility Determiner who assists an applicant with the completion of an application is not considered an Authorized Representative.

#### Authorized Representative Or Guardian

Please tell us more about your authorized representative.

First Name\* Middle Last Name\*

Agency Name, if applicable

#### Authorized Representative Contact Information

Address City

State Zip Code

Phone Number\* Ext Phone Type

Do you want to receive information by email?

Yes  No

Back Next

PEDs are not considered "Authorized Representatives".



# Getting Started

Getting Started

To submit an application, you must obtain information from the applicant. To speed up the application, it's best to enter as much information as you can. If any information we need to process this application has not been entered, the applicant may be contacted by their local office.

If you need help filling out this application please contact the PE Program staff at [HSD.PEDeterminers@state.nm.us](mailto:HSD.PEDeterminers@state.nm.us)

For some Medicaid coverage, individuals may not have to be U.S. citizens. Many immigrants may be eligible for assistance and immigrants who are not eligible can still apply for other family members. Receiving medical assistance will not prevent an individual from becoming a lawful permanent resident or U.S. citizen. Individuals who do not request assistance for themselves are not required to provide information about their immigration status or social security number. However, proof of income for ALL household members may need to be supplied to determine if others in the household can get benefits. Some benefits may be available to some people who do not have a social security number.

Providing information about race and ethnicity is voluntary and will not affect an individual's benefits. The reason we ask for the information is to assure that program benefits are determined without regard to race, color, or national origin, per 7 CFR 272.g(6)

Let's get started on the application! First, please give us some basic information about your applicant.

**Tell Us About Your Applicant**

First Name\* Middle Last Name\* Suffix  
Please choose

English  Spanish

Are you homeless right now?  
 Yes  No

Back Next

Sign Out Home

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.

**Where Do You Receive Your Mail?**

Please tell us where the applicant lives by giving us an address where the applicant can receive mail. Even if the applicant is homeless, we still need a mailing address.

Use same address as above?

Yes  No

Address\*  City\*

State\*  Zip Code\*

County\*

**Mailing To Someone Else's Place Or Business?**

If your name is not listed with the US Postal Service to receive mail at this address, please list the name of someone listed at this address to make sure you receive your mail.

First Name

Last Name

[Back](#) [Next](#)

**Where Do You Live?**

Address\*  City\*

State\*  Zip Code\*

County\*

**Where Do You Receive Your Mail?**

Please tell us where the applicant lives by giving us an address where the applicant can receive mail. Even if the applicant is homeless, we still need a mailing address.

Use same address as above?

Yes  No

Address\*  City\*

State\*  Zip Code\*

County\*

**Mailing To Someone Else's Place Or Business?**

If your name is not listed with the US Postal Service to receive mail at this address, please list the name of someone listed at this address to make sure you receive your mail.


First Name

Last Name

[Back](#) [Next](#)

# Address Validation

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

 **Address Validation Service**


The address validation service could not verify the address you entered:

Your entered address:

123 S Pacheco St  
Santa Fe, NM 87505

Would you like to continue with the above address?

Yes, continue  No, let me try again

 **Address Validation Service**

The address validation service matched a verified address based on the address that you entered.

Your entered address:	<b>Verified address:</b> <input checked="" type="checkbox"/>
2400 Cerrillos Rd Santa Fe, NM 87507	<b>2400 Cerrillos Rd Santa Fe, NM 87505-3392</b>

Would you like to use the above verified address instead?

Yes, use verified address  No, use entered address

# Contact Information

**yes new mexico**  
For PE Determiner

PEDeterminerTST Sign Out

Start

About You

**Tell Us About Your Applicant**

Please tell us how we can get in touch with you.

**How Should We Contact You?**

Phone Number: (505) 555-5555  
Message Phone Number:   
Ext:   
TDD Number:   
What is the best time to call you during the week?  
Please choose  
Early Morning  
Late Morning  
Lunch Hour  
Early Afternoon  
Late Afternoon

**Email Notifications**

Do you want to receive information by email? You will receive an email notification when you have a new notice sent to you regarding your case.

Yes  No

Email\*

Back Next

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

# Household Information

**Tell Us About The People Who Live In The Household**

Providing information about race and ethnicity is voluntary and will not affect an individual's benefits. The reason we ask for the information is to assure that program benefits are determined without regard to race, color, or national origin, per 7 CFR 272.g(6)

To add more household members to this application, please click "Add Another" at the bottom of this page.

**Household Individual**

**This individual is the current Head of Household and can not be removed.**

First Name\* Middle Last Name\* Suffix  
Mary Johnson Please choose

Date of Birth\* Gender\*  
06/27/1992 Female

Ethnicity (optional) Race (optional)  
Non-Hispanic/Latino White

Marital Status  
Single - Never Married

**+ Add Another**

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

**Race (optional)**

- Please choose
- American Indian / Alaska Native
- Black / African American
- White
- Asian
- Native Hawaiian
- Other Pacific Islander
- Other

Enter other household member(s) information.

**Household Individual**

First Name\* Middle Last Name\* Suffix  
Please choose Please choose

Date of Birth\* Gender\*  
Please choose Please choose

Ethnicity (optional) Race (optional)  
Please choose Please choose

Marital Status  
Please choose

**- Delete**

**+ Add Another**

**Back** **Next**

Click "Add Another" to add more household members.

Click Next when complete.

# Requesting Benefits

The screenshot shows a web form titled "Please Tell Us For Whom You Are Requesting Benefits". The left sidebar has a menu with "Start", "About You", and "People That Live With You". The main content area has a header "Please Tell Us For Whom You Are Requesting Benefits" and a sub-header "Help Getting Health Insurance And/Or Paying For Health Care". A green instruction box says "Please check the box for each member of the household applying for assistance".

The form lists five individuals:

- Mary Johnson
  - Was this person in foster care and getting Medicaid before age 18?  
 Yes  No
  - Is this person already in or going into a nursing home, hospital or treatment facility?  
 Yes  No
- Michael Johnson
  - Is this person a full time student?  
 Yes  No
  - Is this person already in or going into a nursing home, hospital or treatment facility?  
 Yes  No
- Roger Smith
  - Is this person already in or going into a nursing home, hospital or treatment facility?  
 Yes  No
- Reina Smith
- Wanda Watts

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

Please choose  
is the Legal Spouse of  
is the Live-In Partner of  
is the Parent of  
is the Son of  
is the Grandfather (Including Great) of  
is the Brother of  
is the Grandson (Including Great) of  
is the Step Father of  
is the Step Son of  
is the Step Grandfather (Including Great) of  
is the Step Brother of  
is the Step Grandson (Including Great) of  
is the Half Brother of  
is the Uncle (Including Great) of  
is the Nephew (Including Great) of  
is the Putative (alleged) Father of  
is the Putative (alleged) Son of  
is the First Cousin of  
is the First Cousin (Once removed) of  
is the Foster Parent of  
is the Foster Child of  
is the Legal Guardian of  
is the Legally Guarded of  
is the Pending Legal Guardian of  
is the Pending Legally Guarded of  
is in the Unrelated Court Ordered Placement of  
is Related in another way to  
has an Unknown Relationship to  
is Not related to

**Relationships**

Please tell us how the people in the home are related to each other.

 Mary Johnson	Please choose	 Michael Johnson
 Mary Johnson	Please choose	 Roger Smith
 Mary Johnson	Please choose	 Reina Smith
 Mary Johnson	Please choose	 Wanda Watts
 Michael Johnson	Please choose	 Reina Smith
 Michael Johnson	Please choose	 Wanda Watts
 Roger Smith	Please choose	 Reina Smith
 Roger Smith	Please choose	 Wanda Watts
 Reina Smith	Please choose	 Wanda Watts

[Back](#) [Next](#)

Please choose  
Please choose  
is the Legal Spouse of  
is the Live-In Partner of  
is the Parent of  
is the Daughter of  
is the Grandmother (Including Great) of  
is the Sister of  
is the Granddaughter (Including Great) of  
is the Step Mother of  
is the Step Daughter of  
is the Step Grandmother (Including Great) of  
is the Step Sister of  
is the Step Granddaughter (Including Great) of  
is the Half Sister of  
is the Aunt (Including Great) of  
is the Niece (Including Great) of  
is the Putative (alleged) Daughter of  
is the First Cousin of  
is the First Cousin (Once removed) of  
is the Foster Parent of  
is the Foster Child of  
is the Legal Guardian of  
is the Legally Guarded of  
is the Pending Legal Guardian of  
is the Pending Legally Guarded of  
is in the Unrelated Court Ordered Placement of  
is Related in another way to  
has an Unknown Relationship to  
is Not related to

# Citizenship/Residency Information

Start

About You

People That Live With You

### Citizenship / Residency Information

You only have to give US 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 US citizen or file income taxes to apply. Receiving medical assistance will not prevent you from becoming a lawful permanent resident or US citizen. Non-citizen immigrants who are 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 may count toward the household's eligibility for assistance. Certain medical assistance programs may be available for people without an SSN, ask ISD.

**Mary Johnson**

Is this person a resident of New Mexico?  
 Yes  No

Does this person intend to remain in New Mexico?  
 Yes  No

Where does this person live?  
Please choose

Is this person a U.S. citizen?  
 Yes  No

Social Security Number (optional)

**Michael Johnson**

Is this person a resident of New Mexico?  
 Yes  No

Where does this person live?  
Please choose

Is this person a U.S. citizen?  
 Yes  No

Social Security Number (optional)

**Roger Smith**

Is this person a resident of New Mexico?  
 Yes  No

Where does this person live?  
Please choose

Is this person a U.S. citizen?  
 Yes  No

Social Security Number (optional)

- Please choose
- In this Home
- Commercial Boarding House
- Domestic Violence Shelter
- Free-standing Psychiatric Hospital
- Foster Care
- Group Living Arrangement / Community
- Halfway house
- Home for the aged
- Homeless
- Homeless Shelter
- Hospital / Acute Care Facility
- Intermediate Care Facility (for Mental Retardation)
- Jail
- Job Corps
- Licensed Adult Residential Care Facility
- Licensed foster family home or group home
- Nursing Facility / Long Term Care
- Prison
- Public Non-Medical
- Residential Treatment Center
- Temporarily living with friend or relative

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

**▼ Mary Johnson**

Is this person a resident of New Mexico?  Yes  No

Does this person intend to remain in New Mexico?  Yes  No

Where does this person live?  
In this Home

Is this person a U.S. citizen?  Yes  No

Social Security Number (optional)  
[ ]

If applicant is not a US Citizen, click No

**Immigration Information**

This information will be used only to check if you are eligible for benefits. No information in this application will be used for immigration enforcement purposes.

**▶ Mary Johnson**

Immigration status  
Choose from the items below that best describe the applicant's Immigration Status.

Please choose

Date of entry [ ]

Alien Registration Number [ ]

- Please choose
- Lawful Permanent Resident (LPR/Green Card holder)
  - Lawful Temporary Resident (LTR)
  - Asylee
  - Refugee
  - Cuban/Haitian Entrant
  - Paroled into U.S.
  - Conditional entrant granted before 1980
  - Battered spouse, parent or child
  - Victim of trafficking and his/her spouse, child, sibling, or parent
  - Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
  - Temporary Protected Status (TPS)
  - Deferred Enforced Departure (DED)
  - Deferred Action Status
  - Granted withholding of deportation or withholding of removal
  - Applicant for withholding of deportation or withholding of removal
  - Applicant for special immigrant status with approved visa petition
  - Applicant for adjustment to LPR status with an approved visa petition
  - Applicant for Asylum
  - Registry applicant with Employment Authorization Document (EAD)
  - Order of Supervision with Employment Authorization Document (EAD)
  - Applicant for cancellation of removal or suspension of deportation with Employment Authorization Document (EAD)
  - Lawfully Residing Pregnant Woman
  - Lawfully Residing Child
  - Amerasians
  - Veterans, Active Duty Military
  - Hmong or Laotian Tribe
  - Other/Unsure

Select Immigration Status, Date of Entry, and Alien Registration Number

# Federally Recognized Tribe Screen (for Native Americans)

PEDeterminerTST Sign Out

Start

About You

People That Live With You

### Federally Recognized Tribe

Check everyone who belongs to a federally recognized tribe.

Michael Johnson

Federally Recognized Tribe: Please choose

State tribe is located in: New Mexico

Back

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

Please choose

- Acoma
- Alamo Navajo
- Cañoncito Navajo
- Checkerboard Navajo
- Cochiti
- Isleta
- Jemez
- Jicarilla Apache
- Kewa
- Laguna
- Main Reservation Navajo
- Mescalero Apache
- Nambe
- Ohkay Owingeh
- Picuris
- Pojoaque
- Ramah Navajo
- San Felipe
- San Ildefonso
- San Juan
- Sandia
- Santa Ana
- Santa Clara
- Taos
- Tesuque
- To'hajilee Navajo
- Ute Mountain Tribe of the Ute Mountain Reservation
- Zia
- Zuni

New Mexico

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- North Carolina
- North Dakota

# Benefits in Other States

**yes new mexico For PE Determiner**

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Resources

PEDeterminerTST Sign Out

Start  
About You  
People That Live With You  
Benefits in Other States

### Does Anyone In The Household Receive Benefits In Another State?

Check everyone receiving benefits from other states, and the individual state

**Mary Johnson**  
Does Mary receive benefits in another state?  
 Yes  No

**Michael Johnson**  
Does Michael receive benefits in another state?  
 Yes  No  
Please choose

**Roger Smith**  
Does Roger receive benefits in another state?  
 Yes  No

**Wanda Watts**  
Does Wanda receive benefits in another state?  
 Yes  No

Please choose  
Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
North Carolina  
North Dakota

Back Next

# 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

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**Pregnancy**

✓ If someone is pregnant, please enter additional information

▼ Mary Johnson

Is Mary pregnant?

Yes  No

Due Date (optional)

Number of babies expected (optional)

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

✓ Start

✓ About You

People That Live With You

### Tax Information

Fill out this section if you are applying for Medical Assistance/Medicaid. The applicant can still get Medicaid if they don't file Federal taxes. Please give the following information for every household member applying for medical assistance, even if the tax payer or tax dependent is not in your home. You do not need to file income taxes to apply.

▼ Mary Johnson

Does Mary plan file a federal income tax return next year?

Yes  No

Does Mary have any tax dependents?

Yes  No

Is Mary claimed as a tax dependent on someone else's tax return?

Yes  No

▼ Michael Johnson

Does Michael plan file a federal income tax return next year?

Yes  No

Does Michael have any tax dependents?

Yes  No

Is Michael claimed as a tax dependent on someone else's tax return?

Yes  No

▼ Roger Smith

Does Roger plan file a federal income tax return next year?

Yes  No

Does Roger have any tax dependents?

Yes  No

Is Roger claimed as a tax dependent on someone else's tax return?

Yes  No

▼ Reina Smith

Does Reina plan file a federal income tax return next year?

Yes  No

Does Reina have any tax dependents?

Yes  No

Is Reina claimed as a tax dependent on someone else's tax return?

Yes  No

▼ Wanda Watts

Does Wanda plan file a federal income tax return next year?

Yes  No

Does Wanda have any tax dependents?

Yes  No

Is Wanda claimed as a tax dependent on someone else's tax return?

Yes  No

Back Next

# Tax Information Screen (continued)

**▼ Mary Johnson**

Does Mary plan file a federal income tax return next year?

Yes  No

Will Mary file jointly with a spouse/partner?

Yes  No

Name of spouse/partner:

Please choose  
Michael Johnson  
Roger Smith  
Reina Smith  
Wanda Watts  
Someone Outside of Household

Yes  No

Is Mary claimed as a tax dependent on someone else's tax return?

Yes

Selecting Spouse

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

**▼ Mary Johnson**

Does Mary plan file a federal income tax return next year?

Yes  No

Will Mary file jointly with a spouse/partner?

Yes  No

Does Mary have any tax dependents?

Yes  No

Name of tax dependent:

Please choose  
Michael Johnson  
Roger Smith  
Reina Smith  
Wanda Watts  
Someone Outside of Household

Yes  No

Selecting Dependents

**▼ Mary Johnson**

Does Mary plan file a federal income tax return next year?

Yes  No

Will Mary file jointly with a spouse/partner?

Yes  No

Does Mary have any tax dependents?

Yes  No

Name of tax dependent:

Michael Johnson

Is Mary claimed as a tax dependent on someone else's tax return?

Yes  No

Add more dependents

# Tax Information Screen (continued)

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

**Michael Johnson**

Does Michael plan file a federal income tax return next year?

Yes  No

Does Michael have any tax dependents?

Yes  No

Is Michael claimed as a tax dependent on someone else's tax return?

Yes  No

Name of the tax filer

- Please choose
- Mary Johnson
- Roger Smith
- Reina Smith
- Wanda Watts
- Someone Outside of Household


Name of the tax filer

Someone Outside of Household

First Name

Last Name

# Federal Tax Deductions

[Learn More](#)  
[Resources](#)

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- Federal Tax**

### Federal Tax Deductions

Select any of the tax filers below that think they will claim deductions on their taxes next year.

**Federal Deduction: Mary Johnson**

Will Mary claim any deductions on their Federal Taxes?

Yes  No

**Federal Deduction: Roger Smith**

Will Roger claim any deductions on their Federal Taxes?

Yes  No

**Federal Deduction: Wanda Watts**

Will Wanda claim any deductions on their Federal Taxes?

Yes  No

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**HUMAN SERVICES DEPARTMENT**

**Policies And Statements**  
Confidentiality & Privacy Statement  
Accessibility Policy  
Disclaimer

**Other Resources**  
Medicaid Portal  
PED Create / Recover Account

Select "Yes" if anyone has any Federal Deductions.



# Federal Tax (continued)

**Federal Tax Deductions**

Select any of the tax filers below that think they will claim deductions on their taxes next year.

**▼ Federal Deduction: Mary Johnson**

Will Mary claim any deductions on their Federal Taxes?

Yes       No

Amount\*

Type\*

Frequency\*

**Type\* dropdown menu:**  
Please choose  
Alimony  
Student Loan Interest  
Other

**Frequency\* dropdown menu:**  
Please choose  
Weekly  
Every Two Weeks  
Twice a Month  
Monthly

# Earned Income

yes new mexico For PE Determiner

Learn More

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- Federal Tax
- Earned Income**

### Earned Income

Earned income is any money received from work or employment.

Is anyone receiving or expecting to receive earned income this month?

Yes  No

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Select if anyone is receiving Earned Income and click Next.

# Earned Income (continued)

### Earned Income Summary

▼ **Mary Johnson**

▼ **Employment**

Is Mary Johnson receiving or expecting to receive earned income this month?

[Add a new earned income](#)

▼ **Michael Johnson**

▼ **Employment**

Is Michael Johnson receiving or expecting to receive earned income this month?

[Add a new earned income](#)

▼ **Roger Smith**

▼ **Employment**

Is Roger Smith receiving or expecting to receive earned income this month?

[Add a new earned income](#)

▼ **Reina Smith**

▼ **Employment**

Is Reina Smith receiving or expecting to receive earned income this month?

[Add a new earned income](#)

▼ **Wanda Watts**

▼ **Employment**

Is Wanda Watts receiving or expecting to receive earned income this month?

[Add a new earned income](#)

[Back](#) [Next](#)

Click to add Employment



# Earned Income for Employment

**Earned Income**

▼ **Mary Johnson**

What type of income did you earn?

Income from self employment       Income from a job

Employment start date

Amount of pay received

Average number of hours worked per pay period

Name of Employer

City

State  
New Mexico

Zip Code

Employer phone number

Do you expect this employment to continue for the next 30 days?

Yes       No       Unsure

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**

▼ **Mary Johnson**

What type of income did you earn?

Income from self employment       Income from a job

When did self employment start?

How much net income (profits once business expenses are paid) will you get from this self-employment this month?

What type of self employment is this?

How many hours per week are completed in self employment?

Do you expect this employment to continue for the next 30 days?

Yes       No       Unsure

[← Back](#)      [Next →](#)

Enter income amount after expenses are deducted.

# Earned Income Summary page

### Earned Income Summary Edit

**Mary Johnson**

**Employment**

Name of Employer	Amount of pay received	Expect to Continue	Action
Walgreens	\$250.00	Yes	<span>View</span> <span>Edit</span> <span>Delete</span>

[+ Add a new earned income](#)

**Payroll Deductions**

Are any of the following: flex spending accounts, dependent care accounts, health insurance accounts, and commuter expenses taken out of the earned income?

[+ Add a new payroll deduction](#)

**Michael Johnson**

**Employment**

Is Michael Johnson receiving or expecting to receive earned income this month?

[+ Add another earned income](#)

**Payroll Deductions**

Are any of the following: flex spending accounts, dependent care accounts, health insurance premiums, retirement accounts, and commuter expenses taken out of the earned income?

[+ Add a new payroll deduction](#)

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

# Unearned Income

**yes new mexico**  
For PE Determiner

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- Unearned Income**

### Unearned Income

Examples of unearned/other income include, but are not limited to: unemployment, Social Security, pensions, retirement, rental income, capital gains, royalties, financial gifts and gambling winnings/prizes.

Does anyone requesting benefits expect to receive money from another source (not from a job)?

Yes  No

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Select if anyone is receiving Unearned Income and click Next.

# Unearned Income

**Unearned Income Summary** Edit

**▼ Mary Johnson**

**▼ Unearned Income**

This person does not have any reported unearned income.

[Add a new unearned income](#)

**▼ Michael Johnson**

**▼ Tribal Income** Edit

Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources.

[Add a new tribal income](#)

**▼ Unearned Income**

This person does not have any reported unearned income.

[Add a new unearned income](#)

**▼ Roger Smith**

**▼ Unearned Income**

This person does not have any reported unearned income.

[Add a new unearned income](#)

Click to add Unearned Income

Click to add a new Tribal Income



# Unearned Income (continued)

**Unearned Income**

▼ **Wanda Watts**

**Income Source** **Amount Received**

Please choose

**How Often Received**

Please choose

Does this person expect this income to continue for the next 30 days?

Yes  No  Unsure

**Income Source**

- Please choose
- Alimony
- Annuity / Settlement
- Disability Benefits (Other than Social Security)
- Dividends / Interest / Royalty Payments
- Income from Another Person
- Individual Indian Monies (IIM)
- Military Allotments
- Pension / Retirement
- Railroad Retirement Benefits
- Real / Rental Property Income
- Retirement, Survivors, and Disability Insurance (RSDI)
- Tribal Income
- Money from Tribal General Assistance funds.
- Trust Payments
- Unemployment Compensation Benefits
- Other Income


**How Often Received**

- Please choose
- Weekly
- Every Two Weeks
- Twice a Month
- Monthly
- Yearly

**Back** **Next**

# Unearned Income (for Native Americans)

**Tribal Income**

 Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources.

**Michael Johnson**

Per capita payments from natural resources, usage rights, leases or royalties.

Amount Received

How Often Received

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

Amount Received

How Often Received

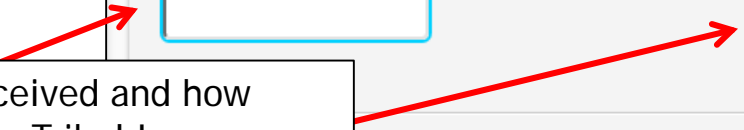
Money from selling things that have cultural significance.

Amount Received

How Often Received

[Back](#) [Next](#)

Enter amount received and how often received for Tribal Income



# Unearned Income Summary page

▼ Wanda Watts

▼ Unearned Income

Income Source	Amount Received	How Often Received	Action
Retirement, Survivors, and Disability Insurance (RSDI)	\$250.00	Monthly	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>

[+ Add another unearned income](#)

[← Back](#)

▼ Michael Johnson

▼ Tribal Income [Edit](#)

Income Source	Amount Received	How Often Received
Per capita payments from natural resources, usage rights, leases or royalties.	You did not provide an answer	You did not provide an answer
Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian Trust by the Department of Interior (including reservations and former reservations).	You did not provide an answer	You did not provide an answer
Money from selling things that have cultural significance.	\$200.00	Monthly

▼ Unearned Income

This person does not have any reported unearned income.

[+ Add a new unearned income](#)

If individual has more unearned income, click Add Another.

# Other Health Insurance

**Other Health Insurance**

Does anyone in your household have health insurance (Medicaid, Medicare, or private health insurance)?

Yes  No

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Select if individual has other health insurance.

**yes new mexico**  
For PE Determiner

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- Other Health Insurance**

### Other Health Insurance Summary

Currently 0 other health insurances have been entered for this application.

You have told us people applying for benefits have other health insurance. If you are reporting a new other health insurance, click the Add button. If you need to change a other health insurance, click the Edit button for that other health insurance. To remove a other health insurance, click the Delete button for that other health insurance.

#### Other Health Insurance

There are no reported other health insurances

[Add a new other health insurance](#)

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Sign Out Home Submit Application

# Other Health Insurance (Continued)

When Selecting Medicare - Social Security or Medicare - Railroad Retirement

**Other Health Insurance**

**Policy Information**

Type of Policy\*

Medicare - Social Security

Who is covered by this policy?

Mary Johnson

Michael Johnson

Roger Smith

Reina Smith

Wanda Watts

Social Security Claim Number

Medicare Claim Number

Medicare Part A Begin Date

Medicare Part B Begin Date

Old Medicare Card With Social Security Claim Number

New Medicare Card With Medicare Claim Number

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

- Please choose
- Medicare - Social Security
  - Medicare - Railroad Retirement
  - Health/hospital insurance (employer, parent, etc.)
  - Accident (home or car insurance, etc.)
  - Workers compensation
  - Plan/contract (life care contract, etc.)
  - Other

# Other Health Insurance (Continued)

## When Selecting Insurances other than Medicare

**Other Health Insurance**

**Policy Information**

Type of Policy\*  
Health/hospital insurance (employer, parent, etc.)

Policy Holder / Medicare Beneficiary Name  
[Text Field]

Who is covered by this policy?  
 Mary Johnson  
 Michael Johnson  
 Roger Smith  
 Reina Smith  
 Wanda Watts

Member ID  
[Text Field]

Policy start date  
[Text Field]

Company Name  
[Text Field]

Address  
[Text Field]  
[Text Field]

City  
[Text Field]

State  
Please choose

Zip Code  
[Text Field]

Phone  
[Text Field]

Ext  
[Text Field]

Please choose  
Medicare - Social Security  
Medicare - Railroad Retirement  
Health/hospital insurance (employer, parent, etc.)  
Accident (home or car insurance, etc.)  
Workers compensation  
Plan/contract (life care contract, etc.)  
Other

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

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# Health Insurance Summary

## Other Health Insurance Summary Edit

Currently 1 other health insurances have been entered for this application.

You have told us people applying for benefits have other health insurance. If you are reporting a new other health insurance, click the Add button. If you need to change a other health insurance, click the Edit button for that other health insurance. To remove a other health insurance, click the Delete button for that other health insurance.

### Other Health Insurance

Type of Policy	Policy Holder Name	Who is covered	Action
Health/hospital insurance (employer, parent, etc.)	Mary Johnson	Mary Johnson, Michael Johnson	<span>View</span> <span>Edit</span> <span>Delete</span>

Add Another Account

Back Next

If there are other health insurances, click Add Another.

# Unpaid Medical Bills

## (Request for Retro Active Medicaid)

### Unpaid Medical Bills ?

Additional information is available for this page. To view this information, click on the help icon ? located on the top right of the menu bar, or you may click on any below text with the help icon.

Check everyone who has unpaid medical bills for medical services received in the past three months. ?

Mary Johnson

---

Michael Johnson

July       August       September

---

Roger Smith


---

Wanda Watts



# Indian Health Services for Native Americans

## Indian Health Services

 Native Americans and Alaska Natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace can also get services from Indian Health Services, tribal health programs, or urban Indian health programs. If you or your family members are Native American or Alaskan Native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible.

Do any of the applicants below ever get a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?

Michael Johnson

Yes  No

Is Michael Johnson eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?

Yes  No

[← Back](#) [Next →](#)

# MCO selection

Select Yes or No to choose an MCO.

**yes new mexico For PE Determiner**

Learn More  
Resources

PEDeterminerTST Sign Out

- Start
- About You
- People That Live With You
- Benefits in Other States
- Pregnancy
- Federal Tax
- Earned Income
- Unearned Income
- Other Health Insurance
- Managed Care Organization Selection**

### Managed Care Organization Selection

This section will apply if you are found to be eligible for Medicaid. If you are eligible for Medicaid, your services will be provided by one of the Centennial Care Managed Care Organizations (MCOs). You have a choice of which MCO will provide your services. If you do not choose an MCO, you will be automatically assigned to an MCO by the New Mexico Human Services Department. Once you are enrolled with an MCO, you will have the option to switch to a different MCO within 3 months of enrollment.

If you are Native American, you are not required to choose an MCO. If you choose not to select an MCO, you will be automatically enrolled in fee-for-service (FFS) Medicaid. If you are in need of long-term care services or if you have Medicare, you will be required to choose an MCO.

PLEASE NOTE: Western Sky Community Care will start providing services on January 1, 2019.

#### Managed Care Organization: Mary Johnson

Would Mary like to select an MCO? (Optional)

Yes  No

Managed Care Organization\*

Please choose

#### Managed Care Organization: Michael Johnson

Would Michael like to select an MCO? (Optional)

Yes  No

#### Managed Care Organization: Mary Johnson

Would Mary like to select an MCO? (Optional)

Yes  No

Managed Care Organization

Please choose

- Please choose
- Blue Cross Blue Shield
- Presbyterian Healthcare
- Western Sky

Next

Sign Out Home Submit Application

# School Attendance

The screenshot displays the 'yes new mexico For PE Determiner' web application. The header includes the logo and navigation links for 'Learn More' and 'Resources'. The user is logged in as 'PEDeterminerTST' and can 'Sign Out'. A sidebar on the left lists various sections, with 'School Attendance' currently selected. The main content area is titled 'School Attendance' and contains a green instruction box: 'Please indicate anyone over age 18 that attends school.' Below this, there are three entries, each with an unchecked checkbox and a name: 'Mary Johnson', 'Roger Smith', and 'Wanda Watts'. At the bottom of the main content area are 'Back' and 'Next' buttons. The footer contains 'Sign Out', 'Home', and 'Submit Application' buttons.

**yes new mexico**  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

Start  
About You  
People That Live With You  
Benefits in Other States  
Pregnancy  
Federal Tax  
Earned Income  
Unearned Income  
Other Health Insurance  
Managed Care Organization Selection

**School Attendance**

Please indicate anyone over age 18 that attends school.

Mary Johnson

Roger Smith

Wanda Watts

Back Next

Sign Out Home Submit Application

# School Attendance (continued)

**School Attendance**

Please indicate anyone over age 18 that attends school.

**Highest level of education**

Mary Johnson

**Education**

**School Status**

choose

**Highest level of education**

choose

**Graduation Date or Expected Graduation Date**

choose

Applicant attending school? How often does the applicant attend?

choose

Full Time

Part Time

Not In School

- Highest level of education**
- Please choose
  - No Formal Education
  - Pre-Kindergarden
  - Kindergarden
  - Head Start
  - Elementary
  - Middle School
  - Some High School
  - High School
  - Some College
  - 2 Year Degree
  - 4 Year Degree
  - Greater than 4 Year Degree
  - Unknown

- High School Status**
- Please choose
  - Graduated
  - Did Not Graduate

# Additional Information

The screenshot shows the 'yes new mexico For PE Determiner' application interface. At the top left is the logo and the text 'yes new mexico For PE Determiner'. To the right are links for 'Learn More' and a 'Resources' dropdown menu. Below the header, the user is logged in as 'PEDeterminerTST' and can 'Sign Out'. The main content area is titled 'Additional Information' and contains a text input field with the instruction: 'In the box below, you can provide us with any additional information.' and a character count of '500 remaining characters'. Navigation buttons for 'Back' and 'Next' are visible. A sidebar on the left lists various steps, with 'Additional Information' highlighted. At the bottom, there are 'Sign Out' and 'Home' buttons.

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.

**yes new mexico For PE Determiner**

Learn More  
Resources

PEDeterminerTST Sign Out

- Start
- About You
- People That Live With You
- Benefits in Other States
- Pregnancy
- Federal Tax
- Earned Income
- Unearned Income
- Other Health Insurance
- Managed Care Organization Selection
- School Attendance
- Additional Information
- Screen for PE Eligibility

### Application Summary

**Start Summary** Edit

**Apply For Ongoing Medicaid Coverage**

Does this client agree to have the information that they have supplied for their PE determination forwarded to HSD for an ongoing Medicaid determination? **Yes**

**Special Accommodations**

Selection: You did not provide an answer

**Authorized Representative**

You told us that you do not have an authorized representative

**Community Agencies**

Are you a representative of a community agency?: You did not make a selection

**About You Summary** Edit

**People That Live With You Summary** Edit

**Benefits In Other States** Edit

**Pregnancy** Edit

**Federal Tax Deductions** Edit

**Earned Income Summary** Edit

**Unearned Income Summary** Edit

**Other Health Insurance Summary** Edit

**Managed Care Organization Selection** Edit

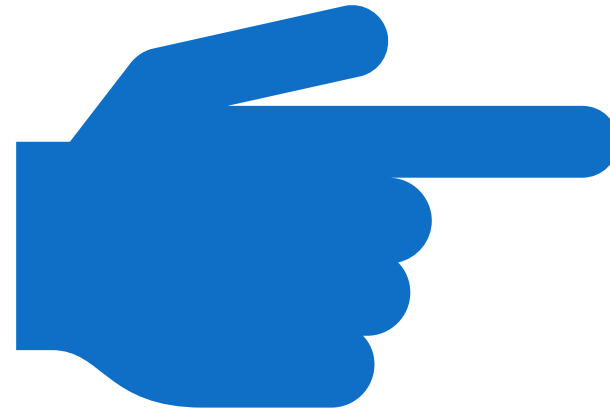
**School Attendance Summary** Edit

**Additional Information** Edit

Back Next

Sign Out Home

# Granting PE and submitting an ongoing Medicaid Application



**yes new mexico**  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

Start  
About You  
People That Live With You  
Benefits in Other States  
Pregnancy  
Federal Tax  
Earned Income  
Unearned Income  
Other Health Insurance  
Managed Care Organization Selection  
School Attendance  
Additional Information

**Presumptive Eligibility Results**

Who	Gender	SSN	Date of Birth	MCO	Eligibility Start Date	Eligibility End Date	Eligibility Category	PE Granted
 Wanda Watts	Female	471-28-8854	04/17/1963	Presbyterian Healthcare	10/18/2017	11/30/2017	100 - MAGI Category for Adults	<input type="radio"/> Yes <input type="radio"/> No
 Mary Johnson	Female	203-45-6441	06/27/1992	Blue Cross Blue Shield	10/18/2017	11/30/2017	100 - MAGI Category for Adults	<input type="radio"/> Yes <input type="radio"/> No
 Michael Johnson	Male	203-47-6021	05/03/2012	You did not make a selection	10/18/2017	11/30/2017	400 - MAGI Category for Children	<input type="radio"/> Yes <input type="radio"/> No

Back Next

Sign Out Home

Screen for PE Eligibility

# 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

**Presumptive Eligibility Results**

There are no individuals eligible for PE

Back Next



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

✓ Start

✓ About You

✓ People That Live With You

✓ Benefits in Other States

✓ Pregnancy

✓ Federal Tax

✓ Earned Income

✓ Unearned Income

✓ Other Health Insurance

✓ Managed Care Organization Selection

✓ School Attendance

✓ Additional Information

Screen for PE Eligibility

### Presumptive Eligibility Results

Who	Gender	SSN	Date of Birth	MCO	Eligibility Start Date	Eligibility End Date	Eligibility Category	PE Granted
 Wanda Watts	Female	471-28-8854	04/17/1963	Presbyterian Healthcare	10/18/2017	11/30/2017	100 - MAGI Category for Adults	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Mary Johnson	Female	203-45-6441	06/27/1992	Blue Cross Blue Shield	10/18/2017	11/30/2017	100 - MAGI Category for Adults	<input checked="" type="radio"/> Yes <input type="radio"/> No
 Michael Johnson	Male	203-47-6021	05/03/2012	You did not make a selection	10/18/2017	11/30/2017	400 - MAGI Category for Children	<input checked="" type="radio"/> Yes <input type="radio"/> No

Based on the information supplied for this screening tool, the client(s) above qualify for PE coverage for the categories of eligibility listed. Before PE may be entered, you must ask the applicants to attest that all information supplied is true to the best of their knowledge.

By typing the client's name in this area, they swear that all information they have supplied for this screening is accurate.

**First Name\***  **Middle**  **Last Name\***

Mary  Johnson

By typing my name and PE Determiner number I certify that I have asked the client to acknowledge and verify the statement above.

**PE Determiner Number:** 87972361

**First Name\***  **Middle**  **Last Name\***

PE  Determiner

[← Back](#) [Next →](#)

[Sign Out](#) [Home](#)

# Presumptive Eligibility Signature Page

Based on the information supplied for this screening tool, the client(s) above qualify for PE coverage for the categories of eligibility listed. Before PE may be entered, you must ask the applicants to attest that all information supplied is true to the best of their knowledge.

By typing the client's name in this area, they swear that all information they have supplied for this screening is accurate.

**First Name\***

**Middle**

**Last Name\***

Mary

Johnson

By typing my name and PE Determiner number I certify that I have asked the client to acknowledge and verify the statement above.

**PE Determiner Number:** 87972361

**First Name\***

PE

**Middle**

**Last Name\***

Determiner

← Back

Next →

Click Next after  
completing signature

# Ongoing Application Signature Page

**yes new mexico For PE Determiner**

Learn More  
Resources

PEDeterminerTST Sign Out

- Start
- About You
- People That Live With You
- Benefits in Other States
- Pregnancy
- Federal Tax
- Earned Income
- Unearned Income
- Other Health Insurance
- Managed Care Organization Selection
- School Attendance
- Additional Information
- Screen for PE Eligibility
- Review Application

### Signing The Application

You are just a few minutes away from submitting the application. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your application.

#### Rights And Responsibilities

##### Notice of Rights

**Special Needs Information** If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

**Your Civil Rights Nondiscrimination Statement**  
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed

#### Register To Vote

If you are not registered to vote where you live now, would you like to register to vote here today?

Yes  No

THE NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accepts help is yours. You may fill out the application form in private.

**IMPORTANT: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.**

**CONFIDENTIALITY:** Whether you decide to register to vote or not, your decision will remain confidential. IF YOU BELIEVE THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503, (phone: 1-800-477-3632).

Select Yes or No to Vote

# Electronic Signature Section for Ongoing Medicaid

## Electronic Signature

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

- I understand that making false statement or hiding information could mean State & Federal penalties & I have given HSD true, correct and complete information.
- I am declaring the identity of the children under age of 16 for whom I am applying.
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me & I will let HSD to contact other people & companies to get proof.
- I will let HSD give limited information to approved agencies which give other related help for which I may be eligible.
- I understand that if I receive benefits for which I am not eligible, that I may have to pay HSD back for those benefits.
- I know that HSD will check the information that I give. HSD may use computers or other means to check the information on this form.
- I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household's eligibility and level of benefits.
- I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.
- I understand that I must give HSD any money I receive for medical services which have already been paid for by Medicaid. If I fail to do so, I, or the person(s) for whom I am applying, may lose Medicaid coverage for at least one year AND until the amount owed to Medicaid has been paid back in full.

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.

**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.

## Enrollment

Clicking 'Next' will enroll any clients you have granted PE into Medicaid. This action can only be submitted once.

[Back](#) [Next](#)

# Electronic Signature Section for Ongoing Medicaid (continued)

**Electronic Signature**

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

- I understand that making false statement or hiding information could mean State & Federal penalties & I have given HSD true, correct and complete information.
- I am declaring the identity of the children under age of 16 for whom I am applying.
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me & I will let HSD to contact other people & companies to get proof.
- I will let HSD give limited information to approved agencies which give other related help for which I may be eligible.
- I understand that if I receive benefits for which I am not eligible, that I may have to pay HSD back for those benefits.
- I know that HSD will check the information that I give. HSD may use computers or other means to check the information on this form.
- I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household's eligibility and level of benefits.
- I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.
- I understand that I must give HSD any money I receive for medical services which have already been paid for by Medicaid. If I fail to do so, I, or the person(s) for whom I am applying, may lose Medicaid coverage for at least one year AND until the amount owed to Medicaid has been paid back in full.

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

**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

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.

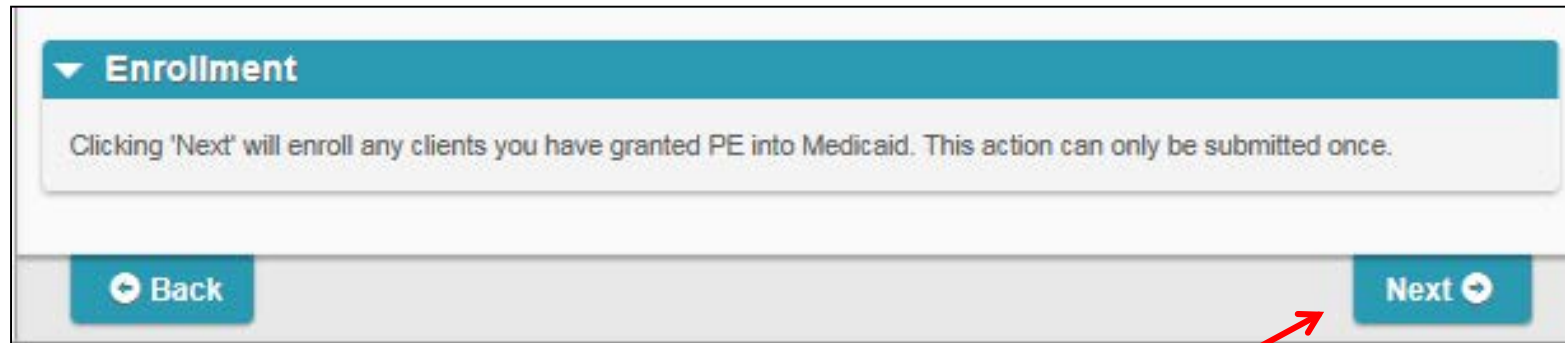
PE Determiner Number: 87972361

First Name\*                      Middle                      Last Name\*

PE    Determiner

Signature should match name listed.




# Presumptive Eligibility ENROLLMENT



The screenshot shows a web interface for enrollment. At the top, there is a teal header with a downward arrow and the text "Enrollment". Below this is a light gray box containing the text: "Clicking 'Next' will enroll any clients you have granted PE into Medicaid. This action can only be submitted once." At the bottom of the interface, there are two buttons: "Back" on the left and "Next" on the right. A red arrow points from a text box below to the "Next" button.

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 <a href="mailto:HSD.PEDeterminers@state.nm.us">HSD.PEDeterminers@state.nm.us</a> .
--	------------	--	--	--	--	-------------------------------	---

- ▶ 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

	04/17/1963						<p>This individual has had a PE granted within the past 12 months. Please contact MAD PE Program Staff at <a href="mailto:HSD.PEDeterminers@state.nm.us">HSD.PEDeterminers@state.nm.us</a>.</p>
<p>Wanda Watts</p>							

- Individual has existing Medicaid

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

# Application Submission Page

Application Tracking Number (T Number)

**yes new mexico**  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

### Application Submitted

**Your Application Status**  
Your application was submitted successfully on 10/18/2017 10:58 AM and is being reviewed.

**Keep Track Of Your Application**  
Your tracking number for this application is: **T22752087**  
Be sure to write this number down or print this page for your records.  
If you have a question about the status of your application, check online using Check My Benefits or contact the HSD office listed above. If you have your tracking number, it can help you get an answer more quickly. If you have not heard back about an application you have submitted, please be sure to check online using Check My Benefits or contact the HSD office before submitting another online application.

**Print Your Application**  
If you would like to print or save a copy of your application for your files, please click the Print My Application button. If you decide to print that your application has your private, personal information in it.  
[Print My Application](#)  
[Print My Presumptive Eligibility Results](#)  
Keep in mind that you will need to have a program called Adobe Acrobat Reader to see and print this information. If you do not have this program on your computer, you may install it for free by clicking:  
[Get Adobe Reader](#)

**Your Next Steps**  
Want to upload documents? Click Next.

[Next](#)

Sign Out Home

Access to print the application and PE screening results

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

# Uploading Documents

The screenshot displays the 'yes new mexico For PE Determiner' web application. The header includes the logo, a 'Learn More' button, and a 'Resources' dropdown menu. The user is logged in as 'PEDeterminerTST' and can 'Sign Out'. The main content area is titled 'Upload Documentation' and contains three informational messages: a general help message, a message about proof requirements from the Human Services Department (HSD), and a note about original documents. Below these is a section for 'Document Uploads History For This Case' with a search bar and a table that currently shows no uploads. Navigation buttons for 'Back' and 'Next' are at the bottom.

**yes new mexico For PE Determiner** Learn More  
Resources

PEDeterminerTST Sign Out

### Document Upload

#### Upload Documentation

Additional information is available for this page. To view this information, click on the help icon located on the top right of the menu bar, or you may click on any below text with the help icon.

The Human Services Department (HSD) may ask for proof of some of the things you told us in your application. We have created a list of the types of proof that you will need to provide. If you have already submitted any documents, you do not need to submit them again.

Please Note: Some programs may require original documents copied at the local office.

#### Document Uploads History For This Case

Search:

File	Document	Date	Action
There are no uploaded documents for this case			

Previous Next

Back Next

# Uploading Documents (continued)

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

**Documentation**

Upload any supporting documents you have by following and repeating steps 1-4 for each document you wish to upload.

**Add Your Supporting Documents**

**Step 1:** You may upload only JPG, PNG, TIF, or TIFF images as well as PDF documents. Other editable document formats such as DOC, DOCX, OR TXT are not allowed.

Who is this for?\*

Please choose

Type of Proof\*

Please choose

Supporting Document(s)\*

Choose a Type of Proof First

Select File to Upload

**Upload File**

Document	Action
No uploaded documents available in the current session	
Previous Next	

**Done**

Who is this for?\*

Please choose

Mary Johnson

Michael Johnson

Roger Smith

Reina Smith

Wanda Watts

Type of Proof\*

Please choose

Proof of Where You Live

Proof of Heating/Cooling Costs

Proof of Identity

Proof of Relationship

Proof of Age

Proof of US Citizenship

Proof of Disability

Proof of Pregnancy

Proof of School Attendance

Proof of College Student

Proof of Student Financial Aid

Proof of Income

Proof of Loss of Job

Proof of Value of Things You Own

Proof of Things You Transferred

Proof of Health Insurance

Proof of Medicare Part A

Proof of Child Support Paid

Proof of Child/Adult Care Costs

Proof of Non-Citizen Immigration Status

Proof of Death

Proof of Absence for Parent Living Away from Home

Proof of Home Rent/Owner Costs

Proof of Medical Costs

Select the type of document after selecting the Type of Proof

# Uploading Documents (Continued)

The screenshot displays the user interface of the 'yes new mexico For PE Determiner' application. At the top left is the logo, and at the top right are links for 'Learn More' and 'Resources'. Below the header, the user is logged in as 'PEDeterminerTST' and can 'Sign Out'. The main content area is titled 'Document Uploads Submitted' and contains a 'Thank You!' message and a 'Document Uploads History For This Case' section. The history section features a search bar and a table with columns for File, Document, Date, and Action. Two documents are listed: 'Check Stub Sample.pdf' and 'NM DL Sample.jpg'. A red arrow points from a text box to the 'View' button for the second document. At the bottom, there are 'Sign Out' and 'Home' buttons.

**Thank You!**

Thank you for providing documentation.

A caseworker will review your application and you may receive a request for more documentation if needed. These requests for information will appear on the landing page when you log in, and will be mailed to you at your address as well.

For faster processing, please be sure to log back in and check your status in order to assure timely processing.

**Document Uploads History For This Case**

Search:

File	Document	Date	Action
Check Stub Sample.pdf	Check-stubs	10/18/2017 12:02:04 PM	View
NM DL Sample.jpg	Driver's License	10/18/2017 12:01:33 PM	View

Previous 1 Next

Sign Out Home

List of documents that have been uploaded.

# PE Screening Results



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

## PE Determiner Information

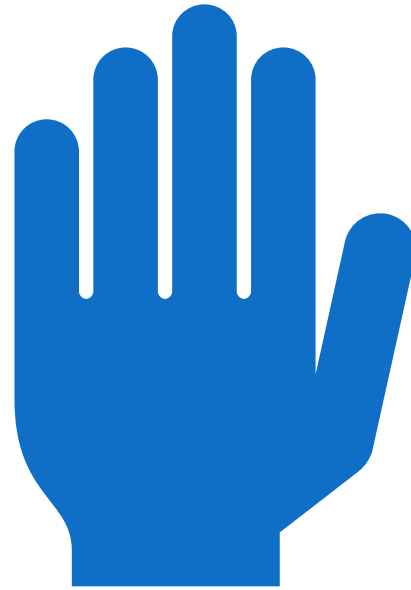
PE Determiner Name	PE Determiner Number
Vanessa Medina	87972361
PE Determiner Location	
Medical Assistance Division	
Phone Number	
(505) 478-7151	

## 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





**yes new mexico**  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

Start  
About You  
People That Live With You  
Benefits in Other States  
Pregnancy  
Federal Tax  
Earned Income  
Unearned Income  
Other Health Insurance  
Managed Care Organization Selection  
School Attendance  
Additional Information

**Presumptive Eligibility Results**

Who	Gender	SSN	Date of Birth	MCO	Eligibility Start Date	Eligibility End Date	Eligibility Category	PE Granted
 Wanda Watts	Female	471-28-8854	04/17/1963	Presbyterian Healthcare	10/18/2017	11/30/2017	100 - MAGI Category for Adults	<input type="radio"/> Yes <input type="radio"/> No
 Mary Johnson	Female	203-45-6441	06/27/1992	Blue Cross Blue Shield	10/18/2017	11/30/2017	100 - MAGI Category for Adults	<input type="radio"/> Yes <input type="radio"/> No
 Michael Johnson	Male	203-47-6021	05/03/2012	You did not make a selection	10/18/2017	11/30/2017	400 - MAGI Category for Children	<input type="radio"/> Yes <input type="radio"/> No

Back Next

Sign Out Home

Screen for PE Eligibility

# 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




**Presumptive Eligibility Results**

There are no individuals eligible for PE

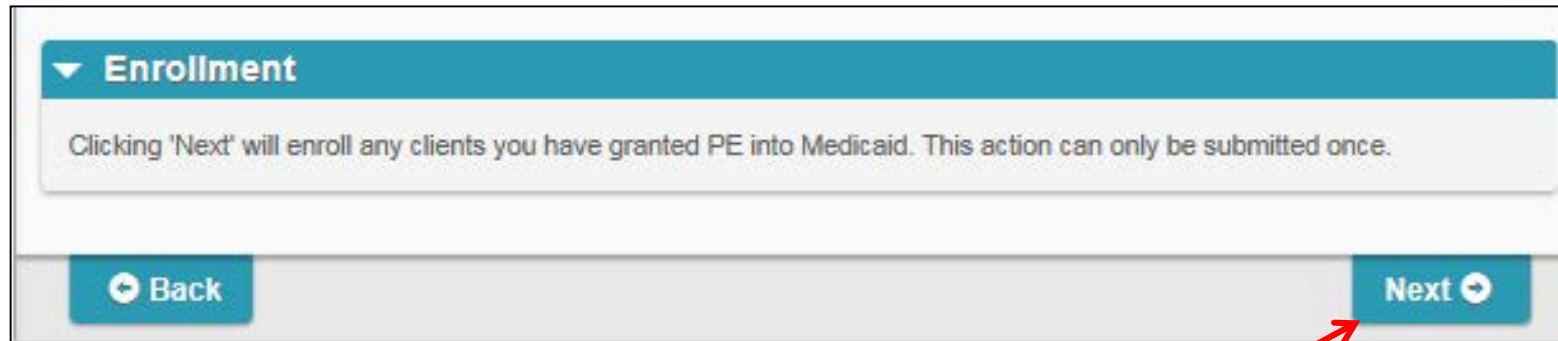
Back Next

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

Sign Application

✓ Start	<b>Presumptive Eligibility Results</b>								
✓ About You	<b>Who</b>	<b>Gender</b>	<b>SSN</b>	<b>Date of Birth</b>	<b>MCO</b>	<b>Eligibility Start Date</b>	<b>Eligibility End Date</b>	<b>Eligibility Category</b>	<b>PE Granted</b>
✓ People That Live With You	 Wanda Watts	Female	206-44-1302	04/17/1963	Presbyterian Healthcare	10/23/2017	11/30/2017	100 - MAGI Category for Adults	<input checked="" type="radio"/> Yes <input type="radio"/> No
✓ Benefits in Other States	 Mary Johnson	Female	203-45-6441	06/27/1992	Blue Cross Blue Shield	10/23/2017	11/30/2017	200 - MAGI Category for Parent	<input type="radio"/> Yes <input type="radio"/> No
✓ Pregnancy	 Michael Johnson	Male	203-47-6021	05/03/2012	You did not make a selection	10/23/2017	11/30/2017	400 - MAGI Category for Children	<input type="radio"/> Yes <input type="radio"/> No
✓ Federal Tax	Based on the information supplied for this screening tool, the client(s) above qualify for PE coverage for the categories of eligibility listed. Before PE may be entered, you must ask the applicants to attest that all information supplied is true to the best of their knowledge.								
✓ Earned Income	By typing the client's name in this area, they swear that all information they have supplied for this screening is accurate.								
✓ Unearned Income	<b>First Name*</b>	<b>Middle</b>	<b>Last Name*</b>						
✓ Other Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>						
✓ Managed Care Organization Selection	Mary		Johnson						
✓ School Attendance	By typing my name and PE Determiner number I certify that I have asked the client to acknowledge and verify the statement above.								
✓ Additional Information	PE Determiner Number: 87972361								
Screen for PE Eligibility	<b>First Name*</b>	<b>Middle</b>	<b>Last Name*</b>						
	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	PE		Determiner						
	<b>Enrollment</b>								
	Clicking 'Next' will enroll any clients you have granted PE into Medicaid. This action can only be submitted once.								
	<a href="#">← Back</a>				<a href="#">Next →</a>				

# Presumptive Eligibility ENROLLMENT



▼ Enrollment

Clicking 'Next' will enroll any clients you have granted PE into Medicaid. This action can only be submitted once.

◀ Back

Next ▶

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 <a href="mailto:HSD.PEDeterminers@state.nm.us">HSD.PEDeterminers@state.nm.us</a> .
--	------------	--	--	--	--	-------------------------------	---

➤ 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

	04/17/1963						<p>This individual has had a PE granted within the past 12 months. Please contact MAD PE Program Staff at <a href="mailto:HSD.PEDeterminers@state.nm.us">HSD.PEDeterminers@state.nm.us</a>.</p>
<p>Wanda Watts</p>							

- Individual has existing Medicaid

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

# Application Submission Page

yes new mexico  
For PE Determiner

Learn More  
Resources

PEDeterminerTST Sign Out

### Application Submitted

#### Your Application Status

Your application was completed successfully on 10/16/2018 03:44 PM.

#### Keep Track Of Your Application

Your tracking number for this application is: **T60005188**

Be sure to write this number down or print this page for your records.

If you have a question about the status of your application, check online using Check My Benefits or contact the HSD office listed above. If you have your tracking number, it can help you get an answer more quickly. If you have not heard back about an application you have submitted, please be sure to check online using Check My Benefits or contact the HSD office before submitting another online application.

#### Print Your Application

If you would like to print or save a copy of your application for your files, please click the Print My Application button. If you decide to that your application has your private, personal information in it.

[Print My Application](#)

[Print My Presumptive Eligibility Results](#)

Keep in mind that you will need to have a program called Adobe Acrobat Reader to see and print this information. If you do not have this program on your computer, you may install it for free by clicking:

[Get Adobe Reader](#)

Sign Out Home



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

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

YES NM Apply for Benefits      Page 1 of 2      [www.yes.state.nm.us](http://www.yes.state.nm.us)

### PE Determiner Information

PE Determiner Name	PE Determiner Number
Vanessa Medina	87972361
PE Determiner Location	
Medical Assistance Division	
Phone Number	
(505) 478-7151	

### 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.

YES NM Apply for Benefits      Page 2 of 2      [www.yes.state.nm.us](http://www.yes.state.nm.us)

# 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

yes new mexico For PE Determiner

Learn More

Resources

PEDeterminerTST Sign Out

PE/Submit Application

Search Applicants

Check Client's Benefits

### My Screenings And Applications

Welcome to YES New Mexico. Please click one of the buttons above to tell us what you would like to do.

▼ What Is The Status Of My Application?

Click arrow to view the last 10 recent PE screenings and/or applications you have worked on.

HUMAN SERVICES DEPARTMENT

Accessibility Policy Disclaimer

PED Create / Recover Account

# Viewing Most Recent Applications Worked - Status of Applications

Click Green button to view additional individuals on application.





Click View to view Details of Application


## My Screenings And Applications

Welcome to YES New Mexico. Please click one of the buttons above to tell us what you would like to do.

### What Is The Status Of My Application?

Here are the last 10 PE screenings and/or applications you have worked on.

App HOH	App Number	App Date	App Status	Details
 Mary Johnson	T40039824	10/24/2017	Not Submitted	 View
 Andrew Michaels		10/23/2017	In Progress	 Continue
 Mary Johnson		10/23/2017	In Progress	 Continue
 Monae Green		10/02/2017	In Progress	 Continue
 Michelle Torres	T40040066	09/29/2017	Submitted	 View
 Molly Shorts	T40040184	09/26/2017	Submitted	 View

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

Click Continue for applications still in progress

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.	
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 <a href="mailto:HSD.PEDeterminers@state.nm.us">HSD.PEDeterminers@state.nm.us</a> .		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

The screenshot shows the top navigation bar with the logo 'yes new mexico For PE Determiner', a 'Learn More' button, and a 'Resources' dropdown. Below the navigation is a user profile area with 'PEDeterminerTST-' and a 'Sign Out' link. A central banner features a collage of people's faces and a large 'Search Applications' button. To the left of the banner are three buttons: 'PE/Submit Application', 'Search Applicants', and 'Check Client's Benefits'. Below the banner is a 'My Screenings And Applications' section with a welcome message and a dropdown menu for 'What Is The Status Of My Application?'. At the bottom left is the 'HUMAN SERVICES DEPARTMENT' logo, and at the bottom right are links for 'Policies And Statements', 'Confidentiality & Privacy Statement', 'Accessibility Policy', and 'Disclaimer'.

Search Applications

Enter Search criteria

The 'Search Applicants' form includes a green instruction box: 'In order to search for applications that are in progress or completed, please use the search criteria and click the "Search" button to view the search results. "\*" may be used as a wildcard in your search.' Below this is a 'Search' section with tabs for 'Application Details' and 'T-Number'. The form contains input fields for 'First Name' (with 'Mar\*' entered), 'Last Name', 'SSN', 'Date of Birth', 'County' (a dropdown menu), 'Start Date', and 'End Date'. A 'Filter' dropdown menu is open, showing options: 'Search for applications from me', 'Search for applications from my Organization', 'Search for applications from my location', and 'Search for applications from all determiners'. At the bottom right of the form are 'Reset' and 'Search' buttons. Below the form is a 'Results' section.

Enter a \* for more results

Filter your Search for better results.

# Searching for Applications using the T Number

**Search**

Application Details T-Number

T-Number\*

T40039862

Enter the T Number and click Search

Reset Search

**Results**

Application for ongoing submitted or not submitted

PE Screening Results

Date of PE Screening

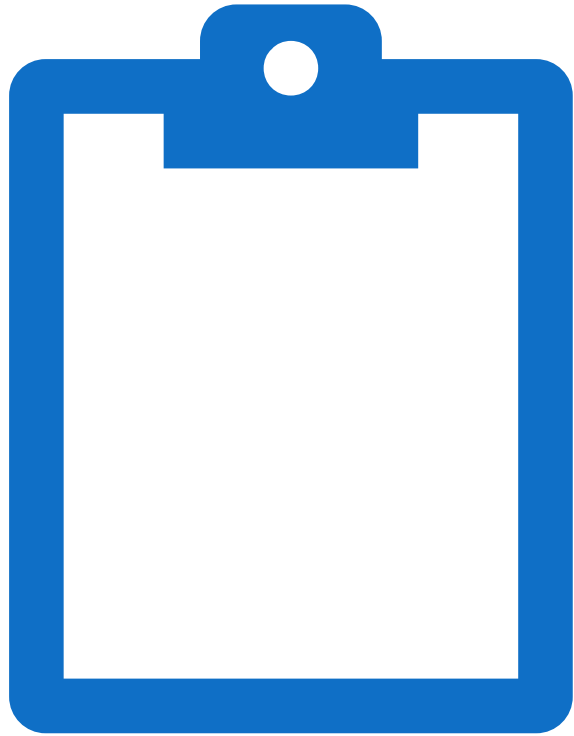
PE COE and Enrollment information

Name	DOB	County	App Status	PE Status	PE Date	COE	Enrolled	Action
Mary Johnson	06/27/1992	Santa Fe	Submitted	Granted	10/24/2017	100	Blue Cross Blue Shield	<a href="#">View</a>
Michael Johnson	05/03/2012	Santa Fe	Submitted	Granted	10/24/2017	400	Blue Cross Blue Shield	<a href="#">View</a>
Reina Smith	04/13/2010	Santa Fe	Submitted	Not Requested				<a href="#">View</a>
Roger Smith	02/17/1990	Santa Fe	Submitted	Denied	10/24/2017		Molina New Mexico Healthcare	<a href="#">View</a>
Wanda Watts	04/17/1963	Santa Fe	Submitted	Granted Pending Approval	10/24/2017	100	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.	<a href="#">View</a>

Showing 1 to 5 of 5 entries

Previous 1 Next

Click View to view Details of Application



# Check Client's Benefits

# Check Client's Benefits

**yes new mexico For PE Determiner** | Check Client's Benefits | Learn More | Resources

PEDeterminerTST | Sign Out

**PE/Submit Application** | **Search Applicants** | **Check Client's Benefits**

### Link Accounts Status

Welcome to the YesNM Medicaid Benefits Status page. This page will allow a determiner to see a recipient's "Check My Benefits" pages.

The Recipient's Check My Benefits page is updated each night with information from ASPEN. This Determiner View is designed to let determiners see the same benefit information that recipients would see through Check My Benefits if they created an account.

To view a recipient's Check My Benefits page, please fill in the recipient's Social Security Number / Individual ID below. When you are done, click on the "Next" button at the bottom of the page.

Social Security Number

OR

Individual ID (1 to 10 digits)

#### Check Benefits

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	115008434	Closed - Client Adity 25characters	<a href="#">Learn More</a>

This information is current as of 03/17/2015 6:04 AM

#### Client's Contact Information

**Client's Address:**  
162 Cervilos Road Road Road R  
Santa Fe, NM 87505

**Client's Office:**  
1041 LAMBERTON PL NE  
ALBUQUERQUE, NM 87125-1041

Mail all documents for this client to:  
830 PASEO DEL PUEBLO SO  
BERNALILLO, NM 87104-8300

#### What We Still Need From This Client?

As of today, we are not waiting for any information from the client.

This information is current as of 03/17/2015 6:09 AM

[Back](#) | [Next](#)

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]	<a href="#">Learn More</a>

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

**▼ Client's Contact Information**

**Client's Address:**  
[REDACTED]

**Client's Office:**  
[REDACTED]

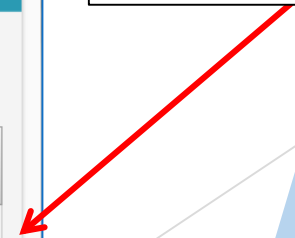
**▼ What We Still Need From This Client?**

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.	<a href="#">Upload</a>

[Back](#)

Upload documents



# Example of Denial

**Check Benefits**

**▼ 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]	Denied - [REDACTED]	<a href="#">Learn More</a>
Medical Assistance	[REDACTED]	Closed - [REDACTED]	<a href="#">Learn More</a>

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

**▼ Client's Contact Information**

**Client's Address:**  
[REDACTED]

**Client's Office:**  
[REDACTED]

**Mail all documents for this client to:**  
[REDACTED]

**▼ What We Still Need From This Client?**

As of today, we are not waiting for any information from the client.

This information is current as of 01/04/2019 1:03 AM

Case is denied

Case is closed

# Example of approval

### Check Benefits

#### ▼ 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]	In January 2019, [REDACTED] is getting Medical Assistance.	<a href="#">Learn More</a>

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

#### ▼ Client's Contact Information

**Client's Address:**  
[REDACTED]

**Client's Office:**  
[REDACTED]

**Mail all documents for this client to:**  
[REDACTED]

#### ▼ What We Still Need From This Client?

As of today, we are not waiting for any information from the client.

This information is current as of 01/04/2019 1:03 AM

[← Back](#)

Click "Learn More" for more information about the case

# Eligibility and MCO information

**i** Medicaid is health care coverage program to pay or help pay for medical services. This page tells you more about your Medical Assistance.

If you are eligible for Medicaid or certain Medicare Savings Programs benefits which cover Medicare coinsurance and deductibles you should receive a Medicaid card.

If you have questions concerning your Medicaid card or medical coverage please call 1-888-997-2583.

**i** Medicare Savings Program helps pay Medicare Premiums. It may also pay Medicare coinsurance and deductibles.

You will not get a Medicaid card if Medicaid is only paying your Medicare premiums.

Keep in mind that whenever your benefits change you will get a letter in the mail and correspondence on your Check my Benefits account telling you about the change.

We are showing you benefit information as of January 2019.

We also have information to show you for other month(s).

View details about your benefits for [December 2018](#)

View details about your benefits for [February 2019](#)

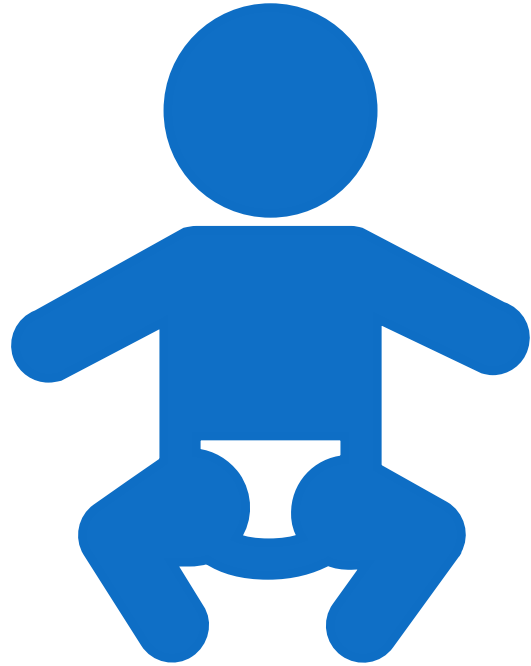
Click hyperlink to view benefit details for each month shown.

**Benefit Details**

We are showing your Medical Assistance eligibility information.

You are getting	<b>MAGI Category for Adults</b>
Your next recertification must be completed in	<b>December 2019</b>
In December 2019 your worker will need to review the facts about your family, your money, and your bills. To keep getting benefits, you will need to provide the information you worker asks for.	
Your maximum annual copay amount is	<b>\$74.80</b>
Your Managed Care Organization (MCO) is	<b>Blue Cross Blue Shield</b>
Your Managed Care Organization (MCO) will be	<b>Blue Cross Blue Shield</b>
Effective Begin Date:	<b>2018-10-01</b>

**Back**



# 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.

yes new mexico For PE Determiner

Sign Out Language

PE/Submit Application

Search Applicants

Check Client's Benefits

Add a Newborn

My Screenings And Applications

Welcome to YES New Mexico. Please click one of the buttons above to tell us what you would like to do.

What Is The Status Of My Application?

# Who is eligible for Newborn Medicaid?

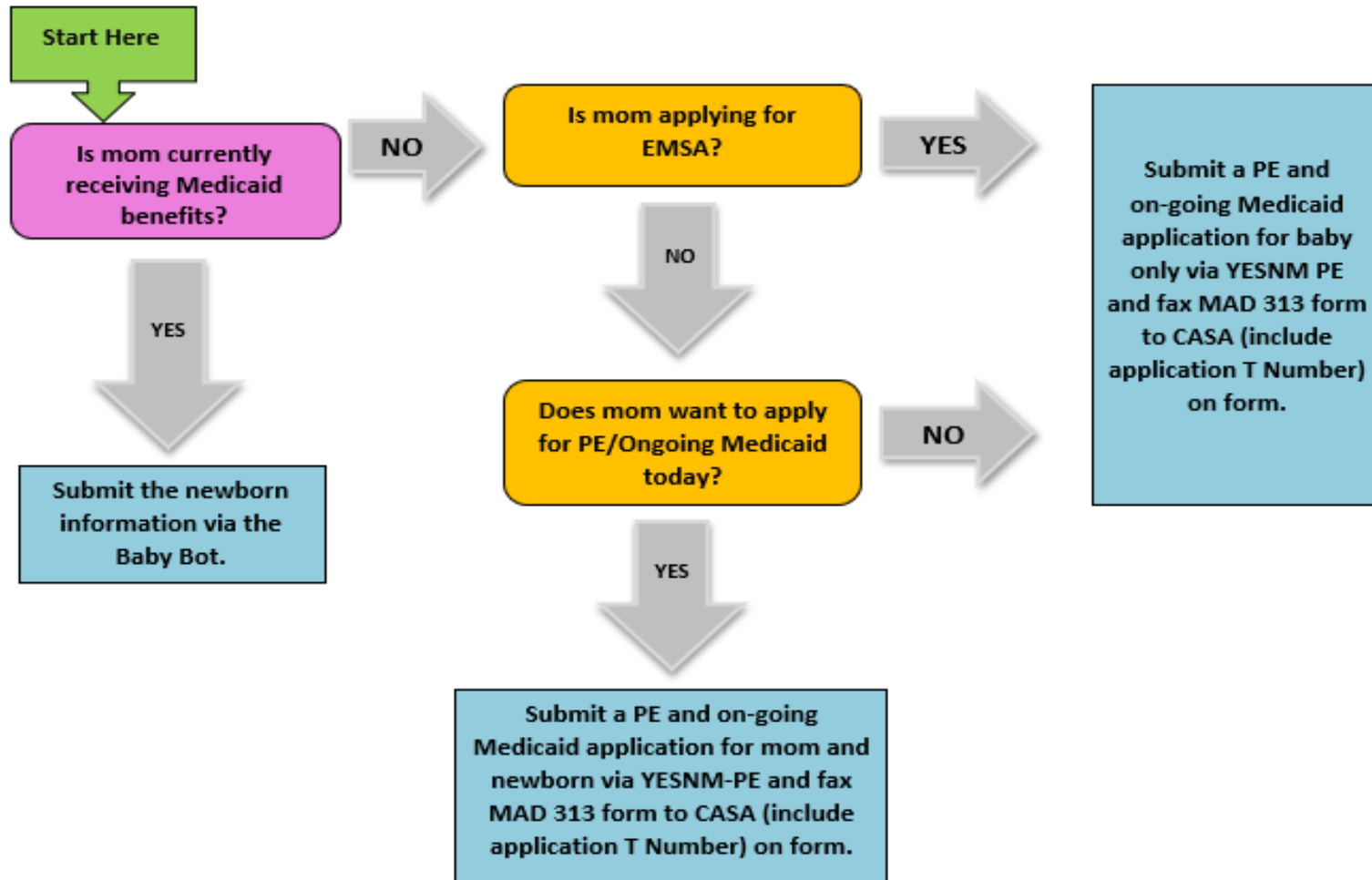
## Category 031

- 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

When to Use Ava the “Baby Bot” vs 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.

The screenshot shows the YES New Mexico For PE Determiner website. The logo is in the top left. The top navigation bar includes "Sign Out", "Languages", "Questions", and "Help". A "Resources" dropdown menu is visible. The main content area features a vertical list of buttons: "PE/Submit Application", "Search Applicants", "Check Client's Benefits", and "Add a Newborn". The "Add a Newborn" button is circled in red. Below the buttons is a section titled "My Screenings And Applications" with a welcome message and a dropdown menu for "What Is The Status Of My Application?". A "Learn More" button is in the top right corner.

# 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.

Welcome! I can help you add a newborn to an existing Medicaid program. Please start by entering your email address. This will be used to notify you when your updates have finished processing. If you ever want to start over, just refresh the page.  
[Version date: 4.16.19]

Type something

252



# 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

Welcome! I can help you add a newborn to an existing Medicaid program. Please start by entering your email address. This will be used to notify you when your updates have finished processing. If you ever want to start over, just refresh the page.

[Version date: 4.16.19]

my\_pedemail@gmail.com

# Locating the Newborn's Mother

Thanks! Let's get started.

Do you know the mother's case number? A case number is nine digits long and begins with 1. If you don't have it, just say "no".

123456789

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

Please enter the mother's Social Security Number or Medicaid ID without any dashes or special characters. A Social Security Number is nine digits and cannot begin with a 9. A Medicaid ID is ten digits and begins with 2 or 3.

525999123

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

Please enter the mother's **last** name now. Please do not enter any words or information other than the last name at this time.

Smith

Please enter the mother's **first** name now. Please do not enter any words or information other than the first name at this time.

Jane

Please enter the mother's **middle** name now. You can also say N/A for not applicable.

N/A

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

What is Jane's date of birth? I can accept the following date formats:

- MM/DD/YYYY
- MM/DD/YY
- YYYY/MM/DD

You can also say N/A for not applicable.

01/05/1985

Enter the mother's date of birth as indicated.

# Entering the Father's Information

Is the baby's father known?

No

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

Is the baby's father known?

yes

Please enter the father's **last** name. Please do not enter any words or information other than the last name at this time.

Smith

Please enter the father's **first** name. Please do not enter any words or information other than the first name at this time.

John

Please enter the father's **middle** name. You can also say N/A for not applicable.

N/A

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



# Entering the Newborn's information

Was it a multiple birth? (Twins, triplets, etc.)

no

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

Please enter the baby's **last** name. Please do not enter any words or information other than the last name at this time.

Smith

Please enter the baby's **first** name. Please do not enter any words or information other than the first name at this time.

Johnny

Please enter the baby's **middle** name now. You can also say N/A for not applicable.

N/A

Please enter the baby's name suffix. I can accept the values I, II, III, IV, Jr, and Sr. You can also say N/A for not applicable.

N/A

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.)

Was it a multiple birth? (Twins, triplets, etc.)

Yes

How many children were born to these parents?

2

Please answer following questions about baby #1.

Please enter the baby's **last** name. Please do not enter any words or information other than the last name at this time.

Smith

Please enter the baby's **first** name. Please do not enter any words or information other than the first name at this time.

Johnny

Please enter the baby's **middle** name now. You can also say N/A for not applicable.

N/A

Please enter the baby's name suffix. I can accept the values I, II, III, IV, Jr, and Sr. You can also say N/A for not applicable.

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

What is the baby's gender?

Male

What is the baby's date of birth? I can accept the following date formats:

- MM/DD/YYYY
- MM/DD/YY
- YYYY/MM/DD

02/01/2020

Has the application for a Social Security card for the child been made? If you are unsure, just say N/A.

No

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.

What is the baby's ethnicity? You can say anything from the following list, or its corresponding number:

1. Hispanic
2. Non-Hispanic
3. Unknown

Hispanic

What is the baby's race? You can say anything from the following list, or its corresponding number:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian
5. White
6. African American and White
7. Asian and White
8. American Indian or Alaska Native and White
9. American Indian or Alaska Native and African American
10. Other Pacific Islander
11. Unknown
12. Other

White

What is the baby's ethnicity? You can say anything from the following list, or its corresponding number:

1. Hispanic
2. Non-Hispanic
3. Unknown

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

1

260

# Ending Questions

What is the hospital's zip code?

87106

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.

Please verify the following information.

Email: my\_pedemail@gmail.com  
Case Number:  
Social Security Number: [REDACTED]  
Medicaid ID:  
Mother's Name: Jane Smith  
Mother's DOB: 1985-01-05  
Father's Name: John Smith  
Baby's Name: Johnny Smith  
Baby's DOB: 2019-05-13  
Baby's Gender: Male  
Baby's SSN Application: Incomplete  
Baby's Ethnicity: Hispanic  
Baby's Race: White  
Baby's Tribal Affiliation:  
Zip Code: 87106

If it looks correct, just say Yes and I will add the baby to the case. If you would like to update something before submitting, please tell me what you would like to change and I will guide you through the update. For example, you can say something like "mother's SSN" or "baby's name."

yes

Great! Johnny will be added to Jane's case. You can view the status of the update by clicking the buttons in the bottom right of the screen. You will also get an email notification when the update completes.

Would you like to continue updating more Medicaid cases?

262

← ✓ !

# 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.

Please verify the following information.

Email: my\_pedemail@gmail.com

Case Number:

Social Security Number: [REDACTED]

Medicaid ID:

Mother's Name: Jane Smith

Mother's DOB: 1985-01-05

Father's Name: John Smith

Baby's Name: Johnny Smith

Baby's DOB: 2019-05-13

Baby's Gender: Male

Baby's SSN Application: Incomplete

Baby's Ethnicity: Hispanic

Baby's Race: White

Baby's Tribal Affiliation:

Zip Code: 87106

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

If it looks correct, just say Yes and I will add the baby to the case. If you would like to update something before submitting, please tell me what you would like to change and I will guide you through the update. For example, you can say something like "mother's SSN" or "baby's name."

baby's name

# Edit Information (continued)

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

I understand that you would like to change the baby's name from Johny Smith . Please enter the baby's **last** name now. Please do not enter any words or information other than the last name at this time.

Smith

Please enter the baby's **first** name now. Please do not enter any words or information other than the first name at this time.

JOHNNY

Please enter the baby's **middle** name now. You can also say N/A for not applicable.

N/A

Please enter the baby's name suffix now. I can accept the values I, II, III, IV, Jr, and Sr. You can also say N/A for not applicable.

N/A



# Edit Information (continued)

The baby's name has been updated to JOHNNY Smith.  
Please verify the following information.

Email: my\_pedemail@gmail.com  
Case Number:  
Social Security Number: [REDACTED]  
Medicaid ID:  
Mother's Name: Jane Smith  
Mother's DOB: 1985-01-05  
Father's Name: John Smith  
Baby's Name: JOHNNY Smith  
Baby's DOB: 2019-05-13  
Baby's Gender: Male  
Baby's SSN Application: Incomplete  
Baby's Ethnicity: Hispanic  
Baby's Race: White  
Baby's Tribal Affiliation:  
Zip Code: 87106

If it looks correct, just say **Yes** and I will add the baby to the case. If you would like to update something before submitting, please tell me what you would like to change and I will guide you through the update. For example, you can say something like "mother's SSN" or "baby's name."

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

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

265

YES

# Finishing the Information Entry

Great! Johnny will be added to Jane's case. You can view the status of the update by clicking the buttons in the bottom right of the screen. You will also get an email notification within 72 hours when the process completes.

Would you like to continue updating more Medicaid cases?

No

Okay! Glad I could be of assistance. You may now close the window.



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.

Great! Johnny will be added to Jane's case. You can view the status of the update by clicking the buttons in the bottom right of the screen. You will also get an email notification when the update completes.

Would you like to continue updating more Medicaid cases?

Yes

Alright, I will start asking questions about the next case now.

Do you know the mother's case number?



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## 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.*

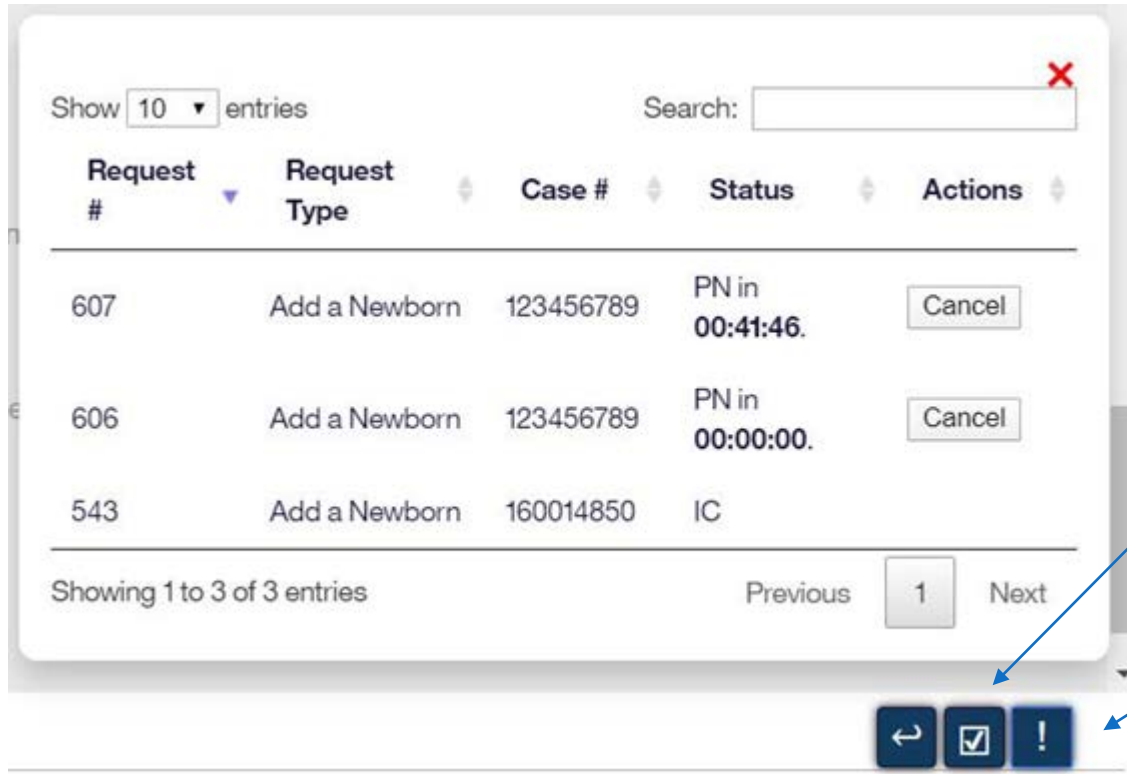




## An unsuccessful submission of information

- 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 screenshot shows a web interface for tracking baby bot status. At the top, there is a search bar and a dropdown menu set to '10 entries'. Below this is a table with columns for Request #, Request Type, Case #, Status, and Actions. Three rows are visible, each with a 'Cancel' button. At the bottom of the table, there are navigation buttons for 'Previous', '1', and 'Next'. Below the table, there are three icons: a left arrow, a checkmark, and an exclamation point. Blue arrows point from the text on the right to the checkmark and exclamation point icons.

Request #	Request Type	Case #	Status	Actions
607	Add a Newborn	123456789	PN in 00:41:46.	Cancel
606	Add a Newborn	123456789	PN in 00:00:00.	Cancel
543	Add a Newborn	160014850	IC	

Showing 1 to 3 of 3 entries

Previous 1 Next

← ✓ !

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



## 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 <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
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	Y <input type="checkbox"/> N <input type="checkbox"/>				Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>

**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: SSIPayments, 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)

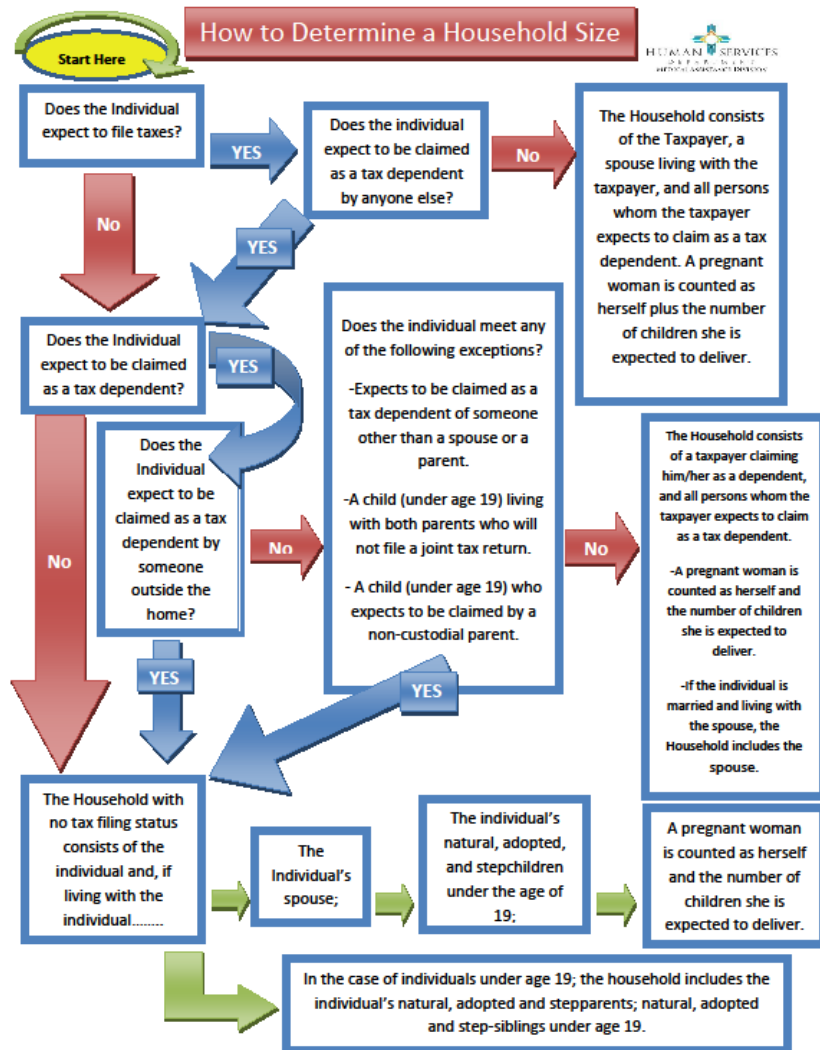
# Extended Living

Physically absent individuals included in the household

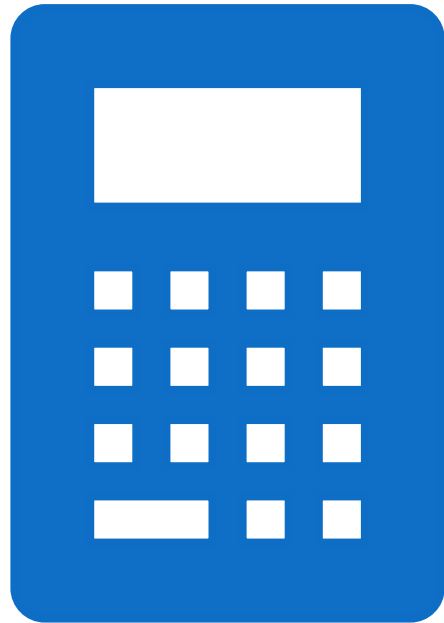
- Attending college or boarding school
- Receiving treatment in certain facilities
- Emergency absences
- Foster Care Placements
- Detention center
- Residential treatment centers
- Group homes
- Free-standing psychiatric hospitals

# 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

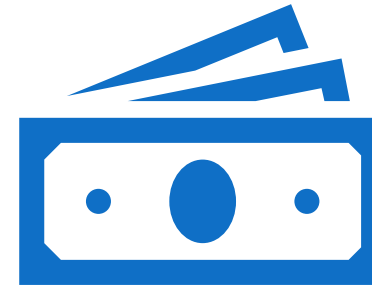


# MAGI - Modified Adjusted Gross Income

- 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)



## 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)

# Medicaid Presumptive Eligibility Authorization Form (MAD070)



## 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**

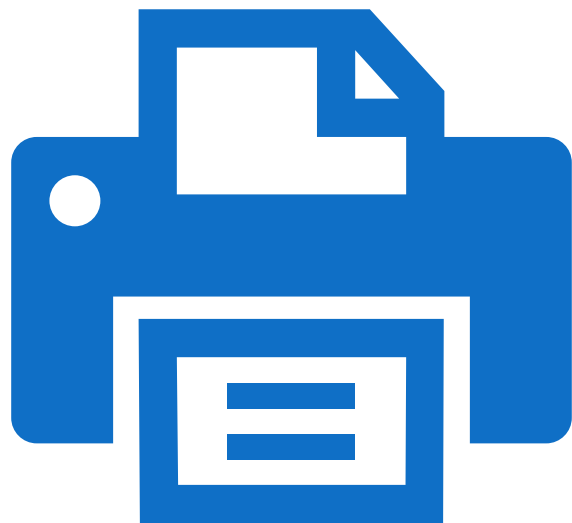
NAME – Last, First, Middle	Race	Sex	Date of Birth	Social Security Number (Not Required)	MCO Choice (or N/A)	PE COE	Eligibility		PE Program Unit USE ONLY	
							Begin Date	End Date	Added Eligibility	
MAILING ADDRESS – Street, PO Box									YES NO	
City, State, Zip									YES NO	
NAME – Last, First,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

Fax to MAD PE  
Program Staff  
at  
505-827-7200

**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

# 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.

Name (First and Last)	Relationship	Applying for Assistance? Yes/No	Sex M/F	Date of Birth	This section is only required for each person applying for assistance.				
					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)	<input type="checkbox"/> YES <input type="checkbox"/> NO							
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO							
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO							
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO							
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO							

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
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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 or 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		

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?
						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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

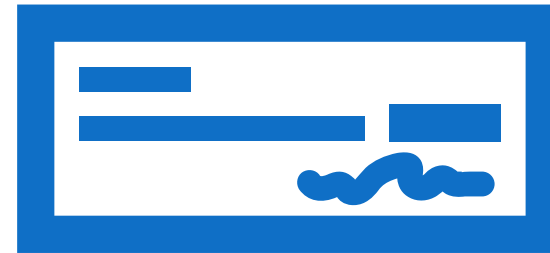
- If an individual applies for benefits and self-attests to a citizen/immigration status that is eligible for Medicaid, but the information cannot be verified for the ongoing application determination:
  - A HUMAD will be issued to gather more information, and
  - The applicant must be provided with 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- Or 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](http://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 Number

Refugee Stamp

A #

Departure Number  
874061679 07

A 760

Immigration and Naturalization Service  
I-94  
Departure Record

ADMITTED AS A REFUGEE PURSUANT TO SEC. 207 OF THE I&N ACT. IF YOU DEPART THE U.S. YOU WILL NEED PRIOR PERMISSION FROM I&NS TO RETURN. EMPLOYMENT AUTHORIZED.

SEP 20 2005 (Port) MAY 1 2006 (Date) (Imm. Off)

14. Family Name  
N:

15. First (Given) Name  
Y

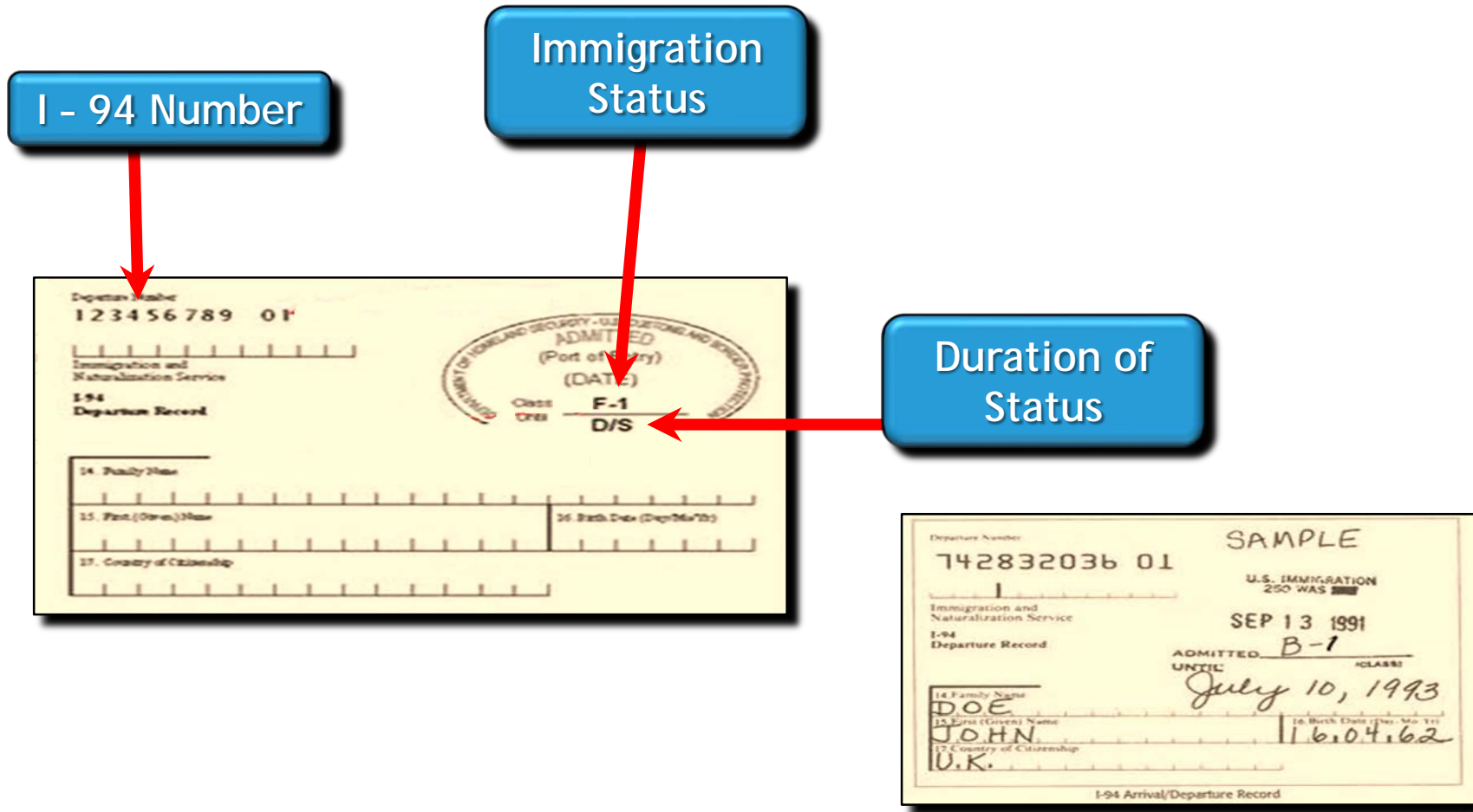
16. Birth Date (Day/Mo/Yr)

17. Country of Citizenship  
RUSSIA

See Other Side

STAPLE HERE

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







# Example of a Lawful Permanent Resident Card



# Employment Authorization Card (EAD)





# I-797 Prima Facie Letter

10/30/2008 14:47 5035422002 PAGE 02  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

**I-797, Notice of Action**

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**UNITED STATES OF AMERICA**

Receipt Number	Case Type	
Receipt Date	Priority Date	Petitioner
August 27, 2008		
NoGo Date	Page	A-File Number
September 4, 2008	1	

**Section: Self-Petitioning Spouse of U.S.C. or L.P.A.**  
**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 women 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  
25 LOWER WELSH STREET  
ST. ALBANS, VT 05477

**S**

Form I-797 (Rev. 09/15/08) N

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

# Person applying for T Visa

HHS Tracking Number  
XXXXXXXXXXXXXX  
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](http://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, 8<sup>th</sup> 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).



HUMAN SERVICES  
DEPARTMENT

Child Support Enforcement Division

## Acknowledgement of Paternity:

*What parents need to know about  
establishing paternity*



# 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

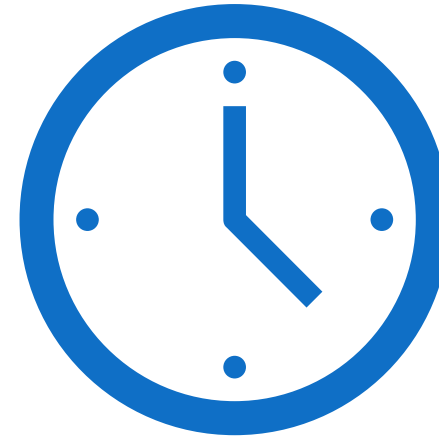
# YOUR NEXT STEPS

# 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	<a href="mailto:HSD.PEDeterminer@state.nm.us">HSD.PEDeterminer@state.nm.us</a>
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 <ul style="list-style-type: none"> <li>• Blue Cross Community Centennial</li> <li>• Presbyterian Health Plan, Inc.</li> <li>• Western Sky Community Care</li> </ul>	(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](mailto:JeanelleC.Romero@state.nm.us)

Roberta Roybal  
PED Trainer/Auditor

505-476-7132

[RobertaL.Roybal@state.nm.us](mailto:RobertaL.Roybal@state.nm.us)

Edmundo Barraza  
PE Enrollment Specialist

505-827-7293

[Edmundo.Barraza@state.nm.us](mailto:Edmundo.Barraza@state.nm.us)

Kimberly Lucero  
MAD Processing Supervisor

505-827-6230

[Kimberly.Lucero@state.nm.us](mailto: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](mailto:HSD.PEDeterminers@state.nm.us)