



State of New Mexico  
Health Care Authority  
**Human Services Register**



HEALTH CARE  
AUTHORITY

**I. DEPARTMENT**  
NEW MEXICO HEALTH CARE AUTHORITY

**II. SUBJECT**  
8.200.400 MEDICAID ELIGIBILITY-GENERAL RECIPIENT RULES-GENERAL  
MEDICAID ELIGIBILITY

**III. PROGRAM AFFECTED**  
(TITLE XIX) MEDICAID

**IV. ACTION**  
EMERGENCY RULE

**V. BACKGROUND SUMMARY**

The New Mexico Health Care Authority (HCA), through the Medical Assistance Division (MAD), has filed an emergency amendment to the New Mexico Administrative Code (NMAC) rule 8.200.400, *Medicaid Eligibility-General Recipient Rules-General Medicaid Eligibility*.

Section 9-8-6 NMSA 1978, authorizes the Department Secretary to promulgate rules and regulations that may be necessary to carry out the duties of the Department and its divisions.

Notice Date: October 22, 2024

Adoption Date: October 1, 2024

Technical Citations: 42 Code of Federal Regulations (CFR) 435.909(2)(b)

**Background**

The federal Department of Health and Human Services issued a final rule (federal register/Vol. 88, No. 182) dated September 21, 2023, regarding Medicare Savings Program eligibility determination and enrollment. The final rule requires that by October 1, 2024, states must deem Medicare-enrolled Supplemental Security Income (SSI) Medicaid recipients into the Qualified Medicare Beneficiary (QMB) eligibility group who are entitled to premium-free Part A.

For individuals enrolled in Part B only the Department can at state option automatically deem individuals enrolled in SSI Medicaid eligible for the QMB eligibility group the first month they are both enrolled in Part B and eligible for a Medicare enrollment period bypassing the need for actual or conditional Part A at the Social Security Administration. The Department intends to

take up this state option which has been incorporated into this rule change. The effective date for this option is dependent on the Centers for Medicare and Medicaid (CMS) readiness to accept these enrollments from the Department.

SSI Medicaid beneficiaries deemed into the QMB group would get a twelve (12) month certification period for QMB. At renewal the Department would only need to verify that the individual continues to receive SSI and continued Medicare Part A coverage to renew QMB for another twelve (12) months. The regular renewal process for QMB would apply when an individual loses their SSI Medicaid.

The final federal rule, effective January 1, 2024, limits the state’s liability for retroactive Part B premiums for full-benefit Medicaid beneficiaries, including individuals receiving SSI Medicaid, to a period of no greater than thirty-six (36) months prior to the date of the Medicare enrollment determination.

**The HCA has amended the rule as follows:**

**8.200.400 NMAC**

Section 1 is amended to reflect the change from the Human Services Department (HSD) to the Health Care Authority (HCA).

Section 8 is amended to reflect the new mission statement for the Health Care Authority.

Section 15 is amended to add the following new text:

**AUTOMATIC ENROLLMENT OF SSI RECIPIENTS IN THE QMB GROUP:**

**A.** SSI recipients entitled to premium-free part A: Effective October 1, 2024, the HCA shall automatically deem SSI recipients into QMB the first month they are eligible for SSI Medicaid and entitled to premium-free part A. The start of the part B buy-in coverage is the first month of entitlement to premium-free part A and the QMB eligibility group coverage is the first day of the following month.

**B.** SSI recipients enrolled in part B only: Effective upon the centers for medicare and medicaid services (CMS) and HCA systems’ capacity, the HCA shall automatically deem individuals enrolled in SSI medicaid eligible for the QMB eligibility group the first month they are both enrolled in part B and eligible for a medicare enrollment period, bypassing the need for actual or conditional part A enrolment at the social security administration.

**C.** Effective January 1, 2024, the HCA’s liability for retroactive part B premiums for full-benefit medicaid beneficiaries, including individuals receiving SSI medicaid, is limited to a period of no greater than 36 months prior to the date of the medicare enrollment determination.

**D.** For SSI medicaid recipients deemed eligible for the QMB group, renewal for QMB is required only to the extent to verify that an individual continues to receive SSI medicaid and has continued medicare part A coverage. The regular renewal process for QMB applies when an individual loses their SSI medicaid.

## VI. RULE

These rule changes will be contained in 8.200.400 NMAC. This register and the emergency rule are available on the HCA website at: <https://www.hca.nm.gov/lookingforinformation/registers/> and <https://www.hca.nm.gov/lookingforinformation/medical-assistance-division-1/>. If you do not have internet access, a copy of this register and rule may be requested by contacting MAD at (505) 827-1337.

## VII. EFFECTIVE DATE

The HCA is implementing this rule effective October 1, 2024.

## VIII. PUBLICATION

Publication of this rule approved by:

DocuSigned by:

*Kari Armijo*

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KARI ARMIJO, SECRETARY  
NEW MEXICO HEALTH CARE AUTHORITY