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MEDICAL ASSISTANCE (RMA) PROGRAM

BENEFIT DESCRIPTION

**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 249 MEDICAL ASSISTANCE PROGRAM ELIGIBILITY - REFUGEE MEDICAL ASSISTANCE (RMA) PROGRAM**  
**PART 600 BENEFIT DESCRIPTION**

**8.249.600.1 ISSUING AGENCY:** New Mexico Human Services Department (HSD).  
[8.249.600.1 NMAC - Rp, 8.249.600.1 NMAC, 1-1-14]

**8.249.600.2 SCOPE:** The rule applies to the general public.  
[8.249.600.2 NMAC - Rp, 8.249.600.2 NMAC, 1-1-14]

**8.249.600.3 STATUTORY AUTHORITY:** The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See NMSA 1978, Section 27-1-12 et seq.  
[8.249.600.3 NMAC - Rp, 8.249.600.3 NMAC, 1-1-14]

**8.249.600.4 DURATION:** Permanent.  
[8.249.600.4 NMAC - Rp, 8.249.600.4 NMAC, 1-1-14]

**8.249.600.5 EFFECTIVE DATE:** January 1, 2014, unless a later date is cited at the end of a section.  
[8.249.600.5 NMAC - Rp, 8.249.600.5 NMAC, 1-1-14]

**8.249.600.6 OBJECTIVE:** The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility policy manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining MAD eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.  
[8.249.600.6 NMAC - Rp, 8.249.600.6 NMAC, 1-1-14]

**8.249.600.7 DEFINITIONS:** [RESERVED]

**8.249.600.8 MISSION:** To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.  
[8.249.600.8 NMAC - N, 1-1-14]

**8.249.600.9 BENEFIT DESCRIPTION:** Refugee medical assistance (RMA) offers health coverage for refugees within the first eight months from their date of entry to the United States, when they do not qualify for medicaid. RMA eligible refugees have access to a benefit package that parallels the full coverage medicaid benefit package. This program is not funded by medicaid. RMA is funded through a grant under Title IV of the Immigration and Nationality Act. The purpose of this grant is to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible. Refer to 8.100.100 NMAC.  
[8.249.600.9 NMAC - Rp, 8.249.600.9 NMAC, 1-1-14]

**8.249.600.10 BENEFIT DETERMINATION:** Application for refugee medical assistance is made on the assistance application form. The application is acted on and notice of the action sent to the applicant within 45 days of the date of application.  
[8.249.600.10 NMAC - Rp, 8.249.600.10 NMAC, 1-1-14]

**8.249.600.11 INITIAL BENEFITS:**

A. **Approval or denial of application:** After the eligibility determination is made, the income support specialist (ISS) sends notice to the applicant or applicant group. The denial notice contains information on the reason for the denial and explanation of appeal rights to the applicant(s).

B. **Date of eligibility:** Eligibility starts with the first day of the month of application after all eligibility requirements are met. The eight-month period begins with the month the refugee enters the United States, as documented by the INS (form I-94). For cases involving children born in the United States, the child's eligibility

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period expires when the refugee parent who arrived last in the United States has been in this country for eight months.

[8.249.600.11 NMAC - Rp, 8.249.600.11 NMAC, 1-1-14]

**8.249.600.12 ONGOING BENEFITS:** No periodic review is required, since coverage is limited to a maximum of eight months from the date of entry into the United States.

[8.249.600.12 NMAC - Rp, 8.249.600.12 NMAC, 1-1-14]

**8.249.600.13 RETROACTIVE BENEFIT COVERAGE:** Up to three months of retroactive medical assistance coverage can be furnished to applicants who have received medicaid-covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three months prior to the month of application [42 CFR Section 435.914].

A. **Application for retroactive benefit coverage:** Application for retroactive medical assistance can be made by checking "yes" in the "application for retroactive medicaid payments" box on the application/redetermination of eligibility for medicaid assistance (MAD 381) form or by checking "yes" to the question "does anyone in your household have unpaid medical expenses in the last three months?" on the application for assistance (ISD 100 S) form. Applications for retroactive medical assistance benefits must be made by 180 days from the date of application for assistance. Covered services which were furnished more than two years prior to application are not payable.

B. **Approval requirements:** To establish retroactive eligibility, the ISS must verify that all conditions of eligibility were met for each of the three retroactive months and that the applicant received medicaid covered services. Each month must be approved or denied on its own merits. Retroactive eligibility can be approved on either the eligibility system or on the retroactive medicaid eligibility authorization (MAD 333) form.

C. **Notice:**

(1) Notice to applicant: The applicant must be informed if eligibility in any of the retroactive months is denied.

(2) Recipient responsibility to notify provider: After the retroactive eligibility has been established, the ISS must notify the recipient that he or she is responsible for informing all providers with outstanding bills of the retroactive eligibility determination. If the recipient does not inform all providers and furnish verification of eligibility which can be used for billing and the provider consequently does not submit the billing within 120 days from the date of approval of retroactive coverage, the recipient is responsible for payment of the bill.

[8.249.600.13 NMAC - Rp, 8.249.600.13 NMAC, 1-1-14]

**8.249.600.14 CASE CLOSURES:** Cases are closed when refugee medical assistance recipients no longer meet eligibility standards or after the eight month eligibility period expires, whichever comes first.

[8.249.600.14 NMAC - Rp, 8.249.600.14 NMAC, 1-1-14]

**8.249.600.15 CHANGES AND REDETERMINATIONS OF ELIGIBILITY:**

A. A re-determination of eligibility is not required.

B. Changes in income are not reportable. Reported income changes are not acted upon.

C. A refugee who received medicaid for seven or fewer months during the RMA period is eligible for RMA for any remaining months in the eight-month RMA period. Eligibility for RMA is determined without a new eligibility determination or application.

D. Residence changes must be reported within 10 days after the change for individuals placed in a public institution or those individuals moving out of New Mexico. Refer to 8.200.450 NMAC.

[8.249.600.15 NMAC - N, 1-1-14]

**HISTORY OF 8.249.600 NMAC:**

**Pre-NMAC History:** The material in this part was derived from that previously filed with the State Records Center:

MAD Rule 822, Refugee Medical Assistance, filed 5-22-92.

**History of Repealed Material:**

MAD Rule 822, Refugee Medical Assistance, filed 5-22-92 - Repealed effective 2-1-95.

8.249.600 NMAC, Benefit Description, filed 9-3-13 - Repealed effective 1-1-14.