

**MEDICAID ELIGIBILITY – AFFORDABLE CARE
RECIPIENT RIGHTS AND RESPONSIBILITIES
Tribal Consultation Version 9.18.13**

**TITLE 8 SOCIAL SERVICES
CHAPTER 291 MEDICAID ELIGIBILITY - AFFORDABLE CARE
PART 420 RECIPIENT RIGHTS AND RESPONSIBILITIES**

8.291.420.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.291.420.1 NMAC - N, 10-1-13]

8.291.420.2 SCOPE: The rule applies to the general public.
[8.291.420.2 NMAC - N, 10-1-13]

8.291.420.3 STATUTORY AUTHORITY: The New Mexico medicaid program is 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.
[8.291.420.3 NMAC - N, 10-1-13]

8.291.420.4 DURATION: December 31, 2013.
[8.291.420.4 NMAC - N, 10-1-13]

8.291.420.5 EFFECTIVE DATE: October 1, 2013, unless a later date is cited at the end of a section.
[8.291.420.5 NMAC - N, 10-1-13]

8.291.420.6 OBJECTIVE: The objective of this rule is to provide eligibility guidelines when determining eligibility for the medical assistance division (MAD) medicaid program and other health care programs it administers. Processes for establishing and maintaining this category of eligibility are found in the affordable care general provision chapter located at 8.291.400 NMAC through 8.291.430 NMAC.
[8.291.420.6 NMAC - N, 10-1-13]

8.291.420.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.
[8.291.420.7 NMAC - N, 10-1-13]

8.291.420.8 RIGHT TO APPLY:

A. An individual has the right to apply for medicaid and other health care programs MAD administers regardless of whether it appears he or she may be eligible.

(1) The income support division (ISD) determines eligibility for medicaid, unless otherwise determined by another entity as stated in another NMAC rule. A decision shall be made promptly on applications in accordance with the timeliness standards set forth in 8.291.410 NMAC.

(2) Individuals who might be eligible for supplemental security income (SSI) are referred to the social security administration (SSA) office to apply.

B. **Application:** A signed electronic or paper application, as defined in 8.291.410 NMAC, is required from the applicant, an authorized representative, or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant. The applicant may complete a joint application for all benefits that HSD administers. A recipient will not be required to submit an application if there is a need to switch from one medicaid benefit to another unless a redetermination is due in that month or the following month. Additional information may be requested if the new benefit requires additional information and verification of eligibility.
[8.291.420.8 NMAC - N, 10-1-13]

8.291.420.9 FREEDOM OF CHOICE OF PROVIDER: Refer to 8.200.430.10 NMAC.
[8.291.420.9 NMAC - N, 10-1-13]

8.291.420.10 RELEASE OF INFORMATION/CONFIDENTIALITY: Refer to 8.200.430.11 NMAC.
[8.291.420.10 NMAC - N, 10-1-13]

8.291.420.11 RIGHT TO ADEQUATE NOTICE AND ADMINISTRATIVE HEARING: Refer to 8.200.430.12 NMAC.
[8.291.420.11 NMAC - N, 10-1-13]

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8.291.420.12 ASSIGNMENT OF MEDICAL SUPPORT RIGHTS: Refer to 8.200.430.13 NMAC.
[8.291.420.12 NMAC - N, 10-1-13]

8.291.420.13 ELIGIBLE RECIPIENT RESPONSIBILITY TO COOPERATE WITH ASSIGNMENT OF SUPPORT RIGHTS: Refer to 8.200.430.14 NMAC.
[8.291.420.13 NMAC - N, 10-1-13]

8.291.420.14 ELIGIBLE RECIPIENT RESPONSIBILITY TO GIVE PROVIDER PROPER IDENTIFICATION AND NOTICE OF ELIGIBILITY CHANGES: Refer to 8.200.430.15 NMAC.
[8.291.420.14 NMAC - N, 10-1-13]

8.291.420.15 ELIGIBLE RECIPIENT FINANCIAL RESPONSIBILITIES: Refer to 8.200.430.16 NMAC.
[8.291.420.15 NMAC - N, 10-1-13]

8.291.420.16 RESTITUTION: Refer to 8.200.430.17 NMAC.
[8.291.420.16 NMAC - N, 10-1-13]

8.291.420.17 THIRD PARTY LIABILITY: Refer to 8.200.420.12 NMAC.
[8.291.420.17 NMAC - N, 10-1-13]

8.291.420.18 MAD ESTATE RECOVERY: Refer to 8.200.420.13 NMAC.
[8.291.420.18 NMAC - N, 10-1-13]

HISTORY OF 8.291.420 NMAC: [RESERVED]