

October 23, 2013

Dear Honorable Tribal Leader (I/T/U):

Consultation with New Mexico's Indian Nations, Tribes, Pueblos and their healthcare providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the Tribal Consultation requirements, this letter is to inform you that the New Mexico Human Services Department (HSD) intends to submit several state plan amendments (SPAs) as required by the Affordable Care Act (ACA) to the Centers for Medicare and Medicaid Services (CMS) on the topic of Medicaid eligibility. The State is seeking advice or comments from Native American communities on these SPAs. On August 29, 2013, HSD held a formal face-to-face consultation with NM Tribal leaders in Albuquerque. HSD presented information on the Medicaid changes related to the Affordable Care Act (ACA), including changes to Medicaid eligibility and the Medicaid eligibility SPAs described below.

Parents and other caretakers (S25): Allows New Mexico Medicaid to continue to cover this group using new modified adjusted gross income (MAGI) criteria as required by the Affordable Care Act (ACA). This is a technical change with no impact.

Pregnant women (S28) (13-12): Allows New Mexico Medicaid to fully cover pregnant women up to 138% of the Federal Poverty Level (FPL), and cover pregnancy only related services to women from 138% FPL to 250% FPL. This will expand full coverage eligibility to some Native Americans.

Infants and children under age 19 (S30): Allows New Mexico Medicaid to continue to cover this existing group using new modified adjusted gross income (MAGI) criteria as required by the Affordable Care Act (ACA). This is a technical change with no impact.

Individuals below 133% of the federal poverty level (FPL) (S32): This allows New Mexico Medicaid to expand eligibility to adults who have income up to 138% of FPL (133% with a 5% disregard). This will increase Medicaid eligibility for some Native Americans.

Former foster care children up to age 26 (S33): This allows New Mexico Medicaid to cover former care children until they are 26 years old using MAGI eligibility criteria. This will increase Medicaid eligibility for some Native Americans.

Individuals above 133% of FPL (S50): This SPA clarifies that New Mexico Medicaid will not opt to cover adults above 133% FPL. This is a technical change with no impact.

Optional parents and caretakers (S51): This SPA clarifies that New Mexico Medicaid will not opt to cover individuals qualifying as parents or other caretaker relatives. This group (with income up to 133% FPL with a 5% disregard) will be covered in the new adult category. This is a technical change with no impact.

Reasonable classification of individuals (S52): This SPA enables New Mexico Medicaid to have a higher income limit for children under age 19. This is a technical change with no impact.

Non IV-E Adoption Assistance (S53): This SPA clarifies that New Mexico Medicaid will not opt to cover children with special needs for whom there is a non IV-E adoption assistance agreement. These children will be covered in children's Medicaid and CHIP. This is a technical change with no impact.

Optional targeted low income children (S54): This SPA enables New Mexico Medicaid to have a higher income limit for children ages 0 thru 5 than for 6 thru 18. This is a technical change with no impact.

Tuberculosis (S55): This SPA clarifies that New Mexico Medicaid will not opt to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services. This group (with income up to 133% FPL with a 5% disregard) will be covered in the new adult category. This is a technical change with no impact.

Foster care adolescents-Chafee (S57): This SPA enables New Mexico Medicaid to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state. This is a technical change with no impact.

Family planning (S59): This SPA ends this New Mexico Medicaid category of eligibility effective January 31, 2014. This is a limited benefit for family planning services only that will no longer be offered. Current recipients who are below 138% FPL will be automatically transitioned to the new adult category of eligibility. Current recipients who are above 138% FPL will be referred to the NM Health Insurance Marketplace. Some Native Americans may lose this limited benefit, but most will receive a greater benefit package through the new adult benefit.

AFDC income standard (S14): This SPA requires states to provide their AFDC payment standards in effect as of May 1, 1988 and July 16, 1996. The current TANF payment standard and MAGI equivalent is provided.

MAGI income methodology (S10): ACA requires that Medicaid eligibility for most categories be determined by using modified adjusted gross income (MAGI). Like all other states, New Mexico must change the way it uses income to determine Medicaid eligibility. NM's approved MAGI conversion plan seeks to ensure that very few current recipients will lose eligibility under the new methodology.

Residency (S88): This SPA affirms New Mexico's residency regulations. This is a technical change with no impact.

Citizenship and immigration status (S89): This SPA affirms New Mexico's citizenship and immigration status regulations. This is a technical change with no impact.

Eligibility for Medicaid expansion (CS3): New Mexico is required to identify the FPL ranges for Medicaid expansion used for claiming Title XXI match. This is a technical change with no impact.

CHIP transition (CS14): Requires states to continue to cover children who lose Medicaid eligibility as a result of discontinuation of disregards.

Hospital PE/MOSAA (S21): Allows hospitals to conduct Medicaid presumptive eligibility (PE) screenings along with Medicaid application assistance (MOSAA). New Mexico will also opt to expand PE for adults and allow PE to be conducted by IHS facilities and corrections facilities.

Health Insurance Premium Program (HIPP) (13-13): This SPA will discontinue the HIPP program, which pays the private health insurance premiums for Medicaid eligibles as a cost-effective alternative to managed care enrollment, as of January 31, 2014. The HIPP program was closed to new participants on July 1, 1998 except for individuals who continued to maintain eligibility for the program. There are currently about 30 participants in the program. Once closed MAD will no longer pay the private health insurance premiums and the Medicaid eligible HIPP participants will be enrolled into managed care unless specifically exempt from enrollment.

You can also find the proposed SPAs on the MAD website at <http://www.hsd.state.nm.us/mad/TribalConsultation.html>

We welcome your comments/questions on these SPAs. Comments will be received through **November 25, 2013**, to allow time for interested parties to submit their comments. All comments will be reviewed and recorded. HSD will update each SPA application request as necessary based on comments and responses received. All of your comments and responses will be compiled and provided to CMS. These SPAs will be sent to CMS by **December 27, 2013**.

You may send your comments/questions to our Native American Liaison for Medicaid, Theresa Belanger at (505) 827-3122 or by email at Theresa.Belanger@state.nm.us.

Thank you in advance for your input and for your continued support of the Department's Native American initiatives.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Julie B. Weinberg', with a stylized flourish at the end.

Julie B. Weinberg, Director
Medical Assistance Division

Cc: Theresa Belanger, Native American Liaison
Robert Stevens, PPIB