

TITLE 8 SOCIAL SERVICES
CHAPTER 308 MANAGED CARE PROGRAM
PART 6 ELIGIBILITY AND ENROLLMENT

8.308.6.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.308.6.1 NMAC - N, 1-1-14]

8.308.6.2 SCOPE: This rule applies to the general public.
[8.308.6.2 NMAC - N, 1-1-14]

8.308.6.3 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.
[8.308.6.3 NMAC - N, 1-1-14]

8.308.6.4 DURATION: Permanent.
[8.308.6.4 NMAC - N, 1-1-14]

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

8.308.6.6 OBJECTIVE: The objective of this rule is to provide instructions for the service portion of the New Mexico medical assistance programs.
[8.308.6.6 NMAC - N, 1-1-14]

8.308.6.7 DEFINITIONS: [RESERVED]

8.308.6.8 MISSION STATEMENT: 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.
[8.308.6.8 NMAC - N, 1-1-14]

8.308.6.9 MANAGED CARE ELIGIBILITY:

A. General requirements: HSD determines eligibility for enrollment in the medical assistance division (MAD) managed care program. An eligible recipient is required to participate in a HSD managed care program unless specifically excluded as listed below. Enrollment in a particular MCO will be according to the eligible recipient's selection of a MCO at the time of application for eligibility, or during other permitted selection periods, or as assigned by HSD, if the recipient makes no selection.

B. The following eligible recipients, as established by their eligibility category, are excluded from managed care enrollment:

- (1) qualified medicare beneficiaries (QMB)-only recipients;
- (2) specified low income medicare beneficiaries;
- (3) qualified individuals;
- (4) qualified disabled working individuals;
- (5) refugees;
- (6) participants in the program of all inclusive care for the elderly (PACE); and
- (7) children and adolescents in out-of-state foster care or adoption placements.

C. A native American who does not meet a nursing facility (NF) level of care or intermediate care facility for individuals with intellectual disabilities (ICF/IID) levels of care (LOC) or is not dually-eligible for both medicaid and medicare will not be enrolled in a HSD managed care program unless the eligible recipient elects to enroll.

D. For those individuals who are not otherwise eligible for medicaid and who meet the financial and medical criteria established by HSD, HSD or its authorized agent may further determine eligibility for managed care enrollment through a waiver allocation process contingent upon available funding and enrollment capacity.

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

8.308.6.10 SPECIAL SITUATIONS:

A. HSD has established newborn eligibility criteria.

(1) When a child is born to a member enrolled in a MCO, the hospital or other providers will complete a MAD Form 313 (*notification of birth*) or its successor, prior to or at the time of discharge. HSD shall ensure that upon receipt of the MAD Form 313 and upon completion of the eligibility process, the newborn is enrolled into his or her mother's MCO. The newborn is eligible for a period of 12 months, starting with the month of his or her birth.

(2) When the newborn's mother is covered by health insurance through the New Mexico health insurance exchange and the mother's qualified health plan is also an HSD-contracted MCO, HSD will enroll the newborn into the mother's MCO as of the month of his or her birth.

(3) When the newborn member's mother is covered by health insurance through New Mexico health insurance exchange and the mother's qualified health plan is not an HSD-contracted MCO, HSD shall auto-assign and enroll the newborn in a medicaid MCO as of the month of his or her birth. The newborn member's parent or legal guardian will have one opportunity during the 90 calendar day period from the effective date of enrollment to change the newborn's MCO assignment.

B. Community benefit eligibility:

(1) A member who meets a NF LOC and is eligible for the community benefit will be eligible to receive home and community-based services and may choose to receive such services either through an agency-based or self-directed model according to the self-direction criteria as outlined in 8.308.9 NMAC.

(2) An individual who is not otherwise eligible for medicaid services but meets certain financial requirements and has a NF LOC determination may be eligible for enrollment through a waiver allocation process, contingent upon funding and enrollment capacity.

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

HISTORY OF 8.308.6 NMAC: [RESERVED]