

**DEPARTMENTAL MEMORANDUM**

**MAD-MR: 16-06**

**DATE:**

**TO: MEDICAL ASSISTANCE DIVISION AND INCOME SUPPORT DIVISION STAFF**

**FROM: NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION**  
**MARILYN MARTINEZ, DIRECTOR, INCOME SUPPORT DIVISION**

**THROUGH: ROY BURT, CHIEF, ELIGIBILITY BUREAU**

**BY: RICHARD McINTYRE, PROGRAM ADMINISTRATOR, ELIGIBILITY BUREAU**

**SUBJECT: 2016 MAD 222 and MAD 399, also DELETE AND REMOVE OBSOLETE MAD 214**

**GENERAL INFORMATION**

The MAD 222 AFFORDABLE CARE MEDICAID PROGRAMS and the MAD 399 MEDICARE SAVINGS PROGRAMS ELIGIBILITY CRITERIA AND PROCESSING COMPARISON FOR CATEGORIES 40 AND 45 forms have been updated to reflect 2016 Federal Poverty Level guidelines that are effective on April 1, 2016. The MAD 214 MEDICAL ASSISTANCE FOR WOMEN AND CHILDREN (MAWC) form is now obsolete and the attached MAD 222 shall be used in its place effective April 1, 2016.

Please update the Forms Manual Index and insert copies of the revised MAD 222 and MAD 399 forms in the manual. Please also delete and remove the MAD 214 form in the manual.

**FILING INSTRUCTIONS**

Please make the following replacements in the Medical Assistance Eligibility Manual:

Delete and Remove form MAD 214 dated 4-1-15 (obsolete)

DELETE MAD 222 dated 4-1-15

INSERT MAD 222 dated 4-1-16

DELETE MAD 399 dated 1-1-16

INSERT MAD 399 dated 4-1-16

Please address any questions concerning these guidelines to Richard McIntyre at [Richard.McIntyre@state.nm.us](mailto:Richard.McIntyre@state.nm.us) or call (505) 476-6818

Attachments

MAD 222

MAD 399



# AFFORDABLE CARE MEDICAID PROGRAMS

## Federal Poverty Level (FPL)

Effective 4/1/16 – 3/31/17

<p><b>Category 029 - Family Planning</b></p> <ul style="list-style-type: none"> <li>• Family Planning Services Only</li> <li>• 12 months eligibility</li> <li>• Income must be under 235% FPL</li> <li>• No resource standard</li> <li>• No Centennial Care Organization (MCO)</li> </ul>	<p><b>CATEGORY 031- Newborn -</b> No application required, no enumeration, Infant eligible for Full Medicaid for 12 months starting with birth with the following:</p> <ul style="list-style-type: none"> <li>• The mother remains, or would be if still pregnant, eligible for Medicaid</li> <li>• The mother was approved for EMSA services for the birth and delivery of the infant</li> <li>• The infant continues to reside in NM</li> </ul>
<p><b>CATEGORY 100 – Other Adults</b></p> <ul style="list-style-type: none"> <li>• Alternative Benefit Coverage</li> <li>• Income must be under 133% FPL</li> <li>• No resource standard</li> <li>• No Medicare on this program</li> <li>• No Pregnancy on this program</li> </ul>	<p><b>Category 200 – Parent Caretaker</b></p> <ul style="list-style-type: none"> <li>• Full Medicaid</li> <li>• Income must be under Fixed Standard</li> <li>• Household must have a relative child in household (5<sup>th</sup> degree if not parent)</li> <li>• No resource standard</li> </ul>
<p><b>Category 300 – Full Pregnant Women</b></p> <ul style="list-style-type: none"> <li>• Full Medicaid</li> <li>• Income must be under Fixed Standard</li> <li>• 2 months post-partum</li> <li>• No resource standard</li> </ul>	<p><b>Category 301- Pregnancy Services Only</b></p> <ul style="list-style-type: none"> <li>• Pregnancy Services only</li> <li>• Income must be under 250% FPL</li> <li>• 2 months post-partum</li> <li>• No resource standard</li> </ul>
<p><b>Categories 400, 401, 402, 403–Children’s</b></p> <ul style="list-style-type: none"> <li>• Full Medicaid for children up to age 19</li> <li>• No resource standard</li> <li>• Eligible even if children have health insurance or have voluntarily dropped insurance</li> <li>• Income must be under the following FPL:             <ul style="list-style-type: none"> <li>○ 400 Children 0-5 -----0%-200%</li> <li>○ 401 Children 6-18-----0%-138%</li> <li>○ 402 Children 0-5 ----200%-240%</li> <li>○ 403 Children 6-18----138%-190%</li> </ul> </li> </ul>	<p><b>Categories 420, 421–Children’s Health Insurance Program (CHIP)</b></p> <ul style="list-style-type: none"> <li>• Full Medicaid for children up to age 19</li> <li>• No qualified health insurance plan (QHP)</li> <li>• Co-payments on doctor visits, prescriptions, etc.</li> <li>• No co-payments for Native American children</li> <li>• Income must be under the following FPL:             <ul style="list-style-type: none"> <li>○ 420 Children 0-5 ----- 240%-300%</li> <li>○ 421 Children 6-18 ----- 190%-240%</li> </ul> </li> </ul>

HOUSE HOLD SIZE	Fixed Standard Apprx 46%	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% Disregard When Applicable
1	\$451	\$990	\$1,317	\$1,367	\$1,881	\$1,980	\$2,327	\$2,376	\$2,475	\$2,970	\$49.50
2	\$608	\$1,335	\$1,776	\$1,843	\$2,537	\$2,670	\$3,138	\$3,204	\$3,338	\$4,005	\$66.75
3	\$765	\$1,680	\$2,235	\$2,319	\$3,192	\$3,360	\$3,948	\$4,032	\$4,200	\$5,040	\$84.00
4	\$923	\$2,025	\$2,694	\$2,795	\$3,848	\$4,050	\$4,759	\$4,860	\$5,063	\$6,075	\$101.25
5	\$1,080	\$2,370	\$3,153	\$3,271	\$4,503	\$4,740	\$5,570	\$5,688	\$5,925	\$7,110	\$118.50
6	\$1,238	\$2,715	\$3,611	\$3,747	\$5,159	\$5,430	\$6,381	\$6,516	\$6,788	\$8,145	\$135.75
7	\$1,395	\$3,061	\$4,071	\$4,224	\$5,816	\$6,122	\$7,193	\$7,346	\$7,653	\$9,183	\$153.05
8	\$1,553	\$3,408	\$4,532	\$4,703	\$6,475	\$6,815	\$8,008	\$8,178	\$8,519	\$10,223	\$170.40
+1	\$158	\$347	\$461	\$479	\$659	\$693	\$815	\$832	\$866	\$1,040	\$17.35

**\*COE 402, 403 the 5% Disregard applies only when QHP exists for the client.**

**\*COE 200 the 5% Disregard applies only if age 65 and above (w/dependent) OR Medicare eligible.**

## MEDICARE SAVINGS PROGRAMS ELIGIBILITY CRITERIA AND PROCESSING COMPARISON FOR CATEGORIES 40 AND 45

	<b>QUALIFIED MEDICARE BENEFICIARY (QMB)</b>	<b>SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLIMB)</b>	<b>QUALIFIED INDIVIDUALS (QI-1)</b>
<b>MEDICARE PART A</b>	Will pay Conditional Part A premium	Will NOT pay Conditional Part A premium	Will NOT pay Conditional Part A premium
<b>ELIGIBILITY BEGINS</b>	The month after the month of approval	The month of approval	The month of approval
<b>RETROACTIVE COVERAGE</b>	None	Up to 3 months may be entered in ASPEN	Up to 3 months may be entered in ASPEN
<b>COVERED SERVICE</b>	<ul style="list-style-type: none"> <li>✓ Medicare Part B Premium \$121.80 (2016)</li> <li>✓ Medicare Part A Premium \$411.00 (2016)</li> <li>✓ Medicare Co-pay amounts</li> <li>✓ Medicare Deductibles:               <ul style="list-style-type: none"> <li>• 2016 Hospital \$1,288.00</li> <li>• 2016 Doctor \$166.00</li> </ul> </li> </ul> Deemed LIS eligible for Medicare Part D	Medicare Part B Premium Only! No other benefit coverage  NO Medicaid card is issued  Deemed LIS eligible for Medicare Part D	Medicare Part B Premium Only! No other benefit coverage  NO Medicaid card is issued  Deemed LIS eligible for Medicare Part D
<b>INCOME LIMIT</b> (one \$20 deduction per household is allowed before the federal guidelines apply.) FPL Guidelines are revised every April	100 % Federal Poverty Guidelines  <ul style="list-style-type: none"> <li>✓ Individual \$990.00</li> <li>✓ Couple \$1,335.00</li> </ul>	100% - 120% Federal Poverty Guidelines  <ul style="list-style-type: none"> <li>✓ Individual At least \$990.00 but no more than \$1,188.00</li> <li>✓ Couple At least \$1,335.00 but no more than \$1,602.00</li> </ul>	120% - 135% Federal Poverty Guidelines:  <ul style="list-style-type: none"> <li>✓ Individual At least \$1,188.00 but no more than \$1,337.00</li> <li>✓ Couple At least \$1,602.00 but no more than \$1,803.00</li> </ul>
<b>RESOURCE LIMIT</b>	Individual - \$8,780 Couple - \$13,930  * These resource limits include \$1,500 per person in resources that are used for burial expenses.		