NMAC Transmittal Form



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2019 JUL 16 PM 1: 3.7

olume: XXX	Issue: 14 Publication d	ate: 7/30/2019 Numbe		LD Use Only) 245.13 equence No.			
suing agency na	me and address:			Agency DFA co			
HSD - Medical Assistance Division							
ontact person's n	name:	Phone number:	E-mail address:				
Tabitha Mondrag	on .	505-827-3171	tabitha.mondrag	on@state.nm.us			
pe of rule action):	•		(ALD Use Only) Most recent filing date:			
ew Amend	ment 🗸 Repeal 🔲 Emer	gency Renumber		9/14/2017			
tle number:	Title name:						
3	Social Services						
napter number:	Chapter name:						
200	Medicaid Eligibility - General Recipient Rules						
art number:	Part name:						
10	General Medicaid Eligibility						
mendment descr	iption (If filing an amendment)	: Amenda	nent's NMAC citation (1	(f filing an amendment):			
mending (1) Se	ction	Section	1 18 of 8.200.410 NMA	AC			
e there any mat	erials incorporated by reference	e? Please list attachments o	r Internet sites if appli	cable.			
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	Concise Explanate	ory Statement For	r Rulemaking	Adoption:			
Specific sta	tutory or other autho	rity authorizing rule	making:				
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iouse bill 5/1 ai	nd State Buy-In Agreement						
							
lotice date(s):	Hearing date(s):	Rule adopt	tion date:	Rule effective date:			
				Rule effective date.			

Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

8.200.410 NMAC is being updated as mandated by state legislation contained in House Bill (HB) 371. HB371 requires the state to provide for the automatic enrollment of into Medicare Part B coverage individuals whom it deems eligible for participating in the Qualified Medicare Beneficiary (QMB) program and who are not enrolled in Medicare Part B coverage. Rather than limit automatic enrollment to QMB, as stated in HB371, the Department will automatically enroll into Medicare Part B individuals on most

Continued on next page

Findings required for rulemaking adoption:



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2019 JUL 16 PM 1: 37

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ssuing authority (If delegated, authority letter must be on file	with ALD):	ماداد المحمد المعاربة
ame:	<u> </u>	Check if authority has been deleg
David R. Scrase, M.D.		
Secretary		
Signature: (BLACK ink only)		Date signed:
		7/12/-
Defruition		7/13/19

2019 JUL 16 PH 1: 38

This is an amendment to 8.200.410 NMAC, Section 18, effective 8/1/2019.

8.200.410.18	AUTO	MATIC	C ENROLLMENT INTO MEDICARE PART B COVERAGE:		
Α.	Beginni	ng Aug	rust 1, 2019, HSD automatically enrolls into medicare part B individuals:		
	(1)	who a	re active on a full medicaid or medicare savings program category of eligibility		
with the exception of the following categories:					
		(a)	other adults (COE 100);		
		(b)	newborn (COE 031);		
		(c)	children, youth and families department medicaid categories (COEs 017, 037,		
046, 047, 066, and 086);					
		(d)	family planning (COE 029);		
		(e)	pregnancy services (COE 301);		
		(f)	refugee (COE 049 and 059);		
		(g)	qualified disabled working individuals (COE 050);		
		(h)	breast and cervical cancer (COE 052); and		
	(2)	who a	re enrolled in medicare part A and eligible for and not enrolled in medicare part B.		
В.	HSD in	forms a	applicants and recipients in writing who may be eligible for automatic enrollment		
into medicare part B. HSD will automatically enroll eligible individuals into medicare part B regardless of whether					
general or open enrollment of medicare part B is allowed under federal law at the time an individual is approved for					
medicaid.					
[8.200.410.18 NMAC - N, 8/1/2019].					