TITLE 8 SOCIAL SERVICES
CHAPTER 231 MEDICAID ELIGIBILITY - INFANTS OF MOTHERS WHO ARE MEDICAID OR MEDICAL ASSISTANCE PROGRAM ELIGIBLE
PART 600 BENEFIT DESCRIPTION

8.231.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.231.600.1 NMAC - Rp, 8.231.600.1 NMAC, 1/1/2014]

8.231.600.2 SCOPE: The rule applies to the general public.
[8.231.600.2 NMAC - Rp, 8.231.600.2 NMAC, 1/1/2014]

8.231.600.3 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.
[8.231.600.3 NMAC - Rp, 8.231.600.3 NMAC, 1/1/2014]

8.231.600.4 DURATION: Permanent.
[8.231.600.4 NMAC - Rp, 8.231.600.4 NMAC, 1/1/2014]

8.231.600.5 EFFECTIVE DATE: January 1, 2014, unless a later date is cited at the end of a section.
[8.231.600.5 NMAC - Rp, 8.231.600.5 NMAC, 1/1/2014]

8.231.600.6 OBJECTIVE: The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility policy manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining MAD eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.
[8.231.600.6 NMAC - Rp, 8.231.600.6 NMAC, 1/1/2014]

8.231.600.7 DEFINITIONS: [RESERVED]

8.231.600.8 [~~**MISSION:** 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.~~] **[RESERVED]**
[8.231.600.8 NMAC - Rp, 8.231.600.8 NMAC, 1/1/2014; A, xx-xx-xx]

8.231.600.9 BENEFIT DESCRIPTION: An applicant or recipient who is eligible for medicaid under this category is eligible to receive the full range of medicaid services.
[8.231.600.9 NMAC - Rp, 8.231.600.9 NMAC, 1/1/2014]

8.231.600.10 BENEFIT DETERMINATION:

A. Medical service providers must give the name and case number of the New Mexico medicaid eligible mother and the name, birth date, sex of the newborn, and the name of the hospital where the birth occurred to local county income support division (ISD) office. Within three days after receipt of this information, the income support specialist (ISS):

(1) determines if the mother was eligible for New Mexico medicaid at the time of birth or if the birth and delivery was covered by emergency medical services to undocumented aliens (EMSA);

(2) registers the newborn for medicaid on the system; a signed application is not required;

(3) provides eligibility information to the hospital; and

(4) notifies the mother that a signed application is necessary to establish the newborn's eligibility for TANF, if applicable.

B. Processing time limit: All applications must be processed within 45 days from the date of application. The time limit begins on the day the signed application is received. Applications must be acted upon and notice of approval, denial or delay sent out within the required time limit. The ISS explains the time limit and that the applicant may request an administrative hearing if the application pends longer than the time limit allows.

[8.231.600.10 NMAC - Rp, 8.231.600.10 NMAC, 1/1/2014]

8.231.600.11 INITIAL BENEFITS (42 CFR 435.117): [~~Notices of eligibility determinations are automatically generated and mailed to applicants or recipients.~~

~~**A. Move during eligibility determination:** If an applicant moves to another county while the eligibility determination is pending, the county ISD office in which the application was originally registered transfers the case to the new responsible office.~~

~~**B. Delays in eligibility determination:** If an eligibility determination is not made within the time limit, the applicant is notified in writing of the reason for the delay. This notice also informs the applicant or recipient of the right to request an administrative hearing.~~]

A. Eligibility: HSD provides medicaid to children from birth until the child's first birthday without application if, for the date of the child's birth, the child's mother was eligible for and received covered services under:

(1) the medicaid state plan (including during a period of retroactive eligibility under 42 CFR 435.915) regardless of whether payment for services for the mother is limited to services necessary to treat an emergency medical condition, as defined in section 1903(v)(3) of the Act.

(2) the child is deemed to have applied and been determined eligible under the medicaid state plan effective as of the date of birth, and remains eligible regardless of changes in circumstances until the child's first birthday, unless the child dies or ceases to be a resident of the state or the child's representative requests a voluntary termination of eligibility.

B. Medicaid identification number: The medicaid identification number of the mother serves as the child's identification number, and all claims for covered services provided to the child may be submitted and paid under such number, unless and until the state issues the child a separate identification number.

(1) HSD will issue a separate medicaid identification number for the child prior to the effective date of any termination of the mother's eligibility or prior to the date of the child's first birthday, whichever is sooner, except that HSD will issue a separate medicaid identification number in the case of a child born to a mother:

(a) whose coverage is limited to services necessary for the treatment of an emergency medical condition, consistent with 42 CFR 435.139 or 435.350; or

(b) who received medicaid in another state on the date of birth.

[8.231.600.11 NMAC - Rp, 8.231.600.11 NMAC, 1/1/2014; A, xx-xx-xx]

8.231.600.12 ONGOING BENEFITS: A newborn remains eligible for assistance under Category 031 for up to 12 months, as long as the newborn remains in New Mexico.
[8.231.600.12 NMAC - Rp, 8.231.600.12 NMAC, 1/1/2014]

8.231.600.13 RETROACTIVE BENEFIT COVERAGE: [~~A woman who applies for New Mexico medicaid after the birth of her newborn and is determined retroactively eligible for the month of the newborn's birth, or for a prior month within the three-month retroactive period, is deemed to have been eligible for and receiving medicaid at the time of the birth. Her newborn qualifies for New Mexico medicaid for 12 months beginning with the month of birth, providing the criteria listed above apply. Up to three months of retroactive medicaid coverage can be furnished to applicants who have received medicaid-covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three months prior to the month of application. [42 CFR Section 435.914].~~] A newborn is deemed to have applied and been found eligible for the newborn category of eligibility beginning with the birth month and remains eligible for one year. This applies in instances where the labor and delivery services were furnished prior to the date of the application and covered by medicaid based on the mother applying for up to three months of retroactive eligibility.

A. Application for retroactive benefit coverage: Application for retroactive medicaid can be made by checking "yes" in the "application for retroactive medicaid payments" box on the application/redetermination of eligibility for medicaid assistance (MAD 381) form or by checking "yes" to the question "does anyone in your household have unpaid medical expenses in the last three months?" on the application for assistance (ISD S) form. Applications for retroactive medicaid benefits must be made no later than 180 days from the date of application for assistance. Medicaid covered services which were furnished more than two years prior to application are not covered.

B. Approval requirements: To establish retroactive eligibility, the ISS must verify that all conditions of eligibility were met for each of the three retroactive months and that the applicant received medicaid-covered services. Each month must be approved or denied on its own merits. Retroactive eligibility can be approved on either the eligibility system (for categories programmed on that system) or on the retroactive medicaid eligibility authorization (MAD 333) form.

C. Notice:

(1) Notice to applicant: The applicant must be informed if eligibility for any of the retroactive months is denied.

(2) Recipient responsibility to notify provider: After the retroactive eligibility has been established, the ISD worker must notify the recipient that he is responsible for informing all providers with outstanding bills of the retroactive eligibility determination. If the recipient fails to inform all providers and furnish verification of eligibility which can be used for billing and the provider consequently does not submit the billing within 120 days from the date of approval of retroactive coverage, the recipient is responsible for payment of the bill.

[8.231.600.13 NMAC - Rp, 8.231.600.13 NMAC, 1/1/2014]

8.231.600.14 CHANGE IN ELIGIBILITY: If the newborn is placed on MAD Category 400 or 420 and then loses eligibility for either of these categories, the newborn can still be eligible for Category 031 if he meets Category 031 requirements for the remainder of the 12 month period. A new application is not required

[8.231.600.14 NMAC - Rp, 8.231.600.14 NMAC, 1/1/2014]

8.231.600.15 PERIODIC REDETERMINATIONS OF ELIGIBILITY (42 CFR 435.117(d)): A redetermination of eligibility must be completed on behalf of the children described in this provision in accordance with 42 CFR 435.916.

[8.231.600.15 - N, xx-xx-xx]

8.231.600.16 ENUMERATION AND CITIZENSHIP:

A. HSD requires, as a condition of eligibility, that each individual (including children) seeking medicaid furnish each of his or her Social Security numbers (SSN) per 42 CFR 435.910(a). HSD will request an SSN at renewal if not already provided.

B. Newborns who were initially eligible for medicaid as deemed newborns are considered to have provided satisfactory documentation of citizenship and identity.

[8.231.600.16 - N, xx-xx-xx]

HISTORY OF 8.231.600 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center:

ISD 290.1000, Medical Assistance for Woman and Children, filed 11/13/1984.
ISD FA 830, Medical Assistance for Woman and Children and AFDC Related Groups, filed 2/10/1988.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 8/11/1988.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 9/8/1988.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 9/30/1988.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 12/1/1988.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 3/31/1989.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 6/8/1989.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 12/28/1989.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 12/29/1989.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 3/1/1991.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 6/5/1992.

History of Repealed Material:

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 6/5/1992 - Repealed effective 2/1/1995.
8.231.600 NMAC, Benefit Description, filed 12/10/2007 - Repealed 1/1/2014.