

AFFORDABLE CARE MEDICAID PROGRAMS

Federal Poverty Level (FPL) Effective 4/1/19 - 3/31/20

Category 029 - Family Planning Category 031 - Newborn – The Notification of Birth is required to establish eligibility. Neither a signed application or enumeration Family Planning Services Only are required. Category 031 is Full Medicaid for 13 months starting Income must be under 250% FPL the birth month with the following: No Centennial Care Organization (MCO) Mothers who are eligible for and receiving Medicaid at . No other health insurance • the time of child's birth, including retroactive eligibility Coverage up to age 51 and do not have other health • The mother was approved for EMSA services for the birth • insurance and delivery of the child Individuals who are under the age of 65, who only have . The infant continues to reside in New Mexico • Medicare coverage and no other health insurance **Category 100 - Other Adults Category 200 - Parent Caretaker** Full Medicaid Alternative Benefit Coverage Income must be under 133% FPL Income must be under Fixed Standard No Medicare on this program Household must have a relative child in household (5th degree if not parent) • No Pregnancy on this program **Category 300 - Full Pregnant Women Category 301 - Pregnancy Services Only** Full Medicaid • Pregnancy Services (considered Full Medicaid) Income must be under Fixed Standard Income must be under 250% FPL • 2 months post-partum 2 months post-partum • **Categories 420, 421 - Children's Health Insurance** Categories 400, 401, 402, 403 - Children's Medicaid Program (CHIP) Full Medicaid for children up to age 19 • Full Medicaid for children up to age 19 Eligible even if children have health insurance or have voluntarily dropped insurance No other health insurance • Income must be under the following FPL: No Co-payments Income must be under the following FPL: . • 401 Children 6 - 18 ----- 0% - 138% 420 Children 0 - 5 — 240% - 300% \cap 402 Children 0 - 5 ---- 200% - 240% 421 Children 6 - 18 – 190% - 240% \cap o 403 Children 6 - 18 - 138% - 190% 5% of 100% FPL Household Fixed Disregard When 100% 190% 200% 300% 133% 138% 235% 240% 250% Size Standard Applicable 1 \$451 \$3,123 \$1,041 \$1,385 \$1,437 \$1,978 \$2,082 \$2,446 \$2,498 \$2,603 2 \$608 \$1.410 \$3.523 \$4,228 \$1.875 \$1.945 \$2.678 \$2,819 \$3.312 \$3,382 3 \$765 \$1,778 \$5,333 \$2,365 \$2,453 \$3,378 \$3,555 \$4,178 \$4,266 \$4.444 4 \$923 \$5,365 \$6.438 \$2.962 \$4.292 \$2.146 \$2,854 \$4.078 \$5,043 \$5,150 5 \$1,080 \$2.515 \$7,543 \$3.344 \$3.470 \$4.777 \$5.029 \$5.909 \$6.034 \$6.286 6 \$1,238 \$2.883 \$3,834 \$3.978 \$5,477 \$5,765 \$6,774 \$6.918 \$7.207 \$8,648 7 \$1.395 \$9.753 \$3.251 \$4,324 \$4,487 \$6,177 \$6,502 \$7,640 \$7,802 \$8,128 8 \$1,553 \$10,858 \$3,620 \$4,814 \$4,995 \$6,877 \$7,239 \$8,506 \$8,686 \$9,048 +1\$158 \$369 \$490 \$508 \$700 \$737 \$866 \$884 \$920 \$1,105 COE 402, 403, the 5% FPL Disregard applies only when other health insurance exists for the client COE 200, the 5% FPL Disregard applies only if age 65 and above OR Medicare eligible No resource standard for Affordable Care Medicaid Programs ٠

\$52.00

\$71.00

\$89.00

\$107.00

\$126.00

\$144.00

\$163.00

\$181.00

\$18.00

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