

AFFORDABLE CARE MEDICAID PROGRAMS Federal Poverty Level (FPL)

Effective 4/1/17 - 3/31/18

MEDICAL ASSISTANCE DIVISION						
 Category 029 - Family Planning Family Planning Services Only 12 months eligibility Income must be under 250% FPL No resource standard No Centennial Care Organization (MCO) 	 Category 031- Newborn - No application required, no enumeration, Infant eligible for Full Medicaid for 12 months starting with birth with the following: The mother remains, or would be if still pregnant, eligible for Medicaid The mother was approved for EMSA services for the birth and delivery of the infant The infant continues to reside in NM 					
Category 100 – Other Adults	Category 200 – Parent Caretaker					
 Alternative Benefit Coverage Income must be under 133% FPL No resource standard No Medicare on this program No Pregnancy on this program 	 Full Medicaid Income must be under Fixed Standard Household must have a relative child in household (5th degree if not parent) No resource standard 					
Category 300 – Full Pregnant Women	Category 301- Pregnancy Services Only					
 Full Medicaid Income must be under Fixed Standard 2 months post-partum No resource standard 	 Pregnancy Services only Income must be under 250% FPL 2 months post-partum No resource standard 					
Categories 400, 401, 402, 403 – Children's • Full Medicaid for children up to age 19	Categories 420, 421– Children's Health Insurance Program (CHIP)					
 No resource standard Eligible even if children have health insurance or have voluntarily dropped insurance Income must be under the following FPL: 400 Children 0-50% -200% 401 Children 6-180% -138% 402 Children 0-5200% -240% 403 Children 6-18138% -190% 	 Full Medicaid for children up to age 19 No qualified health insurance plan (QHP) Co-payments on doctor visits, prescriptions, etc. No co-payments for Native American children Income must be under the following FPL: 420 Children 0-5 240%-300% 421 Children 6-18 					

HOUSEHOLD SIZE	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% Disregard When Applicable
1	\$451	\$1,005	\$1,337	\$1,387	\$1,910	\$2,010	\$2,362	\$2,412	\$2,513	\$3,015	\$50.25
2	\$608	\$1,354	\$1,800	\$1,868	\$2,572	\$2,707	\$3,181	\$3,248	\$3,384	\$4,060	\$67.67
3	\$765	\$1,702	\$2,264	\$2,349	\$3,234	\$3,404	\$3,999	\$4,084	\$4,255	\$5,105	\$85.08
4	\$923	\$2,050	\$2,727	\$2,829	\$3,895	\$4,100	\$4,818	\$4,920	\$5,125	\$6,150	\$102.50
5	\$1,080	\$2,399	\$3,190	\$3,310	\$4,557	\$4,797	\$5,637	\$5,756	\$5,996	\$7,195	\$119.92
6	\$1,238	\$2,747	\$3,654	\$3,791	\$5,219	\$5,494	\$6,455	\$6,592	\$6,867	\$8,240	\$137.33
7	\$1,395	\$3,095	\$4,117	\$4,272	\$5,881	\$6,190	\$7,274	\$7,428	\$7,738	\$9,285	\$154.75
8	\$1,553	\$3,444	\$4,580	\$4,752	\$6,543	\$6,887	\$8,092	\$8,264	\$8,609	\$10,330	\$172.17
+1	\$158	\$349	\$463	\$480	\$662	\$697	\$818	\$836	\$871	\$1,045	\$17.42

*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.

MAD 222 Revised: 4/01/2017