



AFFORDABLE CARE MEDICAID PROGRAMS Federal Poverty Level (FPL)

Effective 4/1/16 – 3/31/17

<p>Category 029 - Family Planning</p> <ul style="list-style-type: none"> • Family Planning Services Only • 12 months eligibility • Income must be under 235% FPL • No resource standard • No Centennial Care Organization (MCO) 	<p>CATEGORY 031- Newborn - 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"> • 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
<p>CATEGORY 100 – Other Adults</p> <ul style="list-style-type: none"> • Alternative Benefit Coverage • Income must be under 133% FPL • No resource standard • No Medicare on this program • No Pregnancy on this program 	<p>Category 200 – Parent Caretaker</p> <ul style="list-style-type: none"> • Full Medicaid • Income must be under Fixed Standard • Household must have a relative child in household (5th degree if not parent) • No resource standard
<p>Category 300 – Full Pregnant Women</p> <ul style="list-style-type: none"> • Full Medicaid • Income must be under Fixed Standard • 2 months post-partum • No resource standard 	<p>Category 301- Pregnancy Services Only</p> <ul style="list-style-type: none"> • Pregnancy Services only • Income must be under 250% FPL • 2 months post-partum • No resource standard
<p>Categories 400, 401, 402, 403–Children’s</p> <ul style="list-style-type: none"> • Full Medicaid for children up to age 19 • No resource standard • Eligible even if children have health insurance or have voluntarily dropped insurance • Income must be under the following FPL: <ul style="list-style-type: none"> ○ 400 Children 0-5 -----0%-200% ○ 401 Children 6-18-----0%-138% ○ 402 Children 0-5 ----200%-240% ○ 403 Children 6-18----138%-190% 	<p>Categories 420, 421–Children’s Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 420 Children 0-5 ----- 240%-300% ○ 421 Children 6-18 ----- 190%-240%

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

	QUALIFIED MEDICARE BENEFICIARY (QMB)	SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLIMB)	QUALIFIED INDIVIDUALS (QI-1)
MEDICARE PART A	Will pay Conditional Part A premium	Will NOT pay Conditional Part A premium	Will NOT pay Conditional Part A premium
ELIGIBILITY BEGINS	The month after the month of approval	The month of approval	The month of approval
RETROACTIVE COVERAGE	None	Up to 3 months may be entered in ASPEN	Up to 3 months may be entered in ASPEN
COVERED SERVICE	<ul style="list-style-type: none"> ✓ Medicare Part B Premium \$121.80 (2016) ✓ Medicare Part A Premium \$411.00 (2016) ✓ Medicare Co-pay amounts ✓ Medicare Deductibles: <ul style="list-style-type: none"> • 2016 Hospital \$1,288.00 • 2016 Doctor \$166.00 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
INCOME LIMIT (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"> ✓ Individual \$990.00 ✓ Couple \$1,335.00 	100% - 120% Federal Poverty Guidelines <ul style="list-style-type: none"> ✓ Individual At least \$990.00 but no more than \$1,188.00 ✓ Couple At least \$1,335.00 but no more than \$1,602.00 	120% - 135% Federal Poverty Guidelines: <ul style="list-style-type: none"> ✓ Individual At least \$1,188.00 but no more than \$1,337.00 ✓ Couple At least \$1,602.00 but no more than \$1,803.00
RESOURCE LIMIT	Individual - \$8,780 Couple - \$13,930 * These resource limits include \$1,500 per person in resources that are used for burial expenses.		