TITLE 8 SOCIAL SERVICES
CHAPTER 308 MANAGED CARE PROGRAM
PART 6 MANAGED CARE ORGANIZATION (MCO) ENROLLMENT

8.308.6.1 ISSUING AGENCY: New Mexico health care authority (HCA).
[8.308.6.1 NMAC - Rp, 8.308.6.1 NMAC, 5/1/2018; A, 7/1/2024; A, 8/1/2026]

8.308.6.2 SCOPE: This rule applies to the general public.
[8.308.6.2 NMAC - Rp, 8.308.6.2 NMAC, 5/1/2018]

8.308.6.3 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 Section 27-1-12 et seq., NMSA 1978. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority (HCA) as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.
[8.308.6.3 NMAC - Rp, 8.308.6.3 NMAC, 5/1/2018; A, 7/1/2024]

8.308.6.4 DURATION: Permanent.
[8.308.6.4 NMAC - Rp, 8.308.6.4 NMAC, 5/1/2018]

8.308.6.5 EFFECTIVE DATE: May 1, 2018, unless a later date is cited at the end of a section.
[8.308.6.5 NMAC - Rp, 8.308.6.5 NMAC, 5/1/2018]

8.308.6.6 OBJECTIVE: The objective of this rule is to provide instructions for the service portion of the New Mexico medical assistance programs.
[8.308.6.6 NMAC - Rp, 8.308.6.6 NMAC, 5/1/2018]

8.308.6.7 DEFINITIONS: [**RESERVED**]

8.308.6.8 MISSION STATEMENT: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.
[8.308.6.8 NMAC - Rp, 8.308.6.8 NMAC, 5/1/2018; A, 8/10/2021; A, 8/1/2026]

8.308.6.9 MANAGED CARE ELIGIBILITY:

A. General requirements: HCA determines eligibility for medicaid. An eligible recipient is required to participate in an HCA managed care program unless specifically excluded as listed below. Enrollment in a particular managed care organization (MCO) will be according to the eligible recipient's selection of an MCO at the time of application for eligibility, or during other permitted selection periods, or as assigned by HCA, if the eligible recipient makes no selection.

B. The following eligible recipients, as established by their eligibility category, are excluded from managed care enrollment:

(1) qualified medicare beneficiaries (QMB)-only recipients;
(2) specified low income medicare beneficiaries (SLIMB) only;
(3) qualified individuals;
(4) qualified disabled working individuals;
(5) refugees;
(6) participants in the program of all-inclusive care for the elderly (PACE);
(7) children and adolescents in out-of-state foster care or adoption placements;
(8) family planning-only eligible recipients and;
(9) residents in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

C. Native Americans may opt into managed care. If a Native American is dually eligible or in need of long-term care services, they are required to enroll in an MCO.

D. For those individuals who are not otherwise eligible for medicaid and who meet the financial and medical criteria established by HCA, HCA or its authorized agent may further determine eligibility for managed

care enrollment through a waiver allocation process contingent upon available funding and enrollment capacity.
[8.308.6.9 NMAC - Rp, 8.308.6.9 NMAC, 5/1/2018; A, 1/1/2019; A, 8/10/2021; A, 8/1/2026]

8.308.6.10 SPECIAL SITUATIONS:

A. HCA newborn enrollment criteria.

(1) When a child is born to a member enrolled in a MCO, the hospital or other providers will complete a MAD form 313 (*notification of birth*) or its successor, prior to or at the time of discharge. HCA shall ensure that upon receipt of the MAD form 313 and upon completion of the eligibility process, the newborn is enrolled into their mother's MCO. The newborn is eligible for a period of 13 months, starting with the month of their birth.

(2) When the newborn's mother is covered by health insurance through the New Mexico health insurance exchange and the mother's qualified health plan is also an HCA-contracted MCO, HCA will enroll the newborn into the mother's MCO as of the month of their birth.

(3) When the newborn member's mother is covered by health insurance through New Mexico health insurance exchange and the mother's qualified health plan is not an HCA-contracted MCO, HCA shall auto-assign and enroll the newborn in a medicaid MCO as of the month of their birth.

(4) The newborn member's parent or legal guardian will have three months from the first day of the month of birth to change the newborn's MCO assignment. After the three-month period, the newborn's MCO enrollment may only be changed for cause, as set forth in Paragraph (2) of Subsection H of 8.308.7.9 NMAC.

B. Community benefit eligibility:

(1) A member who meets a nursing facility (NF) level of care (LOC) and who does not reside in a NF will be eligible to receive home and community-based services and may choose to receive such services either through an agency-based or self-directed approach as outlined in 8.308.12 NMAC.

(2) Members who meet NFLOC and are eligible to receive community benefits must be enrolled in a MCO.

C. ICF/IID discharge: When an ICF/IID resident is discharged, enrollment into managed care will begin within two months following discharge.
[8.308.6.10 NMAC - Rp, 8.308.6.10 NMAC, 5/1/2018; A, 1/1/2019; A, 8/10/2021; A, 8/1/2026]

HISTORY OF 8.308.6 NMAC:

History of Repealed Material:
8.308.6 NMAC - Managed Care Program, Eligibility, filed 12/17/2013 Repealed effective 5/1/2018.