

Website for NM Medicaid Portal:

<https://nmmedicaid.portal.conduent.com/static/index.htm>

On the lefthand side select “Log in to” to check Medicaid eligibility.

Recipients

[Click here for additional COVID-19 vaccine information](#)


[Medicaid Coverage and Application phone numbers](#)

I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

Log in to:

- [Check your eligibility](#)
- [Ask a Service Representative a Question](#)
- [Reprint a 1095-B IRS Form](#)

I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM

- [Click here for information about the program](#)
- [Click here to see if you might be eligible](#)
- [beWellNM and the New Mexico Insurance pool](#)
- [Uninsured COVID-19 Testing Application Form](#)
- [How to activate your EBT card](#)
-  [Chat with HSD](#)

Scroll down the page and check the box to access information. You will need client’s Social Security Number, DOB and Last Name.


By checking this box, I confirm that I am authorized to access information for this Medicaid recipient and I have read and understand the statement listed above.

To log in please enter the requested Recipient Information below and click the 'Login' button.

* Required fields

***Recipient Identifier**

Medicaid ID: OR Social Security Number:

* Date of Birth:  * Last Name:

Once you are logged into account, Select “Check Eligibility” from lefthand side.

RECIPIENT - Secure Options

- Request Replacement ID Card
- Enroll In/Change CCO
- Check Eligibility
- Ask Service Representative
- Reprint a 1095-B IRS Form

User Home

[Haga clic aquí para ver esta página en español.](#)

Welcome, [User Name]

Today is Thursday, December 23, 2021.

Please note that after 15 minutes of inactivity you will be automatically logged out. You will be notified in advance so you can extend the session time.

Please make a selection from the left side of the webpage to access our features

Best practice is to select a service range for one year. So, if you are checking eligibility on Dec 23, 2021.

Enter 12/23/2020 to 12/23/2021 And click “Submit”

Check Eligibility

[Haga clic aquí para ver esta página en español.](#)

To check eligibility for a range of dates, like 01/01/2013 and 1/31/2013, enter both 'From' and 'To' Date and then click the 'Submit' button.

To check eligibility for a single date, like 12/15/2013, enter only 'From' date and then click the 'Submit' button.

***Required fields**

* I need to check eligibility for :

I

Another Person

Date of Service Range

* From: 12/23/2020 To: 12/23/2021

Submit Clear Cancel

On the next page you will find Medicaid Program Codes that show which categories are Full Medicaid

Women, Children, & Family Medicaid Categories

Federal Poverty Level (FPL)

Effective 4/1/20 – 3/31/21

<p>Category 029 - Family Planning</p> <ul style="list-style-type: none"> Family Planning Services Only Income must be under 250% FPL No Centennial Care Organization (MCO) No other health insurance Coverage up to age 51 and do not have other health insurance Individuals who are under the age of 65, who only have Medicare coverage and no other health insurance 	<p>Category 031 - Newborn</p> <p>The Notification of Birth (NOB) is required from Medicaid medical providers when the mother is on Medicaid at the time of the child's birth. The NOB serves to prove U.S. Citizenship. Applications require proof of birth or information to verify the U.S. birth. Category 031 is full Medicaid for 13 months starting the birth month if:</p> <ul style="list-style-type: none"> Mothers who are eligible for and receiving Medicaid at the time of child's birth, including retroactive eligibility The mother was approved for EMSA services for the birth and delivery of the child The infant continues to reside in New Mexico
<p>Category 100 - Other Adults</p> <ul style="list-style-type: none"> Alternative Benefit Package Income must be under 133% FPL No Medicare or Medicare entitlement on this category No Pregnancy on this category 	<p>Category 200 - Parent Caretaker</p> <ul style="list-style-type: none"> Full Medicaid Income must be under the Fixed Standard Household must have a relative child in the home (5th degree of relation if not the parent)
<p>Category 300 - Pregnant Women (Full Medicaid)</p> <ul style="list-style-type: none"> Full Medicaid Income must be under the Fixed Standard 2 months post-partum period 	<p>Category 301 - Pregnancy Related Services Only</p> <ul style="list-style-type: none"> Pregnancy Services only (considered Full Medicaid) Income must be under 250% FPL 2 months post-partum period
<p>Categories 400, 401, 402, 403 - Children's Medicaid</p> <ul style="list-style-type: none"> Full Medicaid for children up to age 19 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 other health insurance No Co-payments 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%

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	\$451	\$1,064	\$1,415	\$1,468	\$2,021	\$2,127	\$2,499	\$2,552	\$2,659	\$3,190	\$54.00
2	\$608	\$1,437	\$1,911	\$1,983	\$2,730	\$2,874	\$3,377	\$3,449	\$3,592	\$4,311	\$72.00
3	\$765	\$1,810	\$2,408	\$2,498	\$3,439	\$3,620	\$4,254	\$4,344	\$4,525	\$5,430	\$91.00
4	\$923	\$2,184	\$2,904	\$3,013	\$4,149	\$4,367	\$5,131	\$5,240	\$5,459	\$6,550	\$110.00
5	\$1,080	\$2,557	\$3,401	\$3,529	\$4,858	\$5,114	\$6,009	\$6,137	\$6,392	\$7,671	\$128.00
6	\$1,238	\$2,930	\$3,897	\$4,044	\$5,567	\$5,860	\$6,886	\$7,032	\$7,325	\$8,790	\$147.00
7	\$1,395	\$3,304	\$4,394	\$4,559	\$6,277	\$6,607	\$7,763	\$7,928	\$8,259	\$9,910	\$166.00
8	\$1,553	\$3,677	\$4,890	\$5,074	\$6,986	\$7,354	\$8,641	\$8,825	\$9,192	\$11,031	\$184.00
+1	\$158	\$373	\$496	\$515	\$709	\$747	\$878	\$897	\$933	\$1,121	\$19.00

- COE 402, 403, the 5% FPL disregard applies only when other health insurance exists for the applicant
- COE 200, the 5% FPL disregard applies only if age 65 and above **OR** Medicare eligible
- No resource standard for MAGI Medicaid categories