

New Mexico Medicaid - Checklist: Service Review Submission for Alternative Benefit Plan (ABP) Exemptions



Revised January 2018

Qualis Health, Third Party Assessor (TPA), is responsible for determining whether a Medicaid fee-for-service (FFS) recipient on the Other Adult Group Medicaid category of eligibility (COE 100)/Alternative Benefit Plan (ABP) meets Medically Frail criteria for ABP Exemption. This checklist is to provide guidance in how to request an Alternative Benefit Plan (ABP) exemption and the two types of services submissions below:

Requesting Facility to provide the following to Qualis Health:

- The recipient and/or provider must have a documented, qualifying medical condition diagnosis. Please fax to (888) 562-2755.**

NOTE: The entire medical record is not needed. A written statement from a licensed provider attesting to the medical diagnosis will suffice. Below you will find the Human Services Department's (HSD) Medically Frail Condition List

or

- Qualis Health can obtain a diagnosis over the phone** from a licensed provider in case a written statement is not available. **Please call (866) 962-2180.**

In order for a Category of Eligibility (COE) 100 (Other Adult Group) Medicaid recipient to be exempt from the Alternative Benefit Plan (ABP), he/she must have a documented medical diagnosis of one of the conditions or services listed below.

- Acquired Immune Deficiency Syndrome (AIDS)
- ALS (Lou Gehrig's Disease)
- Angina Pectoris
- Arteriosclerosis Obliterans
- Artificial Heart Valve
- Ascites
- Blindness
- Cancer (current diagnosis/treatment, within five years)
- Cardiomyopathy
- Chronic Substance Use Disorder – **refer to the Chronic Substance Dependency (CSD) Criteria Checklist effective July 1, 2010 (or subsequent replacement version)**
- Cirrhosis of the Liver
- Compromised Immune System
- Coronary Insufficiency
- Coronary Occlusion
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Diabetes (Insulin Dependent)
- Disability: A physical, intellectual or developmental disability that significantly impairs the ability to perform **one** or more Activities of Daily Living (ADLs) – **refer to the Nursing Facility Level of Care (NF LOC) Supplement effective January 1, 2014 (or subsequent replacement version)**
- Friedreich's Disease
- Hemophilia
- Hepatitis C (Active)
- HIV+
- Hodgkin's Disease
- Huntington's Chorea
- Hydrocephalus
- Intermittent Claudication
- Juvenile Diabetes
- Kidney Failure
- Lead Poisoning with Cerebral Involvement
- Leukemia
- Lupus Erythematosus Disseminate
- Malignant Tumor (If treated/occurred within previous five years)
- Metastatic Cancer
- Motor or Sensory Aphasia
- Multiple or Disseminated Sclerosis
- Muscular Atrophy or Dystrophy
- Myasthenia Gravis
- Myotonia
- Open Heart Surgery
- Organ Transplant
- Paraplegia or Quadriplegia
- Parkinson's Disease
- Peripheral Arteriosclerosis (If treated within previous three years)

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- Polyarteritis (Periarteritis Nodosa)
- Polycystic Kidney
- Posterolateral Sclerosis
- Renal Failure
- Serious Mental Illness – ***refer to the Serious Mental Illness (SMI) Criteria Checklist effective July 27, 2010 (or subsequent replacement version)***
- Sickle Cell Anemia
- Silicosis
- Splenic Anemia (True Banti's Syndrome)
- Still's Disease
- Stroke (CVA)
- Syringomyelia
- Tabes Dorsalis (Locomotor Ataxia)
- Terminal illness requiring hospice care
- Thalessemia (Cooley's or Mediterranean Anemia)
- Topectomy and Lobotomy
- Wilson's Disease

Please Note: The recipient remains enrolled in the ABP Services Package until Qualis Health has confirmed the eligibility for ABP exempt and the recipient has declared his or her choice to receive the ABP Exempt Benefits Package.