



# Insurance Worksheet

(For families of children currently without Medicaid or Private Insurance coverage)



CHILD INFORMATION		
First Name:	MI:	Last Name:
Child's SSN:		DOB:

**Step 1** Complete the following Medicaid eligibility screening table.

1. Household / Family Size	2. Household Monthly Income	3. Income Deduction (based on household size)	4. Child Care Deduction (\$200 or actual amount)	5. Countable Household Income (column 2 minus columns 3 & 4)	6. Medicaid Monthly Income Limit (240% of poverty)*
1		\$750			\$2,498
2		\$750			\$3,382
3		\$750			\$4,266
4		\$750			\$5,150
5		\$750			\$6,034
6		\$750			\$6,918
7		\$750			\$7,802
8		\$750			\$8,686
>8	Add \$884 to the Medicaid Monthly Income limit for each additional family member.				

Note: Completion of this table does not qualify the child for Medicaid and is meant as a guide to whether to refer the family to apply for Medicaid for their child. No documents need to be gathered for this screening.

**Step 2.** Determine if column 5 is less than column 6, for the appropriate household/family size.

**If Yes - The child is potentially eligible for Medicaid.**

Assist the family in applying to Medicaid through either:

- Presumptive Eligibility - Medicaid On Site Application (PE-MOSAA)
- Income Support Division (ISD) office

**If No - The child is unlikely to be eligible for Medicaid based on family income.**

Inform family about health insurance options through:

- **New Mexico Health Insurance Alliance (NMHIA)**  
<http://www.nmhia.com/individual.php>  
 Toll Free: 1-800-204-4700  
 If less than 95 days have lapsed since family lost coverage
- **Insure New Mexico! SOLUTIONS**  
<http://www.bewellnm.com/>  
 Toll Free: 1-855-996-6449  
 A number of health insurance options, including information on Health Care Reform options

\* Valid until 04/01/2020 as Federal poverty rates are adjusted annually.