

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 10-010	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.940 through 435.960		7. FEDERAL BUDGET IMPACT: a. FFY 10 \$ none b. FFY 11 \$ none	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  State Plan Page 79 State Plan Attachment 4.32-A Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  State Plan Page 79 State Plan Attachment 4.32-A Page 1	
10. SUBJECT OF AMENDMENT: PARIS participation			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Carolyn Ingram		Carolyn Ingram, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 - 2348	
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: 8/9/2010			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 9 August, 2010		18. DATE APPROVED: 28 September, 2010	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Revision: REGION VI  
September 1989

State/Territory: NEW MEXICO

Citation  
455.103  
44 FR 41644  
1902 (a) (38)  
of the Act  
P.L. 100-93  
(sec. 8(f) )

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42.CFR 455.104 through 455.106 and sections 1128 (b) (9) and 1902 (a) (38) of the Act.

435.940  
Through 435.960  
52 FR 5967  
P.L. 100-360  
(Sec. 411(k) (15))

4.32 Income and Eligibility Verification System

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. (Section 1137 of the Act and 42 CFR 435.940 through 435.960)
- (b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948 (a) (6), the information that will be Requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

SUPERSEDES: TN- 88-04

STATE	<u>New Mexico</u>	A
DATE REC'D.	<u>8-9-10</u>	
DATE APP'D.	<u>9-27-10</u>	
DATE EFF.	<u>7-1-10</u>	
HCFA 179	<u>10-10</u>	

TN No. 10-10  
Supersedes 88-04

Approval Date 9-27-10

Effective Date 7-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES

The New Mexico Medicaid Agency receives information from the Wage Data Exchange tape and the Unemployment Compensation Benefit tape from the State Employment Security Department.

The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other states. The information that is requested will be exchanged with states and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

SUPERSEDES: TN- 86-11

STATE	<u>New Mexico</u>	A
DATE REC'D.	<u>8-9-10</u>	
DATE APP'VD.	<u>9-27-10</u>	
DATE EFF.	<u>7-1-10</u>	
HCFA 179	<u>10-10</u>	

TN No. 10-10  
Supersedes  
TN No. 86-11

Approval Date 9-27-10

Effective Date 7-1-10

HCFA ID: 0123P/0002P