Table of Contents

State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 13-07

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

September 26, 2013

Our Reference: SPA-NM-13-07

Ms. Julie Weinberg, Division Director New Mexico Human Services Department Medical Assistance Division Post Office Box 2348 Santa Fe, New Mexico 87504-2348

Dear Ms. Weinberg:

We have reviewed the State's proposed amendment to the New Mexico State Plan submitted under Transmittal Number 13-07, dated June 10, 2013. This state plan amendment documents compliance with provider screening and enrollment provisions under 42 CFR 455, subpart E.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico State Plan with an effective date change of June 1, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Suzette Seng at (214) 767-6478.

Sincerely,

Bill Brooks Associate Regional Administrator

	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-07	New Mexico
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 455	SFY 2012: No Impact	
Patient Protection and Affordable Care Act – Sections 6401, 6402, 6501, and 10603	SFY 2013: No Impact	
Health Care and Education Reconciliation Act – Section 1304		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.46 Page 1 (new) Attachment 4.46 Page 2 (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT:		
10. SUBJECT OF AMENDMENT: Medicaid/CHIP provider screening and enrollment. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		ECIFIED: Authority Medicaid Director.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: NEW MEXICO

Provider Screening and Enrollment

Attachment 4.46 Page 1 of 2

Citation	4.46 Provider Screening and Enro				
1902(a)(77) 1902(a)(39)	The State Medicaid agency gives the following assurances: State: New Mexico				
1902(a)(39) 1902(kk);		Date Received: 3 July, 20	142		
P.L. 111-148 and					
P.L. 111-152		Date Approved: 26 Septe			
		Date Effective: 1 June, 20			
42 CFR 455	PROVIDER SCREENING	Transmittal Number: NM			
Subpart E	X Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.				
42 CFR 455.410	ENROLLMENT AND SCREENING OF PROVIDERS X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq. X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.				
42 CFR 455.412	VERIFICATION OF PROVIDER LICENSES X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.				
42 CFR 455.414	REVALIDATION OF ENROLLMENT X Assures that providers will be revalidated regardless of provider type at least every 5 years.				
42 CFR 455.416	TERMINATION OR DENIAL OF ENROLLMENT X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.				
42 CFR 455.420	REACTIVATION OF PROVIDER ENROLLMENT X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.				
42 CFR 455.422	APPEAL RIGHTS X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.				
TN No NM 13	-07	Approval Date 26	September, 2013		
Supersedes TN No. No.	ne: New Page	Effective Date	ne, 2013		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: NEW MEXICO

Provider Screening and Enrollment

Attachment 4.46 Page 2 of 2

42 CFR 455.432 SITE VISITS

 \underline{X} Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur, as required by § 455.432 .

42 CFR 455.434 CRIMINAL BACKGROUND CHECKS

X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

42 CFR 455.436 FEDERAL DATABASE CHECKS

X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER

X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS

X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460 APPLICATION FEE

Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

State: New Mexico

Date Received: 3 July, 2013

Date Approved: 26 September, 2013

Date Effective: 1 June, 2013 Transmittal Number: NM 13-07

TN No. NM 13-07

Approval Date 26 September, 2013

1 June, 2013

Effective Date

Supersedes TN No. None: New Page