

Table of Contents

State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 15-0015

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

November 3, 2015

Ms. Nancy Smith-Leslie, Director
Medical Assistance Division
New Mexico Department of Human Services
P.O. Box 2348
Santa Fe, New Mexico 87504

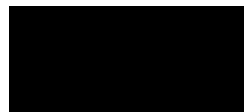
Dear Ms. Smith-Leslie:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 15-0011. With the approval of TN 15-0011, the Centers for Medicare and Medicaid Services (CMS) has approved the State's request to clarify how hospital based rural health clinic services are paid and the effective date on which that methodology will be implemented.

Transmittal Number 15-0011 is approved with an effective date of July 1, 2015, as requested. A signed and dated copy of the Transmittal No. 15-0011 summary is attached, along with the approved plan page.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,



for

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
Operations

Cc: Bill Bob Farrell, DMCH
Stacey Shuman, DMCH
Mark Pahl, CMS Baltimore
Tallie Tolen, NMHSD
Ellen Costilla, NMHSD

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-11	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, 2015	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201		7. FEDERAL BUDGET IMPACT: for FFY 2015: \$262,500 for FFY 2016 : \$1,050,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 6 aa (new page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B : None, 4.19-B page 6 aa it is a new page	
10. SUBJECT OF AMENDMENT: Hospital Based Rural Health Clinics Reimbursement			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Delegated to the Medicaid Director. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. REGIONAL OFFICIAL: [Redacted]		16. RETURN TO: Nancy Smith Leslie, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 – 2348	
13. TYPED NAME: Nancy Smith Leslie			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: June 18, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 24 June, 2015		18. DATE APPROVED: 03 November, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted] for	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
– OTHER TYPES OF CARE

Attachment 4.19 – B
Page 6aa

Hospital based rural health clinic services are paid at the provider's encounter rate established by Medicare that is in effect for the date of service. When a hospital based rural health clinic receives the annual rate notification from CMS, the provider forwards a copy of that notice to the state agency which then implements that rate for the provider for Medicaid payments. There is no retroactive cost settlement. The effective date of this change is July 1, 2015.

State: New Mexico
Date Received: 24 June, 2015
Date Approved: 3 November, 2015
Effective Date: 1 July, 2015
Transmittal Number: 15-11