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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 15-0016

This file contains the following documents in the order listed:

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

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

March 1, 2016

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) 15-0016. With the approval of TN 15-0016, the Centers for Medicare and Medicaid Services (CMS) has approved the State's proposed reduction of the outpatient hospital prospective payment system rate for the use of a hospital outpatient facility by visiting dentists. The State is approved to reduce rates for those services from \$694.11 per procedure to \$230.

Transmittal Number 15-0016 is approved with an effective date of December 1, 2015, as requested. A signed and dated copy of the Transmittal No. 15-0016 summary is included, along with the approved plan pages.

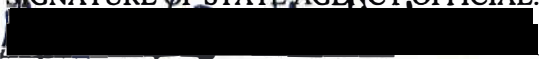
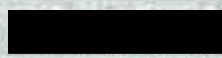
If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A solid black rectangular box used to redact the signature of Bill Brooks.

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

Cc: Bill Bob Farrell, DMCH
Stacey Shuman, DMCH
Mark Pahl, CMS Baltimore
Cynthia Ruff, CMS Baltimore
Kari Armijo, NMHSD
Robert Stevens, NMHSD
Jennifer Mondragon, NMHSD

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-16	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE December 1, 2015	
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 447		7. FEDERAL BUDGET IMPACT: for FFY 2016: (-\$1,332,000) for FFY 2017: (-\$1,600,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 – B, page 6aa (new) 6aaa (new) ¹		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None	
10. SUBJECT OF AMENDMENT: Outpatient Hospital Prospective Payment System Dental Rate Decrease			
11. GOVERNOR'S REVIEW (Check One): <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. SIGNATURE OF STATE AGENCY OFFICIAL: 		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: 11/30/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 2 December, 2015		18. DATE APPROVED: 1 March 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2015		20. SIGNA  L OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator, DMCH, Dallas	
23. REMARKS: 1 Pen and Ink change made per state's request on 2/12/16 via email from Robert Stevens (sss 2/25/16)			

- e. Outpatient hospital dental services provided to recipients under anesthesia are reimbursed at an outpatient prospective payment rate using Medicare Ambulatory Payment Classification (APC) groups and reimbursement principles at an amount which does not exceed federal upper payment limits. The agency's rates for dental services were set as of December 1, 2015 and are effective for dates of service on and after that date. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All rates are published on the Department's website at: <http://www.hsd.state.nm.us/mad/PFeeSchedules.html>

State: New Mexico
Date Received: 12/2/15
Date Approved: 3/1/16
Effective Date: 12/1/15
Transmittal Number: 15-016