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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 17-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved 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**

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November 3, 2017

**Our Reference: NM SPA 17-0004**

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 State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 17-0004, dated March 30, 2017. This plan amendment makes a technical change to select a new base benchmark plan in accordance with Alternate Benefit Plan conforming changes requirements. This is an MMDL-related amendment. Changes are made only to ABP 3 and ABP 5.

Based upon the information submitted, we have approved the amendment for incorporation into the official New Mexico state plan with an effective date of January 1, 2017, as requested. A copy of the CMS-179 and the approved plan pages are included with this letter.

If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by E-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

 for

Bill Brooks  
Associate Regional Administrator

Cc: Jennifer Mondragon

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory  
name:

New Mexico

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

Federal Fiscal Year	Amount
First Year	\$
Second Year	\$

Subject of Amendment

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Kari Armijo

Last Revision Date:

Oct 19, 2017

Submit Date:

Mar 30, 2017

Date Received: March 30,2017

Date Approved: November 3, 2017

Date Effective: January 1, 2017

Signature of Approver:

Printed Name and Title: Bill Brooks, Associate Regional Administrator

Division of Medicaid and Children's Health



# Alternative Benefit Plan

State: New Mexico  
Date Received: March 30, 2017  
Date Approved: November 3, 2017  
Effective Date: January 1, 2017  
Transmittal Number: 17-0004

Attachment 3.1-C- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- ☐ The state/territory is amending one existing benefit package for the population defined in Section 1.
- ☒ The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

## Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- ☒ Benchmark Benefit Package.
- ☐ Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ☐ The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ☐ State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ☐ A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- ☒ Secretary-Approved Coverage.
  - ☐ The state/territory offers benefits based on the approved state plan.
  - ☒ The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

Please briefly identify the benefits, the source of benefits and any limitations:

## Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- ☒ Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- ☐ Any of the largest three state employee health benefit plans by enrollment.



# Alternative Benefit Plan

- ☐ Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- ☐ Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The Presbyterian Health Plan - Individual Silver C HMO plan was also chosen by the New Mexico Health Insurance Marketplace as its EHB Base Benchmark Plan.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130801

State: New Mexico  
Date Received: March 30, 2017  
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Transmittal Number: 17-0004

TN Number: 17-0004      Approval Date: 11-03-17      Effective Date: 01-01-17  
Supersedes TN: 13-0030



# Alternative Benefit Plan

Attachment 3.1-C- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Benefits Description

**ABP5**

The state/territory proposes a "Benchmark-Equivalent" benefit package. ☐ No

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Presbyterian Health Plan - Individual Silver C HMO

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved



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☒ Essential Health Benefit 1: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Cancer Clinical Trials

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers routine patient costs associated with Phase I, II, III and IV cancer clinical trials.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Dental Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Annual limits on some services

Duration Limit:

None

Scope Limit:

Includes diagnostic dental, dental radiology, preventive dental, restorative dental, removable prosthodontics, oral surgery, and endodontic services for anterior teeth.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution. Some services subject to a periodicity schedule.

Benefit Provided:

Dialysis

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Home Health Care & Intravenous Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limited to 100 four-hour visits per year.

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The recipient must require skilled care and be unable to receive medical care on an ambulatory outpatient basis.

Benefit Provided:

Hospice Care Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

To be eligible for hospice care, a physician must provide a written certification that the recipient has a terminal illness. Certification statements must include information that is based on the recipient's medical prognosis, and that the life expectancy is six months or less if the terminal illness runs its typical course. Recipients must elect to receive hospice care for the duration of the election period. If the recipient receives hospice benefits beyond 210 days, the hospice must obtain a written recertification statement. For the duration of the recipient's election of hospice care, the recipient waives their right to Medicaid payment of concurrent services related to the treatment of the terminal condition or a related condition; or for services equivalent to hospice care.

Benefit Provided:

Outpatient Diagnostic Labs, X-Ray & Pathology

Source:

Base Benchmark Small Group





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Authorization:

None

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Outpatient Surgery

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Primary Care to Treat Illness/Injury

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:



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Benefit Provided:

Radiation Therapy and Chemotherapy

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Specialist Visits

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Treatment of Diabetes

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This benefit includes medical supplies for the treatment of diabetes.



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Benefit Provided:

Vision Care for Eye Injury or Disease

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Refraction for visual acuity is not covered. Routine vision care is not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Vision Hardware

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One complete set of contact lenses or eyeglasses

Duration Limit:

None

Scope Limit:

Covered only following surgery for the removal of cataracts from one or both eyes. Coverage of materials is limited to one set of contact lenses or eyeglasses per surgery. Materials obtained more than 90 days following surgery are not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Podiatry and Routine Foot Care

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered when medically necessary due to malformations, injury, acute trauma or diabetes. Orthopedic shoes, arch supports and foot orthotics are not covered unless they are medically necessary for the treatment of diabetes.



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Urgent Care Services/Facilities

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Observation Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Observation services for greater than 24 hours will require Prior Authorization.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Defined as outpatient services furnished by a hospital and practitioner/provider on the hospital's premises. Observation services may include the use of a bed and periodic monitoring to evaluate an outpatient's condition.

Add



# Alternative Benefit Plan

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☒ Essential Health Benefit 2: Emergency services

Collapse All ☐

Benefit Provided:

Emergency Ground or Air Ambulance Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required when taking a recipient to a facility over 100 miles from the New Mexico border.

Benefit Provided:

Emergency Department Services/Facilities

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Emergency Dental Care

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers emergency dental care that is needed because of accidental injury from an outside force to a sound, natural tooth. To be considered sound, the tooth must not have significant decay or prior trauma.



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Emergency treatment of jawbones or surrounding tissues is also covered.

Remove

Add

State: New Mexico  
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Supersedes TN: 13-0030



# Alternative Benefit Plan

State: New Mexico  
Date Received: March 30, 2017  
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Effective Date: January 1, 2017  
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☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Bariatric Surgery

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limited to one per lifetime

Duration Limit:

None

Scope Limit:

Covered for morbid obesity; or for individuals who have a BMI greater than 35 with at least one co-morbidity related to obesity and who have been previously unsuccessful with medical treatment for obesity.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Inpatient Medical and Surgical Care

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Surgeries for cosmetic purposes are not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required for use of a hospital over 100 miles from the New Mexico border, except in an emergency.

Benefit Provided:

Organ and Tissue Transplants

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers medical, surgical and hospital services for the recipient; organ procurement costs; certain travel costs; and immunosuppressive drugs.

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# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Reconstructive Surgery

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers reconstructive surgery from which an improvement in physiological function can be expected if performed for the correction of functional disorders that result from accidental injury, congenital defects or disease.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add





# Alternative Benefit Plan

☒ Essential Health Benefit 4: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Delivery and Inpatient Maternity Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes lactation support, supplies and counseling.

Benefit Provided:

Pre- and Post-Natal Care

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amniocentesis, ultrasound or any other procedures requested solely to determine the sex of the fetus are not covered. An exception is made if it is medically necessary to determine the existence of a sex-linked genetic disorder. Determination of the sex of the fetus is covered as part of a medically necessary procedure, but is not covered as an additional visit when the sex of the fetus cannot be determined during the medically necessary procedure.

Add



# Alternative Benefit Plan

State: New Mexico  
Date Received: March 30, 2017  
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- ☒ Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Includes services in a psychiatric unit of a general hospital and inpatient substance abuse detoxification.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Does not include inpatient services in Institutions for Mental Diseases (IMDs) for recipients ages 21-64. Prior authorization required for admission to separate psychiatric units within acute care hospitals. The source plan for this benefit is the Medicaid State Plan, since inpatient hospital services covered under the base benchmark plan include IMD services.

Benefit Provided:

Medication-Assisted Therapy for Opioid Addiction

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution.

Benefit Provided:

Outpatient Behavioral Health Professional Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



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## Scope Limit:

Includes evaluation, testing, assessment, medication management, therapy, and Intensive Outpatient Program (IOP) services.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

## Benefit Provided:

Drug/Alcohol Dependency Treatment Services

## Source:

Base Benchmark Small Group

Remove

## Authorization:

Other

## Provider Qualifications:

Medicaid State Plan

## Amount Limit:

None

## Duration Limit:

None

## Scope Limit:

Includes outpatient detoxification, therapy, partial hospitalization, and Intensive Outpatient Program (IOP) services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required for partial hospitalization.

## Benefit Provided:

Electroconvulsive Therapy (ECT)

## Source:

Base Benchmark Small Group

Remove

## Authorization:

Prior Authorization

## Provider Qualifications:

Medicaid State Plan

## Amount Limit:

None

## Duration Limit:

None

## Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

## Benefit Provided:

Assertive Community Treatment (ACT)

## Source:

State Plan 1905(a)

## Authorization:

None

## Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution.

Benefit Provided:

Psychosocial Rehabilitation (PSR)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution.

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- ☒ Limit on days supply
- ☐ Limit on number of prescriptions
- ☐ Limit on brand drugs
- ☐ Other coverage limits
- ☒ Preferred drug list

Authorization:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

New Mexico's ABP prescription drug benefit plan is the same as the prescription drug coverage under the Medicaid State Plan.



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☒ Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All ☐

Benefit Provided:

Autism Spectrum Disorder

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers speech, occupational and physical therapy, and applied behavioral analysis for recipients age 21-22 who are enrolled in high school.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required after initial evaluation. This is a state-mandated service.

Benefit Provided:

Cardiovascular Rehabilitation

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Short-term therapy (two consecutive months)

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Duration limit is per cardiac event. Exceptions made based on medical necessity. Long-term therapy is not covered.

Benefit Provided:

Durable Medical Equipment & Supplies

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Coverage of medical supplies is limited to diabetic supplies, contraceptive supplies, lactation supplies, cardiac event monitors, and holter monitors.

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Effective Date: 01-01-17



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires a physician's prescription and prior authorization.

Remove

Benefit Provided:

Inpatient Rehabilitative Facilities

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers inpatient services at a skilled nursing or acute rehabilitation facility when provided as a step-down level of care following discharge from the hospital prior to discharge to home. Extended care or long-term care not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Orthotic Appliances

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Foot orthotics, including shoes and arch supports, are only covered when an integral part of a leg brace, or are diabetic shoes.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires a provider's prescription and prior authorization.

Benefit Provided:

Prosthetic Devices, Repair and Replacement

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

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Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required unless the prosthetic device is surgically implanted.

Benefit Provided:

Rehabilitative Services - PT/OT/SLP

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Short-term therapy (two consecutive months)

Scope Limit:

Includes physical and occupational therapy and speech-language pathology.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical and occupational therapy require prior authorization, but the initial evaluation does not. Speech language pathology requires prior authorization (including evaluations). Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered.

Benefit Provided:

Habilitative Services - PT/OT/SLP

Source:

Other state-defined

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Short-term therapy (two consecutive months)

Scope Limit:

Includes physical and occupational therapy and speech-language pathology.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical and occupational therapy require prior authorization, but the initial evaluation does not. Speech language pathology requires prior authorization (including evaluations). Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered.





# Alternative Benefit Plan

Benefit Provided:		Source:	
<input type="text" value="Pulmonary Therapy"/>		<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:		Provider Qualifications:	
<input type="text" value="None"/>		<input type="text" value="Medicaid State Plan"/>	
Amount Limit:		Duration Limit:	
<input type="text" value="None"/>		<input type="text" value="Short-term therapy (two consecutive months)"/>	
Scope Limit:			
<input type="text" value="None"/>			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text" value="Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered."/>			
			<input type="button" value="Add"/>



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Diagnostic Imaging</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Lab Tests, X-Ray Services and Pathology</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Add</div>		



# Alternative Benefit Plan

☒ Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All ☐

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:		Source:		Remove
Allergy Testing and Injections		Base Benchmark Small Group		
Authorization:		Provider Qualifications:		
None		Medicaid State Plan		
Amount Limit:		Duration Limit:		
None		None		
Scope Limit:				
None				
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:				

Benefit Provided:		Source:		Remove
Annual Physical Exam & Consultation		Base Benchmark Small Group		
Authorization:		Provider Qualifications:		
None		Medicaid State Plan		
Amount Limit:		Duration Limit:		
None		None		
Scope Limit:				
Includes a health appraisal exam; laboratory and radiological tests; and early detection procedures. Does not include eye refractions, vision hardware or routine vision services; or hearing aids or hearing aid testing.				
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:				

Benefit Provided:		Source:		
Chronic Disease Management		Base Benchmark Small Group		
Authorization:		Provider Qualifications:		
None		Medicaid State Plan		

State: New Mexico  
Date Received: March 30, 2017  
Date Approved: November 3, 2017  
Effective Date: January 1, 2017  
Transmittal Number: 17-0004



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Diabetes Equipment, Supplies & Education

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Genetic Evaluation & Testing

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Immunizations

Source:

Base Benchmark Small Group

State: New Mexico

Date Received: March 30, 2017

Date Approved: November 3, 2017

Effective Date: January 1, 2017

Transmittal Number: 17-0004

TN Number: 17-0004

Approval Date: 11-03-17

Effective Date: 01-01-17

Supersedes TN: 13-0030



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This benefit includes ACIP-recommended vaccines.

Benefit Provided:

Insertion/Removal of Contraceptive Devices

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Osteoporosis Treatment & Management

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State: New Mexico

Date Received: March 30, 2017

Date Approved: November 3, 2017

Effective Date: January 1, 2017

Transmittal Number: 17-0004

TN Number: 17-0004  
Supersedes TN: 13-0030

Approval Date: 11-03-17

Effective Date: 01-01-17



# Alternative Benefit Plan

Benefit Provided:		Source:	Remove
Periodic Glaucoma Test (Age 35 or Older)		Base Benchmark Small Group	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Coverage includes testing every one to two years.			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			

Benefit Provided:		Source:	Remove
Preventive Care and Screenings		Other state-defined	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
None			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
Includes US Preventive Services Task Force "A" and "B" recommendations; preventive care and screening recommendations of the HRSA Bright Futures program; and additional preventive services for women recommended by the Institute of Medicine.			

Benefit Provided:		Source:	
Voluntary Family Planning Services		Base Benchmark Small Group	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Sterilization reversal is not covered.			

State: New Mexico  
Date Received: March 30, 2017  
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Effective Date: January 1, 2017  
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TN Number: 17-0004      Approval Date: 11-03-17      Effective Date: 01-01-17  
Supersedes TN: 13-0030



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>			
<table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; border: none;"><p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p><p>Authorization: <input type="text" value="Other"/></p><p>Amount Limit: <input type="text" value="None"/></p><p>Scope Limit: <input type="text" value="None."/></p><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="The source plan for this benefit is the New Mexico Medicaid State Plan. Prior authorization required for certain services. Some services subject to a periodicity schedule."/></p></td><td style="width: 50%; vertical-align: top; border: none;"><p>Source: <input type="text" value="State Plan 1905(a)"/></p><p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p><p>Duration Limit: <input type="text" value="None"/></p></td><td style="width: 10%; text-align: center; vertical-align: top; border: none;"><p><input type="button" value="Remove"/></p></td></tr></table>			<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="The source plan for this benefit is the New Mexico Medicaid State Plan. Prior authorization required for certain services. Some services subject to a periodicity schedule."/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<p><input type="button" value="Remove"/></p>
<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="The source plan for this benefit is the New Mexico Medicaid State Plan. Prior authorization required for certain services. Some services subject to a periodicity schedule."/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<p><input type="button" value="Remove"/></p>			
		<input type="button" value="Add"/>			





# Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



# Alternative Benefit Plan

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Source:

Acupuncture (20 visits per year)

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted:

Source:

Chiropractic Care (20 visits per year)

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted:

Source:

CMJ and TMJ Conditions

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted:

Source:

Special Medical Foods

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted:

Source:

Infertility (Diagnosis, Treatment & Correction)

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category. The base benchmark infertility coverage does not include in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) or variations of these procedures; surrogate parenting; reversal of sterilization; or any costs associated with the collection, preparation or storage of sperm for artificial insemination, including donor fees, donor egg or sperm retrieval; or infertility medications, including oral infertility drugs.

Base Benchmark Benefit that was Substituted:

Source:

Inpatient Rehabilitation for Substance Abuse

Base Benchmark

State: New Mexico

Date Received: March 30, 2017

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Supersedes TN: 13-0030



# Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with Medication-Assisted Therapy for Opioid Addiction, Assertive Community Treatment (ACT), and Psychosocial Rehabilitation (PSR) within the Mental Health and Substance Use Disorder Services category.

Remove

Base Benchmark Benefit that was Substituted:

Behavioral Health Inpatient Hospital Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplicates EHB5 Mental Health and Substance Use Disorder services, including Behavioral Health Treatment. The base benchmark includes coverage of Institutions for Mental Diseases (IMDs) for recipients ages 21-64 as part of this benefit. IMDs are excluded from coverage under the Medicaid ABP.

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Base Benchmark Benefit not Included in the Alternative Benefit Plan: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Newborn Child Care</div></div> <div style="border: 1px solid black; padding: 5px;">Explain why the state/territory chose not to include this benefit: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Newborns who are born to Medicaid-enrolled mothers are automatically deemed eligible for Medicaid or CHIP, and all newborn services are covered under the Medicaid State Plan.</div></div>	<div style="display: flex; justify-content: space-between;"><div>Source: Base Benchmark</div><div style="text-align: right;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div></div> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Add</div></div>	

State: New Mexico  
Date Received: March 30, 2017  
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# Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All ☐

Other 1937 Benefit Provided:

Non-Emergency Transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers expenses for transportation, meals and lodging that are determined necessary to secure medical or behavioral health services for an Alternative Benefit Plan recipient.

Other:

There is no authorization requirement for this benefit.

Add



# Alternative Benefit Plan

☐ Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130814

TN Number: 17-0004      Approval Date: 11-03-17      Effective Date: 01-01-17  
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State: New Mexico  
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