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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 17-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) 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

June 19, 2017

Our Reference: SPA NM 17-0002

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) 17-0002, dated March 30, 2017. This plan amendment recognizes Licensed Birth Centers as providers in the New Mexico Medicaid Program for reimbursement, but does not include any payment for room and board. It also establishes a reimbursement rate for deliveries taking place in the Licensed Birth Center.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico state Plan with an effective date of February 25, 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.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Cc: Jennifer Mondragon

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		17 - 002	2. STATE 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 February 25, 2017	
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 Subpart F		7. FEDERAL BUDGET IMPACT: for FFY 2017: \$0 (no impact) for FFY 2018: \$5,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A page 11 Attachment 4.19B page 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1A page 11 Attachment 4.19B page 3a	
10. SUBJECT OF AMENDMENT: To recognize Licensed Birth Centers as providers in the New Mexico Medicaid Program for reimbursement but not include any payment for room and board and to establish a reimbursement rate for deliveries taking place in the Licensed Birth Center			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <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: March 30, 2017 (revised June 15, 2017)			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 30, 2017		18. DATE APPROVED: June 19, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 25, 2017		20. SIGNATURE:  L:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form

179 Transmittal Number 17-0002

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Attachment 3.1-A page 11

Supersedes TN 11-0005 Dated 12-7-11

Attachment 4.19-B page 3a

Supersedes TN 16-0009 Dated 2-14-17

State: New Mexico
Date Received: 03-30-2017
Date Approved: 06-19-2017
Date Effective 02-25-2017
Transmittal Number: NM 17-0002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEW MEXICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

(b) Licensed Midwives (lay midwives licensed by the state))

TN: 17-0002 Approval Date: 06-19-17

Supersedes TN: 11-0005 Effective Date: 02-25-17

State: New Mexico
Date Received: 03-30-2017
Date Approved: 06-19-2017
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF NEW MEXICO

AND STANDARDS FOR ESTABLISHING PAYMENT RATES

--OTHER TYPES OF CARE

Attachment 4.19-B

Page 3a

- 4. Licensed Midwives (Lay Midwives): Payments to licensed midwives are reimbursed at 77% of the physician fee schedule as described in Item I. A of Attachment 4.19 B for global delivery codes; payments for other codes are reimbursed at 100% of the physician fee schedule

The agency's fee schedule rates implemented a first phase reduction effective August 1, 2016, and a second phase effective January 1, 2017 for services provided on or after those dates. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division Providers, Fee for Service, Under Fee Schedule at <http://www.hsd.state.nm/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

C. Other Services

- 1. **Ambulatory Surgical Centers Services** - Free standing ambulatory surgical centers are paid at the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedure of similar complexity.

The agency's fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

- 2. **Renal Dialysis Facilities** - Renal dialysis facilities are paid at the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedure of similar complexity.

The agency's fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

- 3. **Licensed Birth Centers** - Licensed birth centers are paid at the Medicaid fee schedule.

The agency's fee schedule rates were set as of February 25, 2017, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No. 17-0002

Supersedes TN No. 16-0009

State: New Mexico
 Date Received: 03-30-2017
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Approval Date 06-19-17

Effective Date 02-25-17