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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 19-0017

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

February 19, 2020

Ms. Nicole Comeaux  
Director  
Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504-2348

**RE: TN 19-0017**

Dear Ms. Comeaux:

We have reviewed the proposed New Mexico State Plan Amendment (SPA) to Attachment 4.19-B, NM 19-0017 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2019. This plan amendment updates the telehealth and teleconsultation services reimbursement fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2019. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Thomas Couch at (208) 861-9838 or [Thomas.Couch@cms.hhs.gov](mailto:Thomas.Couch@cms.hhs.gov).


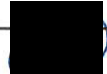

Sincerely,

A black rectangular redaction box covers the signature of Todd McMillion.

Todd McMillion  
Acting Director  
**Division of Reimbursement Review**

Enclosures

Cc: Jennifer Vigil

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 1 9 _ 0 1 7	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2019	
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 Subpart F		7. FEDERAL BUDGET IMPACT a. FFY <u>20</u> \$ <u>700,000</u> b. FFY <u>21</u> \$ <u>700,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 2b (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT Telehealth & Teleconsultation Services Reimbursement			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Authority 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  Nicole Comeaux, J.D., M.P.H., Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504-2348	
13. TYPED NAME Nicole Comeaux			
14. TITLE Director, Medical Assistance Division			
15. DATE SUBMITTED 12/30/2019			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED December 30, 2019		18. DATE APPROVED February 19, 2020	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Acting Director Division of Reimbursement Review	
23. REMARKS			

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 2b

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. Effective October 1, 2019 the agency's telehealth and teleconsultation services fee schedule rates are set at 90 percent of the Medicare fee schedule and are effective for services provided on or after that date. All rates are published 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.

State: New Mexico  
Date Received: 12-30-19  
Date Approved: 02-19-20  
Date Effective: 10-01-19  
Transmittal Number: 19-0017

TN No. NM 19-0017

Supersedes TN No. none -- new page

Approval Date 02-19-20

Effective Date 10-01-19