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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 20-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Financial Management Group

May 5, 2021

Ms. Nicole Comeaux
Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

RE: TN 20-0022

Dear Ms. Comeaux:

We have reviewed the proposed New Mexico State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 20-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 22, 2021. This plan amendment is to modify rates payable to Indian Health Services and eligible tribal health facilities operating under P.L. 93-638.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 31, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 0 — 0 2 2</u>	2. STATE New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 31, 2021	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

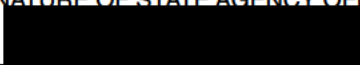
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 136; PL 93-638; 1902(bb)(6) of the SSA	7. FEDERAL BUDGET IMPACT a. FFY <u>21</u> (Feb-Sept) \$ <u>700,593</u> b. FFY <u>22</u> \$ <u>1,069,806</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19b, page 7f (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) None (new page)

10. SUBJECT OF AMENDMENT

Federally Qualified Health Center (FQHC) Designation

11. GOVERNOR'S REVIEW (*Check One*)


- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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 February 22, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED February 22, 2021	18. DATE APPROVED May 5, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 31, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

k. Alternative Payment Methodology for Tribal Facilities Recognized as FQHCs

For services provided by a qualified facility operated by the Indian Health Service (IHS), tribal government(s), or Indian Health Care Provider (IHCP), the applicable Office of Management and Budget (OMB) rate will be paid as published and specified in the Federal Register.

For qualified facilities operated by Indian Health Care Providers that contract with the Medicaid agency as a FQHC, an alternative payment method (APM) is allowed. The APM rate for services provided by an IHCP is set at the OMB rate. Providers must be notified of the APM rate and must agree to receive the APM. The APM will be at least equal to the PPS rate.

For purposes of being designated as a FQHC by Medicaid, an Indian Health Care Provider does not need to meet any requirement, other than meeting the P.L 93-638 requirement.

TN No. 20-0022

Approval Date 5/5/21

Supersedes TN No. (none – new page)

Effective Date 1/31/21