## **Table of Contents**

**State/Territory Name: New Mexico** 

State Plan Amendment (SPA) #: 24-0005

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 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



## **Financial Management Group**

March 4, 2025

Dana Flannery Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504-2348

RE: TN 24-0005

Dear Director Flannery:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Mexico state plan amendment (SPA) to Attachment 4.19-A NM 24-0005, which was submitted to CMS on July 29, 2024. This plan amendment allows hospitals to be reimbursed for implementing a plan of care for infants in the Comprehensive Addiction Recovery Act (CARA) program separate from the DRG.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 Diana Dinh at 667-290-8857 or diana.dinh@cms.hhs.gov.

Sincerely,

Rory Howe Director Financial Management Group

**Enclosures** 

	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2024
5. FEDERAL STATUTE/REGULATION CITATION 21 CFR Part 1301	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 66,742 b. FFY 2025 \$ 271,499
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-A Page 2	
-Attachment 4.19-B page 7-	Attachment 4.19-A Page 2 (TN NO. 23-0004) Attachment 4.19-B Page 7 (TN NO. 23-0012)
9. SUBJECT OF AMENDMENT New Mexico will allow hospital providers to bill and be reimbursed for implementing a plan of care for infants in the Comprehensive Addiction Recovery Act (CARA) program and separate from DRG and in addition to the inpatient hospital stay.	
10. 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	Authority delegated to the Medicaid Director
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME	Dana Flannery
Dana Flannery	Medical Assistance Division P.O. Box 2348
13. TITLE Director, Medical Assistance Division	Santa Fe, NM 87504-2348
14. DATE SUBMITTED 07/29/2024	
FOR CMS USE ONLY	
	17. DATE APPROVED  March 4, 2025
July 29, 2024 March 4, 2025  PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
July 1, 2024	
	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, FMG
22. REMARKS	
Pen-and-ink change made to Box 7 and Box 8 by CMS with state concurrence	

## ATTACHMENT 4.19-A PAGE 2

Pediatric, psychiatric, substance abuse, and rehabilitation cases treated in non-exempt general acute care hospitals or non-PPS exempt units will be included in the PPS.

- **D.** Indian Health Services hospitals will be reimbursed using a per diem rate established by the Federal Government.
- **E.** New providers entering the Medicaid program will be reimbursed at the peer group median rate for the applicable peer group, until such time as rebasing occurs, unless the hospital meets the criteria for prospective payment exemption as described in subsection C and D above.
- **F.** All hospitals which meet the criteria in Section IV.A of this plan will be eligible for a disproportionate share adjustment.
- **G.** Effective for discharges on or after April 1, 1992, and in accordance with Section 4604 of the Omnibus Budget Reconciliation Act (OBRA) of 1990, the Department provides for an outlier adjustment in payment amounts for medically necessary inpatient services involving exceptionally high costs or long lengths of stay for children who have not attained the age of six years in disproportionate share hospitals, and for infants under age one in all hospitals. The outlier adjustment for these cases is described in Section III. F. of this plan.
- **H.** Effective October 1, 2020, the Diagnosis Related Group (DRG) provider-specific rates described in New Mexico Disaster SPA 20-0005 are terminated. Thereafter, the DRG payment will revert to the reimbursement methodology outlined in subsections A through C of Methods and Standards for Establishing Payment Rates Inpatient Hospital Services.
- I. Effective the first day following the end of the public health emergency (PHE), New Mexico Medicaid will allow hospital providers to bill and be paid for pasteurized donor human milk (PDHM) services separate from the DRG and in addition to the inpatient hospital stay for infants through New Mexico Medicaid enrolled medical supply companies.
- **J.** Effective July 1, 2024, New Mexico Medicaid will allow hospital providers to bill and be reimbursed for implementing a plan of care for infants in the Comprehensive Addiction Recovery Act (CARA) program separate from the DRG and in addition to the inpatient hospital stay.

All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website.

TN No. 24-0005

Approval Date March 4, 2025

Supersedes TN. No. 23-0004 Effective Date. 07/01/2024