

# NMAC Transmittal Form

Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:  Agency DFA code:

Contact person's name:  Phone number:  E-mail address:

Type of rule action: New  Amendment  Repeal  Emergency  Renumber  (ALD Use Only) Most recent filing date:

Title number:  Title name:

Chapter number:  Chapter name:

Part number:  Part name:

Amendment description (If filing an amendment):  Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference? Yes  No  Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes  No  Public domain

## Concise Explanatory Statement For Rulemaking Adoption:

### Specific statutory or other authority authorizing rulemaking:

Notice date(s):  Hearing date(s):  Rule adoption date:  Rule effective date:

### Findings required for rulemaking adoption:

#### Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

The revisions better describe the action of enrollment with a managed care organization (MCO) rather than eligibility for Medicaid. Language was added to clarify that an eligible mother and her newborn are enrolled with the same MCO for the month of the birth. Language was added to clarify language related to MCO enrollment requirements for individuals who meet a Nursing Facility Level of Care (NF LOC).

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2018 NOV 14 AM 9:30

**Findings required for rulemaking adoption:**  
continued

NEW MEXICO  
Commission of Public Records  
Your Access to Public Information

[Empty rectangular box for findings]

Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Brent Earnest

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only)

*[Handwritten signature]*

Date signed:

11/2/18