

NMAC

Transmittal Form

NEW MEXICO
Commission of Public Records
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2018 NOV 14 AM 9:30

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: (ALD Use Only) Most recent filing date:
New Amendment Repeal Emergency Renumber

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? Please list attachments or Internet sites if applicable.
Yes No

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.

Managed Care Program: Enrollment and Disenrollment - 8.308.7.9 NMAC
HSD agrees with the recommendation that switch requests submitted during a member's lock-in period should not be required to be submitted with a signature. HSD would also like to further amend the language to allow switch requests during a member's lock-in to also be submitted orally through the New Mexico Medicaid Call Center.

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Findings required for rulemaking adoption:

continued

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New proposed language will be (8.308.7.9 I.2

"(2) A member may request to be switched to another MCO for cause, even during a lock-in period. The member must submit a written request to HSD or may submit an oral request by calling the New Mexico Medicaid Call Center. Examples of "cause" include, but are not limited to:"

Proposed regulations at 8.308.7.9(E)(6).

HSD Response:

All enrollees, including incarcerated individuals, are mailed all notifications required for Medicaid enrollment. However, delays in internal delivery of mail within correctional facilities as well as transfer of Medicaid enrollees between facilities may result in the notification not reaching the member. The proposed language was initiated as safeguard to ensure that incarcerated members are allowed a switch period upon their release from incarceration.

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)

Date signed:

11/2/12