Financial Management Group

NOV 04 2014

Ms. Julie Weinberg, Director
New Mexico Human Services Department
Medical Assistance Division
Post Office Box 2348- ARK
Santa Fe, New Mexico 87504-2348

RE: New Mexico 14-04

Dear Ms. Weinberg:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 14-04. The purpose of this amendment is to delete the pages in the New Mexico state plan governing the methodology for computing inpatient supplemental Medicaid payments for Sole Community hospitals and a State hospital.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding access to care issues and the funding of the State share of expenditures under Attachment 4.19-A.

Based upon your assurances, Medicaid State plan amendment 14-04 is approved effective April 1, 2014. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

[Signature]
Timothy Hill
Director

Enclosures
# Transmittal and Notice of Approval of State Plan Material

**For:** Health Care Financing Administration  
**To:** Regional Administrator  
**Department of Health and Human Services**

<table>
<thead>
<tr>
<th>Transmittal Number</th>
<th>State</th>
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<tr>
<td>14-04</td>
<td>New Mexico</td>
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**Program Identification:** Title XIX of the Social Security Act (Medicaid)

4. Proposed Effective Date: April 1, 2014

5. Type of Plan Material (Check One):
   - [ ] New State Plan
   - [ ] Amendment to be Considered as New Plan
   - [X] Amendment

Complete Blocks 6 thru 10 if this is an Amendment (Separate Transmittal for each amendment)

6. Federal Statute/Regulation Citation:
   - 42 CFR 447
   - 42 CFR 412.92

7. Federal Budget Impact:
   - For FFY 2014:
   - For FFY 2015:

8. Page Number of the Plan Section or Attachment:
   - Attachment 4.19-A; page 18
   - Attachment 4.19-A; page 19 (intentionally left blank)
   - Attachment 4.19-A; page 20 (intentionally left blank)

9. Page Number of the Superseded Plan Section or Attachment (If Applicable):
   - Attachment 4.19-A, page 18; supersedes pages 19 and 20 (TN No. 92-14), 19 (TN No. 01-04), 19a, 19b, 19c, and 20 (TN No. 12-01)
   - Attachment 4.18-A, pages 19 and 20 (intentionally left blank); supersedes page 20a (TN No. 00-09)

10. Subject of Amendment:
    Removal of Sole Community Provider Payment Adjustment and State Operated Teaching Hospital Adjustment

11. Governor's Review (Check One):
   - [ ] Governor's Office Reported No Comment
   - [ ] Comments of Governor's Office Enclosed
   - [X] No Reply Received Within 45 Days of Submittal
   - X Other, as specified: Authority Delegated to the Medicaid Director.

12. Signature of State Agency Official:
    [Signature]

13. Typed Name: Julie B. Weinberg

14. Title: Director, Medical Assistance Division

15. Date Submitted: March 5, 2014; revised 9/25/14

16. Return to:
   Julie B. Weinberg, Director  
   Medical Assistance Division  
   P.O. Box 2348  
   Santa Fe, NM 87504 – 2348

17. Date Received: March 26, 2014

18. Date Approved: NOV 04 2014

19. Effective Date of Approved Material: 2014

20. Signature of Regional Official:
    [Signature]

21. Typed Name: [Name]

22. Title: [Title]

23. Remarks: