

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

June 19, 2014

Ms. Julie Weinberg, Director
Medical Assistance Division
New Mexico Department of Human Services
P.O. Box 2348
Santa Fe, New Mexico 87504

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 12-06(B). With the approval of TN 12-06(B), the Centers for Medicare and Medicaid Services (CMS) has reviewed and approved the reorganization and revision of those payment and reimbursement pages which presented companion issues to the State's proposed Alternative Benefit Program (ABP).

As previously communicated to the State, CMS is issuing a companion letter in conjunction with our approval of SPA 12-06B in which we request the State to clarify its proposed state plan language to clearly indicate how often the supplemental payments are being made; and that the Average Commercial Rate (ACR) will be recalculated annually in accordance with State Medicaid Director Letter 13-03 (SMDL 13-03). Please be mindful of the timeframes referenced in the companion letter, and submit your response to CMS in accordance with the stated deadline.

TN 12-06(B) is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the TN 12-06(B) summary is enclosed, along with the approved plan pages and their attachments.


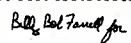
If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A handwritten signature in black ink that reads 'Bill Brooks' followed by a flourish.

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-06(B)	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE January 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 441, 42 CFR 440		7. FEDERAL BUDGET IMPACT: for FFY 2014: \$0 for FFY 2015: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 1, 2, 3, 3a, 3b, 4, pages 10-14 (all amended), page 14a (deleted). State Supplement A to Attachment 3.1A; pages 6, 7, 8, 9, 10 (all amended) and page 21e (new).		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: page 1, supersedes page 1 TN 05-01 and page 3ab TN 06-07; page 2, supersedes TN 90-15; page 3, supersedes page 2a TN 96-03 and 3a TN 06-07; page 3a, supersedes page 2b TN 90-15; page 3b supersedes page 3 TN 90-15; page 4 supersedes page 3b TN 05-01; pages 10-14 supersedes pages 10-14 TN 97-01. Page 14a is deleted. State Supplement A to Attachment 3.1A: page 6, supersedes page 6 TN 89-10; page 7, supersedes page 7, TN 89-10; page 8, supersedes page 8 TN 93-28; page 9, supersedes page 9, TN 10-08; page 10, supersedes page 10 TN 90-22; page 21e, supersedes none, new page.	
10. SUBJECT OF AMENDMENT: Reorganization of Attachment 4.19B (Reimbursement), Companion Page Issues and Payment for Alternative Benefit Plan Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 - 2348	
13. TYPED NAME: Julie B. Weinberg			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: March 31, 2014 Revised: 6/4/14; 6/12/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3 March, 2014		18. DATE APPROVED: 19 June, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			