

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**

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June 12, 2014

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

RE: New Mexico State Plan Amendment (SPA) Transmittal Number 13-30

Dear Ms. Weinberg:

Enclosed for your records is an approved copy of New Mexico's proposed Alternative Benefit Plan (ABP) State Plan Amendment (SPA) TN# 13-30. This ABP, which was submitted on March 18, 2014, meets all federal statutory and regulatory requirements for establishing an ABP. The state has selected (the) Lovelace Classic Preferred Provider Organization (PPO) 2013 base benchmark and has chosen to not align all of the benefits with its currently approved section 1905(a) Medicaid State plan.

All requirements pertaining to Alternative Benefit Plans must be met, including payment rates and reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems. These must be updated as necessary to reflect other changes required by federal statute and regulation within allowable parameters.

Please note that we are aware that due to the ongoing system changes occurring with change requests, the State will not be able to immediately apply the revised language CMS approved for the beneficiary notices related to the ABP SPA. However, we respectfully request that the State send out the changes within the revised beneficiary notices no later than 90 days from the approval date of this ABP SPA.

This ABP SPA is approved effective 1/1/2014 as requested by your state. If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A handwritten signature in black ink, appearing to read "Dorothy Ferguson", is written in a cursive style.

for

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

Enclosures

## Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

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State/Territory name: **New Mexico**

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NM-13-0030

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Affordable Care Act and Section 1937 of the Social Security Act

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 621098699.00
Second Year	2015	\$ 1102541586.00

**Subject of Amendment**

New Mexico Alternative Benefit Plan (New Adult Group):  
Populations, Voluntary Benefit Package Selection Assurances - Eligibility Group, Enrollment Assurances ,  
Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package, Cost-Sharing Benefits  
Description and Assurances, Service Delivery Systems, Employer Sponsored Insurance and Payment of  
Premiums, General Assurances and Payment Methodology

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received  
Describe:
- No reply received within 45 days of submittal
- Other, as specified  
Describe:  
Authority Delegated to the Medicaid Director

**Signature of State Agency Official**

Submitted By: **Caitlin Kuennen Breen**  
Last Revision Date: **Jun 9, 2014**  
Submit Date: **Mar 18, 2014**

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Date Received: March 18, 2014

Date Approved: June 12, 2014

Signature of Regional Official:

PRINTED NAME and Title: Bill Brooks, Associate Regional