

January 7, 2015

Bill Brooks, Medicaid Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare and Medicaid Services
1301 Young St.
Dallas, TX 75202

Dear Mr. Brooks,

Enclosed are documents related to the resubmittal of New Mexico State Plan Amendment (SPA) 14-14, Extension of Primary Care Increase.

The primary purpose of this state plan amendment is to document that the New Mexico Medicaid program will extend the primary care increase program. This program is defined in sections 1902(a)(13), 1902(jj), 1905(dd) and 1932(f) of the Social Security Act as amended by the Affordable Care Act and was originally put into effect for the years 2013 and 2014. New Mexico Medicaid intends to continue this program in 2015 and beyond, using the Medicare fee schedule in effect during each of the extension years as the base rate.

We originally submitted this SPA to CMS on November 25, 2014. In that version of the SPA, we proposed to do the following:

- Include OB-GYN as a specialty which can participate in the attestation and payment process.
- Not apply the increase to Medicare cross over claims, that is, those where Medicare is the primary payer.

However, because we believe these two proposed changes are delaying the approval of this SPA, in this resubmittal we are proposing to remove those two provisions in order to keep the PCP increase for 2015 as it was for 2013 and 2014. This new version of the SPA can now be viewed simply as an extension, into 2015 and beyond, of the original SPA, approved on June 24, 2013.

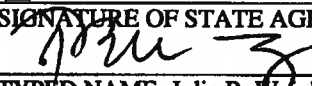
We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Ellen Costilla at (505) 827-3180 or at Ellen.Costilla@state.nm.us

Sincerely,



Julie B. Weinberg
Director

Copies: Stacy Shuman, CMS, Region VI
Ellen Costilla, MAD Health Care Operations Manager
Robert Stevens, MAD Chief, Program Policy & Integrity Bureau
Russell Toal, Deputy Director, Medical Assistance Division

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-14	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 438, 441, and 447 Sections 1902(a)(13), 1902(jj), 1932(f), and 1905(dd) of the Social Security Act, as amended by the Affordable Care Act.		7. FEDERAL BUDGET IMPACT: for FFY 2015: 11,025,000 for FFY 2016 : 14,700,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B; pages ii.d, ii e, and ii f.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supersedes none; new pages	
10. SUBJECT OF AMENDMENT: Continuation of Primary Care Increase			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: November 20, 2014 Resubmitted January 7, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			