



Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H., Director

February 23, 2021

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

Dear Mr. Brooks:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 21-0003 COVID Vaccine.

Effective January 22, 2021, New Mexico Medicaid is implementing a change in benefit coverage by adding the COVID vaccine and vaccine administration. The Human Services Department will cover COVID vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.

HSD followed a process that included public notification, tribal notification and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Jennifer Vigil at: [JenniferR.Vigil@state.nm.us](mailto:JenniferR.Vigil@state.nm.us) or (505) 827-6213.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nicole Comeaux", is written over a light blue circular stamp.

Nicole Comeaux, J.D., M.P.H., Director  
Medical Assistance Division

cc: Peter Banks, CMS  
Lorelei Kellogg, HSD/MAD Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 3

2. STATE

New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 22, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.400(a), 1902(a)(1); 1902(a)(10)(B); 1902(a)(23);  
1905(a)(4)(C)

7. FEDERAL BUDGET IMPACT

a. FFY 21 \$ 10,183,789

b. FFY 22 \$ 15,133,020

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

State Supplement A to Attachment 3.1A, pg.16

Attachment 3.1-A pg. 11a

Attachment 4.19-B pg. ii.c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Supplement A to Attachment 3.1A, pg.16 (HCFA 179 (05-04))

Attachment 3.1-A pg. 11a (TN 10-12)

Attachment 4.19-B pg. ii.c (HCFA 179 NM 13-02)

10. SUBJECT OF AMENDMENT

COVID Vaccine

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Nicole Comeaux

14. TITLE

Director, Medical Assistance Division

15. DATE SUBMITTED

February 23, 2021

16. RETURN TO

Nicole Comeaux, J.D., M.P.H., Director

Medical Assistance Division

P.O. Box 2348

Santa Fe, NM. 87504-2348

**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

State Supplement A to Attachment 3.1A

- h. Drug items are not covered under the program when they are included in another provider's reimbursement (example: Floor stock medication in a nursing facility already included in the facilities reimbursement.)
- i. Flu and pneumococcal vaccines are covered when prescribed in accordance with the seasonal recommendations of the Public Health Services.
- j. COVID vaccines are covered in accordance with Federal requirements.

TN No. 21-0003

Approval Date \_\_\_\_\_

Supersedes TN No. HCFA 179 (05-04)

Effective Date \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: NEW MEXICO

Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy

**Citation**

**Family Planning Benefits**

1905(a)(4)(C) **4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.**

**Provided:**     No limitations                       With limitations

Please describe any limitations:

Family planning services are limited to contraceptive management and related services. Non-covered services include procreative management, hysterectomy, and pregnancy termination.

**4.c.(ii) Family planning-related services provided under the above State Eligibility Option**

Services generally provided as part of, or as follow-up to, a family planning visit for contraceptive management, including but not limited to: screening and treatment of sexually transmitted disease; HPV vaccine; treatment of lower genital and urinary tract infections, treatment of complications of contraception; annual office visit for men (including physical, laboratory tests, and contraceptive counseling); services provided as part of, or as follow-up to, a sterilization procedure; mammogram (with prior authorization); ovarian cyst identification and treatment (with prior authorization); COVID vaccine and vaccine administration.

TN No. 21-0003

Approval Date \_\_\_\_\_

Supersedes TN No. TN 10-12

Effective Date \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of NEW MEXICO  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

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**Attachment 4.19-B**  
**Page ii.c**

**Effective Date of Payment**

E&M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 3, 2014. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules/>

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules/>

COVID-19 Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 22, 2021. This includes coverage for the COVID-19 vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance for administration of the COVID-19 vaccine. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules/>

TN No. 21-0003

Approval Date \_\_\_\_\_

Supersedes TN No. HCFA 179 NM 13-02

Effective Date \_\_\_\_\_

NEWSPAPER PUBLIC NOTICE AND PROOF OF PUBLICATION

## COVID Vaccine

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 21-0003. Effective January 22, 2021, New Mexico Medicaid is implementing a change in benefit coverage by adding the COVID vaccine and vaccine administration.

The Human Services Department will cover COVID vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.

The estimated financial impact is \$10,183,789 (in federal funds) for FFY 21 and \$15,133,020 (in federal funds) for FFY 22.

### **OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS**

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed SPA. The complete draft amendment may be found on the Department's website at: <https://www.hsd.state.nm.us/2017-comment-period-open.aspx>

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to [madrules@state.nm.us](mailto:madrules@state.nm.us). All comments must be received no later than 5:00 p.m. MT on **February 21, 2021**. Written or e-mailed comments are preferred because they become part of the record associated with these changes.

Interested persons may address written comments to:

Human Services Department  
Office of the Secretary  
ATTN: Medical Assistance Division Public Comments  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.



# AFFIDAVIT OF PUBLICATION

## STATE OF NEW MEXICO

County of Bernalillo SS

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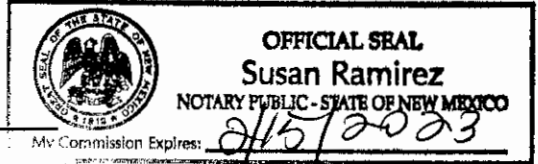
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Journal: January 21, 2021

Elise Rodriguez, the undersigned, on oath states that she is an authorized Representative of The Albuquerque Journal, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which hereto attached, was published in said paper in the regular daily edition, for 1 time(s) on the following date(s):

01/21/2021



Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 21 day of January of 2021

PRICE \$101.75

Statement to come at the end of month.

ACCOUNT NUMBER 1009565



# Las Cruces Sun News.

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0004562061

This is not an invoice

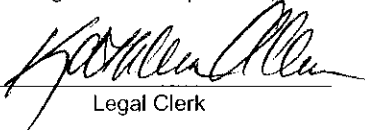
HUMAN SVCS DEPT - ME D ASSIST DIV  
PO BOX 2348

SANTA FE, NM 87504-2348

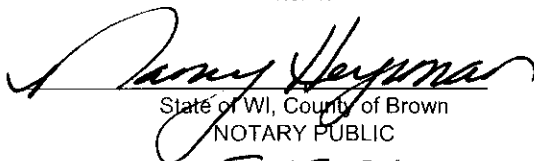
I, a legal clerk of the **Las Cruces Sun News**, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

01/21/2021

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 167, Laws of 1937.

  
\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this January 21,  
2021:

  
\_\_\_\_\_  
State of WI, County of Brown  
NOTARY PUBLIC  
5.15.23  
\_\_\_\_\_  
My commission expires

Ad # 0004562061  
PO #: 35662  
# of Affidavits 1

This is not an invoice

NANCY HEYRMAN  
Notary Public  
State of Wisconsin

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 21-0003. Effective January 22, 2021, New Mexico Medicaid is implementing a change in benefit coverage by adding the COVID vaccine and vaccine administration.

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#4562061, Sun-News,  
January 21, 2021

PROVIDER, INTERESTED PARTIES, STAKEHOLDERS ASSOCIATIONS NOTICE



Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H, Director

January 21, 2021

Interested Parties:

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 21-0003. Effective January 22, 2021, New Mexico Medicaid is implementing a change in benefit coverage by adding the COVID vaccine and vaccine administration.

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WRITTEN TRIBAL NOTIFICATION



Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H., Director

January 21, 2021

**RE: Tribal Notification to Request Advice and Comments Letter 21-02: COVID Vaccine**

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department's (HSD's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting comments until **5:00 p.m. Mountain Time (MT) February 21, 2021**, regarding implementing a change in benefit coverage.

Effective January 22, 2021, New Mexico Medicaid is implementing a change in benefit coverage by adding the COVID vaccine and vaccine administration. The Human Services Department will cover COVID vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.

**Tribal Impact**

This change is a positive one for Indian Nations, Tribes, Pueblos and their health care providers. The benefit change will enable more individuals to receive the COVID vaccine.

**Tribal Advice and Comments**

Tribes and their healthcare providers may view the proposed changes, on the HSD webpage at: <https://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx> **Tribal Notification 21-02.**

**Important Dates**

**Written comments must be submitted by 5:00 p.m. Mountain Time (MT) February 21, 2021.** Please send your comments to the MAD Native American Liaison, **Theresa Belanger**, at **(505) 827-3122** or by email at: [Theresa.Belanger@state.nm.us](mailto:Theresa.Belanger@state.nm.us). All written comments received will be posted on the HSD website at: <https://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx> along with this notification letter. The public posting will include the name and any contact information provided by the commenter.

Sincerely,

Nicole Comeaux, J.D., M.P.H.  
State Medicaid Director

NO COMMENTS RECEIVED

## STANDARD FUNDING QUESTIONS



## Standard Funding Questions – SPA 21-0003 COVID Vaccine

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

**STATE RESPONSE: Providers are not required to return any portion of payments for these services.**

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
  - (i) a complete list of the names of entities transferring or certifying funds;
  - (ii) the operational nature of the entity (state, county, city, other);

- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

**STATE RESPONSE: These services are paid using appropriations from the state legislature from funds received by broad-based taxes levied by the state.**

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

**STATE RESPONSE: A supplemental payment is made to the state teaching hospital, the University of New Mexico Hospital, for practitioner services as described in the state plan on Attachment 4.19-B Page 1.**

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

**STATE RESPONSE: These fee schedule changes do not apply to any provider subject to the UPL calculations.**

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

**STATE RESPONSE: If governmental providers were to receive payments that exceed their reasonable cost of providing services, the excess payment would be recovered and the federal share of the excess would be reported and returned to CMS.**