# Alternative Benefit Plan

State Name: New Mexico

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 22 - 0010

## Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

No

These assurances must be made by the state/territory if the Adult eligibility group is included in the ABP Population.

☑ The state/territory shall enroll all participants in the "Individuals at or below 133% FPL Age 19 through 64" (section 1902(a)(10)(A)(i)(VIII)) eligibility group in the Alternative Benefit Plan specified in this state plan amendment, except as follows: A beneficiary in the eligibility group at section 1902(a)(10)(A)(i)(VIII) who is determined to meet one of the exemption criteria at 45 CFR 440.315 will receive a choice of a benefit package that is either an Alternative Benefit Plan that includes Essential Health Benefits and is subject to all 1937 requirements or an Alternative Benefit Plan that is the state/territory's approved Medicaid state plan not subject to 1937 requirements. The state/territory's approved Medicaid state plan includes all approved state plan programs based on any state plan authority, and approved 1915(c) waivers, if the state has amended them to include the eligibility group at section 1902(a)(10)(A)(i)(VIII).

☑ The state/territory must have a process in place to identify individuals that meet the exemption criteria and the state/territory must comply with requirements related to providing the option of enrollment in an Alternative Benefit Plan defined using section 1937 requirements, or an Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan that is not subject to section 1937 requirements.

☑ Once an individual is identified, the state/territory assures it will effectively inform the individual of the following:

a) Enrollment in the specified Alternative Benefit Plan is voluntary;

b) The individual may disenroll from the Alternative Benefit Plan defined subject to section 1937 requirements at any time and instead receive an Alternative Benefit Plan defined as the approved state/territory Medicaid state plan that is not subject to section 1937 requirements; and

c) What the process is for transferring to the state plan-based Alternative Benefit Plan.

☑ The state/territory assures it will inform the individual of:

a) The benefits available as Alternative Benefit Plan coverage defined using section 1937 requirements as compared to Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan and not subject to section 1937 requirements; and

b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan subject to 1937 requirements differs from the Alternative Benefit Plan defined as the approved Medicaid state/territory plan benefits.

How will the state/territory inform individuals about their options for enrollment? (Check all that apply)

☒ Letter

☐ Email

☐ Other

# Alternative Benefit Plan

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about their options for enrollment.

**An attachment is submitted.**

When did/will the state/territory inform the individuals?

Notices of eligibility for the Adult Group will describe Alternative Benefit Plan (ABP) exemption criteria, processes for self identification, and procedures for choosing to enroll in the Medicaid State Plan benefit package. Individuals who are enrolled in managed care will also receive information about the ABP, the exemption criteria and related processes from their managed care organization (MCO); this information is also contained in each MCO member handbook.

Please describe the state/territory's process for allowing individuals in the Section 1902(a)(10)(A)(i)(VIII) eligibility group who meet exemption criteria to disenroll from the Alternative Benefit Plan defined using section 1937 requirements and enroll in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan.

Individuals in the Adult Group will be automatically enrolled in the ABP when they are determined eligible. Their eligibility notice, referenced and attached above, will describe how they can self-identify as being potentially exempt from the ABP. For managed care recipients, the self-identification process will be facilitated by the member's MCO, which will receive the request for an exemption, evaluate the member based on criteria set forth at 42 CFR 440.315 and further defined by the State, provide benefits counseling to the member (including a description of cost differences between the ABP and the Medicaid State Plan), and facilitate the member's voluntary selection of the ABP that is the Medicaid State Plan, if applicable. The MCO may also identify members who may be Medically Frail and qualify for an ABP exemption through a mandatory Health Risk Assessment (HRA). The HRA is the first step of care coordination during which the MCO makes contact with their members, asks a series of general health questions, and explains care coordination. The HRA is designed to help the MCO identify members who may be candidates for care coordination due to their medical needs or health status, and is required within the first 30 days of a member's enrollment with the MCO. Members who are identified through the HRA as potentially Medically Frail will receive a Comprehensive Needs Assessment (CNA) to assess the member's physical and behavioral health needs, long-term care needs and disease management needs. The member will also receive a notice from the MCO about the ABP exemption criteria and process. Upon receipt of this notice, the member must initiate the request to be considered for a potential exemption from the ABP through self-identification. For Native American Medicaid recipients who are exempt from managed care, the state's third-party assessor (TPA) contractor will receive and process the recipient's self-identification and request for an ABP exemption based on criteria set forth at 42 CFR 440.315 and further defined by the State. The TPA contractor will provide benefits counseling and facilitate the recipient's voluntary transition to the ABP that is the Medicaid State Plan, if applicable.

☑ The state/territory assures it will document in the exempt individual's eligibility file that the individual:

a) Was informed in accordance with this section prior to enrollment;

b) Was given ample time to arrive at an informed choice; and

c) Chose to enroll in Alternative Benefit Plan coverage subject to section 1937 requirements or defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Where will the information be documented? (Check all that apply)

☒ In the eligibility system.

☐ In the hard copy of the case record.

☐ Other

What documentation will be maintained in the eligibility file? (Check all that apply)

☒ Copy of correspondence sent to the individual.

# Alternative Benefit Plan

☐ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.

☐ Other

☑ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in either Alternative Benefit Plan coverage subject to section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Other information related to benefit package selection assurances for exempt participants (optional):

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

# Alternative Benefit Plan

State Name: New Mexico

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 22 - 0010

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package — ABP3.1

Select one of the following:

- (●) The state/territory is amending one existing benefit package for the population defined in Section 1.
- ( ) The state/territory is creating a single new benefit package for the population defined in Section 1.

  Name of benefit package:

**Selection of EHB-Benchmark Plan**

The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

EHB-benchmark plan name: Presbyterian Health Plan - Individual Silver C HMO

The EHB-benchmark plan is the same as the Section 1937 Coverage option: Yes

**Selection of the Section 1937 Coverage Option**

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- (●) Benchmark Benefit Package.
- ( ) Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ( ) The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ( ) State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ( ) A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- (●) Secretary-Approved Coverage.
  - ( ) The state/territory offers benefits based on the approved state plan.
  - (●) The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

Please briefly identify the benefits, the source of benefits and any limitations:

New Mexico's Section 1937 coverage option is Secretary-Approved Coverage.

New Mexico will use benefits from the selected base benchmark plan, which is Presbyterian Health Plan - Individual Silver C HMO, as the basis of the Alternative Benefit Plan (ABP). The selected base benchmark complies with the regulations set forth for ABPs under 42 CFR 440.347 as related to essential health benefits (EHBs).

# Alternative Benefit Plan

Other Information Related to Selection of the Section 1937 Coverage Option and the EHB-Benchmark Plan (optional):

## PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190813

# Alternative Benefit Plan

State Name: New Mexico

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 22 - 0010

## Alternative Benefit Plan Cost-Sharing — ABP4

☑ Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.: No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

# Alternative Benefit Plan

State Name: New Mexico

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 22 - 0010

## Benefits Description ABP5

The state/territory proposes a “Benchmark-Equivalent” benefit package. No

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Presbyterian Health Plan - Individual Silver C HMO

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”

Secretary-Approved

# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Qualifying Clinical Trials

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Covers routine patient costs associated with participation in qualifying clinical trials.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

Benefit Provided: Dental Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: Annual limits on some services

Duration Limit: None

Scope Limit: Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

Benefit Provided: Dialysis

Source: Base Benchmark Small Group

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Home Health Care & Intravenous Services

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: Limited to 100 four-hour visits per year.

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The recipient must require skilled care and be unable to receive medical care on an ambulatory outpatient basis.

Benefit Provided: Hospice Care Services

Source: Base Benchmark Small Group

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

To be eligible for hospice care, a physician must provide a written certification that the recipient has a terminal illness. Certification statements must include information that is based on the recipient's medical prognosis, and that the life expectancy is six months or less if the terminal illness runs its typical course. Recipients must elect to receive hospice care for the duration of the election period. If the recipient receives hospice benefits beyond 210 days, the hospice must obtain a written recertification statement. For the duration of the recipient's election of hospice care, the recipient waives their right to Medicaid payment of concurrent services related to the treatment of the terminal condition or a related condition; or for services equivalent to hospice care.

Benefit Provided: Outpatient Diagnostic Labs, X-Ray & Pathology

Source: Base Benchmark Small Group

Remove

# Alternative Benefit Plan

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

---

Benefit Provided: Outpatient Diagnostic Labs, X-Ray & Pathology

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

---

Benefit Provided: Outpatient Surgery

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

# Alternative Benefit Plan

Benefit Provided: Primary Care to Treat Illness/Injury

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Radiation Therapy and Chemotherapy

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Specialist Visits

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

# Alternative Benefit Plan

Benefit Provided: Treatment of Diabetes

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This benefit includes medical supplies for the treatment of diabetes.

Benefit Provided: Vision Care for Eye Injury or Disease

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Refraction for visual acuity is not covered. Routine vision care is not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Vision Hardware

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: One complete set of contact lenses or eyeglasses

Duration Limit: None

Scope Limit: Covered only following surgery for the removal of cataracts from one or both eyes. Coverage of materials is limited to one set of contact lenses or eyeglasses per surgery. Materials obtained more than 90 days following surgery are not covered.

# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Podiatry and Routine Foot Care

Source: Base Benchmark Small Group

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Covered when medically necessary due to malformations, injury, acute trauma or diabetes. Orthopedic shoes, arch supports and foot orthotics are not covered unless they are medically necessary for the treatment of diabetes.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Urgent Care Services/Facilities

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Observation Services

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

# Alternative Benefit Plan

Scope Limit:

Observation Services

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Defined as outpatient services furnished by a hospital and practitioner/provider on the hospital's premises. Observation services may include the use of a bed and periodic monitoring to evaluate an outpatient's condition.

Benefit Provided:

Source:

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Emergency Ground or Air Ambulance Services

Source: Base Benchmark Small Group

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required when taking a recipient to a facility over 100 miles from the New Mexico border.

Benefit Provided: Emergency Department Services/Facilities

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Emergency Dental Care

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

Covers emergency dental care that is needed because of accidental injury from an outside force to a sound, natural tooth. To be considered sound, the tooth must not have significant decay or prior trauma.

# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Emergency treatment of jawbones or surrounding tissues is also covered.

Add

# Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Remove

| Benefit Provided: | Source: |
| --- | --- |
| Bariatric Surgery | Base Benchmark Small Group |
| **Authorization:** | **Provider Qualifications:** |
| Prior Authorization | Medicaid State Plan |
| **Amount Limit:** | **Duration Limit:** |
| Limited to one per lifetime | None |

Scope Limit:

Covered for morbid obesity; or for individuals who have a BMI greater than 35 with at least one comorbidity related to obesity and who have been previously unsuccessful with medical treatment for obesity.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

| Benefit Provided: | Source: |
| --- | --- |
| Inpatient Medical and Surgical Care | Base Benchmark Small Group |
| **Authorization:** | **Provider Qualifications:** |
| Other | Medicaid State Plan |
| **Amount Limit:** | **Duration Limit:** |
| None | None |

Scope Limit:

Surgeries for cosmetic purposes are not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required for use of a hospital over 100 miles from the New Mexico border, except in an emergency.

Remove

| Benefit Provided: | Source: |
| --- | --- |
| Organ and Tissue Transplants | Base Benchmark Small Group |
| **Authorization:** | **Provider Qualifications:** |
| None | Medicaid State Plan |
| **Amount Limit:** | **Duration Limit:** |
| None | None |

Scope Limit:

Covers medical, surgical and hospital services for the recipient; organ procurement costs; certain travel costs; and immunosuppressive drugs.

# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Reconstructive Surgery

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Covers reconstructive surgery from which an improvement in physiological function can be expected if performed for the correction of functional disorders that result from accidental injury, congenital defects or disease.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided: Delivery and Inpatient Maternity Services

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes lactation support, supplies and counseling.

Benefit Provided: Pre- and Post-Natal Care

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amniocentesis, ultrasound or any other procedures requested solely to determine the sex of the fetus are not covered. An exception is made if it is medically necessary to determine the existence of a sex-linked genetic disorder. Determination of the sex of the fetus is covered as part of a medically necessary procedure, but is not covered as an additional visit when the sex of the fetus cannot be determined during the medically necessary procedure.

Add

# Alternative Benefit Plan

☑ 5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All ☐

☐ The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided: Inpatient Hospital Services

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

Benefit Provided: Medication-Assisted Therapy for Opioid Addiction

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

Benefit Provided: Outpatient Behavioral Health Professional Services

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

# Alternative Benefit Plan

Scope Limit:

Includes screening, evaluation, testing, assessment, medication management, therapy, and Intensive Outpatient Program (IOP) services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Benefit Provided: Drug/Alcohol Dependency Treatmen

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

Benefit Provided: Electroconvulsive Therapy (ECT)

Source: Base Benchmark Small Group

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Assertive Community Treatment (ACT)

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

# Alternative Benefit Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

---

Benefit Provided: Psychosocial Rehabilitation (PSR)

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

Add

# Alternative Benefit Plan

■ 6. Essential Health Benefit: Prescription drugs

✓ The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- ☒ Limit on days supply
- ☐ Limit on number of prescriptions
- ☐ Limit on brand drugs
- ☐ Other coverage limits
- ☒ Preferred drug list

Authorization: No

Provider Qualifications: State licensed

Coverage that exceeds the minimum requirements or other:

New Mexico's ABP prescription drug benefit plan is the same as the prescription drug coverage under the Medicaid State Plan.

# Alternative Benefit Plan

■ 7. Essential Health Benefit: Rehabilitative and habilitative services and devices — Collapse All ☐

☐ The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided: Autism Spectrum Disorder

Source: Base Benchmark Small Group

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Covers speech, occupational and physical therapy, and applied behavioral analysis for recipients age 21-22 who are enrolled in high school.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required after initial evaluation. This is a state-mandated service.

Benefit Provided: Cardiovascular Rehabilitation

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Short-term therapy (two consecutive months)

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Duration limit is per cardiac event. Exceptions made based on medical necessity. Long-term therapy is not covered.

Benefit Provided: Durable Medical Equipment & Supplies

Source: Base Benchmark Small Group

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

# Alternative Benefit Plan

Scope Limit:

Coverage of medical supplies is limited to diabetic supplies, contraceptive supplies, lactation supplies, cardiac event monitors, and holter monitors.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires a physician's prescription and prior authorization.

Benefit Provided: Inpatient Rehabilitative Facilities

Source: Base Benchmark Small Group

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

Covers inpatient services at a skilled nursing or acute rehabilitation facility when provided as a step-down level of care following discharge from the hospital prior to discharge to home. Extended care or long-term care not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Orthotic Appliances

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

Foot orthotics, including shoes and arch supports, are only covered when an integral part of a leg brace, or are diabetic shoes.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires a provider's prescription and prior authorization.

Benefit Provided: Prosthetic Devices, Repair and Replacement

Source: Base Benchmark Small Group

Remove

# Alternative Benefit Plan

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required unless the prosthetic device is surgically implanted.

---

Benefit Provided: Rehabilitative Services - PT/OT/SLP

Source: Base Benchmark Small Group

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Short-term therapy (two consecutive months)

Scope Limit: Includes physical and occupational therapy and speech-language pathology.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical and occupational therapy require prior authorization, but the initial evaluation does not. Speech language pathology requires prior authorization (including evaluations). Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered.

---

Benefit Provided: Habilitative Services - PT/OT/SLP

Source: Other state-defined

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Short-term therapy (two consecutive months)

Scope Limit: Includes physical and occupational therapy and speech-language pathology.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical and occupational therapy require prior authorization, but the initial evaluation does not. Speech language pathology requires prior authorization (including evaluations). Duration limit is per condition;

concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered.

Benefit Provided: Pulmonary Therapy

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Short-term therapy (two consecutive months)

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered.

Add

# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided: Diagnostic Imaging

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Lab Tests, X-Ray Services and Pathology

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

# Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management — Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided: Allergy Testing and Injections

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Annual Physical Exam & Consultation

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Includes a health appraisal exam; laboratory and radiological tests; and early detection procedures. Does not include eye refractions, vision hardware or routine vision services; or hearing aids or hearing aid testing.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Chronic Disease Management

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

# Alternative Benefit Plan

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Diabetes Equipment, Supplies & Education
Source: Base Benchmark Small Group
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan

Amount Limit: None
Duration Limit: None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Genetic Evaluation & Testing
Source: Base Benchmark Small Group
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan

Amount Limit: None
Duration Limit: None

Scope Limit:
Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Immunizations
Source: Base Benchmark Small Group
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan

# Alternative Benefit Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This benefit includes ACIP-recommended vaccines.

Benefit Provided: Insertion/Removal of Contraceptive Devices

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Osteoporosis Treatment & Management

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Periodic Glaucoma Test (Age 35 or older)

Source: Base Benchmark Small Group

Remove

# Alternative Benefit Plan

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Coverage includes testing every one to two years.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

---

Benefit Provided: Preventive Care and Screenings

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Refer to State Plan 1905(a)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Refer to State Plan 1905(a)

---

Benefit Provided: Voluntary Family Planning Services

Source: Base Benchmark Small Group

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Sterilization reversal is not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

# Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The source plan for this benefit is the New Mexico Medicaid State Plan. Prior authorization required for certain services. Some services subject to a periodicity schedule.

Add

# Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark — Collapse All ☐

# Alternative Benefit Plan

☒ 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication — Collapse All ☐

Base Benchmark Benefit that was Substituted: Acupuncture (20 visits per year)

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted: Chiropractic Care (20 visits per year)

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted: CMJ and TMJ Conditions

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted: Special Medical Foods

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category.

Base Benchmark Benefit that was Substituted: Infertility (Diagnosis, Treatment & Correction)

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted with dental services within the Ambulatory Patient Services category. The base benchmark infertility coverage does not include in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) or variations of these procedures; surrogate parenting; reversal of sterilization; or any costs associated with the collection, preparation or storage of sperm for artificial insemination, including donor fees, donor egg or sperm retrieval; or infertility medications, including oral infertility drugs.

Add

# Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Newborn Child Care

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

Newborns who are born to Medicaid-enrolled mothers are automatically deemed eligible for Medicaid or CHIP, and all newborn services are covered under the Medicaid State Plan.

Add

# Alternative Benefit Plan

☒ 14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:
Non-Emergency Transportation

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Covers expenses for transportation, meals and lodging that are determined necessary to secure medical or behavioral health services for an Alternative Benefit Plan recipient.

Other:
There is no authorization requirement for this benefit.

Add

# Alternative Benefit Plan

☐ 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

## PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808

# Alternative Benefit Plan

State Name: New Mexico

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 22 - 0010

## Service Delivery Systems ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

☒ Managed care.

- ☒ Managed Care Organizations (MCO).
- ☐ Prepaid Inpatient Health Plans (PIHP).
- ☐ Prepaid Ambulatory Health Plans (PAHP).
- ☐ Primary Care Case Management (PCCM).

☒ Fee-for-service.

☐ Other service delivery system.

## Managed Care Options

**Managed Care Assurance**

☑ The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

**Managed Care Implementation**

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

As part of New Mexico's efforts to roll-out its new Section 1115 waiver for Centennial Care on January 1 (which includes both the Other Adult Group and the ABP), the state held more than 200 public education events in every region of the state, including 52 events that were held in Native American communities. The state began running radio, print and online advertisements about Centennial Care in August 2013.

A tribal consultation was held in August 2013, during which the state discussed the ABP services package, as well as the intended selection of New Mexico's Section 1937 option and base benchmark plan. These topics were also discussed at every quarterly Medicaid Advisory Committee (MAC) meeting throughout 2013 and early 2014 to ensure communication with stakeholders. A meeting with tribal providers was held in November 2013 and a second provider meeting took place in March 2014.

In addition, New Mexico began a year-long comprehensive readiness review of its four Centennial Care managed care organizations (MCOs) in early 2013 to ensure that the MCOs are fully operational and compliant with the standards and conditions outlined in the Centennial Care waiver. Ten workgroups were created to focus on certain areas of implementation, such as reporting, care coordination, IT systems, and other issues pertinent to implementing the waiver and, more specifically, the ABP.

**MCO: Managed Care Organization**

The managed care delivery system is the same as an already approved managed care program. Yes

# Alternative Benefit Plan

The managed care program is operating under (select one):

- ◯ Section 1915(a) voluntary managed care program.
- ◯ Section 1915(b) managed care waiver.
- ◯ Section 1932(a) mandatory managed care state plan amendment.
- ◉ Section 1115 demonstration.
- ◯ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: July 12, 2013

Describe program below:

New Mexico Centennial Care provides managed physical, behavioral health and long-term care services through four managed care organizations (MCOs). New Mexico's vision for Centennial Care is to build a health care system that delivers the right amount of care at the right time and in the right setting. This vision includes educating recipients to become savvy health care consumers, promoting integrated care, delivering proper care coordination for the most at-risk recipients, involving recipients in their own wellness, and paying providers for good health outcomes. More detailed information about New Mexico Centennial Care can be found online at www.state.nm.us/centennialcare.

☐ The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

**MCO Procurement or Selection Method**

Indicate the method used to select MCOs:

- ◉ Competitive procurement method (RFP, RFA).
- ◯ Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

**Other MCO-Based Service Delivery System Characteristics**

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization. No

MCO service delivery is provided on less than a statewide basis. No

**MCO Participation Exclusions**

Individuals are excluded from MCO participation in the Alternative Benefit Plan: No

**General MCO Participation Requirements**

Indicate if participation in the managed care is mandatory or voluntary:

- ◉ Mandatory participation.
- ◯ Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

# Alternative Benefit Plan

**Additional Information: MCO (Optional)**

Provide any additional details regarding this service delivery system (optional):

## Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- (●) Traditional state-managed fee-for-service
- ( ) Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

In New Mexico, most Native American Medicaid recipients maintain a choice to opt-in to the Centennial Care (managed care) program, or to access care through a traditional state-managed fee-for-service delivery system; however, Native American recipients who are dually eligible for Medicare and Medicaid or who have a nursing facility level of care, are required to enroll in Centennial Care. Native American recipients who access care through fee-for-service may opt-in to Centennial Care at any time during their eligibility.

The base services offered in the ABP are the same for both fee-for-service and Centennial Care recipients, and are detailed in Section 5 of this State Plan Amendment; however, Centennial Care recipients may receive additional "value-added services" from their MCOs that are not available to fee-for-service recipients.

**Additional Information: Fee-For-Service (Optional)**

Provide any additional details regarding this service delivery system (optional):


PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119

# Alternative Benefit Plan

State Name: New Mexico

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 22 - 0010

## Payment Methodology ABP11

**Alternative Benefit Plans - Payment Methodologies**

☑ The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

**An attachment is submitted.**

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

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) 22-0010 Qualifying Clinical Trials for Alternative Benefit Plan (ABP) Medicaid Beneficiaries.

Effective January 1, 2022, New Mexico Medicaid is adding coverage of routine patient costs associated with participation in qualifying clinical trials for Medicaid ABP beneficiaries to conform with the new regulatory requirements of 1905(a)(30) and 1905(gg) of the Social Security Act (SSA).

Routine patient costs covered for a beneficiary participating in a qualifying clinical trial are any item or service provided to the individual under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial to the extent that the provision of such items or services to the beneficiary would otherwise be covered under the state plan outside of a trial. Such routine services and costs also include any item or service required solely for the provision of the investigational item or service that is the subject of the qualifying clinical trial, including the administration of the investigational item or service.

There is no data currently available regarding New Mexico Medicaid beneficiaries participating in qualifying clinical trials; these services were not previously tracked or covered. The State is currently unable to provide an estimate of the financial impact.

**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/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/

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. All comments must be received no later than 5:00 p.m. MT on **March 28, 2022**. 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

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

02/26/2022

David Montoya

Official Seal
Christina White
Notary Public
State of New Mexico
My Commission Expires: 4/10/22

Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 28 day of February of 2022

PRICE $136.96

Statement to come at the end of month.

ACCOUNT NUMBER 1009565

---

HUMAN SERVICES
DEPARTMENT

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) 22-0010 Qualifying Clinical Trials for Alternative Benefit Plan (ABP) Medicaid Beneficiaries.

Effective January 1, 2022, New Mexico Medicaid is adding coverage of routine patient costs associated with participation in qualifying clinical trials for Medicaid ABP beneficiaries to conform with the new regulatory requirements of 1905(a)(30) and 1905(gg) of the Social Security Act (SSA).

Routine patient costs covered for a beneficiary participating in a qualifying clinical trial are any item or service provided to the individual under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial to the extent that the provision of such items or services to the beneficiary would otherwise be covered under the state plan outside of a trial. Such routine services and costs also include any item or service required solely for the provision of the investigational item or service that is the subject of the qualifying clinical trial, including the administration of the investigational item or service.

There is no data currently available regarding New Mexico Medicaid beneficiaries participating in qualifying clinical trials; these services were not previously tracked or covered.

The State is currently unable to provide an estimate of the financial impact.

**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/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/

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. All comments must be received no later than 5:00 p.m. MT on **March 28, 2022**. 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.

Journal: February 26, 2022

Las Cruces Sun News.
PART OF THE USA TODAY NETWORK

**Affidavit of Publication**
**Ad # 0005150822**
**This is not an invoice**

HUMAN SVCS DEPT - ME D ASSIST DIV
PO BOX 2348

SANTA FE, NM 87504-2348

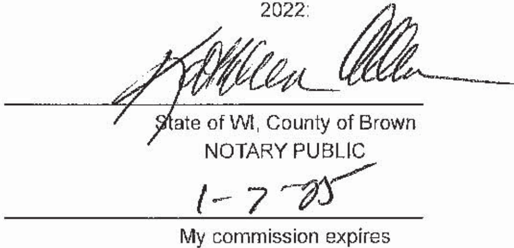
I, a legal clerk of the **Las Cruces Sun News**, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published;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

**02/27/2022**

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 February 28, 2022:



State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005150822
PO #:
# of Affidavits: 1

**This is not an invoice**

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) 22-0010 Qualifying Clinical Trials for Alternative Benefit Plan (ABP) Medicaid Beneficiaries.

Effective January 1, 2022, New Mexico Medicaid is adding coverage of routine patient costs associated with participation in qualifying clinical trials for Medicaid ABP beneficiaries to conform with the new regulatory requirements of 1905(a)(30) and 1905(gg) of the Social Security Act (SSA).

Routine patient costs covered for a beneficiary participating in a qualifying clinical trial are any item or service provided to the individual under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial to the extent that the provision of such items or services to the beneficiary would otherwise be covered under the state plan outside of a trial. Such routine services and costs also include any item or service required solely for the provision of the investigational item or service that is the subject of the qualifying clinical trial, including the administration of the investigational item or service.

There is no data currently available regarding New Mexico Medicaid beneficiaries participating in qualifying clinical trials; these services were not previously tracked or covered. The State is currently unable to provide an estimate of the financial impact.

**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/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/

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. All com-

ments must be received no later than 5:00 p.m. MT on **March 28, 2022.** 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.
#5150822, Sun-News, Feb. 27, 2022

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

February 25, 2022

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) 22-0010 Qualifying Clinical Trials for Alternative Benefit Plan (ABP) Medicaid Beneficiaries.

Effective January 1, 2022, New Mexico Medicaid is adding coverage of routine patient costs associated with participation in qualifying clinical trials for Medicaid ABP beneficiaries to conform with the new regulatory requirements of 1905(a)(30) and 1905(gg) of the Social Security Act (SSA).

Routine patient costs covered for a beneficiary participating in a qualifying clinical trial are any item or service provided to the individual under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial to the extent that the provision of such items or services to the beneficiary would otherwise be covered under the state plan outside of a trial. Such routine services and costs also include any item or service required solely for the provision of the investigational item or service that is the subject of the qualifying clinical trial, including the administration of the investigational item or service.

There is no data currently available regarding New Mexico Medicaid beneficiaries participating in qualifying clinical trials; these services were not previously tracked or covered. The State is currently unable to provide an estimate of the financial impact.

**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/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/

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. **All comments must be received no later than 5:00 p.m. MT on March 28, 2022**.

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.

HUMAN SERVICES
DEPARTMENT

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

February 25, 2022

**RE: Tribal Notification to Request Advice and Comments Letter 22-07: Qualifying Clinical Trials for Alternative Benefit Plan (ABP) Medicaid Beneficiaries**

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) March 28, 2022,** regarding proposed State Plan Amendment 22-0010 Qualifying Clinical Trials for Alternative Benefit Plan (ABP) Medicaid Beneficiaries.

Effective January 1, 2022, New Mexico Medicaid is adding coverage of routine patient costs associated with participation in qualifying clinical trials for Medicaid ABP beneficiaries to conform with the new regulatory requirements of 1905(a)(30) and 1905(gg) of the Social Security Act (SSA).

Routine patient costs covered for a beneficiary participating in a qualifying clinical trial are any item or service provided to the individual under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial to the extent that the provision of such items or services to the beneficiary would otherwise be covered under the state plan outside of a trial. Such routine services and costs also include any item or service required solely for the provision of the investigational item or service that is the subject of the qualifying clinical trial, including the administration of the investigational item or service.

**Tribal Impact**

This change will have a positive impact for Indian Nations, Tribes, Pueblos and their health care providers as it adds items and services not previously covered by Medicaid.

**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/ **Tribal Notification 22-07.**

**Important Dates**

**Written comments must be submitted by 5:00 p.m. Mountain Time (MT) March 28, 2022.** Please send your comments to the MAD Native American Liaison, **Theresa Belanger, at (505) 670-8067** or by email at: 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/ along with this notification letter. The public posting will include the name and any contact information provided by the commenter.

**Tribal Leadership may request a government-to-government consultation by March 28, 2022.** This request may be made to: Theresa.Belanger@state.nm.us or by calling (505) 670-8067.

Sincerely,

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