



Michelle Lujan Grisham, Governor
Kari Armijo, Acting Secretary
Lorelei Kellogg, Acting Medicaid Director

May 16, 2023

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 23-0007 COVID-19 Testing Group.

Effective April 30, 2023, New Mexico Medicaid is ending coverage for the COVID-19 testing group at 1902(a)(10)(A)(ii)(XXIII) of the Act as described in New Mexico Disaster SPA 20-0007.

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 Valeria Tapia at: Valerie.Tapia@hsd.nm.gov or (505) 257-8420.

Sincerely,

A blue ink signature of Lorelei Kellogg, consisting of a stylized, cursive script.

Lorelei Kellogg
Acting Medical Assistance Division

cc: Nikki Lemmon, CMS

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 7

2. STATE

N M3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 30, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(A)(ii)(XXIII), 1902(a)(47)(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ (541,370)b. FFY 24 \$ (1,299,288)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.4.A, page 1

State Supplement A to Attachment 3.1-A, page 16

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

None (new)

State Supplement A to Attachment 3.1-A, page 16;
(HCFA 179 05-04)

9. SUBJECT OF AMENDMENT

Effective April 30, 2023 New Mexico Medicaid is ending coverage for the COVID-19 testing group.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Authority delegated to the Medicaid Director

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Lorelei Kellogg

13. TITLE

Acting Director, Medical Assistance Division

14. DATE SUBMITTED

5/16/2023

15. RETURN TO

Lorelei Kellogg, Acting Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. 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. Effective April 30, 2023, New Mexico Medicaid is ending coverage for the COVID-19 testing group at 1902(a)(10)(A)(ii)(XXIII) of the Act as described in New Mexico Disaster SPA 20-0007.

TN No. 23-000X

Approval Date _____

Supersedes TN No. HCFA 179 05-04

Effective Date April 30, 2023

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. Effective April 30, 2023, New Mexico Medicaid is ending coverage for the COVID-19 testing group at 1902(a)(10)(A)(ii)(XXIII) of the Act as described in New Mexico Disaster SPA 20-0007.

TN No. 23-0007

Approval Date _____

Supersedes TN No. HCFA 179 05-04

Effective Date April 30, 2023

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

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TN No. 23-0007

Approval Date _____

Supersedes TN. No. none (new)

Effective Date April 30, 2023

NEWSPAPER NOTICE: SPA 23-0007 COVID-19 Testing Group

The New Mexico Human Services Department (HSD) Medical Assistance Division is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 23-0007 COVID-19 Testing Group.

Effective April 30, 2023, New Mexico Medicaid is ending coverage for the COVID-19 testing group at 1902(a)(10)(A)(ii)(XXIII) of the Act as described in New Mexico Disaster SPA 20-0007.

The estimated total financial impact is \$(541,370) in federal funds for FFY 23 and \$(1,299,288) in federal funds for FFY 24.

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 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 HSD-madrules@state.nm.us. All comments must be received no later than **5:00 p.m. Mountain Time (MT) on May 14, 2023**. 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.

CONFIRMATION

HUMAN SVCS DEPT - ME
PO BOX 2348
SANTA FE NM 87504--234

PO#:

<u>Account</u>	<u>AD#</u>	<u>Ordered By</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1418993	0005662048	Donna M. Lope:	\$5.83	\$77.03	Invoice	\$0.00	\$77.03

Ad Order Notes:

Sales Rep: OMedrano

Order Taker: OMedrano

Order Created 04/10/2023

Product	Placement	Class	# Ins	Start Date	End Date
ELP-LC Sun-News	ELP-Legals	Legal Notices	1	04/13/2023	04/13/2023
ELP-lcsun-news.com	ELPW-Legals	Legal Notices	1	04/13/2023	04/13/2023

Text of Ad: **04/10/2023**

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#5662048, Sun News, April 13, 2023

ALBUQUERQUE PUBLISHING COMPANY

7777 Jefferson St. NE, Albuquerque, NM 87109

Ad Proof/Order Confirmation

N M DEPT OF HUMAN SERVICES
MEDICAL ASSISTANCE DIV
ATTENTION: PPIB
PO BOX 2348
SANTA FE, NM 875042348 USA

Account Number
1009565

Ad Order Number
0001568429

Ordered By Donna Lopez

Customer Phone 5752576165

Joint Ad #

Customer Email donna.lopez@hsd.nm.gov

PO Number 37004

Ad Cost \$93.20

Sales Rep wschult

Tax Amount \$7.22

Order Taker wschult

Total Amount \$100.42

Amount Paid \$0.00

Amount Due \$100.42

To pay by Credit Card or ACH: Click on the link below or enter online through your browser.

<https://securepayment.link/abqjournal/>

Affidavits 0

Pick Up #

Product Albuquerque Journal

Ad Number 0001568429-01

Ad Type 0 Legal Liner

Ad Size 1 X 115 li

Color

Placement 0Legal Notices

Classification 0Government

Sort Text THENEWMEXICOHUMANSERVICESD
EPARTMENTHSDMEDICALASSISTAN
CEDIVISIONISPROVIDINGTHISNOTIC
EOFOPPORTUNITYTOCOMMENTONP
ROPOSEDSTATEPLANAMENDMENT

Run Date

04/13/2023

04/13/2023

04/13/2023

WYSIWYG Content

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Journal: April 13, 2023



Michelle Lujan Grisham, Governor
Kari Armijo, Acting Secretary
Lorelei Kellogg, Acting Medicaid Director

April 13, 2023

RE: Tribal Notification to Request Advice and Comments Letter 23-06: COVID-19 Testing Group

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) May 14, 2023**, regarding state plan amendment (SPA) 23-0007 COVID-19 Testing Group.

Effective April 30, 2023, New Mexico Medicaid is ending coverage for the COVID-19 testing group at 1902(a)(10)(A)(ii)(XXIII) of the Act as described in New Mexico Disaster SPA 20-0007.

Tribal Impact

Individuals covered under Medicaid as part of the COVID-19 testing group may be impacted by this change.

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 23-06.**

Important Dates

Written comments must be submitted by 5:00 p.m. Mountain Time (MT) May 14, 2023. Please send your comments to the MAD Native American Liaison, **Theresa Belanger**, at (505) 670-8067 or by email at: Theresa.Belanger@hsd.nm.gov. 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 May 14, 2023. This request may be made to: Theresa.Belanger@hsd.nm.gov or by calling (505) 670-8067.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lorelei Kellogg", enclosed within a thin blue rectangular border.

Lorelei Kellogg
Acting Medicaid Director



Michelle Lujan Grisham, Governor
Kari Armijo, Acting Secretary
Lorelei Kellogg, Acting Medicaid Director

April 13, 2023

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Standard Funding Questions – SPA 23-0007 COVID-19 Testing Group

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.