

NMAC Transmittal Form



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Volume: XXXIII	Issue:	24	Publication date:	12/27/2022	Number of	f pages: 1	(ALD Use Only) Sequence No.	343.4		
Issuing agency nam	e and add	dress:					•	Agency DFA code:		
HSD - Medical Assistance Division								63000		
Contact person's name: Phone number: E-mail address:										
Tabitha Mondragon 505-795-3572 tabitha.mondragon@state							ndragon@state.nm	n.us		
Type of rule action:							(ALD Use) Re	cent filing date:		
New Amendment Repeal X Emergency Renumber 12/17/20										
Title number:	Title nam	e:								
8	Social S	Service	S							
Chapter number: Chapter name:										
310	Health Care Professional Services									
Part number: Part name:										
3	Professional Providers, Services and Reimbursement									
Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):										
Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable.										
Yes No										
If materials are atta	ached, ha	s copyı	ı right permission be	en received?	Yes	No	Public don	nain		
Specific state	utory c	or otl	her authority	authorizii	na rulemal	 kina:				
Specific statutory or other authority authorizing rulemaking: American Rescue Plan 2021 Section 9812										
Notice date(s):	Hearing date(s):			Rule adoption date:		Rule effec	Rule effective date:			
7/21/2022		8/26/2022			12/9/2022		1/1/2023	1/1/2023		

Concise Explanatory Statement For Rulemaking Adoption:

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Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

This NMAC is being repealed and replaced so that it is in compliance with the required formating requirements language that limits pregnancy-related services Medicaid. The Department had previously issued rules changed Services Medicaid from limited coverage to full coverage. The rules update midwife services replacing "midwing midwife (CNMs) or licensed midwife along with clarifying what services are and are not covered. The Department asking for reimbursement for additional services provided by licensed midwifes and CNMs and increasing reimbursement through this rule change. The rule is being adopted as proposed.	ging Pregnancy-Related vife" with certified nurse ment received a eased reimbursement
Issuing authority (If delegated, authority letter must be on file with ALD):	uitu kan kann dalassis d
Name: David R. Scrase	rity has been delegated
Title:	
Secretary	
Signature: (BLACK ink only OR Digital Signature)	Date signed:
David R. Scrase, M.D.	12/9/2022
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The New Mexico Human Services Department approved the repeal of 8.310.3 NMAC - Health Care Professional Services, Professional Providers, Services and Reimbursement (filed 12/17/2013) and replaced it with 8.310.3 NMAC - Health Care Professional Services, Professional Providers, Services and Reimbursement (adopted on 12/9/2022), effective 1/1/2023.

8.310.3 NMAC 1