



HUMAN SERVICES  
DEPARTMENT

Susana Martinez, Governor  
Brent Earnest, Secretary  
Nancy Smith-Leslie, Director

June 16, 2015

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

RE: New Mexico SPA 15-11

Dear Mr. Brooks,

Attached you will find New Mexico state plan amendment (SPA) submission 15-11, Hospital Based Rural Health Clinics Reimbursement. The purpose of this SPA is to document how New Mexico reimburses hospital-based rural health clinics.

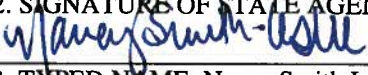
If you have any questions, please contact Ellen Costilla at [Ellen.Costilla@state.nm.us](mailto:Ellen.Costilla@state.nm.us) or at 505-827-7776.

Thank you for your consideration of this state plan amendment.

Nancy Smith Leslie, Director  
Medical Assistance Division

copies

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-11	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		4. PROPOSED EFFECTIVE DATE July 1, 2015	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447.201		7. FEDERAL BUDGET IMPACT:  for FFY 2015: \$262,500 for FFY 2016 : \$1,050,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B page 6 aa (new page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>Attachment 4.19-B :</b> None, 4.19-B page 6 aa it is a new page	
10. SUBJECT OF AMENDMENT: Hospital Based Rural Health Clinics Reimbursement			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Delegated to the Medicaid Director. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Nancy Smith Leslie, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 – 2348	
13. TYPED NAME: Nancy Smith Leslie			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: June 18, 2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

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

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**Attachment 4.19 - B**  
**Page 6aa**

Hospital based rural health clinic services are paid at the provider rate established by Medicare that is in effect for the date of service.