## NMAC Transmittal Form



Volume:	XXVIII	Issue:	18	Publication Date:	9/26/2017	Number of p	ages:		LD Use Only equence No.	)	
Issuing agency name and address:										Agency DFA code:	
Human Services Department - Medical Assistance Division 63000											
Contact person's name: Phone number: E-mail address:											
Tabitha Mondragon 505-827-3171 Tabitha.Mondragon@state.										m.us	
Type of rule action: (ALD Use Only)											
New Amendment Repeal Repeal/Replace Renumber Emergency Most Recent Filing Date:											
Title number: Title name:											
8	Social Services										
Chapter	umber: Chapter name:										
302		Medicaid General Provider Policies									
Part number: Part name:											
2	2 Billing for Medicaid Services										
Amendm	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 Public domain											
Concise Explanatory Statement for rulemaking adoption:											
Notice date(s): Hearing date(s):							7 _	le Adoptio	on date:	Rule Effective date:	
6/13/2017				7/14/2017			9/1	1/2017		10/1/2017	
Specific statutory or other authority authorizing rulemaking:											
New Mexico Human Services Department Act Chapter 9, Article 8 NMSA 1978 NM Stat § 9-8-6 (2016)											
Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.											
This rule making was begun under the old version of the State Rule Act, prior to July 1, 2017.  This rule amendment has been amended to include public comments received at public hearing.											
Issuing authority (If delegated, authority letter must be on file with ALD):  Name:  Check if authority has been delegated.											
Name:  Brent Earnest  Check if authority has been delegated											
Title:					44	was a second and the second and the second		L	_		
Secretar	y, Human S	Services I	Departn	nent			***************************************				
Signature	: (BLACI	Cink only	)							Date signed:	
	De	12	1							9/13/12	