




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

Letter of Direction #32

Date: April 3, 2020

To: Centennial Care Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 

Subject: Health Care Quality Surcharge (HCQS) created by Senate Bill 246 (SB246)

Title: Health Care Quality Surcharge (HCQS)

The purpose of this Letter of Direction (LOD) is to provide instructions to the Centennial Care Managed Care Organizations (MCOs) for implementing the Health Care Quality Surcharge (HCQS) program as required by New Mexico statute under Senate Bill 246 (SB246) from the 2019 Regular Legislative Session. ***In accordance with SB246 statutory requirements, the MCOs are required to make payments for the first two quarters of the HCQS program (July-September 2019 and October-December 2019) to contracted facilities based on HSD's calculations on or before April 30, 2020.***

1. HCQS Program Background

As authorized by 2019 SB246, the HCQS program imposes a daily surcharge on Nursing Facilities (NFs) and Institutional Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) for non-Medicare bed days. The purpose of the surcharge is to increase each facility's Medicaid reimbursement rates by at least the rate of inflation and to provide additional bonus payments to NFs based on performance data.

Facilities are required to pay the first two surcharge assessments of FY20 to the NM Taxation & Revenue Department (TRD) on or before April 25, 2020. For all future quarters, the surcharge must be paid by facilities by the 25th day after the previous quarter's end; and HSD must pay the facilities by the 30th day after the previous quarter's end. Payment to ICF/IIDs will be made through the Medicaid fee-for-service (FFS) program and is not a component of this directive. However, since Medicaid NF care is always provided and paid through the managed care delivery model, all additional payments to be made to NFs through the HCQS program must be administered and dispensed by the Centennial Care MCOs. Increases shall be applied to New Mexico NFs but do not apply to out-of-state facilities. Out-of-state facilities are not subject to the surcharge; therefore, they are not eligible to receive rate increases or quality payments under the HCQS program.

There are three NF classes created under the statute:

- Class 1 – A healthcare facility with less than 60 beds;
- Class 2 – A healthcare facility with 60 or more beds and less than 90,000 annual Medicaid bed days; and
- Class 3 – A healthcare facility with 60 or more beds and 90,000 or more annual Medicaid bed days.

The surcharge is calculated based on facility data that is reported to HSD. After HSD reconciles and reviews the data, HSD transmits the data to TRD. TRD then generates an automatic email prompting the facility to verify the data and pay the surcharge through the TRD portal. The TRD portal went into production and was ready to accept payments from providers effective April 1, 2020.

2. Nursing Facility Payments for July 1 – December 31, 2019

For the retroactive period containing the first two quarters of the HCQS program (July 1, 2019 through December 31, 2019), the MCOs are directed to make quality payments to all contracted facilities based on HSD's calculations of amounts owed to each NF. All payments made to NFs for the retroactive period are for quality reporting; therefore, claims reprocessing for the first two quarters of FY20 will not be required. *The MCOs must make payments for the first two quarters of the HCQS program to contracted facilities based on HSD's calculations on or before April 30, 2020.*

The MCOs should note that HCQS quality payments are higher for the retroactive period of July through December 2019 because per diem and Market Basket Index (MBI) rate increases cannot be made retroactive to the previous rating period per federal rules. The per diem and MBI rate increases will be effective January 2020 going forward (see Section 3 below).

All dollars for the quality payments to be made for this time period will be made on a separate payment term basis as an additional amount to the capitation rates and the MCOs will distribute the separate payment term amount to contracted NFs as directed by HSD.

3. Nursing Facility Per Diem and MBI increases Effective January 1, 2020

Effective January 1, 2020, the MCOs are directed to implement Medicaid rate increases to NFs in two categories as follows:

1. Uniform per diem rate increases based on class of facility:
 - Class 1 - <60 beds – exempt from surcharge: No per diem rate increase;
 - Class 2 - 60 or more beds and <90,000 Medicaid bed days: \$20.03/Medicaid bed day; and
 - Class 3 - 60 or more beds and 90,000 or more Medicaid bed days: \$7.01/Medicaid bed day.
2. Market Basket Increase (MBI) of 2.8% for each facility. This amount is calculated before the per diem increase add-on cited above.

The MCOs are directed to increase NF per diem rates by the uniform percentage MBI factor and the uniform per diem add-on for utilization incurred by Medicaid members beginning January 1, 2020. The MCOs are directed to reprocess claims at the higher per diem and MBI amounts retroactive to January 1, 2020. ***The MCOs must complete the implementation of per diem and MBI rate increases and reprocess affected claims by July 30, 2020, to assure compliance with the SB246 statutory deadline.***

Per statute, the MBI will be adjusted on July 1 of each year. HSD will provide this adjustment percentage to the MCOs by May 15 of each year.

Please note that the surcharge is assessed on **all** non-Medicare bed days, including hospice; therefore, the rate increases cited above should also be applied to Medicaid hospice bed days. The NFs may need to negotiate reimbursement changes with their contracted hospice agencies accordingly.

The base capitation rates effective January 1, 2020 will be revised to incorporate the per diem and MBI increases beginning with the April 1, 2020 capitation payments. Capitation payments made for the time period of January 1, 2020 through March 31, 2020, will be reprocessed to include the per diem and MBI increases. Quality payments will be incorporated in the rate certification as a separate payment term. The distribution of the quality payment by HSD will be separate from the regular capitated payment and the MCO will distribute the funds to all contracted facilities based on HSD’s direction (see Section 4 below).

4. Quality Metrics and Payment Distribution Schedule

The quality payments for Year 1 of the HCQS program will be based on the four long-term stay quality metrics below. The data for these metrics will be collected by the CC 2.0 contracted data intermediary.

1. Percentage of LS residents experiencing one or more falls with major injury;
2. Percentage of LS residents who have symptoms of depression;
3. Percentage of LS residents who needed and got a flu shot for the current flu season; and
4. Percentage of LS residents who needed and got a vaccine to prevent pneumonia.

The quality payment does not affect a facility’s per diem or MBI rate increase.

All quality payments for the quarters of CY 2020 will be made based on the distribution schedule below:

Quality Period	Deadline to Pay NFs
July 1, 2019 – December 31, 2019	April 30, 2020
January 1, 2020 – March 31, 2020	July 30, 2020
April 1, 2020 – June 30, 2020	October 30, 2020
July 1, 2020 – September 30, 2020	January 30, 2021
October 1, 2020 – December 31, 2020	April 30, 2021

HSD is still collaborating with the New Mexico Health Care Association regarding the weighting of quality metrics based on outcomes, and on the distribution and redistribution of quality payments after the baseline year. Additional instructions will be provided to the MCOs regarding the methodology for distributing quality dollars in Year 2 of the program.

5. Data Vendor

The HCQS statute requires the use of a data vendor for calculating and measuring the quality data of participating NFs. The MCOs entered into an agreement with a data vendor for this program and provided the cost to HSD. HSD has incorporated the cost of the data vendor into the capitation amounts for each MCO. The data vendor's total fees are prorated equally among the MCOs.

As part of the agreement, the data vendor will share NF performance data with the NFs, MCOs, and HSD. The MCOs are required to submit HCQS quality information received from data vendor, including data, payment allocation, and supporting documentation to HSD via the DMZ no later than 60 calendar days after the end of the reporting quarter.

6. Inclusion of the HCQS Program in MCO Capitation Rates

To support the HCQS program, HSD has increased the capitated rates for impacted cohorts in the Physical Health (PH), Long-Term Services and Supports (LTSS), and Other Adult Group (OAG) programs. The payment has been calculated based on the program allocation and the distribution of affected members. The MCOs will begin receiving the increased capitation for these cohorts on April 1, 2020. For HCQS quality payments the HSD will pay the MCOs the amount of pass-through dollars at least 15 calendar days prior to the deadline established for the MCO to pay the NFs according to the distribution schedule in Section 4 of this LOD.

7. HCQS Operational and Reporting Requirements

The HCQS directed payments are classified as revenue attributed to medical expenses and are therefore classified as "premium". The quarterly payments will include gross-up amounts to reflect applicable underwriting gain and premium taxes. The directed payments will be included in the MCO's medical loss ratio and underwriting gain calculations outlined in the CC 2.0 Contract Amendment #1 (Section 7.2).

Reporting requirements for the HCQS are set forth below:

- Each MCO is directed to report the revenue received for the directed payment in the quarterly and annual Financial Reporting package as "other revenue". The amounts recorded in the financial reporting package **must** match the total payment made by MAD to the MCO by rate cohort.
- Each MCO is directed to report the amount paid by the MCO to NFs for the directed payment in the quarterly and annual Financial Reporting package as "other services". The amounts

recorded in the financial reporting package **must** match the total payment made by MAD to the MCO by rate cohort.

- Amounts paid by the MCO to NFs for the directed payment should also be reported in FIN-Report #5 for “Other Services” in the Shared Risk/Incentive Arrangements (All programs – Line 42). This will ensure that the FIN-Report Check Totals tab do not trigger submission errors.

Reconciliations performed as part of the CC 2.0 MCO contract (Retroactive Period, Hepatitis C and Patient Liability) will not include the HCQS directed payment revenue or expense.

Attachments:

1. 2019 Senate Bill 246
2. Healthcare Facility Classifications

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AN ACT

RELATING TO STATE REVENUE; ENACTING THE HEALTH CARE QUALITY SURCHARGE ACT; IMPOSING A TEMPORARY SURCHARGE ON CERTAIN HEALTH CARE FACILITIES; PROVIDING THAT REVENUE FROM THE SURCHARGE SHALL BE USED TO REIMBURSE A PORTION OF THE SURCHARGE AS A MEDICAID-ALLOWABLE COST AND TO INCREASE MEDICAID PROVIDER REIMBURSEMENT RATES; PROVIDING A DELAYED REPEAL OF THE ACT; MAKING AN APPROPRIATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. SHORT TITLE.--Sections 1 through 8 of this act may be referred to as the "Health Care Quality Surcharge Act".

SECTION 2. PURPOSE.--The purpose of the Health Care Quality Surcharge Act is to enhance federal financial participation in medicaid to increase medicaid provider reimbursement rates and support facility quality improvement efforts in skilled nursing facilities, intermediate care facilities and intermediate care facilities for individuals with intellectual disabilities.

SECTION 3. DEFINITIONS.--As used in the Health Care Quality Surcharge Act:

A. "department" means the taxation and revenue department;

B. "health care facility" means a skilled nursing

1 facility, intermediate care facility or intermediate care
2 facility for individuals with intellectual disabilities;

3 C. "intermediate care facility" means a facility
4 with greater than sixty beds and is licensed by the
5 department of health to provide intermediate nursing care.

6 "Intermediate care facility" does not include an intermediate
7 care facility for individuals with intellectual disabilities;

8 D. "intermediate care facility for individuals
9 with intellectual disabilities" means a facility licensed by
10 the department of health to provide food, shelter, health or
11 rehabilitative and active treatment for individuals with
12 intellectual disabilities or persons with related conditions;

13 E. "medicaid" means the medical assistance program
14 established pursuant to Title 19 of the federal Social
15 Security Act and regulations promulgated pursuant to that
16 act;

17 F. "medicare" means coverage provided pursuant to
18 part A or part B of Title 18 of the federal Social Security
19 Act, as amended;

20 G. "medicare advantage" means insurance that
21 expands a medicare beneficiary's options for participation in
22 private sector health plans with networks of participating
23 providers;

24 H. "medicare part A" means insurance provided
25 through medicare for inpatient hospital, home health, skilled

1 nursing facility and hospice care;

2 I. "net revenue" means gross inpatient revenue
3 reported by a health care facility for routine nursing and
4 ancillary inpatient services provided to residents by the
5 facility, less applicable contractual allowances and bad
6 debt;

7 J. "non-medicare bed day" means a day for which
8 the primary payer is not medicare part A, medicare advantage
9 or a special needs plan. A non-medicare bed day excludes any
10 day on which a resident is not in the facility or the
11 facility is paid to hold the bed while the resident is on
12 leave;

13 K. "resident day" means a calendar day of care
14 provided to a resident in a health care facility, including
15 the day of admission and not including the day of discharge;
16 provided that admission and discharge occurring on the same
17 day shall constitute one resident day;

18 L. "skilled nursing facility" means a facility
19 with greater than sixty beds and is licensed by the
20 department of health to provide skilled nursing services; and

21 M. "special needs plan" means a specific type of
22 medicare advantage plan that limits membership to individuals
23 with specific diseases or characteristics.

24 SECTION 4. HEALTH CARE QUALITY SURCHARGE--RATE
25 CALCULATION--DATE PAYMENT DUE.--

1 A. A surcharge is imposed on each health care
2 facility. The surcharge shall be per day for each
3 non-medicare bed day. The rate of the surcharge shall be
4 annually calculated by the human services department pursuant
5 to Subsection B of this section.

6 B. No later than sixty days following the
7 effective date of the Health Care Quality Surcharge Act and
8 by June 1 of each year thereafter, the human services
9 department shall calculate the rate of the surcharge to be
10 paid by each health care facility during the subsequent
11 fiscal year and shall notify the taxation and revenue
12 department and each such health care facility of the
13 applicable rates. In calculating the rates, the human
14 services department shall:

15 (1) set a uniform rate per non-medicare day
16 in health care facilities not to exceed the maximum allowed
17 by federal law governing the approval of the state medicaid
18 plan or any waiver from that plan;

19 (2) structure the rates for each skilled
20 nursing facility and intermediate care facility so that the
21 total estimated revenue received in the subsequent fiscal
22 year from all those facilities will equal six percent of the
23 net revenue received in the aggregate by those health care
24 facilities in the previous calendar year; and

25 (3) structure the rates for each

1 intermediate care facility for individuals with intellectual
2 disabilities so that the total estimated revenue received in
3 the subsequent fiscal year from all those facilities will
4 equal six percent of the net revenue received in the
5 aggregate by all those facilities in the previous calendar
6 year.

7 C. If the rate of net revenue provided in
8 Paragraph (2) or (3) of Subsection B of this section exceeds
9 the maximum percentage of net revenue for all health care
10 facilities allowed by Section 1903(w)(4) of the federal
11 Social Security Act, as that section may be amended or
12 renumbered, the rate of the health care quality surcharge
13 shall be reduced to a percentage that will equal, but not
14 exceed, the maximum percentage allowed by that federal law.

15 D. If the rate of net revenue provided in
16 Paragraph (3) of Subsection B of this section results in
17 medicaid fee-for-service and medicaid managed care
18 reimbursement rates that exceed the upper payment limits
19 allowed by Section 1902(a)(30)(A) of the federal Social
20 Security Act, as that section may be amended or renumbered,
21 the rate of the health care quality surcharge shall be
22 reduced to a percentage that will result in reimbursement
23 rates that equal, but do not exceed, those limits.

24 E. No later than thirty days following the
25 effective date of the Health Care Quality Surcharge Act, a

1 health care facility shall report to the human services
2 department the number of resident days provided by the health
3 care facility, broken down by payer, and the net revenue
4 earned by the health care facility for each of the most
5 recent four calendar quarters available. On each January 1,
6 April 1, July 1 and October 1 thereafter, a health care
7 facility shall report to the human services department the
8 number of resident days provided by the health care facility,
9 broken down by payer, and the net revenue earned by the
10 health care facility for the calendar quarter prior to the
11 previous quarter.

12 F. The surcharge imposed pursuant to this section
13 may be referred to as the "health care quality surcharge".
14 Health care quality surcharge payments are due quarterly by
15 the twenty-fifth day of the month subsequent to the end of
16 each calendar quarter based upon the non-medicare bed days
17 reported on the most recently filed calendar quarter report
18 required pursuant to Subsection E of this section. Initial
19 health care quality surcharge payments shall be based upon
20 the non-medicare bed days reported on the most recently filed
21 calendar quarter report required pursuant to Subsection E of
22 this section closest to the effective date of the Health Care
23 Quality Surcharge Act.

24 SECTION 5. EXEMPTION.--A health care facility with more
25 than ninety thousand annual medicaid-financed bed days may

1 claim an exemption in an amount equal to sixty-five percent
2 of the health care quality surcharge due in a reporting
3 period. The percentage and annual medicaid-financed bed days
4 threshold may be modified by rule promulgated by the human
5 services department, if necessary, for approval of the
6 surcharge program by the federal centers for medicare and
7 medicaid services.

8 SECTION 6. HEALTH CARE FACILITY FUND--DISABILITY HEALTH
9 CARE FACILITY FUND.--

10 A. The "health care facility fund" and the
11 "disability health care facility fund" are created in the
12 state treasury. The funds consist of appropriations,
13 distributions, transfers, gifts, grants, donations and
14 bequests made to the funds and income from the investment of
15 the funds. The funds shall be administered by the human
16 services department, and money in the funds is subject to
17 appropriation by the legislature to the human services
18 department to carry out the purposes provided in this
19 section. Money in the funds shall be disbursed on warrants
20 signed by the secretary of finance and administration
21 pursuant to vouchers signed by the secretary of human
22 services or the secretary's authorized representative. Any
23 balance remaining in the funds at the end of a fiscal year
24 shall not revert to the general fund.

25 B. At least eighty percent of the money in the

1 health care facility fund shall be used for the following
2 purposes and in the following order of priority for skilled
3 nursing facilities and intermediate care facilities:

4 (1) to increase per diem rates to those
5 facilities for the medicaid share of the health care quality
6 surcharge as a pass-through, medicaid-allowable cost;

7 (2) to annually increase, on a per diem
8 basis, as provided by rule promulgated by the human services
9 department, each facility's respective medicaid
10 fee-for-service and medicaid managed care reimbursement rates
11 above those in effect upon the effective date of the Health
12 Care Quality Surcharge Act and in subsequent years thereafter
13 by at least the rate of nursing home inflation for the rate
14 year as published on behalf of the federal centers for
15 medicare and medicaid services; and

16 (3) to provide financial incentives in the
17 form of supplemental payments, paid no less frequently than
18 quarterly, based upon performance data to improve the quality
19 of skilled nursing facilities and intermediate care
20 facilities.

21 C. The disability health care facility fund shall
22 be used for the following purposes and in the following order
23 of priority for intermediate care facilities for individuals
24 with intellectual disabilities:

25 (1) to increase per diem rates to those

1 facilities for the medicaid share of the health care quality
2 surcharge as a pass-through, medicaid-allowable cost; and

3 (2) to increase each facility's respective
4 medicaid fee-for-service reimbursement rates above those in
5 effect on the effective date of the Health Care Quality
6 Surcharge Act.

7 D. No more than twenty percent of the money in the
8 health care facility fund may be used by the human services
9 department to administer the state medicaid program for
10 purposes other than those provided in Subsection B of this
11 section.

12 E. The initial health care quality surcharge
13 payment by health care facilities for the first calendar
14 quarter ending after the effective date of the Health Care
15 Quality Surcharge Act shall be made twenty-five days after
16 the date the federal centers for medicare and medicaid
17 services approve the authorization sought by the secretary of
18 human services pursuant to Section 11 of this 2019 act.

19 F. The initial quarterly supplemental payments to
20 health care facilities made pursuant to Subsection B of this
21 section for the first calendar quarter ending after the
22 effective date of the Health Care Quality Surcharge Act shall
23 be made thirty days after the date the federal centers for
24 medicare and medicaid services approve the authorization
25 sought by the secretary of human services pursuant to Section

1 11 of this 2019 act. The initial per diem payments to health
2 care facilities made pursuant to Subsections B and C of this
3 section shall be made thirty days after the date the federal
4 centers for medicare and medicaid services approve the
5 authorization sought by the secretary of human services
6 pursuant to Section 11 of this 2019 act.

7 G. Subsequent health care quality surcharge
8 payments by health care facilities will be made twenty-five
9 days after the end of each calendar quarter for that calendar
10 quarter. Subsequent supplemental payments made to health
11 care facilities pursuant to Subsection B of this section
12 shall be made thirty days after the end of each calendar
13 quarter for that calendar quarter.

14 SECTION 7. ADMINISTRATION AND ENFORCEMENT OF ACT.--The
15 department shall interpret the provisions of the Health Care
16 Quality Surcharge Act. The department shall administer and
17 enforce the collection of the health care quality surcharge,
18 and the Tax Administration Act applies to the administration
19 and enforcement of that surcharge.

20 SECTION 8. DEPARTMENTS REQUIRED TO PROMULGATE RULES.--
21 The taxation and revenue department and the human services
22 department shall promulgate rules to carry out the provisions
23 of the Health Care Quality Surcharge Act, as appropriate for
24 each department, including the rate calculations required to
25 be performed by the human services department, and the

1 notification from that department to the taxation and revenue
2 department pursuant to Section 4 of the Health Care Quality
3 Surcharge Act.

4 SECTION 9. A new section of the Tax Administration Act
5 is enacted to read:

6 "DISTRIBUTION--HEALTH CARE QUALITY SURCHARGE--HEALTH
7 CARE FACILITY FUND--DISABILITY HEALTH CARE FACILITY FUND.--

8 A. A distribution pursuant to Section 7-1-6.1 NMSA
9 1978 shall be made to the health care facility fund in an
10 amount equal to the net receipts attributable to the health
11 care quality surcharge imposed on skilled nursing facilities
12 and intermediate care facilities pursuant to the Health Care
13 Quality Surcharge Act.

14 B. A distribution pursuant to Section 7-1-6.1 NMSA
15 1978 shall be made to the disability health care facility
16 fund in an amount equal to the net receipts attributable to
17 the health care quality surcharge imposed on intermediate
18 care facilities for individuals with intellectual
19 disabilities pursuant to the Health Care Quality Surcharge
20 Act."

21 SECTION 10. Section 7-1-2 NMSA 1978 (being Laws 1965,
22 Chapter 248, Section 2, as amended) is amended to read:

23 "7-1-2. APPLICABILITY.--The Tax Administration Act
24 applies to and governs:

25 A. the administration and enforcement of the

1 following taxes or tax acts as they now exist or may
2 hereafter be amended:

- 3 (1) Income Tax Act;
- 4 (2) Withholding Tax Act;
- 5 (3) Venture Capital Investment Act;
- 6 (4) Gross Receipts and Compensating Tax Act

7 and any state gross receipts tax;

- 8 (5) Liquor Excise Tax Act;
- 9 (6) Local Liquor Excise Tax Act;
- 10 (7) any municipal local option gross

11 receipts tax;

- 12 (8) any county local option gross receipts
- 13 tax;

- 14 (9) Special Fuels Supplier Tax Act;

- 15 (10) Gasoline Tax Act;

- 16 (11) petroleum products loading fee, which
- 17 fee shall be considered a tax for the purpose of the Tax

18 Administration Act;

- 19 (12) Alternative Fuel Tax Act;

- 20 (13) Cigarette Tax Act;

- 21 (14) Estate Tax Act;

- 22 (15) Railroad Car Company Tax Act;

- 23 (16) Investment Credit Act, rural job tax
- 24 credit, Laboratory Partnership with Small Business Tax Credit
- 25 Act, Technology Jobs and Research and Development Tax Credit

1 Act, Film Production Tax Credit Act, Affordable Housing Tax
2 Credit Act and high-wage jobs tax credit;

3 (17) Corporate Income and Franchise Tax Act;

4 (18) Uniform Division of Income for Tax
5 Purposes Act;

6 (19) Multistate Tax Compact;

7 (20) Tobacco Products Tax Act;

8 (21) the telecommunications relay service
9 surcharge imposed by Section 63-9F-11 NMSA 1978, which
10 surcharge shall be considered a tax for the purposes of the
11 Tax Administration Act; and

12 (22) the Health Care Quality Surcharge Act;

13 B. the administration and enforcement of the
14 following taxes, surtaxes, advanced payments or tax acts as
15 they now exist or may hereafter be amended:

16 (1) Resources Excise Tax Act;

17 (2) Severance Tax Act;

18 (3) any severance surtax;

19 (4) Oil and Gas Severance Tax Act;

20 (5) Oil and Gas Conservation Tax Act;

21 (6) Oil and Gas Emergency School Tax Act;

22 (7) Oil and Gas Ad Valorem Production Tax

23 Act;

24 (8) Natural Gas Processors Tax Act;

25 (9) Oil and Gas Production Equipment Ad

1 Valorem Tax Act;

2 (10) Copper Production Ad Valorem Tax Act;

3 (11) any advance payment required to be made
4 by any act specified in this subsection, which advance
5 payment shall be considered a tax for the purposes of the Tax
6 Administration Act;

7 (12) Enhanced Oil Recovery Act;

8 (13) Natural Gas and Crude Oil Production
9 Incentive Act; and

10 (14) intergovernmental production tax credit
11 and intergovernmental production equipment tax credit;

12 C. the administration and enforcement of the
13 following taxes, surcharges, fees or acts as they now exist
14 or may hereafter be amended:

15 (1) Weight Distance Tax Act;

16 (2) the workers' compensation fee authorized
17 by Section 52-5-19 NMSA 1978, which fee shall be considered a
18 tax for purposes of the Tax Administration Act;

19 (3) Uniform Unclaimed Property Act (1995);

20 (4) 911 emergency surcharge and the network
21 and database surcharge, which surcharges shall be considered
22 taxes for purposes of the Tax Administration Act;

23 (5) the solid waste assessment fee
24 authorized by the Solid Waste Act, which fee shall be
25 considered a tax for purposes of the Tax Administration Act;

1 (6) the water conservation fee imposed by
2 Section 74-1-13 NMSA 1978, which fee shall be considered a
3 tax for the purposes of the Tax Administration Act; and

4 (7) the gaming tax imposed pursuant to the
5 Gaming Control Act; and

6 D. the administration and enforcement of all other
7 laws, with respect to which the department is charged with
8 responsibilities pursuant to the Tax Administration Act, but
9 only to the extent that the other laws do not conflict with
10 the Tax Administration Act."

11 SECTION 11. TEMPORARY PROVISION--HUMAN SERVICES
12 DEPARTMENT SHALL APPLY FOR AUTHORIZATION.--On or before sixty
13 days from the effective date of this section, the secretary
14 of human services shall seek a waiver, a state plan amendment
15 or whatever federal authorization is necessary to implement
16 the provisions of the Health Care Quality Surcharge Act.

17 SECTION 12. DELAYED REPEAL.--Sections 1 through 9 of
18 this act are repealed effective January 1, 2023.

19 SECTION 13. EFFECTIVE DATE.--The effective date of the
20 provisions of this act is July 1, 2019. _____

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Attachment 2 - Healthcare Facility Classifications

Provider ID	Provider Name	Provider NPI	FEIN	DOH License	Beds	Class
82551839	ADVANCED HEALTH CARE OF ALBUQUERQUE	1629244124	260886501	1078	47	Class 1
21301221	ALBUQUERQUE HEIGHTS HEALTHCARE AND	1629260781	260675040	1069	134	Class 2
25483528	AVAMERE REHAB AT FIESTA PARK	1619447554	825275216	4085	85	Class 2
97759783	ARTESIA CARE HOLDINGS (INVIGORATE POST ACUTE OF ARTESIA)	1619450582	831812523	1099	65	Class 2
82955085	AZTEC HEALTHCARE	1003471541	834668531	4093	88	Class 2
37900226	BEAR CANYON REHABILITATION CENTER	1902098072	208386337	1066	178	Class 2
53508319	BELEN MEADOWS HEALTHCARE AND	1528250685	260675094	1071	120	Class 2
37134302	BLOOMFIELD NURSING AND REHAB	1134607690	364905637	4054	95	Class 2
82555320	CABEZON NURSING AND REHAB CENTER (THE SUITES RIO VISTA)	1295238418	824778648	1101	136	Class 2
12830887	CAMINO HEALTHCARE	1811552359	834664407	4089	119	Class 2
33759014	CANYON TRANSITIONAL REHAB CTR LLC	1326230483	260675157	1070	74	Class 2
49537539	CASA ARENA BLANCA NURSING CENTER	1972690154	200044148	1024	117	Class 2
59602295	CASA DE ORO CENTER	1295780146	200068615	1031	158	Class 2
72952032	CASA DEL SOL CENTER	1164476008	710950059	1032	62	Class 2
46450840	CASA MARIA HLTHCARE AND PECOS VALLEY	1881781060	200040399	1023	118	Class 2
20326327	CASA REAL	1629556188	384089170	4053	118	Class 2
60532327	CEDAR RIDGE INN	1669038832	384118373	4096	101	Class 2
51671808	CLAYTON NURSING AND REHAB	1730668880	371905331	4052	45	Class 1
47952563	CLOVIS HEALTHCARE AND REHABILITATION CTR LLC	1225220387	260675210	1073	90	Class 2
08925879	COLFAX GENERAL LTC	1073749487	264644021	5041	33	Class 1
64704297	DESERT SPRINGS HEALTHCARE	1366007809	834668049	4091	80	Class 2
22757279	DIAMOND CARE SANTA FE CARE CENTER	1093280281	832043051	4068	120	Class 2
80574327	DIAMOND CARE VIDA ENCANTADA NURSING & REHAB	1467760892	273427869	1083	102	Class 2
51972786	FORT BAYARD MEDICAL CENTER	1982730669	856000565	5011	200	Class 2
000I0233	GOOD SAMARITAN SOCIETY BETTY DARE	1396726063	450228055	5033	90	Class 2
000I0316	GRANTS GOOD SAMARITAN CTR	1447241005	450228055	5052	80	Class 2
000I0621	GOOD SAMARITAN SOCIETY LAS CRUCES	1730179565	450228055	5116	94	Class 2
000I0449	GOOD SAMARITAN SOCIETY-MANZANO DEL	1427030436	450228055	5081	117	Class 2
000I0563	GOOD SAMARITAN CENTER-SOCORRO	1164413688	450228055	5108	61	Class 2
000I1567	HEARTLAND CONTINUING CARE CENTER	1477534261	710908540	5232	80	Class 2
000I0100	LA VIDA LLENA LIFECARE	1972500957	850282570	5061	50	Class 1
09280740	LADERA CARE AND REHABILITATION CENTER	1932153855	850484183	1037	120	Class 2
000I0365	LAGUNA RAINBOW CORPORATION	1316926041	850287581	5063	58	Class 1
000I0399	LANDSUN HOMES INC	1225173230	856010706	5065	85	Class 2
79223893	LAS CRUCES CARE HOLDINGS, LLC (INVIGORATE POST ACUTE OF LAS CRUCES)	1629551593	831812425	4060	120	Class 2
93303254	LAS PALOMAS CENTER	1780639617	850484183	1038	120	Class 2
000I1275	LIFE CARE CENTER OF FARMINGTON	1760422596	621630068	5157	144	Class 2
40480895	LOVINGTON HEALTHCARE	1700441243	834668447	4090	62	Class 2
81629800	MCKINLEY CARE/REHABILITATION CTR	1699720227	710950063	1040	62	Class 2

Attachment 2 - Healthcare Facility Classifications

67601081	MESCALERO CARE CENTER	1609816206	680542483	2026	40	Class 1
00011286	MIMBRES MEMORIAL NURSING HOME	1073584579	850438008	5158	66	Class 2
00010472	MINERS COLFAX MEDICAL CENTER	1871630665	850323546	5083	37	Class 1
62221001	MISSION ARCH CARE/REHABILITATION CT	1952355885	200068604	1035	120	Class 2
00010480	NEW MEXICO STATE VETERANS HOME	1942287370	856000565	5087	135	Class 2
00010381	NORTHGATE UNIT OF LAKEVIEW	1487644464	850160614	5088	112	Class 2
29232571	RATON NURSING AND REHABILITATION CENTER	1417514423	841863605	4087	80	Class 2
76081702	RED ROCKS CARE CENTER	1356820419	364906274	4055	102	Class 2
84738863	REHAB SUITES AT LAS ESTANCIAS, LLC (THE RIO AT LAS ESTANCIAS)	1619390333	462009695	1098	120	Class 2
00010514	RETIREMENT RANCHES INC	1528059011	850159406	5092	104	Class 2
48279315	RIO RANCHO CENTER	1659325504	850484183	1041	120	Class 2
11802260	SAN JUAN CENTER	1942255880	710950065	1042	93	Class 2
99852225	SANDIA RIDGE CENTER LLC	1447442512	208386810	1065	136	Class 2
00010555	SIERRA HEALTH CARE CENTER	1235132820	621147405	5107	94	Class 2
85704709	SILVER CITY CARE CENTER	1992284053	301116161	4056	100	Class 2
69930325	SKIES HEALTHCARE AND REHAB CTR LLC	1932391745	260675263	1067	120	Class 2
00010571	SOMBRILO NURSING FACILITY	1730117722	850286440	5180	64	Class 2
75120232	SOUTH VALLEY CARE CENTER LLC	1124059084	204998095	1053	58	Class 1
29183324	SPANISH TRAILS REHABILITATION SUITES	1821536087	320468361	1102	134	Class 2
65708270	ST ANTHONY HLTHCARE & REHAB CTR LLC	1720270887	260675327	1072	70	Class 2
00010126	STATE OF (NM BEHAVIORAL HEALTH INSTITUTE)	1992867998	850390576	5067	176	Class 2
87001055	SUNSET VILLA CARE CENTER	1013004209	200044154	1021	52	Class 1
00011322	TAOS LIVING CENTER	1093829293	721285395	5199	100	Class 2
	THE MONTEBELLO ON ACADEMY*	1649226028	270684546	1079	60	Class 1
81080557	THE NEIGHBORHOOD IN RIO RANCHO	1609231448	471462853	4005	48	Class 1
80507816	THE REHABILITATION CENTER OF ALBQ LLC	1699967760	260675426	1068	120	Class 2
63083523	UPTOWN REHABILITATION CENTER	1700078870	260675370	1064	134	Class 2
	THE VILLAGE OF NORTHRISE DESERT WILLOW*	1194772939	522088942	5841	31	Class 1
	Welbrook Senior Living Farmington*	1164917712	823291237	4064	50	Class 1
	Welbrook Senior Living Las Cruces, LLC*	1003280199	810685667	1103	50	Class 1
19708394	WHITE SANDS HEALTHCARE	1265097703	834664537	4092	118	Class 2
02983834	WW HEALTHCARE, LLC dba (PRINCETON PLACE)	1003091521	261586791	1077	369	Class 3

***No MCD FFS or MCD MCO days**