

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 23, 2023

Ms. Lorelei Kellogg
Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Re: New Mexico State Plan Amendment (SPA) NM-23-0002

Dear Ms. Kellogg:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NM-23-0002. This amendment proposes that the state will pay for prenatal genetic screening and prenatal fetal screening to determine if the fetus has the potential to born with a genetic condition or birth defect.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at 1902(e)(5) and 1902(a)(10). This letter is to inform you that NM-23-0002 was approved on March 23, 2023, with an effective date of February 1, 2023.

If you have any questions, please contact Dana Brown at 410-786-0421 or via email at Dana.Brown@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James
G. Scott -5
Date: 2023.03.23 12:53:22
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Valerie Tapia
Donna Lopez
Julie Lovato

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

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>2</u>	2. STATE <u>NM</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
February 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
1902(e)(5) of the Social Security Act
1902(a)(10) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 23 \$ 368,352
b FFY 24 \$ 536,132

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

State Supplement A to Attachment 3.1 A pg. 23

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


State Supplement A to Attachment 3.1 A pg. 23 (HCFA 179 91-19)

9. SUBJECT OF AMENDMENT
Effective February 1, 2023, New Mexico is updating its state plan to specify that New Mexico Medicaid will pay for prenatal maternal genetic screening and prenatal fetal genetic screening to determine if the fetus has a potential to be born with a genetic condition or birth defect.

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
Nicole Comeaux

13. TITLE
Director, Medical Assistance Division

14. DATE SUBMITTED
January 31, 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 January 31, 2023	17. DATE APPROVED March 23, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.03.23 12:54:14 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

State Supplement A to Attachment 3.1-A

Item 20a, b, and c Pregnancy Related Services

For a pregnant woman who was eligible and enrolled for mandatory or optional coverage under the state plan on the date her pregnancy ends, New Mexico Medicaid provides full Medicaid coverage through the last day of the month in which the 12-month postpartum period ends.

New Mexico Medicaid will pay for prenatal maternal screening and fetal genetic screening to determine if the fetus has a potential to be born with a genetic condition or birth defect and to establish different options for the pregnancy or special management of the pregnancy and delivery to improve the outcome for the baby.

Services or supplies not related to the pregnancy but which are necessary as a result of a condition which may complicate the pregnancy prior to delivery would be covered, as follows.

All services are subject to the same limitations as specified for the service elsewhere in the state plan.