

# NMAC Transmittal Form

Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:  Agency DFA code:

Contact person's name:  Phone number:  E-mail address:

Type of rule action:  
New  Amendment  Repeal  Emergency  Renumber  (ALD Use Only) Most recent filing date:

Title number:  Title name:

Chapter number:  Chapter name:

Part number:  Part name:

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 attached, has copyright permission been received? Yes  No  Public domain

## Concise Explanatory Statement For Rulemaking Adoption:

### Specific statutory or other authority authorizing rulemaking:

Notice date(s):  Hearing date(s):  Rule adoption date:  Rule effective date:

### 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.

The Department is limiting retroactive Medicaid to one month for individuals in managed care per our Centennial Care 2.0 1115 Waiver. The Department will continue to offer three months of retroactive Medicaid to children under age 19, pregnant women, Institutional Care Medicaid, fee-for-service (FFS) individuals, and certain FFS categories. Minor language changes were made between the published proposed rule and the final rule due to public comments received. There were several public comments

**Findings required for rulemaking adoption:**  
continued



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The Department will continue to allow three months retroactive Medicaid for Institutional Care Medicaid categories, certain fee-for-service (FFS) individuals, and certain FFS categories as indicated in the rule.

The Department, as stated in our 1115 Waiver justifies the reduction in retroactive coverage to certain managed care individuals because of presumptive eligibility for Medicaid at the time of service and the substantial reduction in uncompensated care at New Mexico hospitals. Only one percent of the Medicaid population request retroactive coverage.

Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Brent Earnest

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only)

Date signed:

12/10/18