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(ALD Use Only) | 338.11 **Publication date:** Volume: XXIX Issue: 24 Number of pages: 12/27/2018 Sequence No. Issuing agency name and address: Agency DFA code: HSD - Medical Assistance Division 63000 E-mail address: Contact person's name: Phone number: Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.nm.us (ALD Use Only) Type of rule action: Most recent filing date: Amendment Renumber New Repeal Emergency 9/14/2017 Title number: Title name: 8 Social Services Chapter number: Chapter name: 302 Medicaid General Provider Policies Part number: Part name: 2 Billing for Medicaid Services Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment): 8.302.2 NMAC, Sections 7 and 10 Amending (2) Sections Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable. If materials are attached, has copyright permission been received? **Public domain** Yes No **Concise Explanatory Statement For Rulemaking Adoption:** Specific statutory or other authority authorizing rulemaking: Centennial Care 2.0 1115 Waiver, Federal Register/Vol. 81, No. 230, 42 CFR 435.119(b)(2) Notice date(s): Rule effective date: Hearing date(s): Rule adoption date: 9/25/2018 1/1/2019 10/24/2018 12/10/2018

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 amended the rule to remove detailed language regarding co-payment requirements. The Department clarifies that co-payment requirements are required under the Medicaid managed care program only, and is removing details from this section and instead citing to the managed care section of rule at 8.308.14 NMAC.

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Findings required for rulemaking adoption:

continued



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The Department will also sunset existing co-payments for the CHIP and WDI programs effective January 1, 2019. Language regarding CHIP and WDI co-payments has been removed.				
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Issuing authority (If delegated, authority letter must be or Name:	n file with ALD):		Check if authori	ty has been delegated
Brent Earnest				
Title:	- Committee of the comm			
Secretary Signature: (BLACK introduction)	-			Date signed:
Signature: (BLACK ink only)			7	Date signed:
				12/10/19
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