

## **Table of Contents**

**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 13-13**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 714  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

April 2, 2014

Ms. Julie Weinberg, Director  
Medical Assistance Division  
New Mexico Department of Human Services  
P.O. Box 2348  
Santa Fe, New Mexico 87504

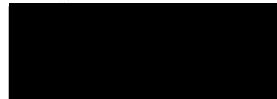
Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-13. With the approval of TN 13-13, the Centers for Medicare and Medicaid Services (CMS) has reviewed and approved the State's plan to sunset the Health Insurance Premium Plan (HIPP) program, effective January 31, 2014.

Transmittal Number 13-13 is approved with an effective date of January 31, 2014, as requested. A signed and dated copy of the Transmittal No. 13-13 Form 179 is enclosed, along with the approved plan pages and their attachments.

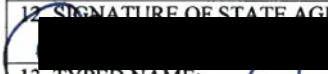
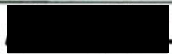
If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER:  13-13	2. STATE  New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  January 31, 2014	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN AMENDMENT <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT <input checked="" type="checkbox"/>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  SECTION 1902(a)(10)(F) OF THE ACT		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 3, Page 29d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Section 3, Page 29d, TN 98-06	
10. SUBJECT OF AMENDMENT: Amend our New Mexico State Plan in order to sunset the Health Insurance Premium Payment (HIPP) program effective January 31, 2014.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medical Director			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 - ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348	
13. TYPED NAME: Julie B. Weinberg			
14. TITLE: Director			
15. DATE SUBMITTED: January 7, 2014			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 10 January, 2014		18. DATE APPROVED: April 2, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 31 January, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Assoc. Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

Revision: HCFA – PM – 91-8 (MB)  
October 1991

OMB NO .:

State/Territory: New Mexico

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**Citation**

**Condition or Requirement**

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1906 of the  
Act

(c) Premiums, Deductibles, Coinsurance  
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer – based cost – effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22 (h).

State: New Mexico  
Date Received: January 10, 2014  
Date Approved: April 2, 2014  
Date Effective: January 31, 2014  
Transmittal Number: NM 13-13

1902 (a) (10) (F)  
of the Act

- (d)  The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A who were participating in the Health Insurance Premium Payment (HIPP) program as of July 1, 1998 and who have continued to maintain their eligibility for the program.

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TN No. NM 13-13  
Supercedes  
TN No. NM 98-06

Approval Date 4/2/2014      Effective Date 1/31/2014  
HCFA ID: 7983E