NMAC Transmittal Form





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Volume: XXXVI Issue:	Publication date:	6/10/202	Number of pa	ages: 1	(ALD Use Only) Sequence No.	559.4		
Issuing agency name and add	ress:					Agency DFA code:		
HCA - Medical Assist	ance Division					630		
Contact person's name:		Phone number:		E-mail addres	ss:			
Tabitha Mondragon 505-		505-795-357	2	tabitha.mondragon@hca.nm.gov		m.gov		
Type of rule action: (ALD Use) Recent filing date:								
New Amendment Repeal Emergency Renumber 12/11/2018								
Title number: Title name:								
8 Social S	Services							
Chapter number: Chapter name:								
299 Medicai	Medicaid Eligibility - Family Planning Services							
Part number: Part name:								
400 Recipi	ent Requirements							
Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):								
Amending four (4) Sections Sections 1, 3, 8 and 9 of 8.299.400 NMAC						IMAC		
		,						
Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable.								
Yes No X								
If materials are attached, has	۱ s copyright permission be	en received?	Yes	No	Public don	nain		
Specific statutory o	r other authority	authorizir	g rulemaki	ng:				
42 CFR 435.214								
Notice date(s):	Hearing date(s):		Rule adoption da	ate:	Rule effec	tive date:		
]							
6/10/2025	2/27/2025		5/6/2025		7/1/202	.5		

Concise Explanatory Statement For Rulemaking Adoption:

Findings required for rulemaking adoption:

Findings MUST include:



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- 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 Health Care Authority did not receive any public comment on these changes so the rule is being adopted as proposed.							
Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority has been delegated							
Kari Armijo							
Title:							
Secretary							
Signature: (BLACK ink only OR Digital Signature)		Date signed:					
DocuSigned by:							
kari armito		5/6/2025					



This is an amendment to 8.299.400 NMAC, Sections 1, 3, 8 and 9 effective 7/1/2025.

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8.299.400.1 ISSUING AGENCY: New Mexico Health Care Authority (<u>HCA</u>). [8.299.400.1 NMAC - Rp, 8.299.400.1 NMAC, 1/1/2019; A, 7/1/2024; A, 7/1/2025]

8.299.400.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See Section 27-1-12 *et seq.*, NMSA 1978. Section 9-8-1 et seq. NMSA 1978 establishes the [health care authority (HCA)] <u>HCA</u> as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.

[8.299.400.3 NMAC - Rp, 8.299.400.3 NMAC, 1/1/2019; A, 7/1/2024; A, 7/1/2025]

8.299.400.8 [RESERVED] MISSION: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services. [8.299.400.7 NMAC - Rp, 8.299.400.8 NMAC, 1/1/2019; A, 7/1/2025]

8.299.400.9 WHO CAN BE A RECIPIENT (42 CFR 435.214):

[HSD] The health care authority provides medicaid limited to family planning and family planning related services to individuals (of any gender) who:

- A. are under the age of 51 and do not have other health insurance; or
- B. who are under the age of 65 who have only medicare coverage and no other health insurance; and
- C. who are not pregnant; and
 - D. meet the general recipient requirements found at 8.291.410 NMAC; and
- E. meet the income eligibility requirements found at Subsection B of 8.299.500.10 NMAC.]
 - A. are not pregnant; and
 - B. meet the general recipient requirements found at 8.291.410 NMAC; and
- **C.** meet the income eligibility requirements found at Subsection B of 8.299.500.10 NMAC.

[8.299.400.9 NMAC - Rp, 8.299.400.9 NMAC, 1/1/2019; A, 7/1/2025]