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State/Territory Name: NM

State Plan Amendment (SPA) 26-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

February 6, 2026

Alanna Dancis
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

RE: TN 26-0001

Dear Director, Alanna Dancis:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Mexico state plan amendment (SPA) to Attachment 4.19-B 26-0001, which was submitted to CMS on January 21, 2026. This plan amendment revises the fee schedules for dental services and licensed Birth Centers. Additionally, it includes grammatical updates and incorporates CMS's standardized language to ensure consistency.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman via email at monica.neiman@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

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

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 Subpart F; 42 CFR 440.100; 42 USC 1396d(l) (3)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19 B, Page 2-2a
Attachment 4.19 B, Page 3a - 3a.1

1. TRANSMITTAL NUMBER
2 6 — 0 0 0 1

2. STATE
NM

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI

4. PROPOSED EFFECTIVE DATE
1/1/2026

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 186,300
b. FFY 2027 \$ 247,700

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 4.19B, Page 2-2a
Attachment 4.19B, Page 3a - 3a.1

9. SUBJECT OF AMENDMENT

Dental Services and Licensed Birth Center Provider Rate Increases, grammatical updates, and added CMS' templated language to ensure uniformity.

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:

Delegated to the Acting Medicaid

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

Alanna Dancis
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

12. TYPED NAME
Alanna Dancis

13. TITLE
Acting Medicaid Director, Medical Assistance Division

14. DATE SUBMITTED

1/21/2026

FOR CMS USE ONLY

16. DATE RECEIVED

January 21, 2026

17. DATE APPROVED

February 6, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
-OTHER TYPES OF CARE

Attachment 4.19-B

Page 2

The average commercial rates are determined by:

- i. Calculating a commercial payment to charge ratio for all services paid to the eligible providers by commercial insurers using the providers' claims-specific data from the most currently available fiscal year period.
 - ii. Multiplying the Medicaid charges by the commercial payment to charge ratio to establish the estimated commercial payments to be made for these services; and
 - iii. Subtracting interim Medicaid payments already made for these services to establish the supplemental payment amount.
- c. Providers eligible under Part (a) of this section will be paid on an interim claims-specific basis through the Department's claims processing system using the methodology outlined elsewhere in this state plan. The supplemental payment, which represents final payment for services, will be made on a quarterly basis subject to available claims data.

A. Medical and Dental Services

Medical and dental services are reimbursed on a fee schedule basis and include physicians, dentists, radiologists and radiological facilities, licensed treatment and diagnostic centers and family planning clinics, podiatrists, optometrists, and certified nurse midwives and certified nurse practitioners working under the direction of a physician.

Preventive services provided to alternative benefit plan recipients not otherwise covered under standard Medicaid benefits are also reimbursed using this methodology including annual preventive care physicals, expanded nutritional and dietary counseling, and expanded skin cancer and tobacco use counseling. Electroconvulsive therapy services provided to alternative benefit plan recipients not otherwise covered under standard Medicaid benefits are paid at the Medicare fee schedule rate.

Services rendered under the supervision of one of the above providers are paid at the fee schedule rate for the supervising provider when the service is performed by one of the following: a dietician; clinical pharmacist; physician assistant; dental hygienist; nurse; certified nurse practitioner; or clinical nurse specialist.

Except as otherwise noted in the State Plan, state developed fee schedule rates are the same for both governmental and private providers. The provider rates, set as of January 1, 2026, are effective for these services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No: 26-0001

Approval Date: February 6, 2026

Supersedes TN No: 24-0009

Effective Date: 01/01/2026

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
-OTHER TYPES OF CARE**

**Attachment 4.19-B
Page 2a**

RESERVED

TN No: 26-0001

Supersedes TN No: 24-0009

Approval Date: February 6, 2026

Effective Date: 01/01/2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
-OTHER TYPES OF CARE

Attachment 4.19-B
Page 3a

4. Licensed Midwives (Lay Midwives): Payments to licensed midwives are reimbursed at 100% of the physician fee schedule as described in Item I. A of Attachment 4.19-B for global delivery codes.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of January 1, 2025, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

5. Chiropractic Services: Effective October 1, 2024, chiropractic services are covered for all individuals pursuant to 440.60(b). Chiropractor services are provided by a licensed chiropractor and consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform. Payments to New Mexico chiropractic licensed providers are reimbursed at 100% of the physician fee schedule with an annual benefit limit of \$2,000.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of October 1, 2024, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

6. Doula Services: Effective October 1, 2024, Doula services are covered for all individuals navigating pregnancy-related care before, during, and after a pregnancy or childbirth.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of October 1, 2024, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

7. Lactation Provider Services: Effective October 1, 2024, Lactation Provider services are covered for all individuals who need access to education and management to prevent and solve breastfeeding problems and encourage support for breastfeeding mothers and infants.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of October 1, 2024, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

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C. Other Services

1. Ambulatory Surgical Centers Services: Free-standing ambulatory surgical centers are paid according to the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedures of similar complexity.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of January 1, 2025, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

2. Renal Dialysis Facilities: Renal dialysis facilities are paid according to the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedures of similar complexity.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of January 1, 2025, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

3. Licensed Birth Centers: Licensed birth centers are paid according to the Medicaid fee schedule.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of January 1, 2026, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.