Effective Date 1/1/2022

State/Territory: NEW MEXICO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

• •					
30. Coverage of Routine Patient Cost in Qualifying Clinical Trials					
*The state needs to check each assurance below.					
Provided:X					
I. General Assurances:					
Routine Patient Cost – Section 1905(gg)(1)					
X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.					
Qualifying Clinical Trial – Section 1905(gg)(2)					
X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).					
Coverage Determination – Section 1905(gg)(3)					
X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).					
TN: 22-00XX Approval Date:					

Supersedes TN: none (new)

Approval Date:_____

State/Territory: NEW MEXICO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials						
*The state needs to check each assurance below.						
Provided:X						
I. General Assurances:						
Routine Patient Cost – Section 1905(gg)(1)						
X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.						
Qualifying Clinical Trial – Section 1905(gg)(2)						
X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).						
Coverage Determination – Section 1905(gg)(3)						
$_X$ A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).						
PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or						
benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unlessit displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 SecurityBoulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.						

TN: 22-00XX

Supersedes TN:_none (new)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW MEXICO 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 the interim Medicaid payments already made for these services to establish the supplemental payment amount.
- **a.** 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, certified nurse midwives and certified nurse practitioners working under the direction of a physician.

Routine patient costs for items and services as defined in section 1905(gg) of the Act that are furnished in connection with participation in a qualified clinical trial are reimbursed on a fee schedule basis.

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 agency's fee schedule rates were set as of January 1, 2020 and are effective for services provided on or after that date. All rates are published at http://www.hsd.state.nm.us/providers/fee-schedules.aspx.

TN No2	22-00XX		Approv	Approval Date		
Supersedes TN	No	20-0002	Effecti	ive Date1	./1/2022	