Revision: NM-AT-91-4 (BPD)
September 2003

Cost Sharing
OMB No.: 0938-

State/Territory: New Mexico

Citation 42 CFR 447.51 through 447.58	4.18 (a)	Recipient Cost Sharing and Similar Charges Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
1916(a) and (b) of the Act	(b)	Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

[ ] Age 19

[ ] Age 20

[X] Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

STATE New Mexico
DATE RECD 9-30-03
DATE APPROVED 12-18-03
DATE EFF 7-1-03
PLAN NO 03-03
A

TN # 03-03
Supersedes TN # 91-19

Effective Date 7-1-03
Approval Date 12-18-03

Revision: NM-PM-91-4 (BPD)
September 2003

Cost Sharing
OMB No.: 0938-

State/Territory: New Mexico

Citation 4.18(b)(2) (Continued)

42 CFR 447.51 through 447.58

(iii) All services furnished to pregnant women. women.

[ ] Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

[X] Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing. Only non-Native Americans in SCHIP and the Working Disabled program are charged a copay.

[ ] Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act, P.L. 99-272, (Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN # 03-03-
Supersedes TN # 91-19

Effective Date 7-1-03
Approval Date 12-18-03

New Mexico
9-30-03
12-18-03
7-1-03
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Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 OMB No.: 0938-

State/Territory: NEW MEXICO

Citation 4.18(b) (Continued)

42 CFR 447.51 through 447.58

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☒ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 91-19 Approval Date JAN 15 1992 Effective Date OCT 01 1991
Supersedes TN No. 87-07

HCFA ID: 7982E

STATE New Mexico
DATE REC'D DEC 16 1991
DATE APP'D JAN 15 1992
DATE EFF OCT 01 1991
HCFA TN 91-19

A

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: NEW MEXICO

Citation
42 CFR 447.51
through 447.58

4.18(b)(3) (Continued)

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

(A) Service(s) for which a charge(s) is applied;

(B) Nature of the charge imposed on each service;

(C) Amount(s) of and basis for determining the charge(s);

(D) Method used to collect the charge(s);

(E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;

(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and

(G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

☑ Not applicable. There is no maximum.

TN No. 91-19
Supersedes TN No. 90-13 Item (b)(3)
Approval Date JAN 15 1992
Effective Date OCT 1 1991
HCFA ID: 7982E

STATE New Mexico
DATE REC'D DEC 17 1991
DATE APP'V'D JAN 15 1992 OCT 01 1991
DATE EFF
HCFA ID 91-19

A

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

OMB No.: 0938-

State/Territory: NEW MEXICO

Citation		
1916(c) of the Act	4.18(b)(4) ☑	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	4.18(b)(5) ☑	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	4.18(b)(6) ☑	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-19
Supersedes TN No. 90-12 page 56a Item (b)(4)
90-20 page 56g

Approval Date JAN 15 1992

Effective Date OCT 1 1991

HCFA ID: 7982E

STATE New Mexico
DATE RECD DEC 17 1991
DATE APP'D JAN 15 1992
DATE EFF OCT 01 1991
HCFA 179 91-19

A

Revision: HCFA-PM-91- 4 (BPD) AUGUST 1991 OMB No.: 0938-

State/Territory: NEW MEXICO

Citation

42 CFR 447.51 through 447.58

4.18(c) ☑ Individuals are covered as medically needy under the plan.

(1) ☑ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through 447.58

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

☑ Age 19

☑ Age 20

☑ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. 91-19
Supersedes TN No. 87-02 page 56 b page 56c Item (c)(2)(i)
Approval Date JAN 15 1992 Effective Date OCT 1 1991
HCFA ID: 7982E

STATE New Mexico
DATE REC'D DEC 17 1991
DATE APP'D JAN 15 1992
DATE EFF OCT 01 1991
HCFA ID 91-19
A

Revision: HCFA-PM-91- 4 (BPD) AUGUST 1991 OMB No.: 0938-

State/Territory: NEW MEXICO

Citation 4.18 (c)(2) (Continued)

42 CFR 447.51 through 447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act, P.L. 99-272 (Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through 447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

☐ Not applicable. No such charges are imposed.

TN No. 91-19
Supersedes TN No. 82-2 page 56 c item (c)(2)(ii) page 56d page 56e item (c)(2)(viii)

Approval Date JAN 15 1992 Effective Date OCT 1 1991

HCFA ID: 7982E

STATE New Mexico
DATE REC'D DEC 17 1992
DATE APP'D JAN 15 1992
DATE EFF OCT 01 1991
HCFA 179 91-19

A

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

OMB No.: 0938-

State/Territory: NEW MEXICO

Citation 4.18(c)(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

/X/ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

/_/ 18 or older

/_/ 19 or older

/_/ 20 or older

/_/ 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 91-19
Supersedes TN No. 87-2

Approval Date JAN 15 1992

Effective Date OCT 1 1991

HCFA ID: 7982E

STATE New Mexico
DATE REC'D DEC 17 1991
DATE APP'D JAN 15 1992
DATE EFF OCT 01 1991
HCFA ID 91-19

A

State/Territory: New Mexico

Citation		
447.51 through 447.58	4.18(c)(3) (Continued)	(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the: (A) Service(s) for which charge(s) is applied; (B) Nature of the charge imposed on each service; (C) Amount(s) of and basis for determining the charge(s); (D) Method used to collect the charge(s); (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers; (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period. ☐ Not applicable. There is no maximum.
447.57	4.18(d)	The Medicaid agency does not increase the payment it makes to any provider to offset uncollected amounts for deductibles, co-insurance, copayments or similar charges that the provider has waived or are uncollectable, except as permitted under 42 CFR 447.57(b).

TN No. 92-19
Supersedes TN No. 91-19
Approval Date 12/16/92 Effective Date 10/1/92
HCFA ID: 7982E

STATE New Mexico
DATE REC'D 11-23-92
DATE APPV'D 12-16-92
DATE EFF 10-1-92
HCFA 179 92-19
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