



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Acting Secretary  
Lorelei Kellogg, Acting Medicaid Director

August 25, 2023

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
Centers for Medicare and Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 23-0012 Proposed Increase to Medicaid Provider Payment Rates.

The New Mexico Human Services Department (HSD) is implementing specific provider reimbursement.

The proposed rate increases were supported, endorsed and funded by the New Mexico Legislature in House Bill 2 (HB2) during the 2023 Legislative Session. Raising Medicaid reimbursement rates will help ensure access to high-quality care for Medicaid patients and attract and retain health care providers to New Mexico.

HSD followed a process that included public notification, tribal notification and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Valeria Tapia at: [Valerie.Tapia@hsd.nm.gov](mailto:Valerie.Tapia@hsd.nm.gov) or (505) 257-8420.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lorelei Kellogg", with a stylized flourish at the end.

Lorelei Kellogg  
Acting Medicaid Director

cc: Nikki Lemmon, CMS

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX

XXI

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

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Lorelei Kellogg*

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

**Attachments to Block 7 and Block 8**

7.PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT <i>(If Applicable)</i>
Attachment 4.19-B Page 2 Attachment 4.19-B Page 2a Attachment 4.19-B Page3 Attachment 4.19-B Page 3b Attachment 4.19-B Page 6aaa Attachment 4.19-B Page 6c Attachment 4.19-B Page 6d Attachment 4.19-B Page 6e Attachment 4.19-B Page 7 Attachment 4.19-B Page 7b Attachment 4.19 B Page 15 Attachment 4.19-B Page 22a1 Attachment 4.19 B Page 25	Attachment 4.19-B Page 2 (TN # 20-0003) Attachment 4.19-B Page 2a (TN #19-0011) Attachment 4.19-B Page 3 (TN# 19-0015) Attachment 4.19-B Page 3b (TN# 23-0010) Attachment 4.19-B Page 6aaa (TN# 15-016) Attachment 4.19-B Page 6c (TN# 11-01) Attachment 4.19-B Page 6d (TN# 11-01) Attachment 4.19-B Page 6e (TN# 19-0007) Attachment 4.19-B Page 7(TN# 11-01) Attachment 4.19-B Page 7b (TN # 19-0016) Attachment 4.19 B Page 15 (TN # 20-0020) Attachment 4.19-B Page 22a1 (TN # 19-0006) Attachment 4.19 B Page 25 (TN # 11-08)

**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.

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 July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

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 2a**

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 dental fee schedule rates were set as of July 1, 2023, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: are published at <https://www.hsd.state.nm.us/providers/fee-schedules/> Notice of changes to rates will be made as required by 42 CPR 447.205.

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**

**Page3**

**A. Other Practitioners Services**

1. Behavioral health professional services are reimbursed on a fee schedule basis applicable to psychologists, counselors, therapists, licensed alcohol and drug abuse counselors, behavioral health agencies, licensed independent social workers and psychiatric clinical nurse specialists.

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 July 1, 2023, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

Non-independent behavioral health practitioners who are required by state law to be supervised are not paid directly for their services. Rather, payment is made to the supervising practitioner, or the appropriate group, licensed treatment and diagnostic center or agency to which the behavioral health worker belongs.

2. Independently practicing certified Nurse Practitioners and Clinical Nurse Specialists are reimbursed at 90% of the physician fee schedule as described in Item I. A of Attachment 4.19 B, including preventive services for alternative benefit plan recipients.

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 July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

3. Certified nurse anesthetists and anesthesiology assistants are reimbursed a rate per anesthesia unit for the procedure and for units of time for medically directed and non-medically directed services.

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 ~~March 31, 2014~~ July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

**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 3b

**D. Physical Therapy, Occupational Therapy and Services for Individuals with Speech, Hearing, and Language Disorders**

1. Physical therapy, occupation therapy, and speech and language pathology services (including audiologists) are reimbursed on a fee schedule basis. Habilitation services for ABP recipients are also reimbursed using this methodology.

The agency's fee schedule rates were set as of July 1, 2023 and are effective for services provided on or after that date. All rates to the fee schedule are published on the New Mexico Human Services Department website under Providers, Fee for Service, Fee Schedules at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

2. Physical therapy, occupational therapy and speech and language pathology services provided by a therapy assistant are reimbursed on a fee schedule basis. Habilitation services for ABP recipients are also reimbursed using this methodology.

The agency's fee schedule rates were set as of July, 1, 2023 and are effective for services provided on or after that date. All rates to the fee schedule are published on the New Mexico Human Services Department website under Providers, Fee for Service, Fee Schedules at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205

**E. Special rehabilitation services (Family Infant Toddler program early intervention services)**

Special rehabilitation services (Family Infant Toddler program early intervention services) are reimbursed on a fee schedule basis.

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 July 1, 2023 and are effective for services provided on or after that date. All rates are published at: <https://www.hsd.state.nm.us/providers/fee-schedules/> Notice of changes to rates are made as required by 42 CFR 447.205.

TN No. 23-0012

Supersedes TN. No. 21-0008

Approval Date \_\_\_\_\_

Effective Date 7/1/2023

**Attachment 4.19 B Page 6aaa**

e. Outpatient hospital dental services provided to recipients under anesthesia are reimbursed at an outpatient prospective payment rate using Medicare Ambulatory Payment Classification (APC) groups and reimbursement principles at an amount which does not exceed federal upper payment limits. The agency's rates for dental services were set as of July 1, 2023 and are effective for dates of service on and after that date. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No. 23-0012

Approved Date \_\_\_\_\_

Supersedes TN No 15-016

Effective Date 07/01/2023



PAGE 6c

**VI Clinical Diagnostic Lab Services**

Laboratory services are covered under the laboratory benefit. Payment for clinical diagnostic laboratory services does not exceed payment levels specified by Section 1903(i) of the Social Security Act which is the Medicare fee schedule on a per test basis.

All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules at <https://www.hsd.state.nm.us/providers/fee-schedules/>.

The fee schedule is established by the state agency with consideration given to payment practices of Medicare, other third-party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items, and/or the usual charges of the providers for services to non-Medicaid patients.

These fees were set as of July 1<sup>st</sup>, 2023 and are effective for services provided on or after that date.

All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

**VII. Prescribed dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist:****(1) Dentures**

Dentures are covered under the service benefit of "Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist". Payment for dentures is made at the lesser of the provider's billed charge or the current Medicaid fee schedule.

The Medicaid fee schedule is established by the state agency with consideration given to payment practices of other third-party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items and/or the usual charges of the providers for services to non-Medicaid patients,

The agency's fee schedule rates were set as of July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No. 23-0012

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Supersedes TN No. 11-01Effective Date 7/01/2023

PAGE 6d

Department, Medical Assistance Division, Provider Enrollment and Program Policy, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-for-service/>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

(2) Prosthetic and Orthotic Devices

Prosthetic devices and orthotics are covered under the service benefit of "Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist".

Payment for prosthetic devices is made at the lesser of the provider's billed charge or the current Medicaid fee schedule.

Payment for orthotics (which are supportive prosthetic devices as described in CPR 440.120(c)), is made at the lesser of the provider's billed charge or the current Medicaid fee schedule.

The fee schedule is established by the state agency with consideration given to payment practices of Medicare, other third party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items, and/or the usual charges of the providers for services to non-Medicaid patients.

These fees were set as of July 1, 2023, and are effective for services provided on or after that date.

All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Provider Enrollment and Program Policy, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-for-service/>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN No. 23-0012

Approval Date \_\_\_\_\_

Supersedes TN No. 11-01

Effective Date 7/01/2023

Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

- (3) Medical Supplies, Oxygen, Durable Medical Equipment, Parenteral and Enteral Nutritional Products Suitable for Use in the Home

Medical Supplies, Oxygen, Durable Medical Equipment, Parenteral and Enteral Nutritional Products are covered under the home health agency benefit for recipient use in their residence. Payment for these items is made at the lesser of the provider's billed charge or the current Medicaid fee schedule.

For items of DME provided in Medicare Competitive Bidding Areas (CBAs) where rates for specific items have been competitively bid under the Medicare program, the rate is set at the lower of the following:

1. The Medicare single payment amount specific to the geographic area where the item is being provided, that are in effect as of January 1 each year, and updated on a quarterly basis (April 1, July 1, October 1) as needed; or
2. The non-rural and rural DMEPOS fee schedule rate.

If there is no competitively bid payment rate for an item of DME in a CBA, reimbursement for DME provided in non-rural areas is set at the Medicare DMEPOS fee schedule rate for New Mexico geographic, non-rural areas that are in effect as of January 1 each year.

For items of DME provided in rural areas, the rate is set at the Medicare DMEPOS fee schedule rate for New Mexico geographic, rural areas, set as of January 1 each year.

For items and services for which there is not a Medicare fee schedule amount, the fee schedule is established by the state agency with consideration given to payment practices of other third party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items, and/or the usual charges of the providers for services to non-Medicaid patients.

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 July 1<sup>st</sup>, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, are published at <https://www.hsd.state.nm.us/providers/fee-for-service/>.

Changes to the fee schedule are made with public notice, following the requirement of 42 CFR 447.205.

When there is no applicable fee schedule, payment is limited to the provider's acquisition invoice cost plus a percentage. For durable medical equipment, medical supplies and nutritional products for which the provider's actual acquisition cost, reflecting all discounts and rebates, is less than \$1,000 dollars, payment is limited to the provider's actual acquisition cost plus 20 percent. For items for which the provider's actual acquisition cost, reflecting all discounts and rebates, is \$1,000 or greater, payment is limited to the provider's actual acquisition cost plus 10 percent. For custom specialized wheelchairs and their customized related accessories: payment is limited to the provider's actual acquisition cost plus 15 percent.

- (4) Eyeglasses and vision appliances

**ATTACHMENT 4.19-B**

PAGE 7

Eyeglasses and vision appliances are covered under the service benefit of "Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist". Payment for eyeglasses and vision appliances are made at the lesser of the provider's billed charge or the current Medicaid fee schedule.

The fee schedule is established by the state agency with consideration given to payment practices of Medicare, other third-party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items, and/or the usual charges of the providers for services to non-Medicaid patients.

All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Provider Enrollment and Program Policy, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-for-service/>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

TN No. 23-0012

Approval Date \_\_\_\_\_

Supersedes 11-01

Effective Date 7/01/2023

Once the base period rate for each FQHC and RHC has been calculated, any claims paid for dates of service on or after January 1, 2001, that were paid an interim rate, will be reprocessed. This reprocessing will adjust the payment on each claim to the PPS base rate amount.

d. Updates to PPS base rates:

Beginning in Federal Fiscal Year (FFY) 2002, and each year thereafter, each FQHC and RHC payment amount (on a per visit basis) will be increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services. This adjustment to the PPS rate will be effective each October 1.

FQHC and RHC payment amount (on a per visit basis) will receive a six percent increase effective July 1, 2023, based on a legislative appropriation.

e. Alternative Payment Methodology (APM)

An alternative payment methodology will be implemented effective April 1, 2003. This alternative methodology will re-index the PPS rates effective March 31, 2003 by the cumulative percentage difference between the increase in the Medical Care Component of the Consumer Price Index-Urban (CPI-U) for the 12 months in the calendar year 2001 and the increase in the Medicare Economic Index (MEI) effective for calendar year beginning January 1, 2002, and the increase in the Medical Care Component of the CPI-U for the 12 months in calendar year 2002 and the increase in the MEI effective for the calendar year beginning January 1, 2003. The new rates will be effective April 1, 2003. Beginning in Federal Fiscal Year 2021, the Department will calculate the APM by trending the PPS rate by the greater of either the MEI or the CPI-U. Providers must be notified of the APM rate and must agree to receive the APM. This APM will be at least equal to PPS.

Dental APM

Effective October 1, 2019, an alternative payment methodology will be paid for FQHC dental encounters. The alternative payment methodology is based on the national average cost of a dental encounter as established by the Health Resources and Services Administration (HRSA) Uniform Data system for 2017. Beginning in Federal Fiscal Year 2021, the Department will calculate the dental APM by trending the dental APM effective October 1, 2019 by the greater of either the MEI or the CPI-U. Providers must be notified of the dental APM rate and must agree to receiving the dental APM. The dental APM will be at least equal to PPS.

f. Change in Scope of Services

Once the PPS rates are determined as outlined in this section, adjustments to those rates will reflect changes in the scope of services will be made upon the written request of the provider and approval by the Medical Assistance Division (MAD). A provider's request for a PPS rate adjustment due to a change in scope of service must be received no later than 90 days after the provider's fiscal year end during which the change in scope of service occurred. The provider should notify MAD in advance of any impending changes. The provider will be required to submit data supporting that a change in the scope of service transpired. This documentation will include FQHC and RHC information report and any other supporting documentation considered necessary by MAD or its designee.

A minimum of six months should have elapsed since the change in the scope occurred to ensure the change was not temporary and that there is sufficient information upon which to base a rate adjustment. If the change in scope of service occurred in the last six months of a FQHC's and RHC's fiscal period, MAD may require the FQHC and RHC to submit an additional information report, covering at least six months since the change in scope of service transpired, to obtain the information necessary to evaluate the request.

MAD and/or its designee will review the request and determine if an adjustment to the established PPS rate is merited. The following criteria will be used to evaluate each FQHC request for a rate adjustment due to a change in scope of service. MAD's final determination will be communicated to the FQHC and RHC in writing.

Item XII. Transportation

Transportation providers are reimbursed at the lesser of the following:

- a. their usual and customary charge, not to exceed their tariff rates as approved by the state corporation commission; or
- b. the Department fee schedule.

The fee schedule base rate for ground ambulance includes reimbursement for the initial fifteen (15) miles of transport, non-reusable supplies, IV solution, emergency drugs and oxygen.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2023, and is effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

Item XIII. Services for EPSDT Participants

- a. Services Included in the State Plan

Services included in the state plan are described in Attachment 3.1-A. Payment for these services for treating a condition identified during a screen or partial screen is made using the same methodology described in the corresponding section of the state plan.

- b. Services Not Otherwise Included in the State Plan

Payment for services described in Attachment 3.1-A, Item 4.b. (EPSDT) and not otherwise covered under the state plan but reimbursed pursuant to OBRA 1989 provisions which require the state to treat a condition identified using a screen or partial screen, whether or not the service is included in the state plan, is made as follows:

1. The following services are considered to be professional services and are reimbursed on a fee for service basis according to the fee schedule in attachment 4.19-B, I.
  - (a) Therapy by a speech-language therapist, physical therapist, or occupational therapist, not covered under the state plan
  - (b) Other rehabilitative services and therapy services not covered under the state plan because they are considered maintenance rather than restorative.

TN No 23-0012

Approval Date \_\_\_\_\_

Supersedes TN. No. 20-0020

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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 22a1**

**Autism Intervention Services (AIS)**

Autism Intervention Services (AIS) are reimbursed on a fee schedule basis.

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 July 1, 2023 and are effective for services provided on or after that date. All rates are published at

<https://www.hsd.state.nm.us/providers/fee-schedules/>.

Notice of changes to rates are made as required by 42 CFR 447.205.

TN No. 23-0012

Approval Date \_\_\_\_\_

Supersedes TN No 19-0006

Effective Date 07/01/2023



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Acting Secretary  
Lorelei Kellogg, Acting Medicaid Director

**June 28, 2023**

**Interested Parties:**

The New Mexico Human Services Department (HSD) Medical Assistance Division is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 23-0012 Proposed Increases to Medicaid Provider Payment Rates.

The New Mexico Human Services Department (HSD) is implementing specific provider reimbursement rate increases as part of Governor Lujan Grisham's focus on health care and as a critical step in strengthening the state's partnership with providers who deliver care and services to Medicaid patients. The proposed rate increases were supported, endorsed and funded by the New Mexico Legislature in House Bill 2 (HB2) during the 2023 Legislative Session. Raising Medicaid reimbursement rates will help ensure access to high-quality care for Medicaid patients and attract and retain health care providers in New Mexico.

The proposed rate increases include:

- Reimbursement raised to 120% of the established Medicare rate for maternal and child health services, primary care, and behavioral health services; and
- Reimbursement raised up to 100% of the established Medicare rate for other services.

Where Medicare rates are not available because the service is not covered, the remainder of the HB2 appropriation is disbursed across the fee schedule codes, resulting in a 4.68% increase to the fee-for-service rates. Services delivered through managed care without a corresponding fee-for-service rate are expected to receive an average 4.68% increase."

**Federal Fiscal Year 2024**

Services	State Share (\$000s)	FFP (\$000s)	Total (\$000s)
Maternal Health	\$7,163	\$19,333	\$26,496
Primary Care	\$38,539	\$104,014	\$142,553
Behavioral Health	\$11,020	\$29,744	\$40,765
All other Codes	\$22,562	\$60,893	\$83,456
<b>TOTAL</b>	<b>\$79,285</b>	<b>\$213,985</b>	<b>\$293,271</b>



## **OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS**

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed SPA. The preliminary version of specific proposed increases may be found on the Department's website at:

<https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notice-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

A written copy of these proposed documents may be requested by contacting the HSD Medical Division (HSD/MAD) in Santa Fe at (505) 827-1337.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to [HSD-madrules@state.nm.us](mailto:HSD-madrules@state.nm.us). All comments must be received no later than **5:00 p.m. Mountain Time (MT) on July 28, 2023**. Written or e-mailed comments are preferred because they become part of the record associated with these changes.

Interested persons may address written comments to:

Human Services Department Office  
of the Secretary  
ATTN: Medical Assistance Division Public Comments  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Acting Secretary  
Lorelei Kellogg, Acting Medicaid Director

June 28, 2023

**RE: Tribal Notification to Request Advice and Comments Letter 23-10: Proposed Increases to Medicaid Provider Payment Rates.**

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department's (HSD's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting comments until **5:00 p.m. Mountain Time (MT) July 28, 2023**, regarding state plan amendment (SPA) 23-0012 Proposed Increases to Medicaid Provider Payment Rates.

The New Mexico Human Services Department (HSD) is implementing specific provider reimbursement rate increases as part of Governor Lujan Grisham's focus on health care and as a critical step in strengthening the state's partnership with providers who deliver care and services to Medicaid patients. The proposed rate increases were supported, endorsed and funded by the New Mexico Legislature in House Bill 2 (HB2) during the 2023 Legislative Session. Raising Medicaid reimbursement rates will help ensure access to high-quality care for Medicaid patients and attract and retain health care providers in New Mexico.

The proposed rate increases include:

- Reimbursement raised to 120% of the established Medicare rate for maternal and child health services, primary care, and behavioral health services; and
- Reimbursement raised up to 100% of the established Medicare rate for other services.

Where Medicare rates are not available because the service is not covered, the remainder of the HB2 appropriation is disbursed across the fee schedule codes, resulting in a 4.68% increase to the fee-for-service rates. Services delivered through managed care without a corresponding fee-for-service rate are expected to receive an average 4.68% increase."

**Federal Fiscal Year 2024**

Services	State Share (\$000s)	FFP (\$000s)	Total (\$000s)
Maternal Health	\$7,163	\$19,333	\$26,496
Primary Care	\$38,539	\$104,014	\$142,553
Behavioral Health	\$11,020	\$29,744	\$40,765
All other Codes	\$22,562	\$60,893	\$83,456
<b>TOTAL</b>	<b>\$79,285</b>	<b>\$213,985</b>	<b>\$293,271</b>

**Tribal Impact**

HSD anticipates a positive impact for Indian Nations, Tribes, and Pueblos and their health care providers.

**Tribal Advice and Comments**

Tribes and their healthcare providers may view the proposed changes, on the HSD webpage at: <https://www.hsd.state.nm.us/providers/written-tribal-consultations/> **Tribal Notification 23-10.**

**Link to Proposed Rates:**

<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.hsd.state.nm.us/wp-content/uploads/Proposed-Rate-Table.pdf>

**Important Dates**

**Written comments must be submitted by 5:00 p.m. Mountain Time (MT) July 28, 2023.** Please send your comments to the MAD Native American Liaison, **Theresa Belanger**, at (505) 670-8067 or by email at: [Theresa.Belanger@hsd.nm.gov](mailto:Theresa.Belanger@hsd.nm.gov). All written comments received will be posted on the HSD website at: <https://www.hsd.state.nm.us/providers/written-tribal-consultations/> along with this notification letter. The public posting will include the name and any contact information provided by the commenter.

**Tribal Leadership may request a government-to-government consultation by July 28, 2023.** This request may be made to: [Theresa.Belanger@hsd.nm.gov](mailto:Theresa.Belanger@hsd.nm.gov) or by calling (505) 670-8067.

Sincerely,



Lorelei Kellogg  
Acting Medicaid Director



# NEWSPAPER NOTICE:

## SPA 23-0012 Proposed Increases to Medicaid Provider Payment Rates

The New Mexico Human Services Department (HSD) Medical Assistance Division is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 23-0012 Proposed Increases to Medicaid Provider Payment Rates.

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### OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed SPA. The preliminary version of specific proposed increases may be found on the Department's website at:

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Journal: June 29, 2023

# PUBLICATION

## NOTICE

SS

I, authorized Representative of the Albuquerque Journal, on oath duly qualified to publish legal notices or advertisements within the 67, Session Laws of 1937, that payment therefore has been made that the notice, copy of which is hereto attached, was published in n, for 1 time(s) on the following date(s):

ne, a Notary Public, in and  
ate of New Mexico this  
of 2023

month.

\$5

CHRISTINA MARIE WHITE  
Notary Public - State of New Mexico  
Commission # 1122050  
My Comm. Expires Jul 26, 2026

*Christina Marie White*

# AFFIDAVIT OF PUBLICATION

## STATE OF NEW MEXICO

County of Bernalillo SS

NEWSPAPER NOTICE  
SPA230012 PROPOSE  
D INCREASE TO MEDICAL  
ASSISTANCE PROVIDER PAYMENT  
RATES THEN NEW MEDICAL  
ASSISTANCE DIVISION

Wayne Barnard, the undersigned, authorized Representative of the Albuquerque Journal, on oath states that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, that payment therefore has been made of assessed as court cost; and that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for 1 time(s) on the following date(s):

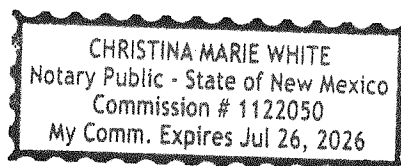
06/29/2023

Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this  
29 day of June of 2023

PRICE \$356.70

Statement to come at the end of month.

ACCOUNT NUMBER 1009565



*Christina Marie White*

<https://www.hsd.state.nm.us/public-information-and-communications/opportunity-to-participate-in-public-comment/public-notice-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

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#5751613, Sun News,  
June 28, 2023

# Las Cruces Sun News.

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005751613

This is not an invoice

HUMAN SVCS DEPT - ME D ASSIST DIV  
PO BOX 2348

SANTA FE, NM 87504-2348

I, a legal clerk of the Las Cruces Sun News, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

06/28/2023

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 167, Laws of 1937.



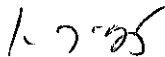
Legal Clerk

Subscribed and sworn before me this June 28, 2023:



State of WI, County of Brown

NOTARY PUBLIC



My commission expires

Ad # 0005751613  
PO #: 38111  
# of Affidavits: 1

This is not an invoice

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin