

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW
MEXICO
AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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.

The fee schedule, set as of January 1, 2025, is effective for services provided on or after those dates. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205. Reimbursement for governmental and non-governmental providers are paid the same, uniform rate unless otherwise noted on the payment pages.

C. Other Services

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

The fee schedule, set as of ~~July 1, 2023~~ January 1, 2025, 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 New Mexico Medicaid website.

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

The fee schedule, set as of ~~July 1, 2023~~ January 1, 2025, 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 New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

3. **Licensed Birth Centers** – Licensed birth centers are paid at the Medicaid fee schedule. The agency's fee schedule, set as of January 1, 2025, 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 New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

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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 processing 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~~ a uniform rate increase effective January 1, 2025, 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.