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

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES

For services covered by the Office of Management and Budget (OMB) rate provided to Native Americans by a qualified facility operated by the Indian Health Service or tribal 638 facility, the applicable OMB rate will be paid at the amounts published in the Federal Register. These rates are applied retroactively to their effective date.

1. Some services are covered when occurring within an IHS or a tribal facility but are not included or billed as the OMB rate but are paid at Medicaid fee schedule rates. These services are covered to the extent described under applicable state plan sections and include:

   a) anesthesia (professional charges);
   b) ambulatory surgical center facility services;
   c) targeted case management;
   d) hearing appliances (hearing testing is reimbursed at the OMB rate);
   e) physician inpatient hospital visits and surgeries;
   f) smoking cessation;
   g) vision appliances, including frames, lenses, dispensing, and contacts (vision exams are at the OMB rate);
   h) telemedicine’s originating site facility fee; and
   i) specialized and residential behavioral health services

2. Inpatient hospital services are reimbursed at the OMB hospital inpatient per diem rate. The inpatient OMB rate also applies when an eligible recipient has been under outpatient care observation or is receiving extended outpatient medical services, and the time period has been for 24 hours or more. Risk factors such as distance of the facility from the eligible recipient’s residence for potential emergency follow up care, as well as lack of availability of step-down care providers (home health services, nursing facilities, and acute long term care hospital facilities) may be considered in making discharge decisions regarding the eligible recipient.

3. Reimbursement following Medicare payment is made at the full copayment, deductible and co-insurance amounts determined by Medicare. Reimbursement following payment by other insurance is made at the OMB rate, if applicable, less the payment received from the other insurer.