STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of NEW MEXICO

Attachment

SERVICES PROVIDED BY INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES

The state agency covers medically necessary health services furnished to an eligible recipient, including American Indian and Alaska native (AI/AN) eligible recipients. The Indian Health Service (IHS) is a federal agency within the United States Department of Health and Human Services (DHHS) that is responsible for providing health services to AI/ANs based on the unique government-to-government relationship between federally recognized tribes and nations and the federal government. The IHS health care delivery system consists of health facilities owned and operated by IHS, facilities owned by IHS and operated by tribes or tribal organizations under Title I or Title III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) agreements, and facilities owned and operated by tribes or tribal organizations under such agreements, hereafter referred to as “IHS and tribal 638 facilities”.

1. Services provided by IHS and tribal 638 health facilities are covered to the same extent as those provided to eligible recipients through other providers of services (that is, non IHS and tribal 638 health facilities) as per the state plan. The facilities include:
   a) IHS facilities;
   b) Public Law 93-638 tribal facilities;
   c) urban Indian facilities (follows the rules for a federally qualified health center);
   d) IHS or tribal 638 facility pharmacies which follow 8.324.4 NMAC; and
   e) off site locations on federal land and facilities approved by the state agency.

2. Services must be furnished within the limits of the state agency rules and within the scope of practice of the provider’s professional standards. Limitations on covered services based on age and category of eligibility also apply to services rendered at an IHS or tribal 638 facility. Examples include enhanced benefits only available to Early and Periodic Screening, Diagnostic and Treatment (ESPDT) children, and limitations and enhanced services for Alternative Benefit Plan (ABP) recipients and pregnant women.

3. An outpatient encounter or visit is face-to-face contact between a practitioner and an eligible recipient as documented in the eligible recipient’s medical or behavioral health record. An encounter or visit can occur at an IHS facility, tribal 638 facility, or the state agency recognized offsite location. To be billable as an encounter, the eligible recipient must be seen by a level of practitioner who would be eligible to be enrolled as a provider or a practitioner comparable to that required by other service and provider rules or the service must be supervised by a level of practitioner who would be eligible to be enrolled as a provider or a practitioner comparable to that required by other service and provider rules. Examples include the following: audiologist, behavioral health professional, certified nurse midwife, certified nurse practitioner, clinical nurse specialist, clinical pharmacy specialist, dentist, dental hygienist, licensed dietician, occupational therapist, optometrist, pharmacist clinician, physician assistant, physician, physical therapist, podiatrist, speech therapist and other provider types within their scope of practice as designated by the state agency.
a) Encounters and visits at the same facility, on the same day, for the same or related diagnosis constitutes a single visit.

b) Multiple encounters can occur on the same date of service. The following are examples of types of separate encounters:
   
i. an eligible recipient receives a service that is not associated with the initial encounter and the service provided is for a different principal diagnosis; or
   
ii. an eligible recipient has the same diagnosis and is seen at two different facilities (different provider numbers) and one of the facilities is unable to provide the necessary services for the diagnosis or treatment of the eligible recipient’s condition.

c) An outpatient encounter may be billed when a visit consists of services that could be provided in a physician’s office such as instructions to a diabetic, medication management, and anticoagulant management, when provided by a qualified individual as part of a facility based outpatient program if no other related encounter occurs that day, similar to how services would be covered for other providers and clinics in the Medicaid program as approved by the medical assistance division.

d) An outpatient encounter may be billed when an eligible recipient returns for a follow up service such as a laboratory, radiology, or therapy service which does not require an additional physician visit if no other related encounter occurs that day.

e) A telemedicine originating site fee is covered if both the originating and distant sites are enrolled providers even if both facilities are IHS or tribal facilities if the distant site is under contract to the IHS or tribal facility and would qualify to be an enrolled provider. A telemedicine originating site fee is not payable if the telemedicine technology is used to connect an employee or staff member of a facility to the eligible recipient being seen at the same facility.