

Comments and Responses: SPA 23-0012 House Bill 2 (HB2)
Proposed Rates effective July 1, 2023

Comment: Fifteen (15) commentors requested the Human Services Department (HSD) issue a Letter of Direction (LOD) to Managed Care Organizations (MCO) regarding the updated rates to ensure the MCOs recognize the rates and adjust their systems in order to establish accurate prospective reimbursement and resolve retroactive payments.

Department Response: The Department, as standard practice, issues LODs to MCOs to inform them of changes and provide implementation instructions and timelines. HSD will issue a LOD to MCOs following finalization of the proposed rates.

Comment: Two commentors noted that the fee schedule did not include H0015 intensive outpatient psychotherapy and H0039 Assertive Community Treatment.

Department Response: The Department agrees and has revised the fee schedule to include these codes.

Comment: One commentor requested clarification of when service definitions and instructions will be available for newly added Mobile Crisis services.

Department Response: The Department has submitted SPA 23-0006 Evidence-Based Practices (EBP) for CMS review. This SPA includes Mobile Crisis services. Upon approval of SPA 23-0006 the Department will issue a LOD and Provider Supplement outline service requirements.

Comment: One commentor notes that the Behavioral Health (BH) fee schedule restricts TF-CBT and EMDR services to MST licensed agencies.

Department Response: The Department agrees that this licensure was incorrectly identified for TF-CBT and EMDR and has revised the fee schedule to include appropriate licensure/credentialing for TF-CBT and EMDR services.

Comment: Two (2) commentors identified that the HB2 Proposed Rate Table reflects higher rates for Psychosocial Rehabilitation Services (PSR) than what is included in the proposed Behavioral Health Fee Schedule.

Department Response: The Department agrees and has corrected the HB2 Proposed Rate Table to reflect correct PSR rates. We apologize for the inconsistency between the rates. In the process of pulling the codes from the Medicaid Management Information System (MMIS) system additional codes that are not under the Medical Assistance Division (MAD) Program were inadvertently incorporated into the HB2 rate table.

Comment: One commentor requested clarification on the percentage increases for proposed fees at the Masters Level Independent Licensure types identified in the Behavioral Health Fee Schedule.

Department Response: The Physician (MD/DO) FFS rates in the table provided were increased to 120% of the Medicare Physician rates. The Master's Level rates have varying relativities to the Physician (MD/DO) rates. Comparing the non-Physician rates to the Medicare Physician rates will not produce a consistent percentage because the Physician to Non-Physician reimbursement relativities vary by service in the FFS Fee Schedule.

Comment: One commentor identified typographical errors/inconsistencies with EBP information, adding in suggestions as well as asking for clarification for High-Fidelity Wraparound (HFW) Services.

Department Response: The Department agrees and has revised the fee schedule to correct these errors.

Comment: One commentor requests that the reimbursement for CPT 90847 be increased from the rate that is included in the proposed BH Fee Schedule due to additional training needed from complexity of services.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor notes that for the reimbursement rates for CPT 90837, the rates are the same for Masters and Doctoral levels. At Doctoral levels, they require more training and education to provide these services. Commentor also requests that rates for CPT 96130 and 96131 be increased, especially for doctoral level practitioners given the amount of ongoing training, effort and expertise required to do this work.

Department Response: The rates for CPT 90837 reflect a consistent percentage increase across education levels that are consistent with the current BH Fee Schedule rates. We appreciate the feedback and will take this into consideration for future rate adjustments.

Comment: One commentor is requesting that HSD could reasonably include nursing facilities in the initiative to provide behavioral health services to New Mexicans residing in nursing facilities. The commentor mentions that the proposed rate schedule does not include any increased or additional reimbursement for nursing facilities.

Department Response: Thank you for the detailed feedback on Proposed SPA 23-0012 HB2 Proposed Rates. In addition to HB2 rate increase for Personal Care Services (PCS) and Private Duty Nursing (PDN) under the EPSDT benefit per HB2, HSD is pursuing

multiple means to increase rates as seen in state plan amendments 23-0001 and 22-0019.

Comment: Three (3) commentors request that the rates be increased for Behavior Management Services, Day Treatment and Group Home. These are vital services to strengthen community-based services and enhance the youth system of care to prevent hospitalizations.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments. Behavior Management Services and Day Treatment were included in the HB2 rate increases. Group home rates are currently under review. We appreciate the feedback and will take this into consideration for future rate adjustments.

Comment: One commentor requests to implement RTM (Reconsolidation of Traumatic Memories) Therapy in addition to EMDR. Additionally, commentor requests that CPT 90847 be reimbursed the same as 90837 for “MA providers” due to the complexity of sessions.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor requests that HSD review the proposed rates for FQHCs and RHCs and increase to 126% of the established Medicare rates. Additionally, requesting an LOD be issued to the MCOs preventing them from reducing negotiated rates and retroact payments.

Department Response: The Department is continuing to work on rate adjustments specific to FQHCs and RHCs and additional information will be forthcoming. As part of standard practice, HSD will issue a Letter of Direction (LOD) to MCOs which include instructions regarding expectation for rate adjustments and retroactive payments.

Comment: Two (2) commentors request the Department change the mobile crisis designation from “Hub and Dandelion” to “Hub and Spoke”. Hub and Spoke is widely understood in healthcare considering the states is encouraging use of these new billing codes.

Department Response: The Department will take this suggestion into consideration for programmatic updates.

Comment: One commentor noted the conflicting information between the proposed new rates on the BH Fee schedule and the current Behavioral Health Policy and Billing Manual. The current Manual was issued 2021. Also, it is requested that there be a clearer definition of EMDR with level of reimbursement rate per licensure. Additionally, the commentor requests the Department expand telephonic codes to BH providers where clients do not have access to video services. The CPT codes for these services are 99441, 99442, and 99443.

Department Response: The State agrees and is in the process of updating the Behavioral Health Billing and Policy Manual. In addition, HSD will issue provider instructions for new services, including EMDR, through a Provider Supplement which will be available once the State Plan Amendment (SPA) to add these services is approved by the Centers for Medicare and Medicaid Services (CMS). The Department will continue to review allowances for services provided telephonically.

Comment: One commentor suggested that the rate increases were insufficient for the sustainability of Applied Behavior Analysis services. Commentor requests the Department consider the amount current rate of inflation that is impacting providers and causing them to cut costs in other areas of their practices.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor stated that CPT code H0020 was not increased substantially and requesting that this be re-evaluated due to OTP bundled G-codes used for Medicare Beneficiary billing are given a substantial yearly increase but was not seen during this proposal of BH Fee schedule.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor suggested that a comprehensive rate review be made for Behavioral Health Services considering cost of living, and the complexity of the services provided. They are requesting that all stakeholders are taken into account and input gathered collectively.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor proposed that CCSS provider rates be increased from the proposed BH rate increase and taken into account of the rising cost of living and staff retention and training.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor stated that the CPT code G9003 is listed in the proposed BH fee schedule but does not have the codes that are required to bill with that code. Per the Care Link billing manual, G9003 must be billed with either S0280 or T1016. Are these supporting codes no

longer a billing requirement? Additionally, procedure code H0001 shows that it requires a rendering NPI. Can the requirement be removed from the fee schedule as the presence of certain rendering provider types will result in a rejected encounter.

Department Response: The High-Fidelity Wraparound (HFW) service (G9003) is no longer limited to Health Homes. Any provider type, including Health Homes, that receives CYFD approval will be eligible to provide the service. It is not required to bill a code in conjunction with G9003. The Department will review rendering provider requirements for H0001.

Comment: One commentor proposed the Department increase the proposed reimbursement rate from Treatment Foster Care (TFC) due to the clinical complexity, regulatory requirements and amount of time and effort staff are involved in with treatment foster care.

Department Response: Rate adjustments reflected in the proposed fee schedule are dependent on legislative appropriation identified in HB2. The Department will take these suggestions into consideration for future rate adjustments.

Comment: One commentor noted that the proposed rates for Multisystemic Therapy (MST) in the proposed SPA 23-0012 HB2 differ from the rates listed in the Proposed changes to the BH fee schedule. They recommend that the MST bachelor rate of \$47.44 align with the rate on the proposed BH fee schedule.

Department Response: The Department agrees and has revised the BH fee schedule to reflect the \$47.44 rate to the MST bachelors rate (H2033 HN).

Comment: One commentor is requesting the clarification on billing requirements for MST services and clarification on difference between a team and provider agency.

Department Response: HSD will issue provider instructions for new services, including MST, through a Provider Supplement which will be available once the State Plan Amendment (SPA) to add these services is approved by the Centers for Medicare and Medicaid Services (CMS).

Comment: One commentor asked for clarification regarding how adult peer, youth peer, and family peer services are reimbursed. The commentor recommends including modifiers to distinguish these services.

Department Response: Currently, all peer services are reimbursed using code H0038. The Department will review options for adding modifiers to distinguish the adult, youth, and family peer categories.

Comment: One commentor suggested that FQHC rates be increased as they have experienced a significant reduction in revenue, due to LOD 88 release in 2022.

Department Response: HSD is continuing to work on rate adjustments specific to FQHCs and RHCs and additional information will be forthcoming.

Comment: One commentor stated that the rates should include definitions for all codes to ensure clarity. The commentor identifies that CareLink is not on the fee and that H2015 does not have HN modifier and that they were unable to locate code G0378 on fee schedule. Additionally, they were asking if there will be hospital fee increase?

Department Response: The Department agrees and has updated the BH fee schedule to include more clarity in the definitions and added the omitted H2015 HN modifier. CareLink NM is a separate program and billing instructions are available in the CareLink NM Manual available on the HSD website. [CareLink NM Health Homes | New Mexico Human Services Department \(state.nm.us\)](#)

There is ongoing work regarding the hospital fee increase including the G0378 code. Information has been shared respectively with each Hospital/Nursing Home Facility.

Comment: Three (3) commentors noted that the proposed rate schedule does not include increased or additional reimbursement for nursing facilities.

Department Response: The nursing facility reimbursement is located at [HB2 Phase II Hospital and Nursing Facility Rate Increases.pdf \(rtsclients.com\)](#)

Comment: Twelve (12) commentors stated that after 2019 state-wide minimum wage increase, it is not being taken into account the cost of overhead fees facilities are having to pay causing a monetary shortage. According to the NM HSD Turquoise Care 1115 Waiver Renewal Application, the PCS reimbursement rate has decreased or remained flat. Commentors request the Department reconsider these rates.

Department Response: Thank you for the detailed feedback on Proposed SPA 23-0012 HB2 proposed rates. In addition to HB2 rate increase for Personal Care Services (PCS) and Private Duty Nursing (PDN) under the EPSDT benefit per HB2, HSD is pursuing multiple means to increase rates as seen in state plan amendments 23-0001 and 22-0019.

Comment: One commentor states that they are finding it difficult to continue serving the community and remain financially sustainable. They are requesting that the Department increase reimbursement rates to alleviate the financial burden and encourage more specialist physicians establish and maintain practices in rural areas.

Department Response: Thank you for the detailed feedback on Proposed SPA 23-0012 HB2 Proposed Rates. HSD Medicaid is pursuing multiple efforts to increase access to care in rural communities such as aligning with CMS implementation of Rural Emergency Hospitals (REH). HSD Medicaid will review and consider an increase in the reimbursement rates for specialist physicians practicing in rural areas within our state.

Comment: One commentor requests that PCS reimbursement rate be re-evaluated as it is proving inadequate funding to the program. They are asking that the Department provide better mechanisms to understand the cost and appropriate reimbursement for these vital services.

Department Response: Thank you for the detailed feedback on Proposed SPA 23-0012 HB2 Proposed Rates. In addition to HB2 rate increase for Personal Care Services (PCS) and Private Duty Nursing (PDN) under the EPSDT benefit per HB2, HSD is pursuing multiple means to increase rates as seen in state plan amendments 23-0001 and 22-0019.

Comment: One commentor suggests that upon notification of approval of the SPA from CMS: Within 30 days of receipt, provide an LOD to the MCOs, pay all reimbursement due to providers within 60 days, retroactive to the July 1, 2023 effective date. Pay all reimbursements without dispute/denial periods extending beyond 90 days. Pay all prospective payments in accordance with the new rates within 30 days of receipt of the LOD.

Department Response: The Department, as standard practice, issues LODs to MCOs to inform them of changes and provide implementation instructions and timelines. HSD will issue a LOD to MCOs following finalization of the proposed rates.