

2009

# Provider Training Sessions

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Presented by

New Mexico Medicaid Utilization Review

Blue Cross Blue Shield of New Mexico



BlueCross BlueShield  
of New Mexico



# Medicaid Utilization Review

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- Blue Cross Blue Shield of New Mexico (BCBSNM) is contracted by HSD/MAD to review prior authorization requests for recipients who are not enrolled in managed care.
- The department responsible is known as New Mexico Medicaid Utilization Review (MUR)





# Medicaid Utilization Review

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- Services reviewed include (but are not limited to):
  - Nursing Facility/Long-Term Care
  - Durable Medical Equipment
  - Emergency Medical Services for Aliens
  - Inpatient Rehabilitation
  - DD and D&E Waivers





# Medicaid Utilization Review

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- MUR works closely with other state agencies, including the Department of Health and the Aging and Long-Term Services Department.
- MUR also works closely with ACS, the Medicaid fiscal agent.





# Prior Authorization Requests

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## US Mail

- P.O. Box 27950  
Albuquerque NM 87125-7950

## Delivery services (e.g., FedEx)

- 4373 Alexander Boulevard NE  
Albuquerque NM 87107

## Hand-Carried and Drop Box Submissions

- 4373 Alexander Boulevard NE  
Albuquerque NM 87107



# Sending Prior Authorization Requests

## ■ Hand-Carried Reviews

- If you wish to personally deliver reviews, take them to:
  - 4373 Alexander Boulevard NE
  - (Located just to the southwest of I-25 and Montano)
  - Signature receipts are available between 6:30 a.m. and 5:00 p.m., Monday through Friday



# Sending Prior Authorization Requests



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- Drop Box
  - Also located at the Alexander Boulevard address.
  - Available 24-hours a day/seven days a week.
  - Signature is not available at the drop box.



# Sending Prior Authorization Requests

- Fax Server **800-746-7292**
  - Fax-driven database that can accept requests for:
    - DME
    - Home Health
    - Hearing Aids
    - Contact Lenses
    - Physical, Speech and Occupational Therapies







# Eligibility

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- Medicaid Utilization Review does **not** provide eligibility information.
- It is the **provider's** responsibility to verify eligibility.
  - Refer to Medical Assistance Division Program Policy manual – Section 8.302.1.11.A.





# Review Process

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- Abstracts are reviewed by clinical reviewers:
  - Nurses
  - Peer Consultants





# Clinical Reviewers

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- Nurse reviewers can approve reviews; however, all potential denials must be referred to a peer consultant.
- Peer consultants include:
  - Medical Doctors
  - Physical and Speech Therapists
  - Audiologists
  - Dentists



# Required Documentation for a Successful Review

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- Objective clinical/medical documentation is needed to justify services
  - Each review **must** stand on its own
  - Diagnosis alone does not establish medical necessity
  - “Paint the picture!” by clearly illustrating **why** the client needs the services



# Avoiding Requests for Information (RFI's)

■ Submit **mandatory** forms and documentation for your request:

- Completed request form (e.g., ISD-379, ISD-303, ISD-301)
- Appropriate documentation, based on the review type. Among other things, this may include:
  - History and Physical
  - Signed physician orders
  - CIA



# Avoiding RFI's

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- Fill in all the blanks
- Be sure that the submitted **Medicaid number** is correct on ALL forms.
  - TIP--verify the Medicaid or SSN of the recipient
- Be sure that the correct **procedure/provider codes** is present on ALL forms.
  - TIP--verify the provider number





# Avoiding RFI's

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- Ensure all required signatures and dates are submitted. For example:
  - Current History and Physical
  - Level of Care orders with dates must be present on the ISD-379 or ISD-378 and relevant to the time frame requested
  - Physician's signature must be submitted with the ISD-303





# Avoiding RFI's

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- Re-check entire document and double check any submitted mathematical calculations. For example:
  - Homemaker Assessment score
  - MAD-046 units/hours
  - ISD-378 assessment score







# Avoiding RFI's

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- Understand the criteria for the requested services. For example:
  - To be eligible for the Disabled and Elderly Waiver program, the client must meet criteria for placement in a nursing facility.
  - DD Waiver clients must meet criteria for ICF-MR placement.





# Avoiding RFI's

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- Submit all supporting documentation, but:
  - Ensure that the submitted information is consistent, sufficient and relevant to the specific request
  - Do not submit unnecessary and excessive documentation (it can actually cause a delay in the review of the request)





# Avoiding RFI's

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- Clarify your request
  - Is this request a(n):
    - Initial
    - Annual Reassessment
    - Readmission
    - Revision
    - Re-Review
    - Reconsideration





# Avoiding RFI's

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- In the event you do receive a RFI, be sure to return **ALL** requested information and documentation with your response. This will avoid subsequent RFI's.



# Avoiding RFI's

## Last, But Not Least...

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- If a request is unclear, please call customer service at [800-392-9019](tel:800-392-9019).
  - They will obtain the needed clarification and call you back.





# Time Frames

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- The current contract with HSD/MAD requires that reviews be completed by BCBSNM/MUR within 8 business days.
- Those days begin on the date that it is received my MUR (all abstracts are date-stamped on the day received).





# Time Frames

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- If a review is returned to the provider for clarification or requesting additional documentation (RFI), the 8-day time frame starts again with MUR's receipt of the requested information.





# The Appeal Process

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- The Appeal Process consists of several possible steps:
  - Re-review
  - Reconsideration
  - Fair Hearing







# Re-Review Process

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- Based on MAD regulations, the written request must be received within 10 calendar days from the date of the denial letter.
  - Requests will be processed within 15 calendar days of receipt.
  - The abstract should be marked “RE-REVIEW” at the top.





# Re-Review Process

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- The re-review request must include additional medical/clinical information (in addition to the initial information submitted) in order to meet the requirements for the re-review process.





# Reconsideration Process

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- The request must be received within 30 calendar days from the date of the re-review denial.
- This request must include additional medical/clinical information (in addition to the initial and re-review information submitted) in order to meet the requirements for the reconsideration process.



# Reconsideration Process

- If a re-review is unable to be requested within the mandated 10-days, a request may be made for a reconsideration (without benefit of a re-review).
- The request must be received within 30 days of the date of the original denial letter.
- “Reconsideration” should be indicated on the request.





# The Fair Hearing Process

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- Requests for Fair Hearings are administered through the Administrative Hearings Bureau.
- A Fair Hearing request can be initiated by either the recipient or provider. (Sections 8.352.2 and 8.353.2 of the Program Manual).





# Data Entry

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- All review-related information is entered into the Medicaid Utilization Review system and transmitted daily to ACS.





# Customer Service

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- Recipient calls regarding denial/reduction/modification letters
  - Recipients are encouraged to contact their providers.
  - Providers are encouraged to assist their clients by discussing the availability of re-reviews and reconsideration requests.





# Customer Service

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- 800-392-9019 (number is valid both in- and out-of-state)
- Customer Service hours are 8:00 a.m. to 5:00 p.m., Monday-Friday.
- ACD (Automatic Call Distribution) allows calls to be handled in the order received.
- MUR may be contacted via the Internet at

■ **NM Medicaid**  **bsnm.com**





# Help Us Help You!

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- Have this information ready:
  - Recipient number
  - Recipient name
  - Recipient date of birth
  - Provider number
  - Provider name
  - Date request was sent to MUR
  - Item(s) or service(s) requested



# Following up on Submissions

- Please allow time for review to reach MUR before calling to ask if it has been completed.
  - MUR has 8 business days to complete reviews (per the HSD/MAD contract).
- MUR's imaging system allows the Customer Service representatives to view where the review is in the process (and when it was re





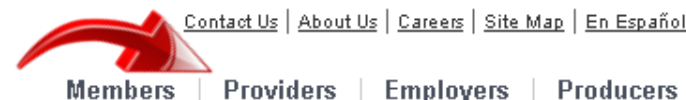
# Medicaid UR Website

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The Medicaid UR website is located  
at:

<http://bcbsnm.com>





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- ▶ [Join the Making Strides Against Breast Cancer Walk on Sunday, April 26](#)
- ▶ [Five Steps to Safer Health Care: Learn how to "Take Five"](#)
- ▶ [Find wellness tips and expert advice @besmartbewell.com](#)

## Providers

Promotional Photo



## Welcome, Providers

### News and Updates

- [Availity Webinar Training Schedule – March](#) 03/03/09
- [NPI Edit Update Notification Effective March 2, 2009](#) 02/27/09
- [Electronic Remittance Advice \(835\) Update](#) 02/27/09
- [Medicaid BlueSalud – Urgent Care Services](#) 02/18/09
- [March Provider Webinar Training Schedule](#) 02/13/09

### Electronic Commerce

- [Availity LLC](#)
- [Clear Claim Connection](#)
- [EDI Format Specifications](#)
- [EFT/ERA FAQs](#)
- [EFT/ERA Forms](#)
- [Electronic Commerce Alerts](#)
- [Electronic Transactions](#)
- [HealthXNet](#)
- [Online Transaction Tip Sheets](#)

### Claim Filing

### Provider Library

- [Provider Reference Manual \(PRM\)](#)
- [PRM Changes/Updates](#)
- [Medical Policies](#)
- [Draft Medical Policies](#)
- [Newsletter \(Blue Review\)](#)
- [Forms](#)
- [NPI](#)
- [Interactive Voice Response \(IVR\) System](#)
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- [Become a BCBSNM Provider](#)

### UM/QI/Medical Management

- Preventive Health Guidelines: [Adult](#), [Children](#), and [Prenatal](#)
- Clinical Practice Guidelines: [Asthma](#), [Diabetes](#), [Hypertension](#), [Depression](#)
- [Blue Care Connection@ Disease Management Programs](#)
- [Diabetes Guidelines and](#)

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## Providers



# About Medicaid Utilization Review

## Our Mission Statement

To provide state-of-the-art professional Medicaid utilization review services in a timely, accurate, efficient and cost effective manner to our customers.

To detect and report quality of care concerns within the limits of our contracted authority and resources.

To detect and report fraud and abuse concerns within the limits of our contracted authority and resources.

To be or become an expert resource in these areas:

- Medicaid utilization review operations
- Utilization review data/information interpretation
- Clinical standards of practice
- Quality review operations
- Use of information technology in medical review

## What We Do

- We perform reviews for a wide variety of services, including nursing home care, waiver services, durable medical equipment.
- We participate in provider training sessions.

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## Medicaid UR Review Types

Blue Cross and Blue Shield of New Mexico (BCBSNM), serving as the Medicaid Utilization Review contractor, works within time frames required by the Medical Assistance Division (MAD). These [time frames](#) are based on the BCBSNM contract with MAD and/or the regulations as stated in the MAD Program Policy Manual.

For more information about a review type, select from the list below:

- [Contact Lens](#)
- [Dental Services](#)
- [Durable Medical Equipment](#)
- [Emergency Alien Services](#)
- [Hearing Aids](#)
- [High-volume, High-dollar Procedures, Surgical](#)
- [Home and Community-Based Waivers](#) (medically fragile, disabled and elderly, AIDS and AIDS-related complex, developmental disabilities)
- [Home Health Care](#)
- [Inpatient Rehabilitation Hospital](#)
- [In-state Transplant](#)
- [Intermediate Care Facilities for the Mentally Retarded](#)
- [Nursing Facility](#)
- [Nursing Facility – PACE](#)
- [Nursing Facility – PASRR](#)
- [Out-of-state Medical](#)

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## Providers



## Medicaid UR Forms

Our most frequently requested forms are available in Adobe Acrobat PDF and Microsoft Word. Download the appropriate form, print the form, fill it out, and mail it to:

Medicaid UR Dept.  
 Blue Cross and Blue Shield of New Mexico  
 P.O. Box 27950  
 Albuquerque, NM 87125-7630

Form Number	Form Name
MAD 046	<b>Individual Service Plan Waivers</b> <a href="#">PDF 293KB</a> <a href="#">MS Word 58KB</a> Includes AIDS and AIDS-Related, Developmental Disabilities, Disabled and Elderly, Medically Fragile.
MAD 056	<b>EPSDT Personal Care Service Plan</b> <a href="#">PDF 37KB</a>
MAD 098	<b>Disabled &amp; Elderly Individual Service Plan Waiver</b> <a href="#">PDF 69KB</a> <a href="#">MS Word 294KB</a>
MAD 301	<b>Home Health Care</b> <a href="#">(PDF 223KB)</a>
MAD 302	<b>Contact Lenses</b> <a href="#">PDF 26KB</a> <a href="#">MS Word 115KB</a>
MAD 303	<b>Durable Medical Equipment (with medical justification forms, see list below):</b> <a href="#">PDF 82KB</a>

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## PRIOR APPROVAL REQUEST



Medical Assistance Division  
 PO Box 2348 Santa Fe, NM 87504-2348

<b>Send PA Requests to:</b> NM Medicaid U/R PO Box 27950 Albuquerque, NM 87125-7950 1-800-392-9019	Physical Therapy Occupational Therapy Speech Therapy Durable Medical Equipment	Nutritional Supplements Psychiatry and Psychology Prosthetics and Orthotics Hearing Aid Services Vision Services
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RECIPIENT'S Name – Last	First	MI	MEDICAID ID Number	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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RECIPIENT'S Address – Street/PO Box/R. Rt.	City	State	Zip Code	If in Care Facility, give name
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Provider, Pharmacy, etc., Name, Address, Zip Code	Ordering Physician's Name, Address, Zip Code
┌	┌
└	└

PROVIDER PHONE NO	NPI	TAXONOMY
ORDERING PHYSICIAN PHONE NO	NPI	TAXONOMY

**REQUEST for TREATMENT, EQUIPMENT or SERVICE – (Specify frequency and duration)**

RENTAL      Duration \_\_\_\_\_       Purchase      Date of Verbal Approval \_\_\_\_\_

Procedure Code:	Description:
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Other:	

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## Providers



## Contact Medicaid UR

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Medicaid Utilization Review  
P.O. Box 27950  
Albuquerque, New Mexico 87125-7950

**Customer Service Toll-free Phone:**

1-800-392-9019

**E-mail:**

[E-mail us](mailto:NMMedicaid_UR@bcbsnm.com) at NMMedicaid\_UR@bcbsnm.com

**Courier Delivery (FedEx, UPS):**

4373 Alexander Boulevard NE  
Albuquerque, New Mexico 87107

**Hand-Carried Reviews:**

Deliveries to the Alexander Blvd. address can be signed for by security personnel between 6:30 a.m. and 5:00 p.m. If you require copies of the signed receipt, please bring extra forms for security to sign, as they cannot make copies. No signatures will be available for abstracts left in the drop box.

**Drop Box:**

Effective March 1, 2006, abstracts can be dropped off at the Alexander Blvd. location. The drop box will be available 24 hours a day. All packages must be in a sealed envelope to comply with HIPAA regulations protecting PHI (Protected Health Information), SPI (Sensitive Personal Information), and to keep documents appropriately separated.

All mail received at this location by 3:00 p.m. each day will be processed as received that same day. Mail received after 3:00 p.m. will be processed as received the next business day. The drop box will be checked at 3:00 p.m. each business day and any contents present at that time will be date-stamped as received for that business day.

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# Time for Questions

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- **THANK YOU** for your time and attention!



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