

Spring, 2007

Emergency Medical Services for Aliens

Presented by

New Mexico Medicaid Utilization Review

Blue Cross Blue Shield of New Mexico



Sending Prior Authorization Requests



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
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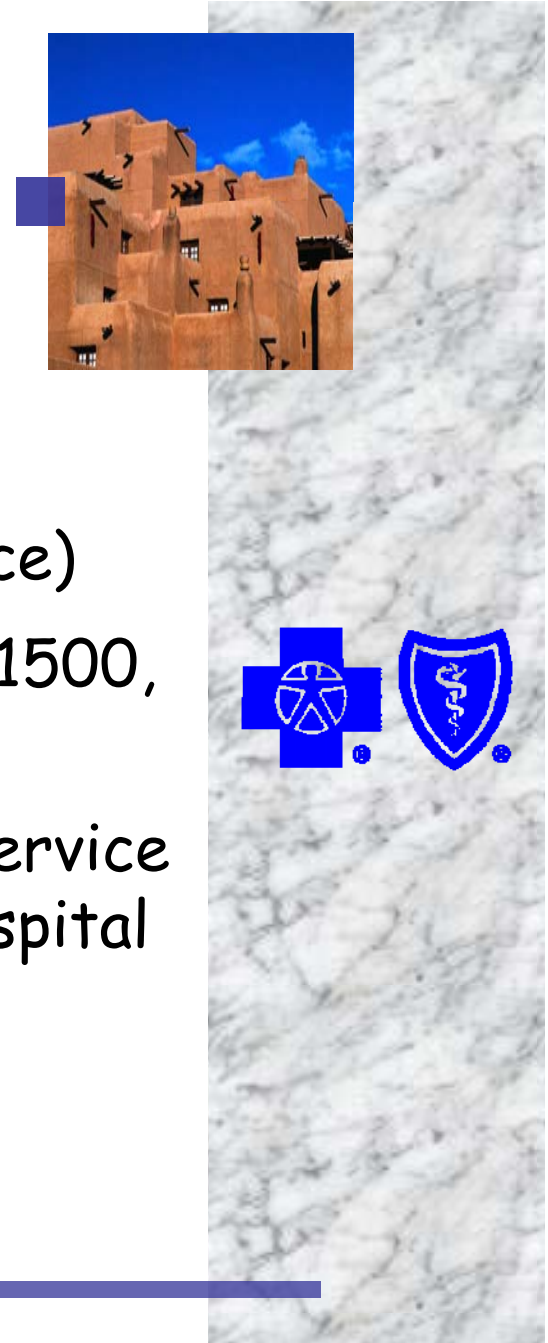
Eligibility



- ◆ Medicaid Utilization Review does **not** provide eligibility information.
- ◆ Eligibility is provided through the local county ISD office.
 - Refer to Medicaid Eligibility Manual, Category 85.
 - Verify the recipient ID number on the claim to the recipient ID number on the MAD 310.



Required Documentation



◆ The provider supplies:

- MAD-310 form (from the ISD Office)
 - Appropriate billing forms (i.e. CMS-1500, UB-04)
 - Pertinent medical records for the service in question (usually the complete hospital medical record or emergency room record)
-

Required Documentation for a Successful Review



- ◆ 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.
-

Required Documentation for a Successful Review



- Labor and delivery records must be complete records (for example, from the time they arrive at the hospital to discharge).
- Delivery notes, alone, are insufficient.



Definition of Emergency

- ◆ "A medical condition, including emergency labor and delivery, manifesting acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in one of the following:



Definition of Emergency



- Individual's death
 - Placement of the individual's health in serious jeopardy
 - Serious impairment of bodily functions; or
 - Serious dysfunction of any bodily organ or part (MAD Program manual 8.325.10.13)"
- ◆ Scheduled and elective services do not meet the definition of emergency services.



Non-Covered Services



- ◆ Medicaid does not cover the following specific services (MAD Program Manual 8.325.10.15)
 - Long term care
 - Organ transplants
 - Rehabilitation services
 - Surgical services including scheduled C-sections, other than unscheduled emergency procedures
 - Psychiatric or psychological services



Non-Covered Services

- Durable medical equipment or supplies
- Eyeglasses
- Hearing aids
- Outpatient prescriptions
- Podiatry Services
- Prenatal care
- Well child care
- Routine dental care



Non-Covered Services

- Routine dialysis services
- Any medical service furnished by a border or out-of-state provider
- Non-emergency transportation
- Preventive care



Review Process

- ◆ Abstracts are reviewed by clinical reviewers:
 - Nurses
 - Peer consultants



Clinical Reviewers



- ◆ Nurse reviewers can approve reviews; however, all potential denials must be referred to a peer consultant.
- ◆ Peer consultants include medical doctors and other appropriate clinical professionals.



Approval Processing



- ◆ Approved reviews are entered into the Medicaid Utilization Review system.
- ◆ A MAD-311 indicating the approval and claim's submission are delivered to ACS for processing.



Denial of Services



- ◆ If services do not meet the definition of a medical emergency and they are denied by the peer consultant, due process letters are sent to the provider and the recipient of services.



Re-Review Process



- ◆ 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



- ◆ 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



- ◆ 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

- ◆ 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).



Customer Service



- ◆ 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 also be contacted via the Internet.



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 received).



Corrected Submissions



- ◆ If a procedure code needs to be added for billing on a previously submitted request, do the following:
 - Make sure all of the information is correct.
 - Submit the corrected submission request with an explanation on the cover sheet as to why the abstract is being re-submitted (i.e. new procedure code).



Corrected Submissions



- Do not write on the request.
- Do not submit request more than once. This slows down the process and leaves room for error.
- If your request is denied and you submit the same information it will still be denied. Follow the directions on the denial letter.
- Do call Customer Service if you have questions on the status of your request.



Getting It Right



- ◆ Check Provider numbers, making sure they are correct as incorrect provider numbers cause payment denials.
- ◆ Check Medicaid ID numbers for recipients.
- ◆ Do not submit a duplicate request that has NO changes; call customer service to verify authorization.



Getting it Right



- ◆ If you receive a conflict of information form, check with the ISD office to resolve the conflict (which is usually stated on the form) prior to re-submission.
- ◆ After verifying MUR received and processed your request, DO call ACS with any questions concerning payment issues.



Medicaid UR Website

The Medicaid UR website is located at:

<http://bcbsnm.com>



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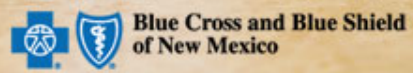
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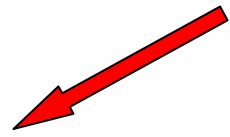
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About Medicaid Utilization Review

Since 1993, Blue Cross and Blue Shield of New Mexico (BCBSNM) has provided focused and expert Utilization Review services to the Human Services Department (HSD) and the Medical Assistance Division (MAD) under a Professional Services Agreement. We work closely with HSD/MAD to provide Medicaid providers with appropriate fee-for-service authorizations for recipients in a timely manner, demonstrating our unwavering commitment to customer service.

We perform reviews for a wide variety of services, including nursing home care, waiver services, durable medical equipment, various therapy services, and dental services. We participate in provider training sessions, offer customer service assistance, participate in development of clinically-based criteria, make recommendations to HSD/MAD for enhancements to programs, and serve as a resource to providers throughout New Mexico.

We recognize the importance of providing timely service to fee-for-service recipients who are often the most fragile of the Medicaid recipients. We remain flexible, adapting to the evolving needs of HSD/MAD, providers, and recipients. We are committed to providing a responsive, knowledgeable work force ready to assist providers with prior approval requests for services. We understand that providers are working closely with recipients to ensure the best service possible, and we are proud to be a member of that partnership.

We are part of Blue Cross and Blue Shield of New Mexico, a company that has been serving New Mexicans for nearly 65 years. BCBSNM is a division of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC has provided us with increased abilities to meet the demands of our customers. Our company has a proud tradition of enhancing New Mexico's quality of life through investment in our community. We have a deep-seated and long-standing commitment to numerous community assistance programs.

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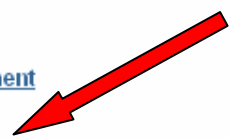
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Medicaid UR Review Types

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

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- [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](#)
- [Out-of-state Transplant](#)
- [Outpatient Rehabilitation Services](#) (occupational, physical, speech therapies)
- [Pre-Transfer](#)
- [Private Duty Nursing](#)

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Medicaid UR Review Types: Contact Lens

Medicaid provides for medically necessary vision care services for eligible recipients. Prior approval is required for contact lenses.

Request contact lenses on form [MAD-302](#). Services requested are measured against clinical criteria, and approvals are indicated on the MAD-302 form by the presence of the PA number.

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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	Individual Service Plan Waivers (PDF 342KB) Includes AIDS and AIDS-Related, Developmental Disabilities, Disabled and Elderly, Medically Fragile.
MAD 098	Disabled & Elderly Individual Service Plan Waiver (PDF 69KB / MS Word 294KB)
MAD 301	Home Health Care (PDF 28KB / MS Word 124KB)
MAD 302	Contact Lenses (PDF 26KB / MS Word 115KB)
MAD 303	Durable Medical Equipment (with medical justification)

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MEDICAL ASSISTANCE DIVISION
 P.O. Box 2348
 Santa Fe, New Mexico 87504-2348

**EYE SERVICES
 PRIOR APPROVAL REQUEST
 CONTACT LENSES**

Patient Name	ID Number	Sex	Birth Date
		M F	
Patient Address – No. & Street/PO Box/R. Rt			
City		State	Zip Code

Provider

Ordering Physician's Name, Address, Zip Code

USE SNELLEN NOTATION

PRIOR Rx Date		VA with Old Rx	VA No Rx	NEW Rx Date	Corrected VA
Distance	R			Distance	R
	-----				-----
	L				L

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**EYE SERVICES
 PRIOR APPROVAL REQUEST
 ♦ CONTACT LENSES ♦**

Patient Name	ID Number	Sex	Birth Date
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Patient Address – No. & Street/PO Box/R. Rt			
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USE SNELLEN NOTATION

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Medicaid UR Frequently Asked Questions

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- [What type of documentation is required for a successful review?](#)
- [How can I avoid "buck backs?"](#)

What hours can I call Medicaid UR customer service?

The customer service representatives are available to answer your calls from 8 a.m. to 5 p.m. Mountain Time, Monday through Friday.

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What is the Medicaid UR fax number?

The Medicaid UR fax number is 505-746-7292.

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Can eligibility be verified through Medicaid UR customer service?

Medicaid UR does not provide eligibility information. Please Contact ACS at 505-246-2056 or 1-800-705-4452 for eligibility information. Remember, it is the provider's responsibility to verify eligibility.

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Medicaid UR Nurses' Corner

Initially, the Nurses' Corner will feature helpful hints regarding the Nursing Facility review process; then it will address other reviews periodically.

Review Type: Nursing Facility NF

In the ever-changing world of health care coupled with its financial challenges, we understand that nursing facilities can experience high turnover in staffing, and inadequate funds available for staff development. For some facilities, this turnover rate can often leave gaps in the knowledge base of the staff regarding required documentation for Utilization Review (UR) for Long Term Care (LTC) services. Other facilities just simply never received adequate training in the correct preparation and submission of the required documents/documentation for a successful utilization review outcome. Whatever the reason, BCBSNM has observed significant knowledge gaps across the board in the LTC setting regarding the submission of the appropriate documentation. We are here to help!

It is our hope that through this article, providers will receive some answers to questions about the LTC abstract process. The whole process is actually quite simple.

There are common errors among LTC facilities that have resulted in either a Request for Information (buck back) or a loss of billable days.

Tips

Be sure to clearly indicate what you are requesting (e.g., Initial, Continued Stay, Re-Review, Reconsideration, Readmit, Transfer, etc.).

First and foremost, nursing facilities should send in documentation that supports general eligibility for the level of care (LOC) requested. The resident must require assistance with two or more activities of daily living (ADL). The MDS and CNA flow sheets are excellent sources of supporting

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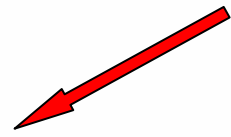
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Email Medicaid UR

Please fill out the following form completely.

This will be sent regarding: **Medicaid UR Customer Service Inquiry.**

Name	<input type="text"/>
Email Address	<input type="text"/> <i>(Needed for email response)</i>
Member ID	<input type="text"/> <i>(If you have one)</i>
Address If you are requesting that something be mailed to you or you are requesting a written response, please fill in your mailing address here (Street or P.O., City, State, Country, Zip Code).	<input type="text"/>
Comments/Questions	<input type="text"/>

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Time for Your Questions

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

