



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: BEHAVIORAL HEALTH PROVIDERS

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SUBJECT: BEHAVIORAL HEALTH CHANGES EFFECTIVE JANUARY 1, 2014 WITH THE IMPLEMENTATION OF CENTENNIAL CARE

- I. CHANGES IN RESPONSIBILITY FOR BEHAVIORAL HEALTH CLAIMS IN THE MEDICAID PROGRAM**
- II. PROVIDER ENROLLMENT ISSUES**
- III. PRIOR AUTHORIZATION – FEE-FOR-SERVICE**
- IV. BILLING FOR – FEE-FOR-SERVICE RECIPIENTS**

I. Changes in Responsibility for Behavioral Health Claims

Effective January 1, 2014, there will no longer be a single statewide entity for Behavioral Health (BH) for Medicaid managed care or Fee-for-Service (FFS) programs. OptumHealth New Mexico will complete their responsibilities for claims with dates of service prior to January 1, 2014. You should have already received a notice from OptumHealth on the transition. If not, you can review their notices on their website, under ALERTS.

<https://www.optumhealthnewmexico.com/provider/providerAlerts.html>

- The Centennial Care Managed Care Organizations (CC MCO) will be responsible for the administration, authorizations, and claims payment aspects for the behavioral health services for the Medicaid members enrolled in their respective plans including pharmacy claims.

The pharmacy benefits manager associated with each CC MCO will be responsible for processing pharmacy claims including claims for which the prescriber is a behavioral health practitioner.

- For Medicaid recipients remaining in the Medicaid FFS plan:
 1. The Medical Assistance Division (MAD) will provide for the overall administration of behavioral health services;
 2. Molina Healthcare – the Third Party Assessor (TPA) will be responsible for the authorization of services; and,
 3. Xerox, formerly ACS, the MAD fiscal agent will be responsible for receiving, processing and paying the behavioral health claims from providers.
 4. PDCS, the Xerox subsidiary for processing pharmacy claims, will now also be responsible for processing FFS drug claims including when the prescriber is a behavioral health practitioner.
- For situations where a Medicaid MCO member or a FFS recipient is in an inpatient hospital as approved by OptumHealth, OptumHealth will continue to be responsible for payment until the member or recipient is discharged.

II. Provider Enrollment Issues

A provider wishing to render services to either a FFS recipient or a CC MCO member must first be enrolled with MAD through Xerox.

Additionally, to provide behavioral health services to a CC MCO member, the provider should contact the member's specific CC MCO regarding a provider contract.

Even though the provider must be enrolled through MAD, a provider can still choose to participate in both FFS and CC managed care, or only in CC managed care. Note that enrolling through MAD does not enroll the provider with an individual CC MCO. Rather, the provider must be enrolled through MAD and follow each CC MCO's enrollment and/or contracting process to participate in managed care.

Most behavioral health providers are already enrolled with MAD because that was a requirement prior to contracting with OptumHealth. However, there were some providers who over a period of time either did not keep their MAD enrollment with Xerox current and were therefore cancelled; or who failed to enroll initially as required.

If you are already enrolled as an active MAD FFS provider, you do not need to enroll again to provide services. You may need to update your provider type and specialty if it is no longer accurate. If you are not sure whether or not you have a MAD FFS provider ID, contact Xerox Provider Enrollment at 505-246-0710 or 1-800-299-7304.

For those providers that do not have an active FFS provider ID, enrollment through Xerox is required in addition to contracting with any of the CC MCOs. If you do not wish to provide

services to FFS recipients, but instead provide services for CC MCO(s) members only, this is an option that can be selected during the enrollment process. However, you must still specifically contact each CC MCO to be certain you are able to provide services to Medicaid recipients enrolled as members of each CC MCO.

If you need to enroll as a MAD FFS provider, please go to the MAD/Xerox web portal to enroll on line:

<https://nmmedicaid.acs-inc.com/webportal/enrollOnline>.

If you need to use the manual process for provider enrollment, the forms and instructions are available on the web site at:

<https://nmmedicaid.acs-inc.com/static/index.htm>

III. Prior Authorization – FFS

Effective January 1, 2014 until further notice, only the following Behavioral Health Services will require prior authorization for a recipient in the Medicaid FFS program:

- Inpatient psychiatric care in a free standing psychiatric hospital and inpatient hospital services in a psychiatric unit of an acute care hospital,
- Accredited residential treatment center (ARTC) services; Non-accredited residential treatment center (RTC) services; & Group homes (GH)
- Treatment Foster Care I (TFCI) & Treatment Foster Care II (TFCII)
- Applied Behavioral Analysis Services (ABA) (formally known as Adaptive Skills Building-ABS)

If the service has been authorized by OptumHealth prior to January 1, 2014, the authorization will remain effective through its original end date if the authorization terminates prior to February 28, 2014. Otherwise, further information will be provided by Molina TPA on the schedule to renew or extend authorizations. Providers will be given notice of when authorizations must be renewed.

If a new service is to commence any time on or after January 1, 2014, you will be required to obtain a new prior authorization before the service begins.

Authorizations are to be requested from the following sources:

For FFS recipients:

Molina Healthcare TPA is the authorization agent:

For the submission of clinical information requesting prior authorization for an inpatient admission, Monday through Friday, 8 AM to 5PM call 505-341-7493 or 888-825-9266, which are both secured lines. After 5PM, weekends or holidays, using the same numbers, you will be prompted to leave a voice mail which will be returned on the next business day.

For all other programs, listed above, submit information on the attached form by email to: BehavioralHealthFFS@MolinaHealthcare.com

For Medicaid members enrolled in a CC MCO:

Contact the specific MCO in which the recipient is enrolled.

IV. Billing Xerox for FFS Recipients

All claims must be submitted electronically.

This can be done directly onto the Xerox web portal at <https://nmmedicaid.acs-inc.com/static/index.htm>. On-line training for this type of submission is available on the web portal. For questions, e-mail Xerox at NMPRSupport@xerox.com or call 505-246-0710, or 800-299-7304.

The alternative method of billing is through your billing service's electronic claims submission process. Contact Xerox to assure you are set up for electronic billing.

Contact information:

For prior authorizations, please contact Molina TPA, Monday through Friday, 8AM to 5PM at 505-341-7493 or 888-825-9266. After 5PM, weekends or holidays, you will be prompted to leave a voicemail which will be returned on the next business day.

For Xerox Fee for Service claims, 1-800-299-7304.