

DEPARTMENTAL MEMORANDUM
MAD-MR:
DATE: 04/15/2018

TO: ISD AND MAD STAFF

FROM: *NLS* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: *SR* SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU

BY: STEPHANIE MOJICA, TPA ADMINISTRATOR, EXEMPT SERVICES AND PROGRAMS BUREAU

SUBJECT: REVISION OF MAD 307 FORM

GENERAL INFORMATION

The MAD 307, Denial of Claims for Emergency Medical Services for Aliens (EMSA), form has been updated to include the current HSD logo and the corrected fax number to submit a reconsideration request to the TPA.

FILING INSTRUCTIONS

Please make the following replacements or additions in the Medical Assistance Forms Manual.

Remove: MAD 307 dated 03/01/2017

Replace: MAD 307 dated 04/01/2018

Please address questions concerning this material to Stephanie Mojica at Stephanie.Mojica@state.nm.us or at 505-827-3176.



DENIAL OF CLAIMS FOR EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA)

To: Recipient of Medical Services	Date of Notice: Parent or Guardian (if applicable)
Recipient ID Number	Duration of Emergency Services
Provider Name(s) and Phone Number(s):	
<input type="checkbox"/> Facility <input type="checkbox"/> Professional Provider <input type="checkbox"/> Ancillary Provider	

The claims which were submitted for services rendered to the above recipient have been reviewed by the Medicaid Third-Party Assessor/Utilization Review Contractor. Per the New Mexico Administrative Code (NMAC) 8.325.10, payment of the claim(s) has/has been denied for the following reason(s):

Billed services do not meet the criteria for an emergency. For purposes of this program, an emergency is defined as a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

The billed services are not covered by EMSA. No long term care, organ transplants, rehabilitation service, psychiatric or psychological services or surgeries other than unscheduled emergency procedures will be covered by this program. Other non-covered services include, but are not limited to, durable medical equipment or supplies, eyeglasses, hearing aids, outpatient prescriptions, podiatry services, prenatal care, well child and preventive care.

The claim was submitted without clinical supporting documentation.

Please see page 2 for Notification of Rights.

Las reclamaciones que sometieron por servicios prestados al individuo indicado mas arriba fueron examinadas por el Contratista que Examina la Utilizacion de Medicaid.

Por el código administrativas de nuevo mexico se denego el pago de la reclamacion por los motivos indicados a continuacion:

Los servicios que constan en la factura no satisfacen el criterio de urgencias. Para los finesde este programa, una urgencia es un estado de salud (incluso el parto prolongado)que se manifiesta por sintomas agudas de suficiente severidad tal como la ausencia de atencion medica inmediata podria resultar en que la salud del paciente se ponga en peligro grave. Deficiencia grave de las funciones del cuerpo o disfuncion de cualquier organo o parte del cuerpo.

La atencion detallada en la factura no esta cubierta por Atencion Medica Urgente en el programa para extranjeros Ninguna atencion a largo plazo, transplante de organos, servicios de recapacitacion, servicios psicologicos o psiquiatricos o cirugias que no sean procedimientos urgentes no programados estaran cubiertos por este programa. Otra atencion no cubierta incluye pero no se limita a equipo medico durable, suministros, anteojos, instrumentos auditivos, recetas para pacientes externos, servicios podologos, asistencia prenatal atencion de menor saludable y atencion preventiva.

La reclamación se presentó sin documentación clínica.

NOTICE TO PROVIDERS


New Mexico Medicaid providers may request a reconsideration of this decision within 30 calendar days from the date on this notice (see NMAC 8.350.2, Reconsideration of Utilization Review). Reconsideration request may be sent to Qualis Health TPA via fax (888-562-2755) or mailed to:

Qualis Health TPA
Attn: EMSA Reconsideration Requests
PO Box 20910
Albuquerque, NM 87154-0910

NOTIFICATION OF RIGHTS FOR THE APPLICANT

Hearing – You can ask for a hearing if you do not agree with what we have told you in this notice. A hearing will give you a chance to explain why you do not agree. You have 90 days from the date of this notice to ask for a hearing. You can ask for a hearing by writing or calling your local County Income Support Division (ISD) office, or writing the department's Hearings Bureau at Human Services Department, P.O. Box 2348, Santa Fe, New Mexico 87504-2348, or by calling 1-800-432-6217 or (505) 827-8164.


Civil Rights Statement – All programs administered by HSD are equal opportunity programs. It is unlawful for HSD to discriminate against an applicant for or recipient of any program due to race, color, national origin, sex, age, religion, political beliefs or disability. Complaints of discrimination may be filed with the New Mexico Human Services Department central office, the local Income Support Division County office, the U.S. Department of Health and Human Services, the U.S. Department of Justice, or the Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (202) 720-5964 (voice and TDD).

 If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217, or through the New Mexico Relay System TDD at 1-800-659-8331, or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

AVISO DE DERECHOS

Derecho de Audiencia Imparcial – Ud. puede pedir una audiencia si no conviene con la information en este aviso. Una audiencia le dara una oportunidad de explicar porque Ud. no conviene. Usted tiene 90 dias a partir de la fecha de este aviso para pedir una audiencia. Ud. puede pedir una audiencia escribiendo o llamando su oficina local de *Income Support Division (ISD)* o escriba al *Hearings Bureau* del departamento de servicios humano, P.O. Box 2348, Santa Fe, NM 87504-2348, o llame 1-800-432-6217, o (505) 827-8164.

Declaracion de Derechos Civiles – Todos los programas que administra el Departamento de Servicios Humanos (HSD) son programas en los que se observa la igualdad de oportunidades. Es ilicito que HSD discimine en contra de la person que solicita los beneficios de cualquiera de los programas debido a raza, color, origen nacional, sexo, edad, religion, creencias politicas, o discapacidad. Las quejas de discriminacion se pueden presentar en la oficina principal del Departamento de Servicios Humanos, la oficina local de Asistencia Economica, en el Departamento de Servicios Humanos y Salud de los Estados Unidos, el Departamento de Justicia de los Estados Unidos o en la Oficina de Derechos Civiles, Sala 326W, Edificio Whitten, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 o favor de llamar al (202) 720-5964 (voz y TDD). (4/30/02)

 Si Ud. es una persona que tiene discapacidad y Ud. requiere esta informacion en un formato alternativo o requiere un acomodamiento especial para poder participar en cualquier audiencia publica, programa o servicio, comuniquese con el personal del departamento de servicios humano de NM gratis y llame al numero 1-800-432-6217, o a traves del sistema de relais de Nuevo Mejico TDD en 1-800-659-8331 o puede oprimar 711. El departamento solicita la comunicacion previa por lo menos de 10 dias por anticipado para poder proporcionar los formatos alternativos a y acomodamientos especiales que Ud. solicite. (8/22/08)