



HUMAN SERVICES
DEPARTMENT

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary Designate
Nicole Comeaux, J.D., M.P.H., Director

DEPARTMENTAL MEMORANDUM

MAD-MR: 19-16

DATE: November 14, 2019

TO: MEDICAL ASSISTANCE DIVISION

FROM: *NLC* NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: *SMH* SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU (ESPB)

BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB *LG*

SUBJECT: MAD 788 ISSUED JUNE 2019, BRAIN INJURY SERVICES FUND (BISF) BILLING FORM FOR SERVICE COORDINATION

GENERAL INFORMATION

The MAD 788 is used by the Service Coordination Agency (SCA) to submit monthly billing to HSD on the basis of Per Member Per Month rates for Applicants and Enrolled Participants for regions served. The SCA's billing form is an Excel workbook, which includes a "Monthly Billing Form" which is tied to regional spreadsheets; these include tabs for the Metro, NE, NW, SE, and SW regions to be completed by the contracted SCA, as applicable.

FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Forms Manual:

INSERT MAD 788 Issued June 2019

Please address any questions concerning these guidelines to Lindab.gillet@state.nm.us or call (505) 827-7218.

Attachment: MAD 788 Issued June 2019

Human Services Department

Brain Injury Services Fund Program Billing - Service Coordination Agency (SCA)

Revised June 2019

From:
 SCA Name:
 SCA Address:
 Prepared By:
 Title of Preparer:
 HSD Contract #: PSC 20-630-8000-00XX

Billing Month (Month/Year)

Total Billed for Services
\$0.00

REGION	Total Served in Month Billed						Total Served	
	Enrolled Participants		Applicants		# Served	Total Amount		
	# Served	Total Amount	# Served	Total Amount				
Metro	0	\$0	0	\$0	0	\$0	0	\$0
NE	0	\$0	0	\$0	0	\$0	0	\$0
NW	0	\$0	0	\$0	0	\$0	0	\$0
SE	0	\$0	0	\$0	0	\$0	0	\$0
SW	0	\$0	0	\$0	0	\$0	0	\$0
TOTAL	0	\$0	0	\$0	0	\$0	0	\$0

Date Received

Contractor's Comments:

For Human Services Department Use Only	
HSD Contract Number	Date Approved:
PSC 20-630-8000-00XX	Approved for Payment by:
Linda Gillet, Brain Injury Program Manager	
Comments - Combined total of PMPMs in all contracted months are not to exceed contracted amount for the State Fiscal Year.	

BRAIN INJURY SERVICES FUND (BISF) BILLING INSTRUCTIONS

SERVICE COORDINATION AGENCY

Form Instructions

PURPOSE: The MAD 788 is used by the Service Coordination Agency (SCA) to submit monthly billing to HSD on the basis of Per Member Per Month rates for Applicants and Enrolled Participants for regions served. The SCA's billing form is an Excel workbook, which includes a "Monthly Billing Form" which is tied to regional spreadsheets; these include tabs for the Metro, NE, NW, SE, and SW regions to be completed by the contracted SCA, as applicable.

INSTRUCTIONS:

1. The SCA completes only the regional spreadsheets in which their organization is contracted to serve. Entries into each regional spreadsheet are to be fully alphabetized by last name.
 - a. The SCA enters information at the top of each worksheet identifying the month for which billing is submitted, the name of their agency and the name and title of the preparer of the billing.
 - b. In the body each spreadsheet for region served, the SCA enters information on each line that includes the participant's Last Name, First Name, and Social Security Number, as well as the individual's status as an "Applicant" or an "Enrolled Participant". The status is indicated with the entry of the number "1". (Only one entry will be made per month and per line.)
 - c. The total number of "Applicants" and "Enrolled Participants" is tallied at the bottom of each regional spreadsheet. The totals for each are linked to corresponding fields on the "Monthly Billing Form". Name additions and deletions can be made as needed within the summed ranges.
2. The SCA enters information at the top of the "Monthly Billing Form" identifying the month for which billing is submitted, the name and address of their agency, the name and title of the preparer of the billing, and their contract number.
 - a. The fields in "Total Served in Month Billed" will automatically calculate the "Total Served" and the "Total Amounts", resulting in a total across all regions served to include total billing for "Applicants" and "Enrolled Participants" in Cell "G-19".
 - b. Cell "G-19" links to the "Total Billed for Services" in Cell "JKLM-9".
 - c. The SCA may enter any comments about the billing for that month in the area marked "Provider Comments".
3. The completed bill is submitted by the SCA to HSD. HSD enters "Date Received", reviews the reports. Reports without issues will be approved for payment with date and signature and processed for payment.

ROUTING: The SCA will submit the completed form by encrypted email to the HSD Brain Injury Program Manager (BIPM). Upon approval, the form is routed through HSD for payment processing. Billing records are kept by both the SCA and the HSD BIPM.

FORM RETENTION: Permanent