March 31, 2015

Important Update on Third-Party Assessor/Utilization Review Activities

The new Third-Party Assessor (TPA)/Utilization Review contractor, Qualis Health, is currently experiencing delays in processing review requests. Beginning on March 2, 2015, Qualis Health experienced a significant influx of revision requests and utilization review work carried over from the previous TPA. Unfortunately, revisions and unfinished reviews are impossible to predict. The Human Services Department (HSD) is working closely with Qualis Health by providing daily technical assistance and support to address delays in reviews. Qualis Health is also providing additional resources.

We are asking providers to take note of the following key points to assist with review requests:

**Fee for Service Eligibility, Benefits and Claims**
- Call the Xerox provider help desk at: 505-246-0710 or 800-299-7304 for eligibility, benefit and claims inquiries. Do not call Qualis Health for this information.
- The Medicaid automated eligibility inquiry phone line (AVRS) is also available at 1-800-820-6901.
- Centennial Care MCO client service requests, transportation requests, eligibility issues and claims inquiries are not handled by Qualis Health.

**General Authorization Requests**
- To minimize duplicate prior authorization requests, check the Medicaid provider portal for an existing authorization (particularly authorization requests that were sent to Molina TPA prior to 2/13/15).
- Existing prior authorization approvals by Molina TPA were not affected – please refer to the Medicaid provider portal to verify authorizations at [https://nmmedicaid.acs-inc.com/static/providerlogin.htm](https://nmmedicaid.acs-inc.com/static/providerlogin.htm).
- Fill out all required authorization forms completely and legibly.
- Be clear about what service you are requesting for the client; include service dates, diagnosis and procedure codes.
- Include enough substantiating clinical information to demonstrate the medical need for the service.
- If leaving a voicemail message for Qualis, include your name and contact information at the beginning of the message.
- Provide the unique New Mexico Medicaid Provider identification number with your review request.
- Fax only one request. Faxing the same request multiple times will slow the response time for receipt of your review determination.

**Dental Requests**
- Dental claims for fee for service are processed by Xerox. Qualis reviews requests for dental authorizations only.
- Mark the applicable box in section 1 on the ADA Dental Claim Form to identify the transaction as a request for predetermination/preauthorization. Dental claim forms submitted with Dates of Service will be considered a dental claim and will not be processed by Qualis.
• Qualis does not credential dental providers. Contact Xerox provider relations for questions on provider enrollment.

Pharmacy Services
• Pharmacy authorizations are not handled by Qualis Health. Contact Xerox provider relations for questions on pharmacy authorizations.

EMSA
• Clinical records required for review of EMSA claims are:
  o Emergency room notes
  o History and Physical for admission and discharge summary if admitted
  o Surgical reports
  o Facility Transfer notes (if they have been transported to another facility)

The HSD/Medical Assistance Division’s TPA contract manager, Gina Capener, is available to assist with emergency cases. Her contact information is email: GinaM.Capener@state.nm.us or phone number: 505-476-7251. HSD sincerely appreciates your patience at this critical time while work through this TPA transition.