



State of New Mexico
Medical Assistance Program Manual
Supplement




DATE: July 18, 2016

NUMBER: 16-05

TO: EMERGENCY MEDICAL SERVICES FOR ALIENS PROVIDERS
INCLUDING HOSPITALS, TRANSPORTATION AND LAB SERVICES

FROM: NANCY SMITH-LESLIE, MEDICAL ASSISTANCE DIVISION DIRECTOR

THROUGH:  SHARILYN ROANHORSE-AGUILAR, EXEMPT SERVICES & PROGRAMS,
BUREAU CHIEF

SUBJECT: CHANGES TO MAD 307 DENIAL OF CLAIMS EMERGENCY MEDICAL
SERVICES FOR ALIENS (EMSA) FORM

This form is used by the TPA/UR to explain the denial of claims for emergency medical services for aliens (EMSA). The form has been revised to include the New Mexico Administrative Code citation and provides instructions for the provider regarding reconsiderations.

Effective immediately, the MAD 307 Denial of Claims Emergency Medical Services for Aliens (EMSA) Form has been updated. The new form can be located at the Medicaid portal:
<https://nmmedicaid.acs-inc.com/static/ProviderInformation.html>.

If there are further questions, please contact Barbara Czinger at Barbara.Czinger@state.nm.us or 505-827-3176.



DENIAL OF CLAIMS EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA)

To:	Date of Notice:
Recipient of Medical Services	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.

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 capacitacion, 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.

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 (866-562-2755 or 505-217-7681) 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 información en este aviso. Una audiencia le dará una oportunidad de explicar porque Ud. no conviene. Usted tiene 90 días 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.

Declaración 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 ilícito que HSD discrimine en contra de la persona que solicita los beneficios de cualquiera de los programas debido a raza, color, origen nacional, sexo, edad, religión, creencias políticas, o discapacidad. Las quejas de discriminación se pueden presentar en la oficina principal del Departamento de Servicios Humanos, la oficina local de Asistencia Económica, 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 información en un formato alternativo o requiere un acomodamiento especial para poder participar en cualquier audiencia pública, programa o servicio, comuníquese con el personal del departamento de servicios humano de NM gratis y llame al número 1-800-432-6217, o a través del sistema de relays de Nuevo México TDD en 1-800-659-8331 o puede oprimir 711. El departamento solicita la comunicación previa por lo menos de 10 días por anticipado para poder proporcionar los formatos alternativos a y acomodamientos especiales que Ud. solicite. (8/22/08)