



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL PROVIDERS OF BEHAVIOR HEALTH SERVICES PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

FROM: CAROLYN INGRAM, DIRECTOR

BY: ROBERT STEVENS, BUREAU CHIEF, BENEFITS BUREAU

SUBJECT: IMPORTANT INFORMATION REGARDING BILLING FOR MEDICAID BEHAVIORAL HEALTH SERVICES

Effective July 1, 2009, OptumHealth will become the Statewide Entity for processing claims for behavioral health services, replacing ValueOptions New Mexico. In this notice, the Medical Assistance Division is providing detailed instructions related to the transition from ValueOptions to OptumHealth, specifically for Medicaid claims.

For services that are rendered prior to July 1, 2009, special procedures must be followed when billing claims for behavioral health services for Medicaid recipients. ACS, the Medicaid fiscal agent, will be responsible for processing very limited types of behavioral health claims as indicated below which will require providers to bill ACS. Billing ACS will be new for some providers so specific contact information for ACS is provided.

1. When to Continue to Bill ValueOptions New Mexico

For BH services provided to Medicaid recipients:

- ValueOptions will continue to receive claims and be responsible for payment for dates of service prior to July 1, 2009, except as noted under item 3, ACS, below.

No responsibilities for processing claims for dates of service prior to July 1, 2009, will be transferred to OptumHealth.

OptumHealth will only be responsible for claims with the date of service on or after July 1, 2009.

Because ValueOptions is in the process of concluding their role as the Statewide Entity (SE), it is very important for providers to immediately file their remaining claims with ValueOptions and conclude any and all outstanding issues with regard to adjustments, approvals, and payments. Claims not submitted to ValueOptions in time to be properly processed by ValueOptions, including resolving any outstanding issues with those claims, may not be reimbursed. Please refer to your contract with ValueOptions for claims payment timelines.

2. When to Bill OptumHealth

OptumHealth is responsible for processing claims and making payment for behavioral health (BH) services:

- When the date of service is on or after July 1, 2009.

OptumHealth is not responsible for processing BH claims for dates of service prior to July 1, 2009. ValueOptions should be contacted for any issues with claims for these dates for service.

When a residential or inpatient institutional service begins prior to July 1st but ends after July 1st, it is important to only bill the services that occur on and subsequent to July 1 to OptumHealth. The dates of service prior to July 1st must be billed to ValueOptions (or to ACS as further described in these instructions).

3. When to File Claims with ACS, the Medicaid Fiscal Agent

There is only one situation for which the claim must be billed to ACS, the Medicaid fiscal agent:

- When the recipient becomes eligible for Medicaid July 1, 2009 or later but is also granted retroactive Medicaid eligibility that extends into a time period prior to July 1. This is known as “retroactive Medicaid eligibility”. MAD, through its fiscal agent, ACS will be responsible for services rendered prior to July 1, 2009, for this retroactive period. OptumHealth will be responsible for services rendered from July 1, 2009 forward.

Following are indicators to help identify when a Medicaid recipient has been given retroactive eligibility on or after July 1, 2009, for a time period prior to July 1, 2009:

- a. When the service(s) prior to July 1 were rendered, the recipient would not have been eligible for Medicaid but may have told the provider that eligibility was pending.
- b. The recipient will be enrolled with OptumHealth for the month of July, 2009, but will not have been enrolled with ValueOptions for one or more consecutive months prior to July 1. The most common length of retroactive eligibility is two or three months so it would be unusual for retroactive eligibility to apply to dates of service before April 1, 2009, but it can occur when the eligibility has been assigned by the Social Security Administration such as for an SSI recipient or the eligibility is established following a hearing or appeal.
- c. When verifying eligibility on the New Mexico Medicaid web portal, the recipient will not show BH lock-in information for the date of service prior to July 1, 2009, and also the eligibility for the dates of services prior to July 1, 2009, will show the date added as on or after July 1, 2009.

Note that if the provider is not registered to use the ACS NM Medicaid web portal, the provider may do so if the provider has a NM Medicaid provider number issued by ACS. Registration allows access to eligibility inquiry and other secure features of the web portal.

Providers who are not familiar with or registered to use the New Mexico Medicaid web portal can contact the ACS HIPAA Helpdesk at 1 (800) 299-7304; select the option that applies to your provider number as instructed and select option 5 to obtain access or help.

- d. ValueOptions may have denied the claim stating the recipient was not enrolled with ValueOptions for the date of service.

When a provider determines a claim must be filed with ACS instead of ValueOptions, the provider should take the following actions:

- a. Know or verify the provider status with ACS

When filing claims with ACS, the provider must (1) have an active Medicaid billing provider number assigned by ACS; (2) an NPI on record with ACS that is associated with the ACS provider number; and (3) a current address on file at ACS.

A provider who is not certain this information is up-to-date at ACS can check with ACS by calling:

- ACS Provider Enrollment Unit at (800) -299-7304; select the option that applies to your provider number as instructed, then at the next series of options, press 4. If a provider does not have a Medicaid ID number, enter the provider's NPI.

- b. To ensure that you are filing claims correctly, such as including your NPI number on the claim, please refer to the New Mexico Medicaid Portal at:

<https://nmmedicaid.acs-inc.com/nm/general/home.do>

Please review the "Provider Information" and "Contact Us" options located directly under the New Mexico Medicaid Portal picture at the top of the web page. The Provider Information page provides billing instructions along with other useful documentation. The ACS department contact numbers listed in this letter can also be found on the Contact Us page.

- c. Most providers will probably not have any claims that need to be filed with ACS. Providers that do need to file claims with ACS may only have a small number to file. However, the provider should consider whether they can file the claim electronically. For further information on electronic filing please contact:

- ACS HIPAA Help Desk at 1 (800) 299-7304; select the option that applies to your provider number or NPI as instructed and then select option 5.

4. When Services Rendered During a Recipient's Retroactive Eligibility Period Require Retroactive Authorization

Prior to submitting a claim to ACS when the provider knows the service requires a retroactive authorization, please contact the Medical Assistance Division Benefits Bureau for assistance at (505) 827-3171.

5. Assuring a Smooth and Successful Transition to OptumHealth

The Medical Assistance Division and ACS, the Medicaid Fiscal Agent, are committed to help provide for a trouble-free transition to OptumHealth.

Should you have any questions on this or need to discuss specific issues please contact one of the following:

- ACS Provider Relations for claims and filing issues at (800)-299-7304, then select the option that permits you to enter your Medicaid provider ID number or NPI, then press Option 2; or
- The MAD Benefits Bureau for policy issues at (505) 827-3171.

We appreciate your cooperation on this transition and also your participation in the Medicaid Program.