

DEPARTMENTAL MEMORANDUM

MAD-MR: 19-01

DATE: March 28, 2019

TO: ISD AND MAD STAFF

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION
KARMELA MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROY BURT, CHIEF, ELIGIBILITY BUREAU *rb*

BY: SONYA PIERCE, STAFF MANAGER, ELIGIBILITY BUREAU

SUBJECT: DELETION AND REMOVAL OF FORMS MAD 309 and MAD 310; INTRODUCTION OF MAD 778 DECISION for EMSA APPLICATION

KIA FW NC
(JUMP)

GENERAL INFORMATION

The following forms are obsolete:

MAD 309 Notice of Delay or Denial for Emergency Medical Services for Ineligible Aliens (EMSA)
MAD 310 Notice of Approval for Emergency Medical Services for Ineligible Aliens

These forms will be replaced with the Notice of Case Action (NOCA) for denial or approval sent to the client. The MAD 778 will be triggered when a NOCA goes out from ASPEN to the provider listed in the provider details address screen. This change will be effective with ASPEN release 5.2.2 April 14, 2019. The MAD 778 should not be copied and issued by ISD manually as this is an ASPEN generated form to the provider.

Please update the Forms Manual Index to remove the MAD 309 and MAD 310 forms.

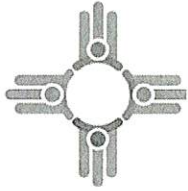
FILING INSTRUCTIONS

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

DELETE MAD 309 effective 01-11-13
DELETE MAD 310 effective 08-15-18

Please address any questions concerning this MR to Sonya Pierce at sonya.pierce@state.nm.us or call (505) 827-7777.

Attachments
MAD 778 Decision for EMSA Application



Income Support Division

Central ASPEN Scanning Area
PO Box 830
Bernalillo, NM 87504
Phone Number: (800) 283-4465
Fax Number: (855) 804-8960

Revision Date: March 17th, 2019

Case Number:
Date:

EMSA PROVIDER / ADDRESS

Decision for Emergency Medical Services for Aliens (EMSA) Application

Date	Medicaid ID #	Case Number	Name of the Recipient of EMSA
Address - Number & Street / Apt. #/ P.O. Box / R. Rt.			
City		State	Zip Code

The person named above has been approved/denied<<EMSA Application decision>> to receive Emergency Medical Services for Aliens (EMSA) for an application dated <<EMSA Application Date>> from the following provider:

Name of the facility Providing EMSA	Date EMSA Services Provided	
	From	Through
Address - Number & Street / Apt. #/ P.O. Box / R.Rt.		
City	State	Zip Code

Trigger #1: **Populated ONLY for EMSA Approvals**

INFORMATION FOR MEDICAL PROVIDER

Please submit the emergency medical services claims for the dates shown above only, together with a copy of this form, to the Medicaid Utilization Review Contractor. If the medical services are certified as an emergency, the contractor will submit the claims to the Medicaid Fiscal Agent for processing. If the medical services are not certified as an emergency, the Contractor will notify your office.

Trigger #2: **Standard Text**

If you have any questions about this letter, please call: (800) 283-4465	Worker's Name
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