

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 Vはたんやレ FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION THROUGH: SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU (ESPB)

BY: LINDA GILLET, BRAIN INJURY PROGRAM / ESPB

### 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	und Program Billing - Service Coordination Agency (SCA)	Revised June 2019	Billing Month (Month/Year)		Total Billed for Services	\$0.00	Data Darchind	Date Received										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.							
								Total Served	<b>Total Amount</b>	\$0	\$0	\$0	\$0	\$0	\$0		artment Use				et, Brain Injury	ntracted amour				
vices	Billing								Tota	# Served	0	0	0	0	0	0		vices Dep				Linda Gill	exceed col			
	Program						h Rillad	nallia	olicants	Applicants	Applicants	Applicants	Total Amount	0\$	\$0	\$0	\$0	\$0	\$0		For Human Services Department Use Only		nt by:			onths are not to
	Services F					d in Mont		Apr	App				App	App	# Served	0	0	0	0	0	0		For	/ed:	or Payment by:	
						PSC 20-630-8000-00XX	Total Served in Month Billed		Enrolled Participants	Total Amount	\$0	\$0	\$0	\$0	\$0	\$0			Date Approved	Approved for P			PMPMs in all c			
	Brain Injury					PSC 20-6.			Enrolled	# Served	0	0	0	0	0	0	nents:		Number		XX00-00		ined total of			
	Brai	From:	SCA Name:	SUA Address: Prepared Bv:	Title of Preparer:	HSD Contract #:			REGION		Metro	NE	MN	SE	SW	TOTAL	Contractor's Comments:		<b>HSD</b> Contract Number		PSC 20-630-8000-00XX		Comments - Comt			

MAD 788 Issued June 2019

The SCA is required to submit END OF MONTH CLIENT REPORT on this form. Send complete billing workbook in an encrypted e-mail to <u>Lindab.gillet@state.nm.us</u> by 5:00 p.m. on or before the 10th day of each month, with the exception of the last month of the State Fiscal Year (date to be determined by HSD). Billing will be processed, once the Monthly Billing Form and Monthly Client Report have been received. Please ensure that your submission is correct in order to avoid billing delays.

Required Monthly Client Report - METRO										
Billing	g Month (Month/Yea									
	ce Coordination Ag									
	rt Prepared by:									
Title:	tricparca by.									
mue.	n a se anna an a									
			Enter Status							
ID#	Last Name	First Name	Social Security #	(Enter the # "1" for each instance)						
			ecolul coculty "	Annlingent	Enrolled					
				Applicant	Participant					
					1. 10 24					
1										
	The second second second second second									
	A STATE CONTRACTOR				Street St					
					A STATISTICS					
					States and					
				1.1.1						
40										
					A AND PAR					
	the second s			1						
			Total	0	0					
			Total	U	U					

# BRAIN INJURY SERVICES FUND (BISF) BILLING INSTRUCTIONS SERVICE COORDINATION AGENCY

## Form Instructions

Month rates for Applicants and Enrolled Participants for regions served. The SCA's billing form is an Excel workbook, which includes a "Monthly 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 Bllling 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.

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 b. In the body each spreadsheet for region served, the SCA enters information on each line that includes the participant's Last Name, First 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 Biling 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".

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. ю.

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

MAD 788 Issued June 2019