



**HUMAN SERVICES**  
DEPARTMENT

Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary Designate  
Nicole Comeaux, J.D., M.P.H, Director

**DEPARTMENTAL MEMORANDUM**  
**MAD-MR: 19-17**  
**DATE: November 14, 2019**

**TO: MEDICAL ASSISTANCE DIVISION**

**FROM:** *VLC for NC*  
**NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION**

**THROUGH:** *SD*  
**SHARI ROANHORSE-AGUILAR, BUREAU CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU (ESPB)**

**BY:** **LINDA GILLET, BRAIN INJURY PROGRAM / ESPB** *LG*

**SUBJECT: MAD 789 ISSUED JUNE 2019, BRAIN INJURY SERVICES FUND (BISF) BILLING FORM FOR FISCAL INTERMEDIARY AGENT**

**GENERAL INFORMATION**

The MAD 789 is used by the Fiscal Intermediary Agent to submit monthly billing to HSD for cost reimbursements related to the provision of BISF Home and Community Based Services (HCBS) for enrolled BISF participants. The FIA's billing form is an Excel workbook, which includes three tabs: The "Monthly Billing Form", summarizes billing totals by region and contractor and total invoiced for the current month; the "Monthly Client Report by Region" includes regional breakdown of costs by participant; and the "Monthly Client Report" includes total costs related to all participants across all regions.

**FILING INSTRUCTIONS**

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

INSERT MAD 789 Issued June 2019

Please address any questions concerning these guidelines to [Lindab.gillet@state.nm.us](mailto:Lindab.gillet@state.nm.us) or call (505) 827-7218.

Attachment: MAD 789 Issued June 2019

# Human Services Department

## Brain Injury Services Fund Program Billing - Fiscal Intermediary Agency (FIA)

From:

FIA Name:

FIA Address:

Prepared By:

Title of Preparer:

HSD Contract #:

Revised June 2019

**Billing Month (Month/Year)**

**Total Billed for Services**

\$10,738.33

### Totals for Participants Served in Month Billed

REGION	Metro- 1	Metro -2	NE -1	NE -2	NW	SE	SW	TOTAL
# Served	26	26	19	19	10	10	7	117
Total Amount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

### Billing Totals

Total Participant Expenses	\$ -
Gross Receipts on Participant Expenses	\$ -
Administrative Costs Billed Including Gross Receipts	\$ 10,738.33
<b>Total Billed</b>	<b>\$ 10,738.33</b>

Contractor's Comments:

### For Human Services Department Use Only

**HSD Contract Number**  
PSC 20-630-8000-0014

**Date Approved:**

**Approved for Payment by:**

Linda Gillet, Brain Injury Program Manager

**Billed To:** Human Services Department / Medical Assistance Division, 1 Plaza la Prensa, PO Box 2348, Santa Fe, NM 87504-2348

Combined billing contracted months are not to exceed contracted amount for the State Fiscal Year.

Comments -







1			
1			
1			
1			
1			
	n(SE)=	10	\$ -

SOUTHWEST

1			
1			
1			
1			
1			
1			
1			
	n(SW)=	7	\$ -

Total Participant Expenses	\$ -
Gross Receipts Tax (GRT) on Participant Expenses	\$ -
Administrative Cost Billed Including GRT	\$ 10,738.33
Total Billed	\$ 10,738.33

Note for Auditors: GRT on services and goods purchased for Program participants is paid by the vendors of those services. The FIA is a pass-through entity.

# BRAIN INJURY SERVICES FUND (BISF) BILLING INSTRUCTIONS

## FISCAL INTERMEDIARY AGENT

### Form Instructions

**PURPOSE:** The MAD 789 is used by the Fiscal Intermediary Agent to submit monthly billing to HSD for cost reimbursements related to the provision of BISF Home and Community Based Services (HCBS) for enrolled BISF participants. The FIA's billing form is an Excel workbook, which includes three tabs: The "Monthly Billing Form", summarizes billing totals by region and contractor and total invoiced for the current month; the "Monthly Client Report by Region" includes regional breakdown of costs by participant; and the "Monthly Client Report" includes total costs related to all participants across all regions.

#### **INSTRUCTIONS:**

1. The FIA completes the "Monthly Client Report" (statewide), fully alphabetized, and the "Monthly Client Report by Region", alphabetized by region under the various regional Service Coordination Agencies. The "Monthly Client Report by Region" includes a total of 7 regional identifiers for the 7 Service Coordinators.
  - a. The FIA 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.
  - b. In the body of both worksheets, the FIA enters information on each line that includes the participant's Last Name, First Name, and Social Security Number, as well as the total dollars that were paid out on behalf of that participant in the billing month for which payment is requested.
  - c. For any name additions, the leading column next to each participant's last name is to contain a "1", so that the total counts for each region can be tallied. The total number for each region automatically enters into the related field on the "Monthly Billing Form". Likewise, row deletions can be made, which will result in the reduction of the "# Served" on the "Monthly Billing Form" by 1 for each row deleted.
  - d. At the bottom of both the "Monthly Client Report" (statewide) and the "Monthly Client Report by Region" are fields that will automatically fill for "Total Participant Expenses", "Administrative Costs Including GRT" and "Total Billed". The numbers should agree on both reports. The "Total Participant Expenses" on the "Monthly Client Report by Region" will automatically enter into cell "I-17" on the "Monthly Billing Form".
2. The FIA 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 "Totals for Participants Served in Month Billed" will pre-populate from information entered into the "Monthly Client Report by Region".
  - b. Cells "I-14" and "I-17" should agree for "Total Participant Expenses". The "Total Billed" in Cell I-20 will pre-populate cell "KLMN-9".
  - c. The FIA may enter any comments about the billing for that month (e.g., End of Year Billing- Part 1 or "End of Year Billing - Part 2 (Liability Acct)).
3. The completed bill is submitted 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.

**ROUTING:** The FIA 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 FIA and the HSD BIPM.

**FORM RETENTION:** Permanent