

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: NIGOLE 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 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 or call (505) 827-7218.

Attachment: MAD 789 Issued June 2019

Human Services Department	Brain Injury Services Fund Program Billing - Fiscal Intermediary Agency (FIA)	Revised June 2019	Billing Month (Month/Year)			Total Billed for Services	\$10,738.33	Totals for Participants Served in Month Billed	0-2 NE-1 NE-2 NW SE SW TOTAL	6 19 10 10 7 117	- \$ - \$ - \$ - \$ - \$ - \$0.00	Billing Totals	Total Participant Expenses \$ -	Gross Receipts on Participant Expenses \$ -	Administrative Costs Billed Including Gross Receipts \$ 10,738.33	Total Billed \$ 10,738.33		For Human Services Department Use Only	Approved: ved for Pavment bv:		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.	
	rain Injury Service							Totals for Partici	Metro -2 NE -1	26 19	- \$ - \$	E							Date Approved: Approved for Pavment by:			rtment / Medical Assistance D is are not to exceed contracted a	
									Metro-1	26	•						ents:		Number	00-0014		ervices Depa tracted month	
		From:	FIA Name:	FIA Address:	Prepared By:	Title of Preparer:	HSD Contract #:		REGION	# Served	Total Amount						Contractor's Comments:		HSD Contract Number	PSC 20-630-8000-0014		Billed To: Human S Combined billing con	

MAD 789 Issued June 2019

Brain Injury Services Fund Program

 Human Services Department

 The FIA is required to submit END OF MONTH CLIENT REPORT BY REGION on this form. Send complete billing workbook in an encrypted e-mail to Lindab.gillet@state.nm.us

 Lindab.gillet@state.nm.us
 by 5:00 p.m. on or before the 20th 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, Monthly Client Report and Itemized Detail have been received.

		Requir	ed Monthly C	lient Report
Billing Month (Month/Year):			
Name of Agend				
Report Prepare				
Title:				
		ale sources average		
Last Name	e First Name	Social Security #	Billing Month Dollars Paid Out Reported Current Month Only	A total of 7 regions are grouped below: Metro-1, Metro-2, NE-1, NE-2, NW, SE, and SW. Names of the SCAs may be entered no to each regional identifier for ease of reporting.
	METRO			
1 Monthle with				
1				
1	Contraction of the second	Carewin Land		
1		Constant Ser		
1				
1	A CONTRACTOR OF THE			
1				
1	CONTRACTOR OF A	Carl State		
1	A CANADA AND A CANADA AND			
1		and the seat		
1		Contraction of the second		
1				
1 April 1	States States	State of the		· · · · · · · · · · · · · · · · · · ·
1				
1				
1				
1		A ASSAULT		
1				
1		here and here		
1 1				
1				
n(Me	tro1)= 26		s -	

METRO - 2

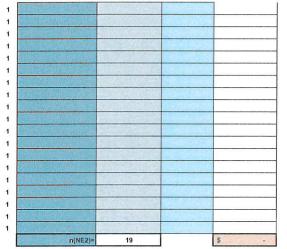
The second se	Inc	TRU - Z	in the second	0.00110-002-0110
Sector Contractor	and and a second	2000	and the second sec	
	Parish dataset	Real Provent	Constant -	
and the second	and the second	Carl Contractor		
Real Providence	Alter Alter Mil		Exception of the second s	
THE WEAK IN A	March Constanting	alente de sec		
		COLUMN T		
All and a second se				
and the part of the second second second	and the state			
	and share and	alan basala	A STREET	
and the second second	Contra Charles and	Rear algorith	S. N. THERE	
REAL PROPERTY.			ALC: NOTE: N	
State of the state of the	and Basel	ANT ANT		
Contraction of the local design of the	Contraction of the second second	NE CAN	22.02.0	
			CONTRACT OF	
St. Barris and	新加州市 法 国		Sel	
Statistic (Lott	Sec. Alexandre	States Silvers		
the second second		振荡		
	and a sugar the	Carl Carl	10000	
State of the second second		1125-96	100000	
· 如此: "你们的问题。"		·思议的第三人称单数		



NORTHEAST - 1

		NURTHEAST -	
1			
1		a Maria and	
1		S. Salaria and	
1			
1	the states and states a		
1			
1	all second and a second second		Consequences and the second
1	And the second second	Automatical Strength Strength	
1	the state of the second second		
1			
1			
1			
1		THEORY PRODUCTION	
1		SANG SANGER	
1			
1	CONTRACT OF THE	and the second second	Colorado -
1	A REAL AND A REAL PROPERTY OF		
1			
1		Constanting of the	
	n(NE1)=	19	\$ -

NORTHEAST - 2



NORTHWEST

	Conservation and a	and a second second
STREET, STREET, STREET, ST		
	a she was a start of the	
COLOR OF THE PARTY	Steven Person of S	
		September 1
the second second second		
n(NW)=	10	s -

SOUTHEAST

1	A PARTY OF AN AND A PARTY	the second second second	APRIL PROVINCE ARE	
1		State State	1000	
1		Service of the servic	The United States	
1				
1				

1

Γ

.

n(SE)=	10	s
	170527387983	

SOUTHWEST

			S. Berney	
		Stream and the		
1000		and the state of the	Cost of the	
		Thursday and the	and the state of the	
States and			The second second	
	A STATE STATE	Statistics and the	No.	
1	n(SW)=	7	_	\$ -



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	
BRAIN INJUI		

Form Instructions

"Monthly Client Report by Region" includes regional breakdown of costs by participant; and the "Monthly Client Report" includes total costs related to 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 PURPOSE: The MAD 789 is used by the Fiscal Intermediary Agent to submit monthly billing to HSD for cost reimbursements related to the 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