

Emergency Medical Services for Aliens (EMSA)

Overview

To provide an understanding of the EMSA claim process so that services can be billed correctly and claim denials or Return To Providers (RTP) can be avoided.

Objectives

We will review the following:

- Overview of EMSA- Category of Eligibility (COE) 085
- EMSA Definition and Covered Services
- EMSA Application Process
 - EMSA Claim Submissions
 - Eligibility Verification via NM Web Portal
 - EMSA Determinations
 - EMSA FAQs
 - EMSA Reminders, Tips, and Resources

EMSA Eligibility – COE 085

EMSA General Eligibility Policy

The NM Medicaid program provides coverage of EMSA for certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria specified in NMAC 8.200.410. The following requirements must be met:

- The individual must apply for coverage no later than the last day of the third month following the month in which the emergency services were received.
 - Example: If the date of service of the emergency service was in January, the client must apply for EMSA coverage by the last day of April.
- Applicant must be a resident of New Mexico.
- Applicant must meet financial eligibility.
- Emergency medical services must meet the definition of emergency per [NMAC 8.325.10.13](#).
 - Determination of emergency status is made by the Third Party Assessor (TPA).

EMSA Definition

Emergency as defined for EMSA includes labor and delivery including inductions and cesarean sections, as well as any other medical conditions, manifesting itself with acute symptoms of sufficient severity such that the absence of immediate emergency medical attention could reasonably be expected to result in one of the following:

- Recipient's death
- Conditions which place the individual's health in serious jeopardy
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part

Note: Services are covered only when necessary to treat or evaluate a condition meeting the definition of emergency and are covered only for the duration of that emergency.

Services Not Covered Under EMSA

- Long Term Care
- Organ transplants
- Rehabilitation services
- Surgical procedures, other than unscheduled emergency procedures
- Psychiatric or psychological services
- Durable medical equipment or supplies
- Eyeglasses
- Hearing aids
- Outpatient prescriptions
- Podiatry services
- Prenatal care
- Well child care
- Routine dental care
- Routine dialysis services
- Any medical service furnished by a border or out-of-state provider
- Non-emergency transportation
- Preventive care

Out-of-state medical services are limited to deliveries only when provided by an out of state border provider. The EMSA client must be a resident of New Mexico. The border provider must be an enrolled Medicaid provider.

If an individual's medical condition requires a transfer to another acute care hospital, the individual must be transferred to an in-state acute care hospital.

Prior Authorizations (PA) in Conjunction With EMSA

EMSA claims are for emergency medical service(s) only. Prior Authorization is not required for processing a claim. The MAD 310 functions as an approval and is required to be submitted with the claim for rendered emergency service(s).

The New Mexico Income Support Division (ISD) will be replacing the current MAD 309 and 310 forms with the MAD 778. The MAD 778 is scheduled for release April 29, 2019. MAD 310 forms will not be accepted when submitting EMSA claims on or after January 1, 2020.

Per [NMAC 8.325.10.16](#), claims for services to a recipient who is a non-citizen are reviewed by the Medical Assistance Division (MAD), or its designee before payment to determine if the circumstances warrant coverage.

EMSA Application Process

After receipt of emergency services, the following steps must be completed:


- The individual must be referred to the Income Support Division (ISD) by the medical provider where the emergency service was provided. The medical provider fills out the Medical Services for Aliens Referral for Eligibility Determination (MAD 308). The applicant submits the MAD 308 form to ISD and completes an HSD 100 application where financial eligibility is determined.

MAD 308 Form: <https://nmmedicaid.portal.conduent.com/static/PDFs/EMSAMAD308.pdf>

- If ISD approves the application, the individual will receive a Notice of Case Action (NOCA) and a MAD 310 (Notification of Approval of Application For Emergency Medical Services for Aliens). The provider must receive a copy of the MAD 310 or NOCA from the individual before submitting a claim. The approval of financial eligibility is not a guarantee that Medicaid will pay for the services as the TPA needs to make the medical determination.
- If ISD denies the application, the individual will receive a NOCA and a MAD 309 (Notification of Denial or Delay of Action on Application for Emergency Medical Services for Aliens).
 - The MAD 309 provides an explanation for the denial or delay and informs the applicant of his/her appeal rights.
 - If the applicant is denied, the individual is responsible for payment and can be billed directly by the Provider.
- The individual must notify providers of the approved or denied EMSA Medicaid application.

The provider is responsible for submitting a claim with an attached MAD 310 or the NOCA along with pertinent medical records to the Fiscal Management Agent (FMA). The claim will be denied if a MAD 310 or NOCA is missing. The Provider will need to work with the individual to obtain a copy of the MAD 310 or NOCA so that the Provider can resubmit the claim for payment. A resubmitted claim must meet the timely filing limit requirements.

MAD 308



EMERGENCY MEDICAL SERVICES FOR ALIENS
REFERRAL FOR ELIGIBILITY DETERMINATION

Name of Recipient of Emergency Medical Services		Date of Birth	
Name of Parent of Guardian (if applicable)			
Address – Number & Street / Apt. #/ P.O. Box / R.Rt.			
City	State	Zip Code	

The person named above received emergency medical services from our facility.

From:

Name of facility Providing Emergency Medical Services	Date Services Provided From: Through:
Address – Number & Street / P.O. Box / R. Rt.	
City	State Zip Code

By:

Person Making Referral	Title	Telephone Number	Date
------------------------	-------	------------------	------

IMPORTANT INFORMATION FOR THE APPLICANT

To apply for emergency medical Service for Aliens (EMSA), please take this form to the local County Income Support Division office at _____, New Mexico as soon as possible. The office telephone number is _____.

If you fail to apply for EMSA, you will responsible for paying all bills for the medical services received. You must meet all the eligibility criteria and the services received must be certified as an emergency, so that the medical service you received will be paid under EMSA.

Please see page 2 for Notification of Rights.

INFORMACION IMPORTANTE PARA EL SOLICITANTE


Para solicitar Servicios Medicos de Emergencias para Extranjeros, (EMSA) favor de llevar este formulario a la Oficina de Asistencia Economica local del Condado en _____, Nuevo Mexico tan pronto como sea posible. El numero de telefono de esa oficina es _____. Si Ud. no solicita dichos servicios Medicos de Emergencias para Extranjeros, Ud. tendra la obligacion de pagar todas las cuentas que le cobren por servicios medicos que Ud. recibe.

Ud. tendra que cumplir todo el criterio para tener derecho de recibir los servicios y para que EMSA pague los sericios que Ud. recibio deben estar certificados que son de emergencia.

Favor de leer el Aviso de derechos en la pagina 2.

MAD 308 Revised 8/28/14

MAD 309



NOTIFICATION OF DENIAL OR DELAY OF ACTION ON APPLICATION FOR EMERGENCY MEDICAL SERVICES FOR ALIENS

DATE	CAT.	COUNTY GEO. ADMIN.	RECIPIENT ID NUMBER	RECIPIENT NAME
------	------	-----------------------	---------------------	----------------

TO:

Please read the important information in the paragraph that is marked below.

☐ **APPLICATION DENIED**

Your application dated _____ for Emergency Medical Services for Aliens is denied. The reason for denial is _____.

The regulation which applies is contained in Medical Assistance Program Manual Section _____.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE PROVIDER(S) WHO PROVIDED EMERGENCY MEDICAL SERVICES THAT YOUR APPLICATION HAS BEEN DENIED. IT IS ALSO YOUR RESPONSIBILITY TO PAY ALL OF THE BILLS FOR THE MEDICAL SERVICES RECEIVED.

☐ **APPLICATION DELAYED**

Action on your application dated _____ for Emergency Medical Services for Aliens is delayed. The reason for the delay is: _____.

Please provide the information needed by _____.

Please see page 2 for Notification of Rights.

If you have any question about this action, please contact:	Worker's Name	Telephone Number
---	---------------	------------------

Favor de leer la información importante que está marcada en el párrafo más abajo.

☐ **SOLICITUD DENEGADA**

Su solicitud fechada _____ para obtener servicios médicos de emergencias para Extranjeros fue denegada. El motivo porque denegaron la solicitud es: _____.

La regulación que aplica se encuentra en el Apartado _____ del Manual del Programa de Asistencia Médica.

UD. TIENE LA OBLIGACIÓN DE AVISARLE A SU(S) PROVEEDOR(ES) QUE LE FACILITARON SERVICIOS MÉDICOS QUE SU SOLICITUD FUE DENEGADA. ADÉMÁS, UD. TIENE LA OBLIGACIÓN DE PAGAR TODAS LAS FACTURAS POR LOS SERVICIOS MÉDICOS QUE UD. RECIBIÓ.

Favor de leer el Aviso de DERECHOS en la pagina 2.

☐ **SOLICITUD DEMORADA**

La respuesta a su solicitud fechada _____ en la que Ud. solicita Servicios Médicos para Emergencias para Extranjeros se ha demorado. El motivo de la demora es: _____.

Favor de facilitar la información que necesitamos para _____.

Si Ud. quiere hacer preguntas respecto a esta acción, favor de comunicar con:	Nombre del Trabajador (a)	Número de Teléfono
---	---------------------------	--------------------

MAD 309 Revised 1/11/13 Page 1 of 4

Original-Applicant
Copy-Case Record

EMSA MAD 310

Notice of Case Action

HUMAN SERVICES DEPARTMENT
NOTIFICATION OF APPROVAL OF APPLICATION FOR
EMERGENCY MEDICAL SERVICES FOR ALIENS
ISD Case Workers will indicate ASPEN Case
Case Number as well

DATE	CAT	COUNTY	RECIPIENT ID NUMBER	RECIPIENT NAME
05/05/2015	DJS	DOB: DI ADDR: DI	ASPEN Individual ID	First Name M. Last Name

TO:

Albuquerque, NM 87105-2954

This is to notify you that the application dated 04/15/2015 for Emergency Medical Services for Aliens on behalf of 02/06/2015 through 03/05/2015 has been approved. The approval covers services received from 02/06/2015 through 03/05/2015.

IMPORTANT INFORMATION FOR THE APPLICANT

The medical services received must be certified as an emergency so that they will be paid. It is your responsibility to take this letter to all providers from whom emergency medical services were received during the dates shown above. Please do this as soon as possible. The Medicaid program utilizes a contractor to review whether the medical services are certified as an emergency. Only the medical services received during the dates shown above will be reviewed. If the contractor approves the services, eligibility will extend only through 03/05/2015, the date the emergency ended. Your eligibility will end automatically after that date. If the medical services are not certified as an emergency, you will be notified. You will be responsible for paying all the bills for medical services received.

Please See Page 2 for Notification of Rights.

If you have any questions about this letter please call: **ASD CUSTOMER SERVICE** (100) 213-4465

El propósito de la presente es avisarle a Ud. que la solicitud para Servicios Médicos en casos de Emergencias para Extranjeros de parte de su aprobada. La aprobación cubre los servicios recibidos de 02/06/2015-03/05/2015.

INFORMACIÓN IMPORTANTE PARA EL SOLICITANTE

Para que paguen los servicios médicos que Ud. recibió, dichos servicios deben estar certificados que fueron de emergencia. Ud. tiene la obligación de llevar esta carta a todos los que le facilitaron servicios médicos de emergencia durante las fechas indicadas más arriba. Favor de llevar esta carta lo más pronto posible a los que le facilitaron servicios médicos de emergencia. El programa Medicaid utiliza los servicios de un contratista con el fin de que éste revise el los si los servicios médicos de un caso de emergencia están certificados. El contratista revisará solamente los servicios que le facilitaron durante las fechas indicadas más arriba. Si el contratista aprueba los servicios, Ud. recibirá los servicios para recibir servicios solo hasta inclusive 03/05/2015, la fecha en que terminó la emergencia. A partir de dicha fecha, automáticamente su caso de emergencia se cerrará. Si los servicios no están certificados que fueron de emergencia Ud. recibirá un aviso. Ud. tendrá la obligación de pagar los servicios médicos que recibió.

Favor de leer el Aviso de DERECHOS en la pagina 2.

Si Ud. quiere hacer preguntas con respecto a esta carta, favor de llamar **ASD CUSTOMER SERVICE** (100) 213-4465

INFORMATION FOR MEDICAL PROVIDERS
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 Commission. 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.

EMSA 310 Revised 1/2013 Page 1 of 4

Original-Chest/Provider
Copy-Case Record

INCOME SUPPORT DIVISION
CENTRAL ASPEN SCANNING AREA
P.O. BOX 830
BERNALILLO NM 87004
NÚMERO DE TELÉFONO: (800) 283-4465
NÚMERO DE FAX: (855) 804-8960

32300000771044000000Y

Nombre del Caso
Número del Caso: XXXXXXXXXX
Fecha: 22 de enero 2016

EMSA Recipient
1234 EMSA Rd
Albuquerque NM, 87106

Acción del caso

Esta carta le indica sus beneficios. Lea esta carta con atención.
Si tiene alguna pregunta, llame a la División de Respaldo para Ingresos (Income Support Division, ISD) del Departamento de Servicios humanos al (800) 283-4465 o inicie sesión en YESNM (<https://www.yes.state.nm.us/>).

Qué beneficio	Estado de sus beneficios
 Medicaid	Sus beneficios están cesados a January 2016. Por favor lea "Su Cobertura de Medicaid" que aparece abajo para saber mas.

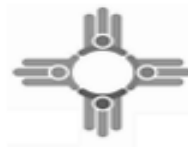
Cada programa tiene distintas reglas y pautas. Puede que algunas personas no reúnan los requisitos para todos los programas pero pueden considerarse miembro del grupo familiar.
Lea el resto de la carta para saber cómo se contabilizaron sus ingresos y para obtener más información.

Aviso de derechos
La última página de esta carta explica sus derechos civiles y su derecho a una audiencia justa. Léala con atención.

New EMSA Form Coming Soon

- The New Mexico Income Support Division (ISD) will be replacing the current MAD 309, MAD 310 and NOCA with a new form that will be known as the MAD 778. To prevent any delay in billing, the MAD 778 form will be mailed directly to providers in lieu of clients. Launch of the MAD 778 is scheduled for April 29, 2019.
- **The last day the MAD 310 form will be accepted for EMSA claims, is December 31, 2019.**
- Effective January 1, 2020, only the new MAD 778 will be accepted for these claim types.

MAD 778



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 17*, 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:

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:

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

EMSA Labor and Delivery Claims

- A client who is EMSA eligible will have coverage for services related to complications encountered during pregnancy and/or services provided during labor and delivery.
- These claims are processed without medical review by the TPA. The Diagnosis Related Grouper (DRG) assigned in the processing of the claim is what determines whether the claim will be paid.
- The diagnosis code(s) entered on the claim is the information used by the claims processing system to determine the assignment of the DRG. The billing provider is responsible for ensuring that the appropriate diagnosis codes are entered on the claim.
- The only reason this type of claim will post for TPA review is if the diagnosis information results in an unrelated DRG to be assigned.

Newborn Medicaid Coverage and Recertification

Initial Coverage

- After the mother is approved for EMSA and the provider sends ISD the MAD313 (Notification of Birth) the ISD worker may open a COE 031 Newborn Medicaid.

Recertification

- After one year, the child's eligibility must be re-established pursuant to the requirements for proof of citizenship and identity.
- For continued eligibility after the first year, the parent must submit an application or recertification notice for the child to continue Medicaid eligibility.

Viewing EMSA Eligibility via the NM Medicaid Web Portal

EMSA Eligibility on the NM Web Portal

- To review a recipient's Category of Eligibility (COE) 085, providers can visit the New Mexico Medicaid Web Portal at: <https://nmmedicaid.portal.conduent.com/static/index.htm>.

If you are unable to access the Web Portal, please contact the HIPAA Helpdesk at HIPAA.Desk.NM@conduent.com.

- The following slides show how the eligibility is displayed on the NM Medicaid Web Portal when the client has COE 085.

Even though a Category of Eligibility (COE) 085 displays, providers must obtain a valid MAD 310, NOCA, or MAD 778 form. The MAD 778 form is scheduled to be launched April 29, 2019. Please refer to slide 22 and 23 for claim submission requirements that must be met in order to get your claim processed correctly.

EMSA Eligibility on NM Web Portal

INFORMATION

- Provider Information
- FAQ
- Help

PROVIDER - Secure Options

- + ADMINISTRATION
- + CLAIMS ENTRY
- INQUIRIES
 - Eligibility
 - Claim Status
 - Prior Authorization
 - Payment History
- + REPORTS
- + PROVIDER UPDATE
- + SUBMISSIONS

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Home Help Contact Us Search **GO**



Eligibility Inquiry

To inquire on a Date of Service range, enter a 'From' date and a 'To' date.



To inquire on a single Date of Service, enter only a 'From' date.

Then enter the Recipient Inquiry criteria and click 'Submit'.

* denotes required field(s)

* Date of Service (From):	mm/dd/ccyy	
Date of Service (To):	mm/dd/ccyy	

*** Recipient Inquiry**

<input type="radio"/> Recipient ID:	<input type="text"/>		
<input type="radio"/> Card ID:	<input type="text"/>	Located on front of recipient's Medicaid card.	
<input type="radio"/> SSN:	<input type="text"/>	Date of Birth:	mm/dd/ccyy 
<input type="radio"/> Last Name:	<input type="text"/>	First Name:	<input type="text"/> Date of Birth: mm/dd/ccyy 

Submit

Clear

Name and Date Of Birth on MAD 308

5/1/2019

Emergency Medical Services for Aliens (EMSA)

18

EMSA Eligibility on NM Web Portal *Continued*

Recipient Information					
Recipient ID:		Recipient Name:			
Date of Birth:		Sex:			
Medicaid Card ID:		Recertification Date:			
Date of Death:					

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
085	Benefits limited to specifically approved services for a limited range of dates.	06/01/2017	06/30/2017	09/21/2017	

EMSA Eligibility on NM Web Portal *Continued*

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
085	Benefits limited to specifically approved services for a limited range of dates.	06/01/2017	06/30/2017	09/21/2017	
EMC FOR UNDOCUMENTED ALIENS					

Within the web portal record, hover your mouse directly over the COE Code # to review the COE definition. I.e., COE 085 is “EMC FOR UNDOCUMENT ALIENS”

EMSA Claim Submissions

EMSA Claim Submission Requirements

- Paper claims must be original red claim forms; copies will not be accepted and will be returned.
- The recipient's name on the claim and other attachments must match the name on the MAD 310, NOCA, or MAD 778.

Inpatient Claim Attachments:

- MAD 310 form, NOCA, or MAD 778
 - (Dates on MAD 310 form, NOCA, or MAD 778, must match the dates of service on the claim)
- Admit History and Physical
- Emergency Department Records
- Discharge summary
- Any pertinent diagnostic imaging and/or lab results (if not included in H&P or Discharge Summary)
- Operative Notes (ONLY if surgery was done)

EMSA Claim Submission Requirements *Continued*

Outpatient Hospital Claim Attachments:

- MAD 310 form, NOCA, or MAD 778
 - (Dates on MAD 310 form, NOCA, or MAD 778 must match the dates of service on the claim)
- History and Physical
- Operative Notes (ONLY if surgery was done)
- Emergency Department Records

Physician, Lab, and Transportation Claims:

- It is not necessary for providers to attach a MAD 310, NOCA, MAD 778, or medical notes to process EMSA claim types Physician, Lab and Transportation.
- These claim types may be submitted electronically or via the NM Portal.
- Physician, Lab, and Transportation claims will be denied if there is not an approved or paid Inpatient or Outpatient claim with matching dates of service.

**Please note: Only send pertinent medical records that relate to the Emergency Service provided.
Complete Medical Records are not required.**

Submitting EMSA Claims

EMSA submissions can be mailed, delivered or uploaded to the New Mexico Web Portal.

- All paper claims are to be mailed or delivered to Conduent:

Mail to: Conduent
 Attn: NM Medicaid Claim
 P.O. Box 26500
 Albuquerque, NM 87125-6500

Deliver to: Conduent
 1720-A Randolph Rd SE
 Albuquerque, NM 87106

- [Click here](#) to submit electronically (file attachment limit of 10MB) via the New Mexico Medicaid Web Portal

EMSA Claim Status Inquiry

Paper Submissions

- Allow 4 weeks from the date claim(s) were submitted to Conduent to appear on the Web Portal.

Online Web Portal Submissions

- TCN will generate after claim has been submitted. Allow 2 - 3 weeks from submission date for EMSA review.

NM Web Portal Claim Status Inquiry

<https://nmmedicaid.portal.conduent.com/static/providerlogin.htm>



New Mexico Medicaid Portal

Logout
User logged in as [testWaiver]
000D2601-SU VIDA SERVICES INC

Home Help Contact Us Search **GO**

INFORMATION
Provider Information
FAQ
Help

PROVIDER - Secure Options
☒ ADMINISTRATION
☒ CLAIMS ENTRY
☒ INQUIRIES
 Eligibility
 Claim Status
 Prior Authorization
 Payment History
☒ REPORTS
☒ PROVIDER UPDATE

WEB REGISTRATION
ASK SERVICE REPRESENTATIVE
PROVIDER ENROLLMENT
 Enroll Online
 Check Enrollment Status
 Download Enrollment Application

Claim Status Inquiry

To inquire on claim status, enter one or more of the general inquiry criteria or enter the TCN of the claim and click "Submit." Only claims processed within the past three years will be returned.
** denotes required field(s)*

TCN Inquiry	
TCN:	<input type="text"/>
or	
General inquiry	
* Recipient ID:	<input type="text"/>
Search by:	<input type="radio"/> Single Date of Service <input type="radio"/> Date of Service Range
First Date of Service:	<input type="text" value="mm/dd/ccyy"/>
Last Date of Service:	<input type="text" value="mm/dd/ccyy"/>
Claim Type:	Select Claim Type <input type="text"/>
Claim Status:	Select Claim Status <input type="text"/>
Total Billed Amount:	\$ <input type="text"/> . <input type="text"/>
Patient Control/ Medical Record Number:	<input type="text"/>
Sort Order:	First Date of Service <input type="text"/>

Submit **Clear**


Required information to generate the search – Recipient ID and First Date of Service.

EMSA Determinations



EMSA Claim Denials by TPA

If EOB denial code **1301** (claim reviewed and denied by the TPA) appears on the provider's Remittance Advice for the claim, please refer to the letter sent by the TPA/UR contractor regarding denial of the services based on the medical record review. Claims denied by the TPA cannot be resubmitted to Conduent.



HUMAN SERVICES
DEPARTMENT
MEDICAL ASSISTANCE DIVISION

DENIAL OF CLAIMS
EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA)

To:	Date of Notice:
Recipient of Medical Services	Parent or Guardian (if applicable)
Recipient ID Number	Duration of Emergency Services
Provider Name(s) and Phone Number(s):	
<input type="checkbox"/> Facility <input type="checkbox"/> Professional Provider <input type="checkbox"/> Ancillary Provider	

The claims which were submitted for services rendered to the above recipient have been reviewed by the Medicaid Third-Party Assessor/Utilization Review Contractor. Per the New Mexico Administrative Code (NMAC) 8.3.2.10, payment of the claim(s) has/have been denied for the following reason(s):

☐ Denied services do not meet the criteria for an emergency. For purposes of this program, an emergency is defined as a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

☐ The denied services are not covered by EMSA. No long term care, organ transplants, resuscitation service, psychiatric or psychological services or surgeries other than unscheduled emergency procedures will be covered by this program. Other non-covered services include, but are not limited to, durable medical equipment or supplies, eyeglasses, hearing aids, outpatient prescriptions, podiatry services, prenatal care, well child and preventive care.

☐ The claim was submitted without clinical supporting documentation.

Please see page 2 for Notification of Rights.

Las reclamaciones que sometieron por servicios prestados al individuo indicado mas arriba fueron examinadas por el Contratista que Examina la Utilizacion de Medicaid.

Por el código administrativas de nuevo mexico se denegó el pago de la reclamacion por los motivos indicados a continuacion:

☐ Los servicios que constan en la factura no satisfacen el criterio de urgencias. Para los fines de este programa, una urgencia es un estado de salud (incluido el parto prolongado) que se manifiesta por sintomas agudos de suficiente severidad tal como la ausencia de atencion medica inmediata podria resultar en que la salud del paciente se ponga en peligro grave. Definicion grave de las funciones del cuerpo o disfuncion de cualquier organo o parte del cuerpo.

☐ La atencion denegada en la factura no esta cubierta por Atencion Medica Urgente en el programa para extranjeros (ninguna atencion a largo plazo, transplante de organos, servicios de resuspicacion, servicios psicologicos o psiquiatricos o cirugias que no sean procedimientos urgentes no programados estaran cubiertos por este programa. Otra atencion no cubierta incluye pero no se limita a equipo medico durable, suministros, anteojos, instrumentos auditivos, recetas para pacientes externos, servicios podologos, asistencia prenatal atencion de menor saludable y atencion preventiva.

☐ La reclamacion se presento sin documentacion clinica.

NOTICE TO PROVIDERS

New Mexico Medicaid providers may request a reconsideration of this decision within 30 calendar days from the date on this notice (see NMAC 8.3.2.10, Reconsideration of Utilization Review). Reconsideration request may be sent to Qualls Health IPA via fax (505-304-4100) or mailed to:

Qualls Health IPA
Attn: NMMA Reconsideration Requests
PO Box 20910
Albuquerque, NM 87104-0910

EMSA Questions Regarding Medical Reviews or Reconsiderations

For questions regarding EMSA medical reviews please contact the TPA/UR toll-free Customer Service Line at 1-866-962-2180.

Reconsideration of medical reviews may be sent to the TPA via fax (888-562-2755) or mailed to:

Comagine Health TPA
Attn: EMSA Reconsideration Requests
PO Box 20910
Albuquerque, NM 87154-0910

Providers should include additional documentation when submitting an EMSA reconsideration. If there is no new information provided, the request will be denied.

Reconsiderations of medical reviews may only be requested via fax or mail within 30 calendar days from the date of notice.

EMSA reconsideration of medical reviews submitted to Conduent will be returned to the provider.

EMSA Claim Denials by Conduent - Resubmission

When an EMSA claim is denied before TPA review (**not** showing **EOB code 1301** on the remittance advice and no TPA denial letter has been received), the provider can resubmit a corrected claim. The claim must be on an original red claim form and have all attachments required for the original claim. Enter the TCN of the original denied claim in the appropriate box for proof of timely filing.

Note: If a **paid** claim needs to be corrected, the claim must be submitted with an adjustment form. Do not submit an adjustment for a denied claim.

EMSA Claim Denials – Explanation of Benefits (EOB) Codes

Current EMSA EOB denial other than 1301, Denial of payment:

- EOB Code 0222 – Client name or date of birth does not match file
- EOB Code 1303 – Outpatient claim denied for invalid provider type or lacks emergency room rev code
- EOB Code 1304 – Claim denied for medical notes required and not attached
- EOB Code 1305 – Physician, Lab, or Transportation claim denied for no paid hospital claim overlapping dates of service
- EOB Code 1306 – Physician claim denied for invalid place of service code
- EOB Code 1307 – The claim denied because the place of service does not justify payment
- EOB Code 1308 – Transportation claim denied for invalid place of service or modifier code

EMSA Claim Denials – Resubmissions to Conduent *Continued*

CMS 1500 (Physician, Laboratory, and Transportation claims) - Indicate the initial denied TCN within the timely filing period in the “Original Reference No.” **box 22**. Leave the “Resubmission Code” field blank.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.								22. RESUBMISSION CODE ORIGINAL REF. NO.			
23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX ID. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()				
SIGNED		DATE	a. NPI		b.		a. NPI		b.		

PHYSICIAN OR SUPPLIER INFORMATION

EMSA Claim Denials - Resubmissions to Conduent *Continued*

UB 04 (Inpatient and Outpatient) - Indicate the initial denied TCN within the timely filing period in **box 64** on the form.

0001		PAGE 1 OF 1		CREATION DATE		082807		TOTALS		8,100.00	
50 PAYER NAME MEDICAID				51 HEALTH PLAN ID		52 REL INFO	53 ASG SSN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
										56 NPI 1234567890	
58 INSURED'S NAME				59 P.REL	60 INSURED'S UNIQUE ID 123456789			61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES						64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
67		A		B		C		D		E	
F		G		H		I		J		K	
L		M		N		O		P		Q	
R		S		T		U		V		W	
X		Y		Z							
74		70		71		72		73		75	
PRINCIPAL PROCEDURE CODE		PATIENT REASON DX		FPS CODE		ECI		ATTENDING		NPI	
DATE		DATE		DATE		DATE		LAST		FIRST	
76		77		78		79		80		81	
OTHER PROCEDURE CODE		OTHER PROCEDURE CODE		OTHER PROCEDURE CODE		OTHER PROCEDURE CODE		OTHER		NPI	
DATE		DATE		DATE		DATE		LAST		FIRST	
82		83		84		85		86		87	
REMARKS		SIC		B3		332500000X		88		89	
		a		b		c		d		e	

EMSA Claim Adjustments

An Adjustment request must be submitted to Conduent when a previously **paid** EMSA claim needs to be corrected.

[Click here](#) to get an Adjustment Request form.

The Adjustment Request form requires:

- The TCN of the paid claim for the adjustment process and proof of timely filing.
- Indicate clearly on the adjustment form the reason for the changes to the claim.
- Attach the corrected CMS or UB claim form. It must be an original red claim form, not a copy.
- Incomplete or unsigned adjustment forms will be returned to the provider.

For all other billing questions regarding denials, please call Conduent Provider Relations Helpdesk at 800- 299-7304 option 6.

EMSA Reconsiderations

Providers may request a reconsideration if the TPA denies a claim due to not meeting EMSA criteria. The provider may submit additional medical records for the TPA for reconsideration within 30 days from the date of the denial notice. The provider must submit the request for reconsideration in writing to the TPA. The request for reconsideration must include the following:

- Reference to the challenged decision or action
- Basis for the challenge
- Copies of any document(s) pertinent to the challenged decision or action
- Copies of claim form(s) if the challenge involves a claim for payment which is denied due to an UR decision
- A statement that reconsideration of the decision is requested

Reconsiderations may be sent to the TPA via fax (888-562-2755) or mailed to:

Comagine Health

TPA Attn: EMSA Reconsideration Requests

PO Box 20910 Albuquerque, NM 87154-0910.

After the reconsideration request has been reviewed by the TPA, the provider will receive notification of the reconsideration decision. The client also has the right to request a reconsideration per NMAC 8.350.2.10.

Please note: If there is no new information provided, the claim will be denied by the TPA.

EMSA Out of State Claims

- Only out of state labor and delivery is covered.
 - Out-of-state medical services are limited to deliveries only when provided by an out of state border provider. The EMSA client must be a resident of New Mexico. The border provider must be an enrolled Medicaid provider as well.

For all other billing questions regarding reconsiderations and out of state claims, please call Conduent Provider Relations Helpdesk at 800- 299-7304 option 6.

EMSA Frequently Asked Questions (FAQs)

EMSA Claim FAQs

Can a paid EMSA claim be adjusted?

Yes. An Adjustment Request form must be completed and attached to the corrected claim. Please include a clear explanation of why the adjustment is being requested.

Can a denied EMSA claim be resubmitted?

If the EOB code on the Remittance Advice is **1301** and you received a denial letter from the TPA, reference the medical review reconsideration process outlined in the letter. Medical review reconsiderations must be submitted to the TPA. Conduent does not process or review medical review reconsiderations.

If the EOB code on the Remittance Advice is **1301** but you did not receive a denial letter from the TPA, contact Provider Relations at (800) 299-7304 option 6 for further assistance.

If the EOB code is **anything other than 1301**, resubmit a corrected claim to Conduent with required attachments and original TCN for proof of timely filing. If the EOB code is not clearly understood, contact Provider Relations at (800) 299-7304 option 6 for further assistance.

Note: Conduent claim reconsideration forms should not be submitted to the TPA.

EMSA Claim FAQs *Continued*

What are the timely filing requirements for EMSA claims?

The claim must be received within 90 days from the date of service or 120 days from the recipient's eligibility approval date.

For a denied claim which met the initial timely filing period, there is a 90 day grace period counted from the date of denial.

A paid claim can be adjusted within 90 days of the payment date.

Can the provider bill the client?

If the individual fails to inform the medical provider of their approval for EMSA services and the resulting claim is denied for timely filing, the provider may bill the client.

For instructions and policy information, please visit:

[http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NM AC%20Program%20Rules/Chapter%20302/8_302_2\(3\).pdf](http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NM%20AC%20Program%20Rules/Chapter%20302/8_302_2(3).pdf)

The client and/or provider may also review the disclosure notices on the MAD 308/309/778 forms for more information.

EMSA Claim Reminders, Tips, and Resources

EMSA Claim Reminders & Tips

- Verify information on claim matches the MAD 310 / NOCA/ or MAD 778
 - ✓ Client First and Last Name
 - ✓ Recipient ID Number
 - ✓ Dates of Service
- Include your billing NPI with taxonomy code when applicable
- Verify that revenue, procedure, and diagnosis codes are correct
- For Outpatient hospital claims, an emergency room revenue code (450-459) is required
- Enter attending, operating, referring, rendering, or ordering provider NPIs when required

Continued on next page . . .

EMSA Claim Reminders & Tips *Continued*

- Ensure the line item charges are correct and match the total charge
- Include initial TCN for proof of timely filing if applicable
- Always include MAD 310 / NOCA / MAD 778 for Inpatient and Outpatient claims
- Ensure all pertinent medical records that relate to the emergency services are attached to the claim; the entire medical record is not required
- Ensure all appropriate EOB's (TPL, HMO, etc.) are attached to the claim
- Keep a copy of the correspondence for your records

New Mexico Medicaid Resources *Continued*

New Mexico Medicaid Portal – <https://nmmedicaid.portal.conduent.com/static/index.htm>

Claim Inquiries, Eligibility Verification, Electronic Claim Submission, Provider Manuals, E-News

NM Human Services Department – <http://www.hsd.state.nm.us/mad/>

Supplements, Memos, Provider Billing Packets and Policy

Conduent Provider Relations Call Center – (800) 299 - 7304 option 6 or (505) 246 - 0710 option 6.

Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Conduent Provider Relations Helpdesk – NMProviderSUPPORT@conduent.com

Claim research assistance and general Medicaid inquiries

Conduent HIPAA Helpdesk – HIPAA.Desk.NM@conduent.com

Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

Conduent Provider Enrollment Helpdesk - NMProviderSUPPORT@conduent.com

Provider Enrollment Applications, Forms & Instructions

NM Medicaid Recipient Helpdesk – (888) 997 – 2583 or (505) 247 – 1042

Eligibility inquiries, Fee-for-Service Replacement Medicaid Identification Card, Enroll or change a Managed Care Organization and Eligibility application status

Medical Assistance Division, Program Rules – <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>

NMAC for Programs administered by the Medical Assistance Division

Yes New Mexico - <https://www.yes.state.nm.us/yesnm/home/index>

Apply, check, update, or renew Medical Assistance (Medicaid) benefits

Fee for Service Claim Requirements for Rendering, Referring, Ordering, and Attending Providers

Hospitals, Outpatient Hospitals, Home Health Agencies, Hospices, Nursing Facilities, ICF/IIDs, and Residential Providers (ARTCs, RTCs, and Group Homes): See Supplement 17-07 at:

[http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-07%20\(3\).pdf](http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-07%20(3).pdf)

Clinical Labs, Diagnostics Labs, Radiology Facilities and Radiation Treatment Centers; Providers of hearing aids and supplies , glasses, IV infusions, medical supplies and medical equipment; Occupational Therapists, Physical Therapists, Speech and Language Therapists and Pathologists, and Rehabilitation Centers: See Supplement 17-08 at:

<http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-08.pdf>

All other providers and practitioners of professional services: See Supplement 17-09 at:

<http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/Supplement%2017-09.pdf>

EMSA Medical Assistance Division Program Policy Rules

EMSA Program Rule; Chapter 325 - [NMAC 8.325.10](#)

EMSA Eligibility Recipient Rules; NMAC [8.285.400](#), [8.285.500](#), & [8.285.600](#)

