

Reconsideration, Adjustment and Void Workshop

Resources

When online use: **Ask Service Representative**

HIPAA.Desk.NM@Conduent.com

NMProviderSupport@Conduent.com

Call Center 505-246-0710 or 800-299-7304

New Mexico Web Portal

- Provider Information section
- Links and FAQ section
- Provider Login section

Web Portal

Providers will have the ability to verify and perform eligibilities inquires by Date Ranges. Visit <https://nmmedicaid.portal.conduent.com/static/index.htm> to utilize this new feature.

You may need to re-bookmark the New Mexico Medicaid Web Portal address to:

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

New Mexico Medicaid Portal



New Mexico Medicaid Portal

Recipient/Recipiente **Providers**

Recipients

I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

Log in to:

- Check your eligibility.
- Enroll in or change your managed care plan.
- Request a replacement Medicaid ID card.
- Ask a question about your coverage.

YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO

Entre a:

- Chequear su elegibilidad.
- Registrarse o cambiar su plan de cuidado administrativo.
- Solicitar una Tarjeta de Identificación de reemplazo.
- Hacer una pregunta sobre su cobertura.

I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM

- [Click here for information about the program](#)
- [Click here to see if you might be eligible](#)

NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO

- Haga "click" aquí para información sobre el programa
- Haga "click" aquí para ver si puede ser elegible

Providers

SECURE INFORMATION

Log in to:

- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

PUBLIC INFORMATION

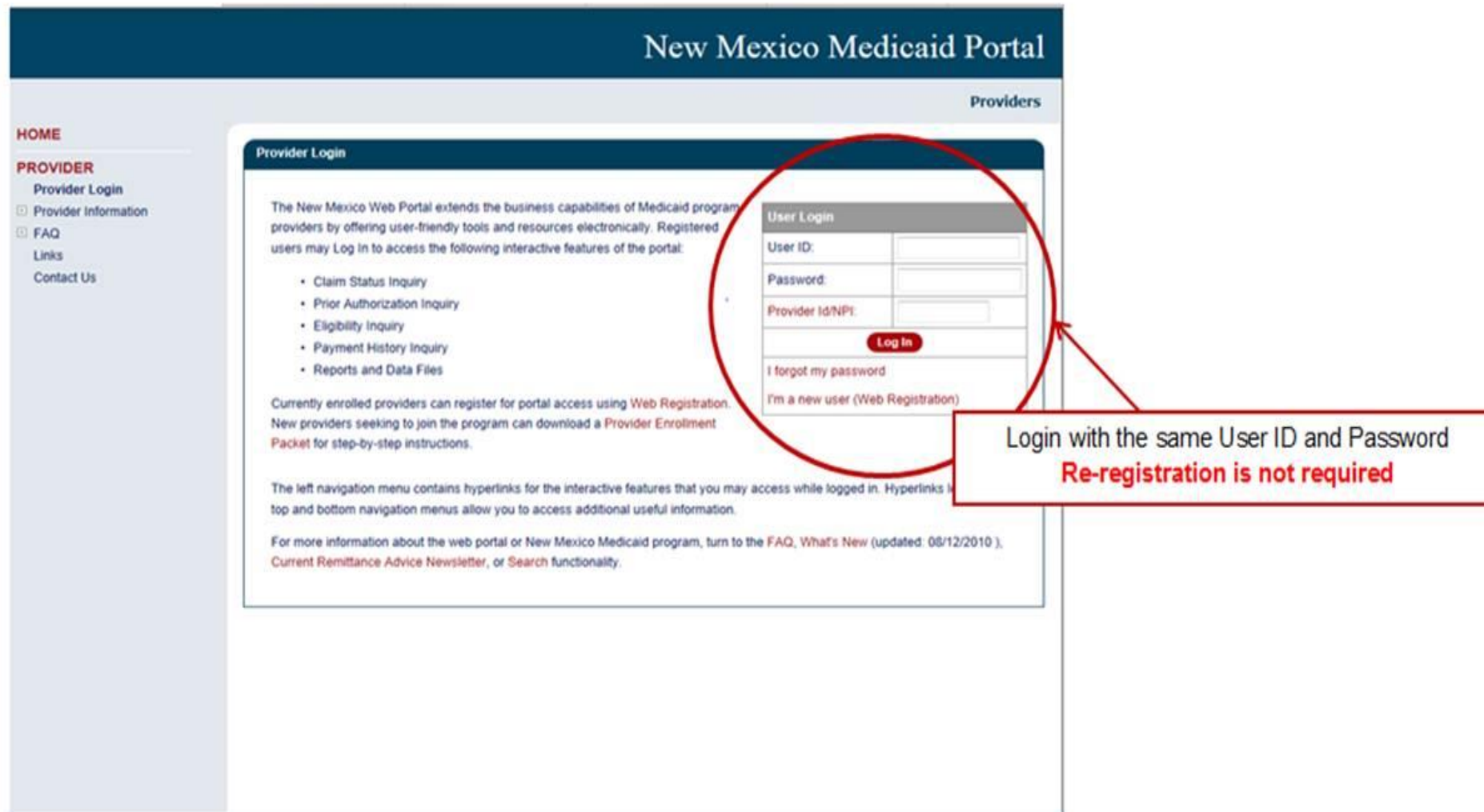
View valuable information about the New Mexico Medicaid program, including:

- Training presentations
- FAQs
- 5010 testing
- Fee schedules
- Enrollment forms
- Helpful links
- MORE

Terms of Usage Privacy Policy Browser Compatibility Help

Select "Log in to"

Web Portal- Login



New Mexico Medicaid Portal

Providers

HOME

PROVIDER

- Provider Login
- Provider Information
- FAQ
- Links
- Contact Us

Provider Login

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log in to access the following interactive features of the portal:

- Claim Status Inquiry
- Prior Authorization Inquiry
- Eligibility Inquiry
- Payment History Inquiry
- Reports and Data Files

Currently enrolled providers can register for portal access using [Web Registration](#). New providers seeking to join the program can download a [Provider Enrollment Packet](#) for step-by-step instructions.

The left navigation menu contains hyperlinks for the interactive features that you may access while logged in. Hyperlinks in the top and bottom navigation menus allow you to access additional useful information.

For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

User Login

User ID:

Password:

Provider ID/NPI:

Log in

[I forgot my password](#)

[I'm a new user \(Web Registration\)](#)

Login with the same User ID and Password
Re-registration is not required

Important State Websites

STATE WEBSITE:

PROGRAM POLICY MANUAL

- <http://www.hsd.state.nm.us/mad/policymanual.html>

BILLING INSTRUCTIONS

- <http://www.hsd.state.nm.us/mad/billinginstructions.html>

REGISTERS AND SUPPLEMENTS:

- <http://www.hsd.state.nm.us/mad/registers/2012.html>

Transaction Control Number

What is a Transaction Control Number (TCN)?

- The TCN is a unique number assigned to each and every claim
- This number contains information about the claim and can be used to identify your claim when calling provider services

91325900085000001

What is a Transaction Control Number (TCN)?

9 1 6 0 4 9 0 0 0 8 5 0 0 0 0 0 1

The first digit indicates what the claim “media” is:

2 = electronic crossover

3 = other electronic claim

4 = system generated claim or adjustment

8 = paper claim

9 = Web portal claim entry

Batch number

The last two digits of the year the claim was received

The numeric day of the year.

The claim number within the batch.

The twelfth digit in an adjustment/void TCN will either be:

1= Debit
2= Credit

This is the Julian Date - this represents the date the claim was received by Conduent: this claim was received the 49th day of 2016, or February 18, 2016

Completing a Reconsideration Form


When to Complete a Reconsideration Request

- Proof of timely filing for repeated untimely filing denials with extenuating circumstances
- Proof of non-duplicate service for an initial duplicate denial
- Response to the fiscal agent's requests for additional information regarding a previously denied claim (only when instructed by the fiscal agent)

Reconsideration Request Form

RECONSIDERATION REQUEST

New Mexico Medicaid



HUMAN SERVICES
DEPARTMENT

This form is to be used ONLY for:

- ✓ Proof of timely filing for repeated untimely filing denials with extenuating circumstances. (Note: Do not use reconsideration form for normal timely filing denials, resubmit claims with proof of timely filing)
- ✓ Proof of non-duplicated service for an initial duplicate denial
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MAIL TO:
Xerox State Healthcare, LLC
P.O. Box 26500
Albuquerque, NM 87125

All fields are required in order to process this request. Incomplete forms will be returned.


Section A: Provider Information		Section B: Claim Information	
NPI: <input style="width: 80%;" type="text"/>	Client ID: <input style="width: 80%;" type="text"/>	Or	
NM Provider ID: <input style="width: 80%;" type="text"/>	TCN: <input style="width: 80%;" type="text"/>		
Section C: Reason for Request			
Section D: Authorization			
Requestor Name: <input style="width: 90%;" type="text"/>		Requestor Email: <input style="width: 90%;" type="text"/>	
<small>By signing below, I hereby certify that I am authorized to make the above request.</small>			
Signature: <input style="width: 90%;" type="text"/>		Requestor Phone: <input style="width: 90%;" type="text"/>	
		Date: <input style="width: 90%;" type="text"/>	
Section E: Fiscal Agent/MAD Use Only			

03/19/2013
RECONSIDERATION

Reconsideration Request Form

RECONSIDERATION REQUEST

New Mexico Medicaid



When the form should be used

Mailing Address

This form is to be used ONLY for:

- ✓ Proof of timely filing for repeated untimely filing denials with extenuating circumstances. (Note: Do not use reconsideration form for normal timely filing denials, resubmit claims with proof of timely filing)
- ✓ Proof of non-duplicated service for an initial duplicate denial
- ✓ Response to the fiscal agent's requests for additional information regarding a previously denied claim (Note: Only when specifically instructed by the fiscal agent.)

MAIL TO:
CONDUENT
P.O. BOX 26500
ALBUQUERQUE, NM 87125

Reconsideration Request Form

Fill in the following:
NPI
Or
NM
Provider ID

All fields are required!

SECTION A: Provider Information		SECTION B: Claim Information	
NPI (Must be 10 digits) <input type="text"/>		Client ID# <input type="text"/>	
OR NM Provider ID <input type="text"/>		TCN (Must be 17 digits) <input type="text"/>	
SECTION C: Detailed Reason for Request			
<p>Required</p> <p>Provide information regarding why this request needs to be reconsidered</p>			
SECTION D: Authorization			
Requestor Name <input type="text"/>		Requestor Email <input type="text"/>	
Requestor Phone <input type="text"/>		Requestor Signature <input type="text"/>	
Date <input type="text"/>		By signing below, I hereby certify that I am authorized to make the above request	

Which Scenarios Would be Considered Reconsiderations?

Scenario #1

Medicaid denied the claim for Exception code 0101- Service dates within Centennial Care Enrollment Period. The patient was admitted on 09/03/17 and has not been discharged. The patient became eligible with Presbyterian Healthcare Services Centennial Care after the admission date.

The provider would like us to override the 0101 denial and reprocess the claim for payment.

Reconsideration?

NO – On the CMS-1500 if Box 18 is completed (Hospitalization Dates Related to Current Services), the system will bypass this edit. No Reconsideration is required.

Which Scenarios Would be Considered Reconsiderations?

Scenario # 2:

A Third Party Liability (TPL)\SALUD retracted their payment on 03/27/2017. Per the Medicaid Web Portal, the patient is Medicaid eligible on DOS. The provider attached the claim form and the TPL\CCO retraction EOB for proof of timely filing.

The provider would like the 2 year timely filing limit overridden.

Reconsideration?

YES – Since the payment to primary payer was recently retracted and provider is submitting within 90 days from the date on the Retraction EOB, this can be reconsidered for timely filing.

Which Scenarios Would be Considered Reconsiderations?

Scenario # 3:

The provider submitted a claim (DOS 08/30/16) on 09/12/2016, the claim denied on 10/19/2016 for missing Prior Authorization number. The provider resubmitted the claim with Prior Authorization number and a Reconsideration form on 3/15/17, asking for timely filing to be overridden.

The provider would like timely filing to be overridden.

Reconsideration?

NO – The provider did not re-submit the corrected claim within the (one time) 90 day timely filing grace period .

Which Scenarios Would be Considered Reconsiderations?

Scenario # 4:

The provider submitted a claim with dates of service 12/24/2016 and attached an EOB payment from the primary payer dated 3/14/2017.

The provider is requesting to override timely filing.

Reconsideration?

YES – The provider can submit a reconsideration due to receiving the EOB with a payment from primary payer and submitting to NM Medicaid within 90 days of the payment date of that primary payer EOB.

Remittance Advice EOB Code

The following EOB code will be on Providers Remittance Advices if any reconsideration has denied.

0879 (Reconsideration Request) - Your request for reconsideration has been reviewed and denied.

If a submitted Reconsideration processes and pays, the claim will have a “Paid” status reflected on their Remittance Advice.

When is it Necessary to Fill Out an Adjustment Form for a Claim

Adjustments

- Claims paid incorrectly must be adjusted
- DO NOT resubmit a denied claim with an adjustment sheet attached

Adjustments

Adjustments will not be considered unless submitted on the adjustment request form with the below included.

- Corrected claim

- TCN indicated on claim form for timely filing review
 - ❑ CMS 1500 form: Put the TCN in block 22 on the paper form. Leave the “Code” blank, and put the TCN in the “Original Reference No.” field

 - ❑ UB Form: Put the TCN in Form Locator 64 “Document Control Number” (DCN) matching the appropriate payer line, using a paper form

 - ❑ Dental Claim Form: Enter the TCN number in Box 35 beginning on the left side

Adjustments


- Requests to adjust a claim must be submitted within 90 days from the date on the RA for the paid claim
- Always fill out the corrected claim (replacement claim) exactly as the claim was originally filed with the exception of the information being changed

Completing an Adjustment Form

Adjustment Request Form

ADJUSTMENT REQUEST

New Mexico Medicaid



HUMAN SERVICES
DEPARTMENT

This form is to be used ONLY for:

- ✓ Correcting a billing error on a previously paid claim
- ✓ Responding to the fiscal agent regarding requests for additional information regarding a previously paid claim (Note: Only when specifically instructed by the fiscal agent, otherwise attach any required documentation and resubmit claim through the normal process.)

MAIL TO:
 CONDUENT
 P.O. BOX 26500
 ALBUQUERQUE, NM 87125

All fields are required in order to process this request. Incomplete forms will be returned.

Section A: Provider Information	Section B: Claim Information
NPI: <input style="width: 100%;" type="text"/>	Client ID: <input style="width: 100%;" type="text"/>
Or NM Provider ID: <input style="width: 100%;" type="text"/>	TCN: <input style="width: 100%;" type="text"/>
Section C: Reason for Request	
Section D: Authorization	
Requestor Name: <input style="width: 100%;" type="text"/>	Requestor Email: <input style="width: 100%;" type="text"/>
By signing below, I hereby certify that I am authorized to make the above request.	
Signature: <input style="width: 100%;" type="text"/>	Requestor Phone: <input style="width: 100%;" type="text"/>
	Date: <input style="width: 100%;" type="text"/>
Section E: Fiscal Agent/MAD Use Only	

03/19/2013
ADJUSTMENT

ADJUSTMENT REQUEST

New Mexico Medicaid



- This form is to be used ONLY for:**
- ✓ Correcting a billing error on a previously paid claim
 - ✓ Responding to the fiscal agent regarding requests for additional information regarding a previously paid claim (Note: Only when specifically instructed by the fiscal agent, otherwise attach any required documentation and resubmit claim through the normal process.)

MAIL TO:
 CONDUENT
 P.O. BOX 26500
 ALBUQUERQUE, NM 87125

All fields on form must be completed

**Fill in the following:
 NPI
 Or
 NM Provider ID**

All fields are required in order to process this request. Incomplete forms will be returned.

Section A: Provider Information		Section B: Claim Information	
NPI: <input style="width: 80%;" type="text"/>	Client ID: <input style="width: 80%;" type="text"/>	Required	
Or NM Provider ID: <input style="width: 80%;" type="text"/>	TCN: <input style="width: 80%;" type="text"/>	Required	
Section C: Reason for Request			
<p style="color: red; font-weight: bold;">Required</p> <p style="color: red;">WHY DO YOU Need TO ADJUST THIS CLAIM? Modify DATE OF SERVICE, change # of units, Update PROC CODE, add or revise MODIFIER.....</p>			
Section D: Authorization			
Requestor Name: <input style="width: 80%;" type="text"/>	Requestor Email: <input style="width: 80%;" type="text"/>	Required	
<small>By signing below, I hereby certify that I am authorized to make the above request.</small>		Requestor Phone: <input style="width: 80%;" type="text"/>	Required
Signature: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>	Required	
Section E: Fiscal Agent/MAD Use Only			

03/19/2013

ADJUSTMENT

Adjustments – Filing Guidelines Recap

- Complete Adjustment form
- Fill out corrected claim (CMS1500, UB04, or ADA 2006)
- Complete all information as it was on the claim previously submitted, with the exception of the changes being made
- Mail to Conduent PO Box 27460 Albuquerque, NM 87125-7460, Attn: Claims Adjustment (keep a copy for your files)

Completing a Void Form

VOID REQUEST
New Mexico Medicaid



This form is to be used **ONLY** for:
✓ Complete reversal of a previously paid claim
(Note: This form is not to be used to void only a line.)

MAIL TO:
CONDUENT
P.O. BOX 26500
ALBUQUERQUE, NM 87125

All fields on form must be completed

Fill in the following:
NPI
Or
NM Provider ID

All fields are required in order to process this request. Incomplete forms will be returned.

Section A: Provider Information		Section B: Claim Information	
NPI: <input type="text"/>	Or	Client ID: <input type="text"/> Required	
NM Provider ID: <input type="text"/>		TCN: <input type="text"/> Required	
Section C: Reason for Request			
<input type="text"/>			
Section D: Authorization			
Requestor Name: <input type="text"/> Required		Requestor Email: <input type="text"/> Required	
By signing below, I hereby certify that I am authorized to make the above request.		Requestor Phone: <input type="text"/> Required	
Signature: <input type="text"/> Required		Date: <input type="text"/> Required	
Section E: Fiscal Agent/MAD Use Only			
<input type="text"/>			

Voids are not used to void a line

Voids


- There is no time limit on when a claim can be voided
- If the intent is to have a previously paid claim adjusted, you will have to adhere to the claim adjustment timely filing guidelines

Request Form Instructions

Request Form Instructions

REQUEST FORM INSTRUCTIONS

New Mexico Medicaid



HUMAN SERVICES
DEPARTMENT

When to use each form:

Reconsideration Request Form

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Adjustment Request Form

- ✓ Correcting a billing error on a previously paid claim
- ✓ Responding to the fiscal agent regarding requests for additional information regarding a previously paid claim (Note: Only when specifically instructed by the fiscal agent, otherwise attach any required documentation and resubmit claim through the normal process.)

Void Request Form

- ✓ Complete reversal of a previously paid claim (Note: This form is not to be used to void only a line.)

How to complete each form:

Section A: Provider Information

- NPI: Enter the billing provider's 10 digit National Provider Identifier.
- NM Provider ID: Enter the billing provider's 8 digit New Mexico Provider Identifier.

Section B: Claim Information

- Client ID: Enter the client's New Mexico Medicaid identification number up to 14 digits.
- TCN: Enter the 17 digit Transaction Control Number of the previously submitted claim you are referencing.

Section C: Reason for Request

- Provide details regarding the request. If you received a call reference number regarding this issue please include it here.

Section D: Authorization

- Requestor Name: The name of the person submitting this request.
- Requestor Email: The email address that we could contact you at during normal business hours if we have questions regarding this request.
- Requestor Phone: the phone number that we could contact you at during normal business hours if we have questions regarding this request.
- Signature: Signature authorizing us to process this request. If a claim is attached it must also be signed.
- Date: The date the request is being made.

Section E: Fiscal Agent/MAD Use Only

- This section is reserved for use by the Medicaid Fiscal Agent and/or Medical Assistance Division

Attachments

- When requesting a reconsideration or adjustment, a completed red claim form and any addition documentation required must be attached. (Note: A copy of a claim is not acceptable.)

03/19/2013 REQUEST FORM INSTRUCTIONS

Request Form Instructions

REQUEST FORM INSTRUCTIONS

New Mexico Medicaid



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03/19/2013

REQUEST FORM INSTRUCTIONS

Forms on the Web Portal

New Mexico Medicaid Portal

Recipient/Recipiente



Providers



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- MORE

PUBLIC INFORMATION

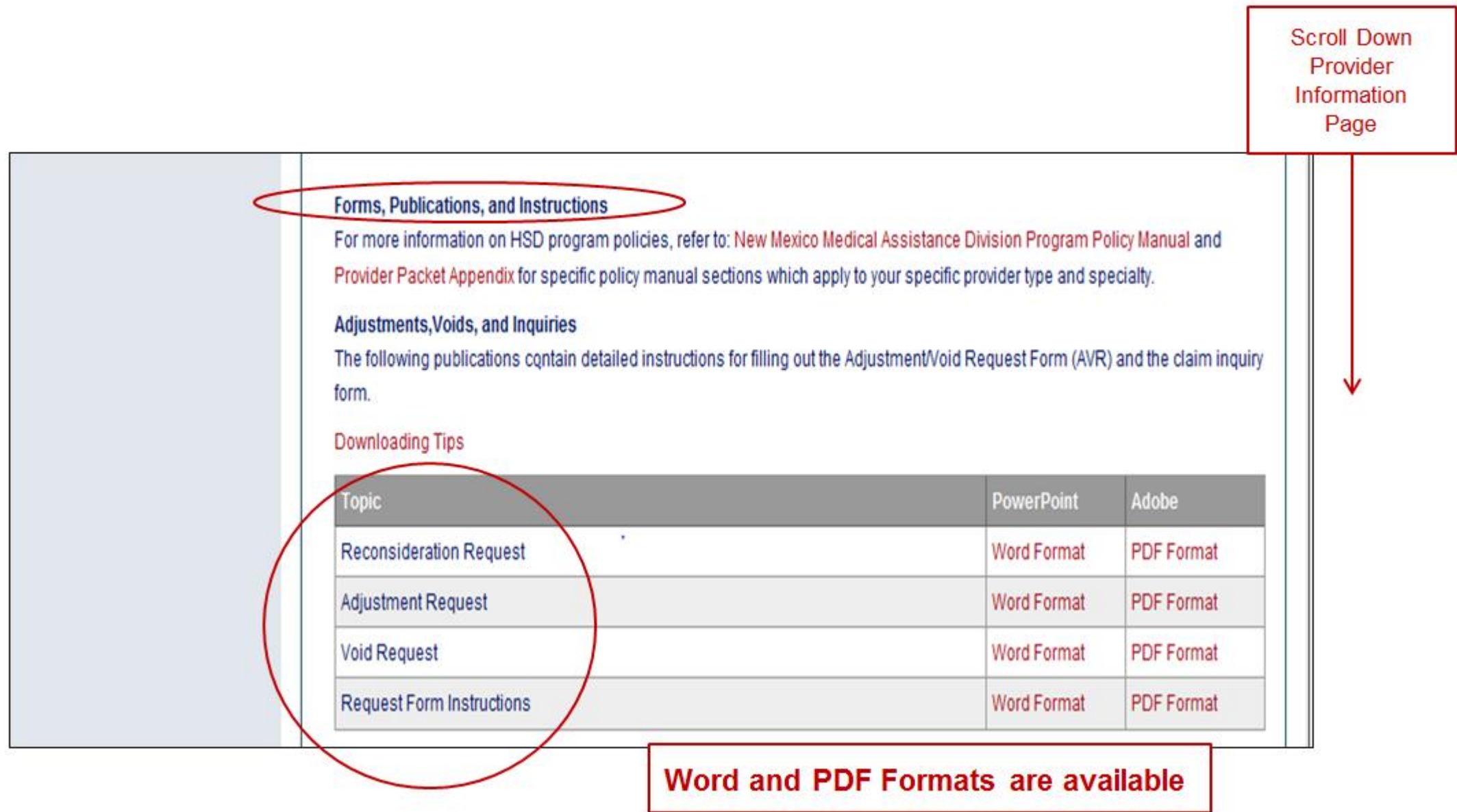
[View valuable information about the New Mexico Medicaid program, including:](#)

- [Training presentations](#)
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- [Fee schedules](#)
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- [Helpful links](#)
- MORE

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Forms on the Web Portal



Forms, Publications, and Instructions
For more information on HSD program policies, refer to: [New Mexico Medical Assistance Division Program Policy Manual](#) and [Provider Packet Appendix](#) for specific policy manual sections which apply to your specific provider type and specialty.

Adjustments, Voids, and Inquiries
The following publications contain detailed instructions for filling out the Adjustment/Void Request Form (AVR) and the claim inquiry form.

Downloading Tips

Topic	PowerPoint	Adobe
Reconsideration Request	Word Format	PDF Format
Adjustment Request	Word Format	PDF Format
Void Request	Word Format	PDF Format
Request Form Instructions	Word Format	PDF Format

Word and PDF Formats are available

Scroll Down Provider Information Page

Resources

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NMProviderSupport@Conduent.com

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