

Medicaid School Based Programs

Purpose

This training will provide an overview of the New Mexico Medicaid School Based Program. The training will familiarize providers with claim submittal information as well as instructions.

Objectives

We will review the following processes as they pertain to the Medicaid School Based Programs:

- Overview of NM Medicaid Web Portal
- Timely Filing Guidelines
- Medicaid Primary Claim Instructions
- School Based Claims Reminders

NM Medicaid Web Portal Overview

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 Identification Card for Fee-for-Service (Not with an MCO).
- 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 para el programa de pago por servicio de Medicaid (tarjeta azul/no con un plan de cuidado administrativo).
- 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

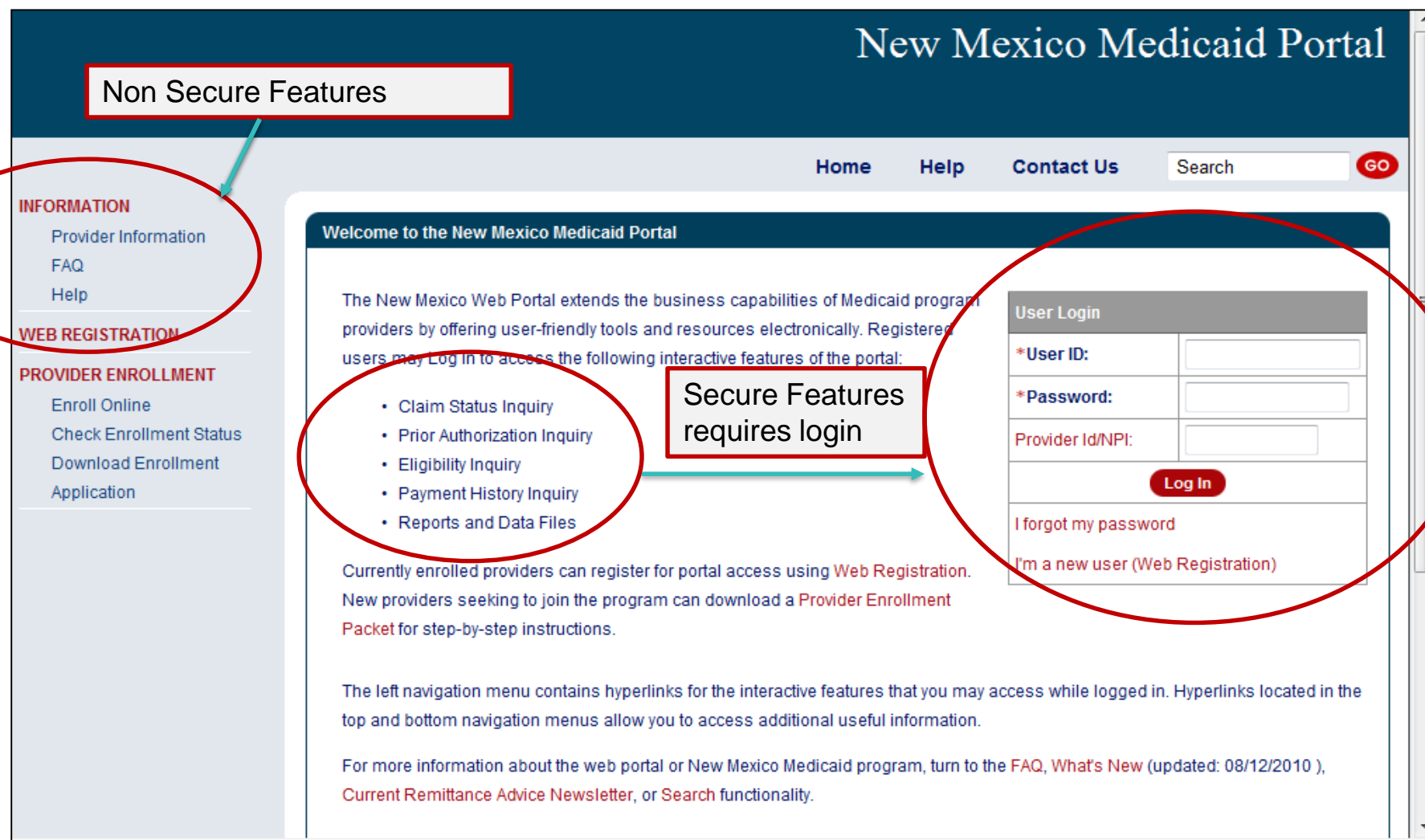
PUBLIC INFORMATION

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

- [Training presentations](#)
- [FAQs](#)
- [5010 testing](#)
- [Fee schedules](#)
- [Provider Enrollment: Online\(NEW\) or Paper Form](#)
- [Helpful links](#)
- MORE
- [New Mexico Medicaid E-News](#)
- [ICD-10 Testing](#)
- [Self-Direction FMA Forms \(Mi Via & Self-Directed Community Benefit\)](#)

[Terms of Usage](#) [Privacy Policy](#) [Browser Compatibility](#)

New Mexico Medicaid Portal



The screenshot shows the New Mexico Medicaid Portal interface. At the top, the title "New Mexico Medicaid Portal" is displayed. Below it is a navigation bar with links for "Home", "Help", and "Contact Us", along with a search box and a "GO" button. The main content area is titled "Welcome to the New Mexico Medicaid Portal" and contains a paragraph explaining the portal's purpose. A list of features is provided, including "Claim Status Inquiry", "Prior Authorization Inquiry", "Eligibility Inquiry", "Payment History Inquiry", and "Reports and Data Files". A "User Login" form is also visible, with fields for "User ID", "Password", and "Provider Id/NPI", and a "Log In" button. A "Non Secure Features" box points to the left navigation menu, which includes "INFORMATION", "WEB REGISTRATION", and "PROVIDER ENROLLMENT". A "Secure Features requires login" box points to the list of features. A red circle highlights the "User Login" form.

Non Secure Features

Secure Features requires login

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Welcome to the New Mexico Medicaid Portal

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 located 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:

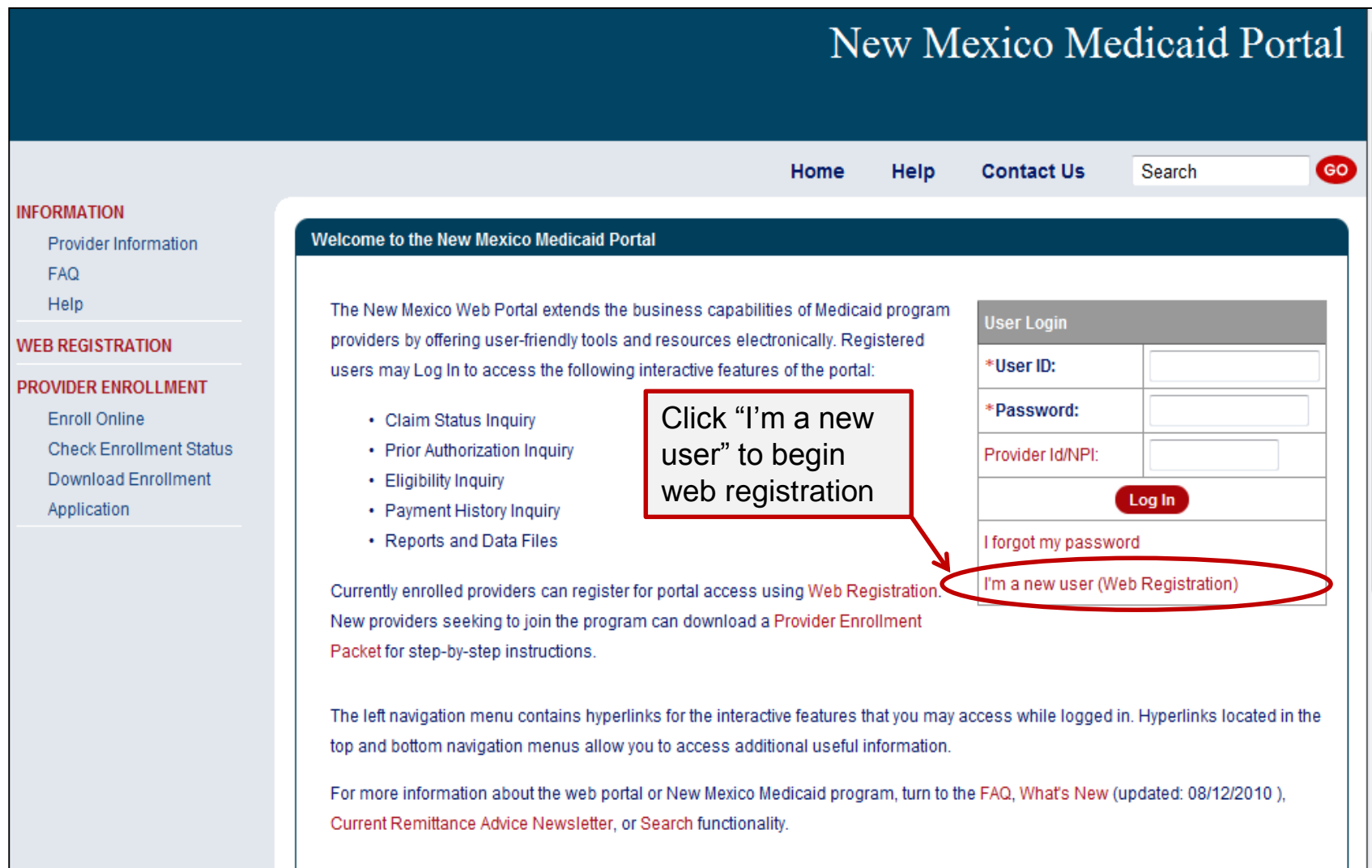
Provider Id/NPI:

Log In

[I forgot my password](#)

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

New Mexico Medicaid Portal



The screenshot shows the New Mexico Medicaid Portal homepage. At the top, there is a dark blue header with the text "New Mexico Medicaid Portal". Below this is a navigation bar with links for "Home", "Help", and "Contact Us", along with a search box and a "GO" button. On the left side, there is a vertical navigation menu with sections for "INFORMATION", "WEB REGISTRATION", and "PROVIDER ENROLLMENT". The main content area features a "Welcome to the New Mexico Medicaid Portal" message, followed by a description of the portal's purpose and a list of interactive features. A "User Login" form is present, with fields for "User ID", "Password", and "Provider Id/NPI", and a "Log In" button. A red box highlights the text "Click 'I'm a new user' to begin web registration", with an arrow pointing to the "I'm a new user (Web Registration)" link in the login form. Another red circle highlights the "I'm a new user (Web Registration)" link.

New Mexico Medicaid Portal

Home Help Contact Us Search GO

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Welcome to the New Mexico Medicaid Portal

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 located 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

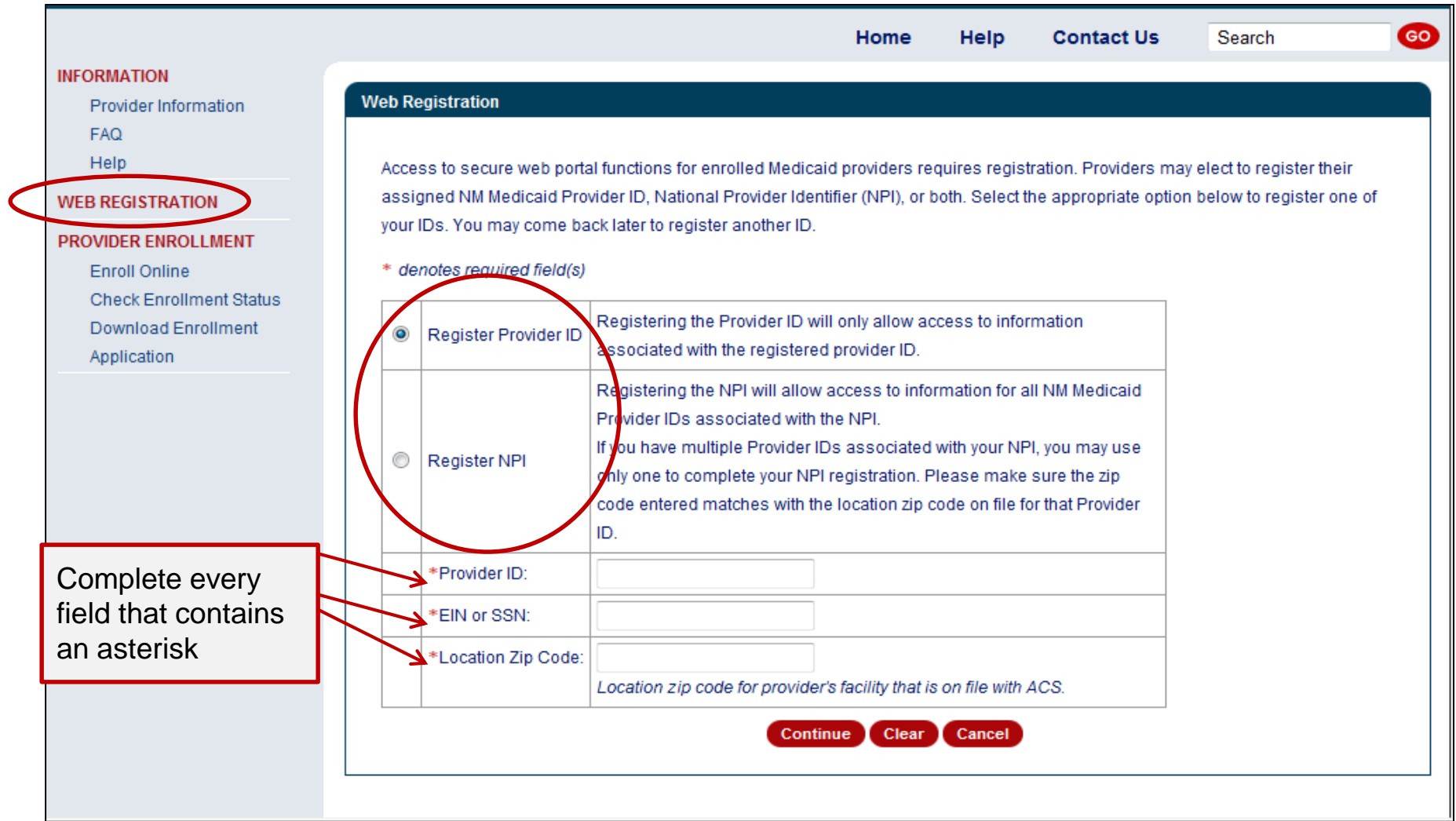
| | |
|---|--------------------------|
| *User ID: | <input type="text"/> |
| *Password: | <input type="password"/> |
| Provider Id/NPI: | <input type="text"/> |
| <input type="button" value="Log In"/> | |
| I forgot my password | |
| I'm a new user (Web Registration) | |

Web Registration

Large Organizations with Multiple Billing Provider Numbers

Organizations with multiple billing provider numbers have to register each billing provider number in the web portal in order to inquire on claims, Prior Authorizations (PA) and payment history, as well as to access Remittance Advices (RA) and PAs used unit reports for each of their billing provider numbers.

Web Registration – How to Log-in



The screenshot shows a web portal with a navigation menu on the left and a main content area. The navigation menu includes 'INFORMATION' (Provider Information, FAQ, Help), 'WEB REGISTRATION' (circled in red), and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Web Registration' and contains a form with two radio button options: 'Register Provider ID' (selected) and 'Register NPI'. Below these are three required fields: '*Provider ID:', '*EIN or SSN:', and '*Location Zip Code:'. A red box on the left contains the text 'Complete every field that contains an asterisk' with arrows pointing to the asterisks in the field labels. The form also includes a 'GO' button in the top right and 'Continue', 'Clear', and 'Cancel' buttons at the bottom.

Home Help Contact Us Search GO

INFORMATION
Provider Information
FAQ
Help

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

Web Registration

Access to secure web portal functions for enrolled Medicaid providers requires registration. Providers may elect to register their assigned NM Medicaid Provider ID, National Provider Identifier (NPI), or both. Select the appropriate option below to register one of your IDs. You may come back later to register another ID.

* denotes required field(s)

| | | |
|----------------------------------|----------------------|---|
| <input checked="" type="radio"/> | Register Provider ID | Registering the Provider ID will only allow access to information associated with the registered provider ID. |
| <input type="radio"/> | Register NPI | Registering the NPI will allow access to information for all NM Medicaid Provider IDs associated with the NPI. If you have multiple Provider IDs associated with your NPI, you may use only one to complete your NPI registration. Please make sure the zip code entered matches with the location zip code on file for that Provider ID. |
| | *Provider ID: | <input type="text"/> |
| | *EIN or SSN: | <input type="text"/> |
| | *Location Zip Code: | <input type="text"/> |

Location zip code for provider's facility that is on file with ACS.

Continue Clear Cancel

Complete every field that contains an asterisk

User Privileges



The screenshot displays the New Mexico Medicaid Portal interface. At the top right, it shows the user is logged in as 'ereynaga' for the 'FASORGTN-NM FAS Organization'. The main content area is titled 'User Home' and contains a welcome message for 'ereynaga (Erminia Reynaga)', the current date 'Wednesday, April 20, 2016', and a warning about a 15-minute inactivity timeout. On the left side, there is a blue navigation bar with several categories: INFORMATION, PORTALADMINISTRATION (with a sub-section 'Secure Options'), WEB REGISTRATION, and PROVIDER ENROLLMENT. The 'ADMINISTRATION' sub-section under 'PORTALADMINISTRATION' is circled in red and contains the following items: 'User Home', 'Change Password', 'User Administration', and 'Portal Administration'. A red arrow points from a text box to this 'ADMINISTRATION' sub-section.

ADMINISTRATION

- User Home
- Change Password
- User Administration
- Portal Administration

All authorized privileges for the user will be listed in the blue left hand side navigation bar

Eligibility Inquiry

The system will default the current date for date of service.

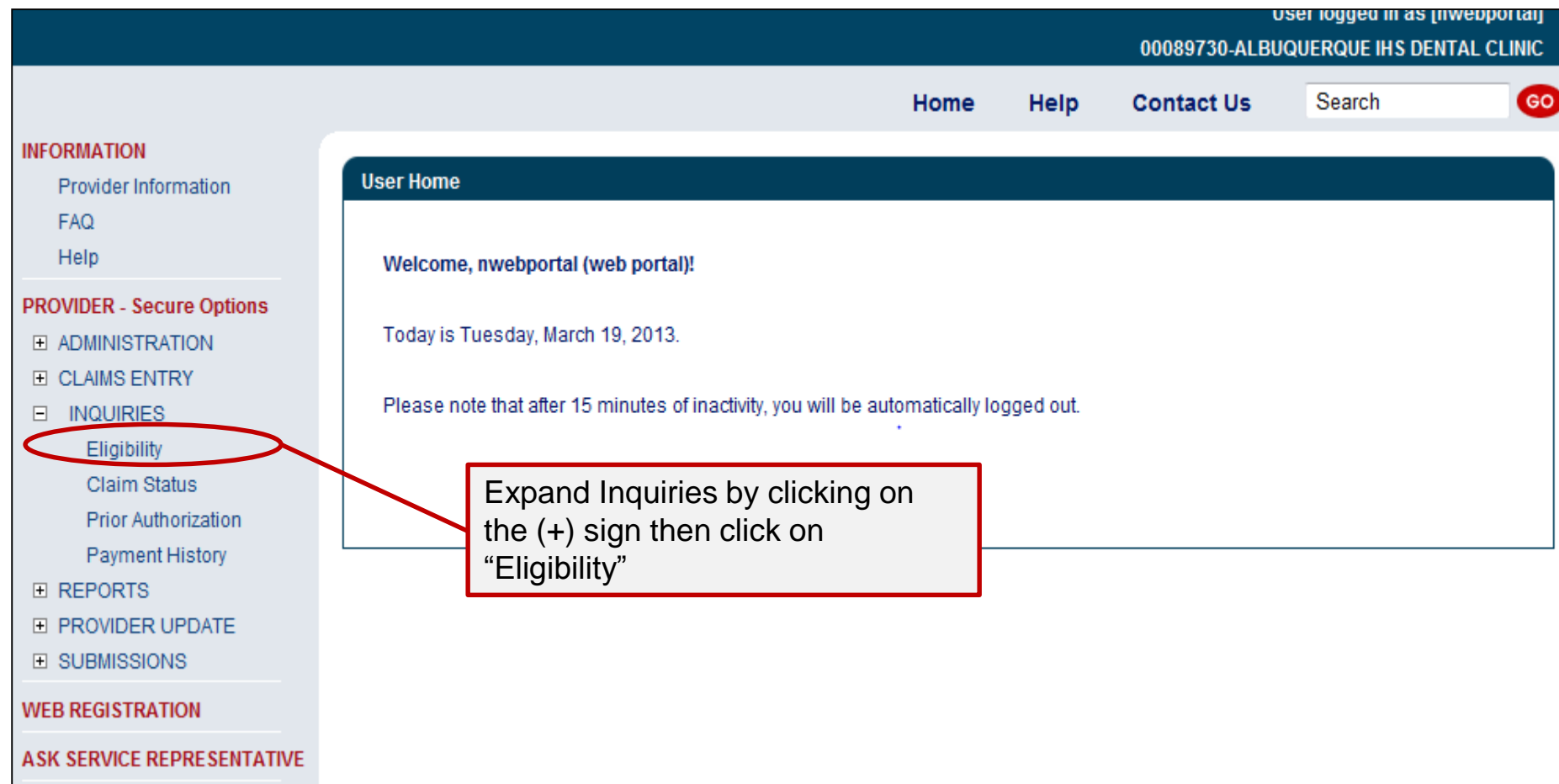
You can use any DOS within the past 2 years.

Date spans can be used.

Recipients can be searched using the following options:

- Recipient ID (this is the “SSN” style ID number, Medicaid ID, temporary SSN etc. 942XXXXXX)
- SSN and date of birth OR....
- Last name, first name, date of birth (information needs to match what is on the Omnicaid system)

Eligibility Inquiry



User logged in as [nwebportal]
00089730-ALBUQUERQUE IHS DENTAL CLINIC

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
- SUBMISSIONS

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

User Home

Welcome, nwebportal (web portal)!

Today is Tuesday, March 19, 2013.

Please note that after 15 minutes of inactivity, you will be automatically logged out.

Expand Inquiries by clicking on the (+) sign then click on "Eligibility"

Eligibility Inquiry

Home Help Contact Us

GO

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



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): | <input type="text" value="mm/dd/ccyy"/> |  | |
| Date of Service (To): | <input type="text" value="mm/dd/ccyy"/> |  | The "SSN-style" ID number |

*** 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: <input type="text" value="mm/dd/ccyy"/>  |
| <input type="radio"/> | Last Name: | <input type="text"/> | First Name: <input type="text"/> Date of Birth: <input type="text" value="mm/dd/ccyy"/>  |

Submit
Clear

November 8, 2017

Medicaid School Based Programs

13


Eligibility Inquiry

If the recipient is eligible on the date entered, the response will include:

- Category of Eligibility (COE) and description
- All lock-ins
- Medicare information
- Third Party Liability (TPL) information
- Long Term Care information, if there is a long term care span (abstract) on file for the date entered that matches the inquiring provider number.

Eligibility Inquiry *Continued*

Eligibility Response

05/01/2014 04:21 PM MDT 

Inquiry Criteria
 Date of Service : 04/30/2014 To: 04/30/2014
 SSN: _____ Date of Birth: _____

For the requested date(s) of service, your inquiry returned the following eligibility information.
 Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility for this inquiry.

Recipient Information

| | | |
|-------------------|-----------------------|------------|
| Recipient ID: | Recipient Name: | : |
| Date of Birth: | Sex: | Female |
| Medicaid Card ID: | Recertification Date: | 03/31/2014 |

Category of Eligibility Information

| COE Code | Benefit Description | Begin Date | End Date | COE Add Date | Co-Pay |
|----------|------------------------|------------|------------|--------------|--------|
| 100 | Full Medicaid benefits | 04/01/2014 | 12/31/9999 | 03/17/2014 | |

Lock-In Information

| Lock In Type | Provider Name | Begin Date | End Date |
|----------------------------|--------------------------|------------|------------|
| CENTENNIAL CARE ENROLLMENT | PRESBYTERIAN HEALTH PLAN | 04/01/2014 | 12/31/9999 |

Medicare Information HIC Number: 629327805

| Type | Begin Date | End Date | Organization | Contract ID | Plan ID |
|---|------------|----------|--------------|-------------|---------|
| No Medicare information on file for the requested date of service | | | | | |

Long Term Care Information [What's This?](#)

Level of Care

| Begin Date | End Date | LOC | Setting of Care | Add Date |
|---|----------|-----|-----------------|----------|
| No Level of Care information on file for the requested date of service. | | | | |

Patient Liability

This person is receiving COE 100

COE add date is important for timely filing purposes

Eligibility Inquiry *Continued*

| COE Code | Benefit Description | Begin Date | End Date | COE Add Date | Co-Pay |
|----------|------------------------|------------|------------|--------------|--------|
| 003 | Full Medicaid benefits | 10/01/2013 | 12/31/9999 | 09/24/2013 | |

| Lock In Type | Provider Name | Begin Date | End Date |
|----------------------------|------------------------------|------------|------------|
| CENTENNIAL CARE ENROLLMENT | BLUE CROSS BLUE SHIELD OF NM | 01/01/2014 | 12/31/9999 |

| Type | Begin Date | End Date | Organization | Contract ID | Plan ID |
|---|------------|----------|--------------|-------------|---------|
| No Medicare information on file for the requested date of service | | | | | |

| Level of Care | | | | |
|---|----------|-----|-----------------|----------|
| Begin Date | End Date | LOC | Setting of Care | Add Date |
| No Level of Care information on file for the requested date of service. | | | | |

| Begin Date | End Date | Patient Liability |
|---|----------|-------------------|
| No Patient Liability Information on file for the requested date of service. | | |

| Carrier ID | Carrier Name | Phone |
|------------|------------------------|------------|
| 000001 | BLUE CROSS BLUE SHIELD | 8883493706 |

This person is blind receiving SSI COE 003

Please note: This person has both Managed Care and TPL.

Centennial Care Managed Care Organizations (MCOs)

Reminder: Recipients who are enrolled in Centennial Care, will have their claims submitted directly to the Managed Care Organization they have chosen. Below is the contact information for those MCOs.

| Centennial Care MCOs | Contact Number | Website |
|------------------------------------|----------------|--|
| BlueCross BlueShield of New Mexico | (866) 689-1523 | www.bcbsnm.com/community-centennial/ |
| Presbyterian | (888) 977-2333 | www.phs.org |
| Western Sky Community Care | (844) 543-8996 | www.westernskycommunitycare.com |

What is a Transaction Control Number (TCN)?

91704900085000001

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

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

1= Debit
2= Credit

Batch number

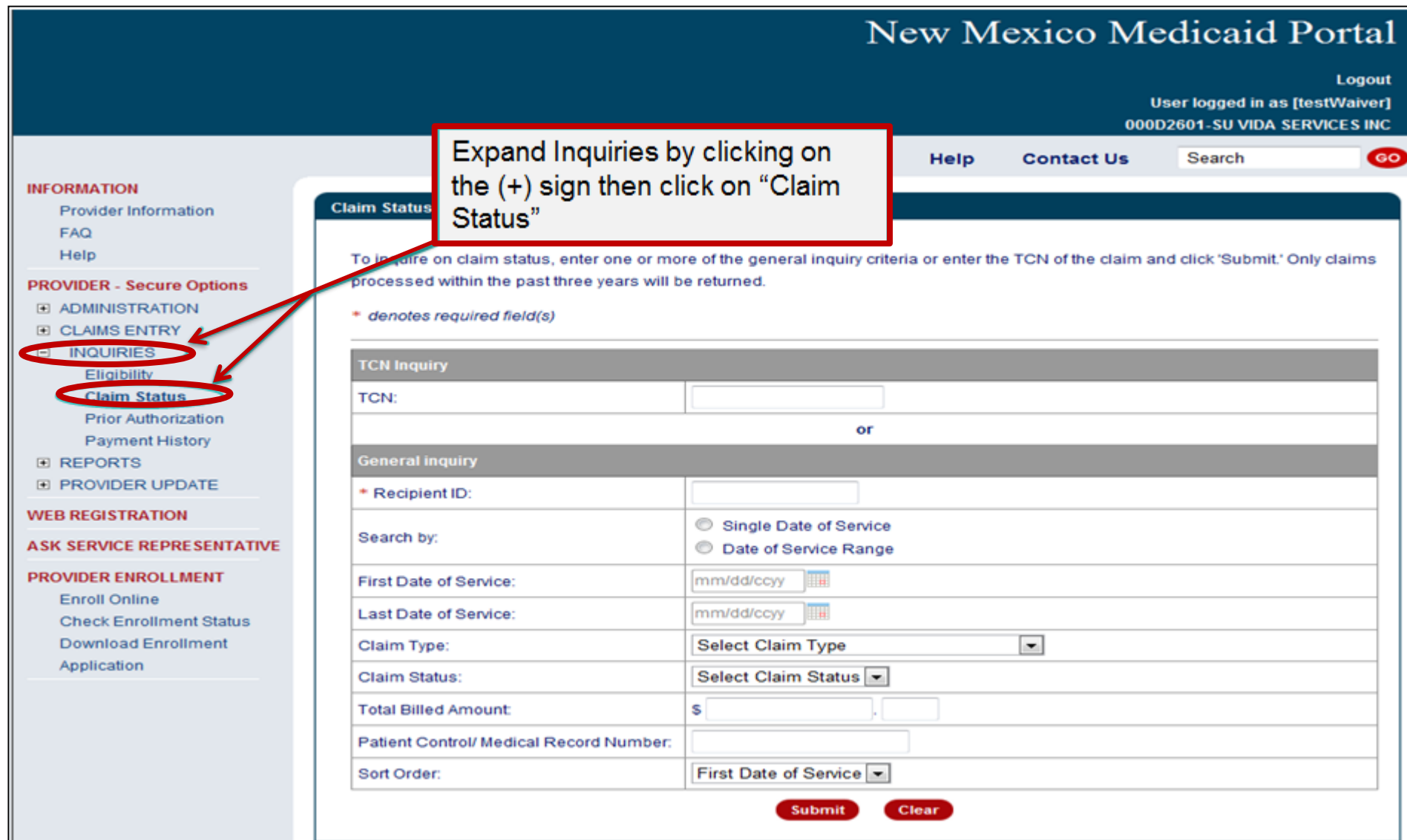
The last two digits of the year the claim was received

The numeric day of the year.

The claim number within the batch.

This is the Julian Date - this represents the date the claim was received by Conduent: this claim was received the 49th day of 2017, or February 18, 2017

Claim Status Inquiry



New Mexico Medicaid Portal

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

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

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="button" value="v"/> |
| Claim Status: | Select Claim Status <input type="button" value="v"/> |
| 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="button" value="v"/> |



Submit Clear

Single DOS Inquiry

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="button" value="v"/> |
| Claim Status: | Select Claim Status <input type="button" value="v"/> |
| 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="button" value="v"/> |

Select "Single Date of Service" radio button



Enter a single DOS in the "First Date of Service" field

Date Range Inquiry

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"/> |

Select "Date of Service Range" radio button

Enter DOS in the "First Date of Service & Last Date of Service" field

More on Claim Inquiry

Keep the following in mind as you use claim inquiry:

- You will only see claim status (paid or denied) for the provider number you are logged in under, or have selected if you are logged in with an NPI.
- If your search yields more than 200 results, you will only see the first 200 and a message will appear telling you that has happened. Narrow your criteria if this happens.

Types of Inquiries

Reports and Data Files

Reports and Data Files

Providers can obtain access to the last 8 RA's from the Web Portal



The screenshot shows the New Mexico Medicaid Portal interface. At the top, it says "New Mexico Medicaid Portal" and "User logged in as [testnm]". Below this is a navigation bar with "Home", "Contact Us", and a search box. On the left is a sidebar with various menu items. The "REPORTS" item is circled in red, and its sub-item "Reports and Data Files" is also circled. In the main content area, there is a section titled "Reports and Data Files" with a sub-header "Please click one of the following link(s) to display or download a specific report." Below this is a table with one row: "PDF Reports" (highlighted in red) and "Access PDF versions of your report and data files." A red box with the text "Select PDF Reports to retrieve Remittance Advices" has an arrow pointing to the "PDF Reports" link.

Reports and Data Files



New Mexico Medicaid Portal

Logout
User logged in as [fasuat1]
FASORGTN-NM FAS Organization

Home Help Contact Us Search GO

INFORMATION
Provider Information
FAQ
Help

PORTALADMINISTRATION - Secure Options
ADMINISTRATION
CLAIMS ENTRY
INQUIRIES
REPORTS
Reports and Data Files

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

PDF Reports: Choose Provider

If your NPI is associated with more than one Medicaid ID, please select a provider ID and click the "Submit" button to view available report types for that provider. If your NPI is associated with a single Medicaid ID, please click the "Submit" button to view available report types for that provider.

* denotes required field(s)

* Provider ID or NPI:

Submit Back to Reports & Data Files

Enter Provider ID or NPI and click submit

Timely Filing Guidelines

Timely Filing

All Fee For Service claims within **120** days from the initial date of service that do not require an attachment for payment must be submitted electronically.

For any assistance regarding Electronic Claims Submissions, contact the HIPAA Helpdesk

Via Email: HIPAA.desknm@state.nm.us

Via Phone: (800) 299-7304

Timely Filing

- For schools, the filing limits are **120** days for the initial filing period and 120 days for the grace period (rather than 90 days).
- When the recipient has retroactive eligibility, the initial filing limit is **120** days from the date the eligibility was added to the Conduent eligibility file and was therefore available to providers.

Exceptions to Timely Filing

- When the provider was not originally enrolled as a MAD provider on the date of service, the filing limit of 90-days is counted from the date the provider was notified of the enrollment, but must not exceed 210 days from the date of service.
- A provider should submit a provider participation agreement in sufficient time to allow processing and still meet the Medicaid 210 day limit for submitting the claim.

Timely Filing Hints

There are two filing limits to meet:

- The initial filing limit – 120 days from date of service
- The grace period limit – 90 days from paid/denial date

Continuing to re-file a claim does not continue to extend the filing limit. So it is to the provider's advantage to file or request an adjustment on the most recently filed claim that met the original filing limit.

When requesting an adjustment on an adjusted claim, use the TCN of the final payment or denial, not the credit record which has a negative amount on the RA.

The filing limit does not apply when the provider is returning an overpayment to the Medicaid program.

School Based Claims Reminders

Place of Service Reminders

- Use place of service (POS) 03 when services are provided at school
- Use POS 11 when services are provided at the office
- Use POS 99 for all other sites/venues

Billing Reminders

Verify that the CPT, HCPCS, Diagnosis, etc. that you are billing for:

- are covered services with Conduent
- are covered for the appropriate age range
- are covered for the appropriate gender
- do not exceed the max allowed of units per line
- if invoice is required remember to attach the invoice
- does have the billing and rendering provider type selected to bill/render the services

Taxonomy Reminder

For School Based billing provider type 345, the valid Taxonomy Code is:

- 251300000X

Summary

- Gave an overview of the NM Medicaid Web Portal
- Defined Timely Filing Guidelines
- Visited Medicaid Primary Claim Instructions
- Reiterated School Based Claims Reminders

New Mexico Medicaid Resources

- New Mexico Medicaid Online
 - Provider Information
 - Provider Login Screen Notices
 - Provider E-News Newsletters
- Medicaid Provider Relations Call Center
- Provider Communication Updates
- Provider Field Representative
- Provider Webinars
- Open Forums and Live Training Sessions

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

Consolidated Customer Service Center (CCSC) Helpdesk – (800) 299 - 7304.

Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Consolidated Customer Service Center (CCSC) Helpdesk – NM.Providers@state.nm.us

Claim research assistance, general Medicaid inquiries, Provider Enrollment Applications, Forms & Instructions

HIPAA Helpdesk – HIPAA.desknm@state.nm.us

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

Consolidated Customer Service Center (CCSC) Helpdesk – (800) 283-4465

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

CONDUENT

