

1. THE NEW MEXICO MEDICAID PROGRAM WILL “PAY & CHASE” IN SITUATIONS AS REQUIRED BY THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (42 U.S.C. 1396a (a) (25))
  - A. Claims for preventive pediatric care (including early and periodic screening and diagnosis & treatment services), based on diagnosis codes provided by HCFA.
    - (1) Inpatient and outpatient hospital, pharmacy and prenatal services, including labor, delivery and postpartum care services claims, are excluded from this provision and will continue to be “cost avoided”. The State shall use standard coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery and postpartum care claims.
    - (2) The State shall make payments without regard to third party liability for pediatric preventive services unless a determination related to cost-effectiveness and access to care that warrants cost avoidance for 90 days has been made.
  - B. Services provided to individuals on whose behalf Child Support Enforcement is being carried out by the N.M. IV-D agency, if payment for these services is not made by the third party within 100 days after the services are furnished;
    - (1) Failure of the third party to pay for the services within 100 days must be certified in writing with each claim submitted by the provider seeking Medicaid payment.
    - (2) The provider must certify in writing with each claim submitted that if payment for the services being billed to Medicaid are subsequently paid by the third party, the lower of the third party payment or the Medicaid payment will be immediately refunded to the New Mexico Human Services Department.
2. METHOD USED BY THE NEW MEXICO MEDICAID PROGRAM TO DETERMINE PROVIDER COMPLIANCE WITH THE THIRD PARTY BILLING REQUIREMENTS
  - A. Individuals on whose behalf medical support is being enforced by Child Support Enforcement are identified to the Medicaid fiscal agent.
  - B. Based on information referred to in 2A., the Medicaid fiscal agent adds a child support indicator in the recipient’s eligibility file. Claims filed are edited against the eligibility file. The presence of the child support indicator causes the claims to suspend for manual review for the following:

TN No. 21-0012

Approval Date \_\_\_\_\_

Supersedes TN No. HCFA 179 90-10

Effective Date \_\_\_\_\_