



State of New Mexico
Human Services Department
Human Services Register



I. DEPARTMENT
NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT
BILLING FOR MEDICAID SERVICES

III. PROGRAM AFFECTED
(TITLE XIX) MEDICAID

IV. ACTION
PROPOSED RULE

V. BACKGROUND SUMMARY

The Human Services Department, Medical Assistance Division, is issuing a proposed rule to correct typographical errors in Paragraphs (3) and (4), Subsection B of 8.302.2 NMAC, *Billing for Medicaid Services*, which was effective May 1, 2010. When the final rule was issued, the filing limit for claims was established at 90 days for most situations rather than 60 days as originally proposed. However, in the issuing the final rule, there were three instances where the “60 days” were not changed to “90 days” as intended. This rule proposes to correct this error.

VI. REGULATION

This proposed changes refer to 8.302.2 NMAC of the Medical Assistance Program Policy Manual. This register and the changes are available on the Medical Assistance Division web site at www.hsd.state.nm.us/mad/register/2010. If you do not have Internet access, a copy of the rule may be requested by contacting the Medical Assistance Division at 505-827-3156.

VII. EFFECTIVE DATE

The Department proposes to implement these rules effective October 15, 2010.

VIII. PUBLIC HEARING

A public hearing to receive testimony on this regulation will be held at 11:00 a.m., on August 31, 2010, in the South Park Conference room, 2055 S. Pacheco St., Ste.500-590, Santa Fe, NM.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156. In Santa Fe call 827-3156. The

Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the Medical Assistance Division upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Kathryn Falls, Secretary
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m. on August 31, 2010. Written and recorded comments will be given the same consideration as oral comments made at the public hearing. Interested persons may also address comments via electronic mail to: Magdalena.Romero@state.nm.us.

X. PUBLICATIONS

Publication of these rules approved by:

KATHRYN FALLS, SECRETARY
HUMAN SERVICES DEPARTMENT

TITLE 8 SOCIAL SERVICES
CHAPTER 302 MEDICAID GENERAL PROVIDER POLICIES
PART 2 BILLING FOR MEDICAID SERVICES

Explanatory paragraph. This is an amendment to 8.302.2 NMAC, Section 11, which will be effective October 15, 2010. The Medical Assistance Division (MAD) is amending Paragraphs (3) and (4) of Subsection B, correcting the one-time grace period from 60 calendar days to a one-time 90 calendar day grace period.

8.302.2.11 BILLING AND CLAIMS FILING LIMITATIONS:

B. The provider is responsible for submitting the claim timely, for tracking the status of the claim and determining the need to resubmit the claim.

(3) In the event the provider's claim or part of the claim is returned, denied, or paid at an incorrect amount the provider must resubmit the claim or an adjustment request within 90 calendar days of the date of the return, denial or payment of an incorrect amount, that was submitted in the initial timely filing period. This additional ~~[60]~~ 90 calendar day period is a one-time grace period following the return, denial or mis-payment for a claim that was filed in the initial timely filing period and is based on the remittance advice date or return notice. Additional ~~[60]~~ 90 calendar day grace periods are not allowed. However, within the 90 calendar day grace period the provider may continue to resubmit the claim or adjustment requests until the 90 calendar day grace period has expired.

(4) Adjustments to claims for which the provider feels additional payment is due, or for which the provider desires to change information previously submitted on the claim, the claim or adjustment request with any necessary explanations must be received by MAD or its selected claims processing contractor with the provider using a MAD-approved adjustment format and supplying all necessary information to process the claim within the one-time ~~[60]~~ 90 calendar day allowed grace period.

[2/1/95; 8.302.2.11 NMAC - Rn, 8 NMAC 4.MAD.702.2 & A, 5/1/04; A, 5/1/10; A, 10/15/10]