

New Mexico Human Services Department

Susana Martinez, Governor
Sidonie Squier, Secretary

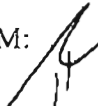

Income Support Division
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-7250; Fax: (505) 827-7203

ISSUED ELECTRONICALLY
INTERDEPARTMENTAL MEMORANDUM

ISD IPP – 12-06

DATE: June 14, 2012

TO: All ISD Employees

FROM:  Ted Roth, Director, Income Support Division
Julie Weinberg, Director, Medical Assistance Division 

RE: Medicaid Claim Submission

Effective 8/1/2012, Income Support Division (ISD) field staff will be required to submit Medicaid claims through the process outlined in this IPP. The ISD field workers will complete the attached claim form (ISD144M), which is to be used only for Medicaid claims. The claim form will be forwarded to the Medical Assistance Division/Client Services Bureau at:

HSD-Medical Assistance Division
Client Services Bureau – Ark Plaza
P. O. Box 2348
Santa Fe, NM 87504-2348

When a determination is made that a household member is no longer eligible for any type of Medicaid assistance, the case or the individual is removed for the ongoing month only. **Do not** take action to remove the individual (s) or perform case changes for past months retroactively.

Ensure all potential Medicaid eligibility of any type of assistance is evaluated before making the final determination of ineligibility. Also, it must be clearly noted on the ISD 144 M section if the claim is agency caused or if client caused it is noted as either fraud or non-fraud.

Medicaid will process the claim(s) according to MAD's internal process for these claims. No Medicaid claims are to be sent to the Office of Inspector General.

NMAC policy will be updated to reflect this change.

If you have any questions please regarding this GI, please contact Sarah Kudza, Quality Assessment Bureau Chief at sarah.kudza@state.nm.us

attachment

To: Medical Assistance Division
Client Services Bureau



MEDICAID INELIGIBLE DOCUMENTATION SUMMARY

Please Print

Casehead Name: _____

Case Number: _____

GEO-ADM _____

Name of Ineligible Household Member	Individual SSN or Temporary Number	Date of Birth	MA Category	Ineligible Month(s)

RESCINDED

Reason for Ineligibility

Agency Caused

Client Caused

Documents used for Verification:

Contact Name

Telephone Number

Date

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