

February 22, 2017

## ALERT: Risk of Claim Denial; Medicaid Registration Required for Both Group and Individual Centennial Care Providers

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to meeting the highest standards in healthcare and keeping you updated about any changes that may affect your practice. This communication contains information regarding the requirement of the Medical Assistance Division (MAD) for both individual and group providers

Both individual and group providers are required to complete the New Mexico Medicaid enrollment and registration process in order to participate as a contracted Centennial Care provider and receive Medicaid reimbursement. This assures that billing and rendering providers can always be identified on claims and encounter reports by a National Practitioner Identifier (NPI) number registered in the Medicaid provider file.

**Effective immediately**: This is a reminder that Presbyterian will deny claims when the group and/or individual providers are not registered and approved with Medicaid. Presbyterian is denying claims as of July 1, 2015, when the rendering or billing provider has not completed the Medicaid registration and has not received approval from the New Mexico Human Services Department (HSD).

It is both the individual provider's and the provider group's responsibility to submit its application within a sufficient time frame to allow completion of the enrollment process and submission of the claim within the MAD timely filing limit. Presbyterian will use the MAD approval date on the Medicaid file to determine timely filing. For more information, view Supplement 15-01 at <a href="http://www.hsd.state.nm.us/providers/Registers\_and\_Supplements.aspx">http://www.hsd.state.nm.us/providers/Registers\_and\_Supplements.aspx</a>.

If you have not enrolled with New Mexico Medicaid, please complete your Provider Participation Agreement (PPA) MAD 312 or 335 online at <u>https://nmmedicaid.acs-inc.com/webportal/enrollOnline</u>. To print out or submit your Medicaid application electronically, go online to <u>https://nmmedicaid.acs-inc.com/webportal/enrollOnline</u>. Once MAD approves your application, you have 90 days to submit your claims for dates of service that do not exceed 210 days.

For questions, or if you need assistance with the application process, contact your Provider Network Management relationship executive using the contact box on the back of this page. Thank you for your continued partnership.

## **Provider Network Management**

Hours: Monday to Friday, 8:00 a.m. to 5:00 p.m.

Phone: (505) 923-5141

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