

Jan. 22, 2018

**IMPORTANT: Attending, Ordering, Referring, Rendering and Prescribing Providers Are Required to Enroll in New Mexico Medicaid**

Presbyterian Health Plan, Inc. (Presbyterian) is committed to ensuring that providers who render Centennial Care services are enrolled with New Mexico Medicaid. We would like to take this opportunity to inform providers about a new resource we implemented on our website to assist providers in the Medicaid enrollment process.

Effective Feb. 1, 2018, the Centers for Medicare & Medicaid Services (CMS) will require attending, ordering, referring, rendering and prescribing providers to enroll in New Mexico Medicaid. This requirement is designed to ensure that all attended, prescribed, ordered, referred or rendered services, items and admissions for Medicaid beneficiaries originate from properly licensed providers who have not been excluded from Medicare or Medicaid.

A provider who is enrolled as only a managed care provider or a fee-for service (FFS) provider, or who is enrolled as both a managed care and FFS provider, must enroll with Medicaid. Most services and items will only be paid by the Medicaid program if the individual provider who attends, prescribes, orders, refers or renders a service or item is identified on the claim and is enrolled in the Medicaid program. Otherwise, the claim will be denied in accordance with federal requirements.

The Medical Assistance Division (MAD) of the New Mexico Human Services Department (HSD) requires providers to include information on claims related to the rendering, ordering and referring providers. Rendering providers must be reported on professional services, including on laboratory, radiology, injections, supplies, items and virtually all other services reported on a CMS-1500 claim form.

Even when a lab or radiology code or other service code on the claim are performed by a technician, nurse or other staff, the provider overseeing the primary service for the recipient must be reported as the rendering provider for these types of services. Rendering providers may either be reported at the header level if a single provider is the rendering provider, or they may be reported at the line level. All claims for payment and services must contain the National Provider Identifier (NPI) of the provider or other professional who rendered, ordered or referred such items or services.

In many hospitals, the rendering provider may be a resident, an intern or a supervised nurse, technician or other individual who is not typically enrolled as a provider in their own right. In these situations, the supervising provider may be considered the rendering provider and reported as such.

Providers may find Medicaid provider enrollment information, including requirements for reporting rendering, ordering and referring providers on claims, on Presbyterian's provider website at

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Presbyterian exists to improve the health of the patients, members and communities we serve.

[www.phs.org](http://www.phs.org)

[www.phs.org/providers/claims](http://www.phs.org/providers/claims). Furthermore, we will publish additional helpful resources online, such as information regarding the Affordable Care Act (ACA) and the Code of Federal Regulations, billing state guidelines, the Medicaid Provider Enrollment Compendium (MPEC) and the supplements to MAD's New Mexico Administrative Code (NMAC) Program Rules.

In addition, providers may use the resources below to help navigate their enrollment process:

- Enroll with New Mexico Medicaid: <https://nmmedicaid.acs-inc.com/webportal/enrollOnline>
- Verify enrollment: <https://nmmedicaid.acs-inc.com/webportal/providerSearch>
- Review enrolled provider type or enroll in additional provider types: <https://nmmedicaid.acs-inc.com/static/providerlogin.htm>

As a reminder, Presbyterian is rejecting and denying claims when:

- The individual provider and the group are not enrolled with the New Mexico Human Services Department (HSD).
- Providers are not enrolled with the appropriate provider type.
- Providers bill codes outside of their enrolled provider type.

Furthermore, Presbyterian is recouping payments when providers have not enrolled or if they enrolled with an inaccurate provider type and billed codes that they are not enrolled for within the past year.

Presbyterian uses the MAD approval date on the Medicaid file to determine timely filing. For more information regarding timely filing, please view HSD's Letter of Direction #39 (LOD #39) at [http://www.hsd.state.nm.us/Centennial\\_Care\\_RFP.aspx](http://www.hsd.state.nm.us/Centennial_Care_RFP.aspx).

For questions or assistance with the application process, contact your Provider Network Management relationship executive by using the following contact information.

### Provider Network Management



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



**Phone:** (505) 923-5141

**Contact Guide:** [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide)



**Location:** 9521 San Mateo Blvd  
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87113



**Mailing Address:** P.O. Box 27489, Albuquerque,  
NM 87125