Provider Relations

Procedure Manual – EMSA (Emergency Medical Services for Aliens)

New Mexico Medicaid

November, 2017

Document Version: 2.1 (November 2017).

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EMSA Procedure

I. Introductory Information

Description and Purpose

EMSA claims entail both adding eligibility and processing of claims. This document is to assist the CSR in processing EMSA claims.

Performance Standard

EMSA TCN in Location 245 must be completed within 30 calendar days from date of receipt (Julian date off of TCN).

II. How Documents are Received

Postal Mail

All EMSA claims must be submitted on an original red paper (UB or 1500) claim form to Conduent via postal mail. A Claims Department Specialist will first review and code the claim with the appropriate attachment codes, scan claim plus attachments into IntraViewer, and then key claim into OmniCaid.

When claims are coded with an attachment code 67 (EMSA- MAD 310 - Notification of Approval of Application for Emergency Medical Services for Aliens or Income Support Division Notice of Case Action) or any other information that would indicate claim is an EMSA claim, they automatically default to location 245 for a Medicaid Client Call Center Specialist to review.

III. Delegating EMSA TCNs to Agents (Performed by Manager, Supervisor, and/or Lead)

A. Retrieving TCN from OmniCaid

1. Login to OmniCaid
2. On the left hand side menu select **Claims** then on the right side select **Correction**.
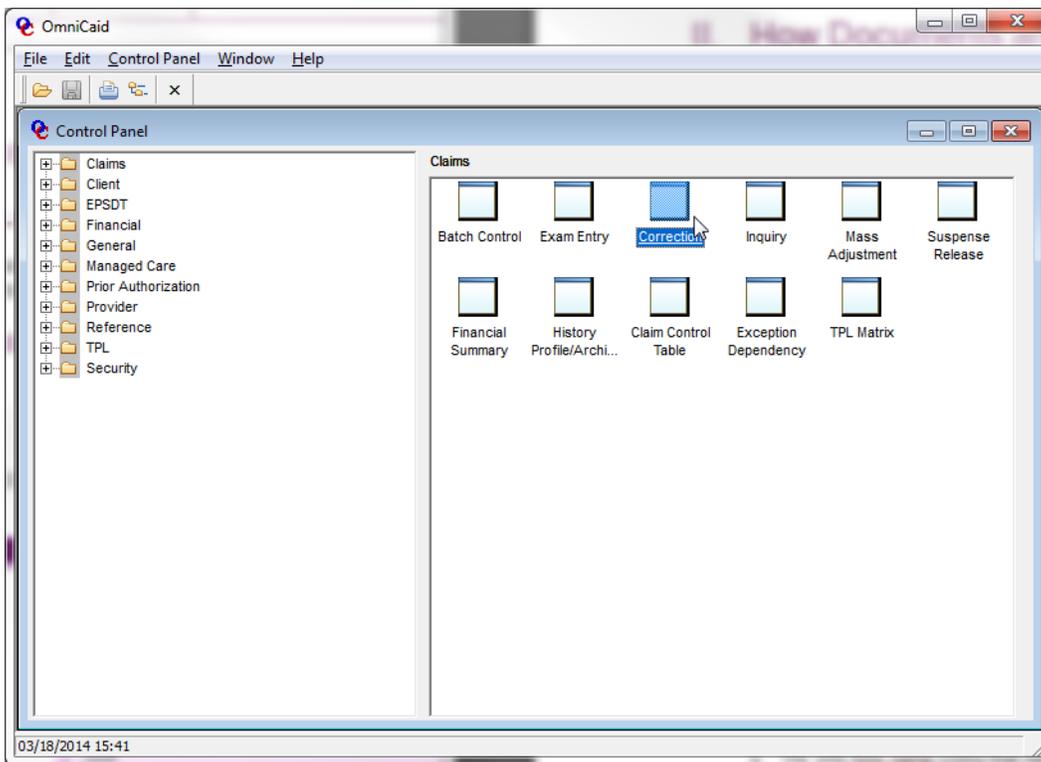
3. In the **Search By** select the drop down and select **Location**.

4. In the **Search For** enter **245**

5. Press enter or select **Search**

6. Sort TCN Number by Oldest on top

   a. You can determine this by the Julian date on the TCN.

      b. Example of TCN: 81406500303000001

         i.   First Digit = How the claim was submitted to Conduent

         ii. Second & Third Digit = The Year the claim was submitted

         iii. Fourth, Fifth & Sixth Digit = Julian calendar date

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B. Delegating TCN to the Agents

1. Open the Shared Drive to H:\Provider Relations\EMSA & LOC 180\Assigned to staff and select workbook titled **MAD_Assigned to Staff LOC 245.xlsx**

2. Each Agent will have their own tab

3. Enter the TCN from OmniCaid onto the Spreadsheet.

   a. Agent will indicate the status.

4. Once all TCN have been assigned, select **Cancel** to close window.

IV. Retrieving EMSA TCN(s) from spreadsheet (Performed by agent)

The sections describe how to retrieve the EMSA claim (TCN) form the spreadsheet that is located in the Shared Drive.

1. Open the **MAD_Assigned to Staff LOC 245.xlsx** spreadsheet locate in the Shared drive located at H:\Provider Relations\EMSA & LOC 180\Assigned to staff

2. Locate tab with your name

3. TCN/s listed on the Left side must be worked by agent

   a. Agent must state status in spreadsheet when TCN has been worked

   b. Agent must also indicate date of completion

4. Do not close out spreadsheet until all assigned EMSA TCN has been completely worked.

V. Researching in OmniCaid; Confirming if client already exist (Performed by agent)

The sections describe how to view the TCN in OmniCaid. As well as how to search client's demographics and eligibility approval dates that already exists in OmniCaid in the Client Detail screen. For information on how to process EMSA for a Client who does not already exist in OmniCaid (that is a Client who is NEW to OmniCaid), see section below titled **Determining When Can and Cannot Add EMSA into OmniCaid as a NEW Recipient NOT in OmniCaid**

1. Log into OmniCaid,

2. On the left hand side menu select **Claims** then on the right side select **Inquiry**.

3. Change the drop down from **Client to TCN**

4. Key in the TCN form the spreadsheet into OmniCaid

5. Press enter or select **Search**

6. When viewing the claim inquiry in OmniCaid select the **Go To** on the top menu bar and select **Client Detail**

7. If client is found in OmniCaid, Agent will need to verify information from what is in OmniCaid to the Claim, MAD 310, ISD Notice of Case of Action and ASPEN, skip to section titled **Reviewing EMSA Demographics & Eligibility with an already existing file in OmniCaid (step VI)**

8. If message **"(11015) No matching record on file for key(s) entered"** is received;

9. Select **OK** to acknowledge and close window.

    a. Once selecting **OK** screen will default to the **Client Detail Selection** screen

10. Agent must now verify and confirm that client truly does not exist in OmniCaid, by looking up the client under **Client Detail** using the following searches;

    a. ASPEN MCI ID (also known as the Individual ASPEN # in ASPEN; only 9 digits),

    b. TEMP ID, (will start with either 942 or 944)

    c. ASPEN Case Number

    d. Last name, First name and Date of birth.

    Note: Agent can get this information by viewing the claim in **Claim Inquiry** (Header tab) in OmniCaid, IntraViewer and ASPEN (if available)

11. When searching by the above searches the **Search By** field must be changed

    a. If searching by Individual ASPEN ID (ASPEN MCI ID); change from Client ID to **ASPEN MCI ID** form the drop down

    b. If by TEMP ID; leave as **Client ID**

    c. If by ASPEN Case Number (if not the same as the TEMP ID); change from Client ID to **Case Number**

    d. If by Name & DOB; change

        i. 1st search field to **Last Name (Full or Partial)**,

        ii. 2nd search field to **First Name (Full or Partial)**, and

        iii. 3rd search field to **Date of Birth**

12. If client is not found in OmniCaid; refer to section titled **Creating a NEW EMSA Client file in OmniCaid (Client NOT in OmniCaid) (step VIII)**

VI. Verifying EMSA Demographics & Eligibility in ASPEN and IntraViewer (MAD 310) with an already existing file in OmniCaid (Performed by agent)

The first section describes how to verify an already existing Client file in OmniCaid to what is in IntraViewer (MAD 310/ISD Notice of Case Action & Claim), and ASPEN.

The second section describes How to determine when a TCN/claim must be requested to be reviewed by the State or requested to be denied via email.

A. Verifying Client on all three systems (OmniCaid, IntraViewer & ASPEN)

1. Information that requires review on all three systems (OmniCaid, IntraViewer/MAD 310/ ISD Notice of Case of Action, Claim, ASPEN) :

   a. First & Last Name

   b. Date of Birth

   c. Client ID: Temp ID/ASPEN ID (individual ID)/ASPEN Case #/SSN

   d. In some cases; the Residential Address (if duplicate file in OmniCaid)

2. With OmniCaid still open to the **Client Detail/ Detail** tab

3. Agent must now login to IntraViewer (http://abqimgws01/DocFinity/IntraViewer/Logon.cfm)

4. Once logged in, on the left hand side menu select the **Simple Find** option

5. Key in the TCN in the **TCN** filed

6. Press enter or scroll down and select **GO**

7. Select the **Magnifying Glass** icon on the right had side

   a. This will bring up the image of the claim and all attachments, including the MAD 310/ ISD Notice of Case of Action

8. Review the claim and MAD 310/ ISD Notice of Case of Action with what is in OmniCaid (do not close out image)

    a. Verify Name,

    b. Insured's ID Number/Recipient ID Number,

    c. Date of Birth (only provided on claim).

9. Agent must also verify clients demographic and ID numbers to what is in ASPEN (if found)

10. Log into ASPEN (https://10.221.72.239/SELoginAccess.jsp?fromIndex=true)

11. Agent must select "**Continue to this website (not recommended)"** in order to continue with login.

12. Login in with User ID and Password that was given to you.

13. On the Left hand Navigation select **Data Collection**/**Individual Information**/**Individual**

14. Fields that are required to be filled in are:

    a. Case or Application or Provider #;

        i. Enter **Case #** (case # can be found either off the MAD 310/ ISD Notice of Case of Action, OmniCaid (if available) or ASPEN under the **Inquiry /Individual/Individual** on the right navigation use Temp ID (as SSN search) or Name & DOB)

    b. Case Action?

        i. Select **View data collection screens (read-only)**

15. Select **Next**

16. Screen will default to **Household Information**, re-select **Individual** on the left hand navigation

17. On this screen you will be able to verify the clients demographics;

    a. First & Last Name,

    b. SSN (if available)

    c. Individual Number and

    d. Date of Birth

18. If Date of Service is not legible or is missing on MAD 310 and/or ISD Notice of Case of Action, agent must verify information in ASPEN

19. In ASPEN on the left hand navigation select **Special Program Approvals** under **Data Collection/Individual Information**

    a. Make sure to scroll down

20. The **Special Program Approvals – Summary** screen will provide the **Approval Begin Date** and **Approval End Date**, if date is provided in ASPEN and matches the claim submitted, Agent is able to enter those dates into OmniCaid.

    a. If date of service(s) on the claim is within the approval dates in ASPEN, MAD 310, and /or NOCA; enter in OmniCaid the approval dates that are approved in ASPEN.

21. <mark>If there are **NO** approval date in ASPEN</mark>, agent will need to request claim be sent to Location 898 for state review. See section titled **How and When Email must be sent**

22. Agent will also need to verify if the client was approved for EMSA by verify in the **MA-EDG Summary** screen.

23. On the left had navigation select **Eligibility.**

24. Then **Eligibility Summary**; input the client's case number in the **Case #:** field.

25. Press Enter or click on the **Submit** option on the bottom right.

26. Select the **Approved** EDG Status span; **MA-EDG Summary** screen will appear

27. At the bottom of the screen you will see a list of all family members that provides their EDG Participation Status and Coverage.

28. Under **Coverage** agent should see for the EMSA client only; **Emergency Medicaid Services**.

29. If agent does not see **Emergency Medicaid Services** an email must be sent to State. See section titled **How and When Email must be sent**.

30. Agent can refer to the EMSA Job Aid provided by the State located at H:\Provider Relations\EMSA & LOC 180\EMSA - State\GI for ASPEN to confirm **EDG Participation Status** and **Coverage**

    a. **Participation Status:** Eligible Adult

    b. **Coverage:** Emergency Medicaid Services

    c. **EDG Status:** Approved (for that time frame)

B. How and When Email must be sent

NOTE: Email must have explanation and with Subject line EMSA/ TCN#/ Client ID and sent to the following individuals (EMSA Team).

How and whom email should be sent to:

1. Email must be sent with **Subject Line**

    a. EMSA/TCN #/ Client ID (ID # in OmniCaid/ Header tab)

    b. Example: EMSA/ 81406900351000002/ 00000942999999 if SSN put [PGP] in front

    c. Example: [PGP] EMSA/ 81406900351000002/ 00000585999999

2. Must be sent to the following individuals

    a. DL-NM PRSupport: DL-NM.PRSupport@Conduent.com

    b. USA ABQ NM GHS CLAIMS:
       USA.ABQ.NM.GHS.CLAIMS@conduent.com

    c.

    d.

3. Requesting TCN(s) to pend to LOC 898 State review, email must contain the following:

    a. ASPEN Case ID #/ ASPEN Individual #

    b. COE(s) in question

    c. Date Span(s) in question

    d. Reason for State review (provide in detail the issue)

    e. Example:

When and when not to send an email:

1. If TCN is posting a Timely filing edit (0820, 0815, 0497),
    a. Verify in the Previous Info tab when client ID (ASPEN MCI ID, Case Number, Temp ID, SSN, etc.) was added into the Client IDs section as a billable ID.
    b. Apply the 90 day timely filing period from the date that the Client ID was added or corrected
    c. Request Claims Department to force timely filing

2. If the Client ID on the Claim Inquiry screen in OmniCaid is different (keyed/scanned incorrectly) from what is on the image of the claim, email must be sent to the EMSA Team requesting claim to be rescanned or re-keyed.

    a. Make sure to add the COE 085 in OmniCaid if approved in ASPEN

       b.   Add clients ID #'s in the Pervious Info tab in OmniCaid (if not already)

       c.   Enter notes in the **Notes** screen in OmniCaid.

3. If the attachments were coded or keyed incorrectly, email must be sent to the EMSA Team requesting claim be re-keyed with the correct attachment codes

       a.   MAD 310, ISD Notice of Case of Action form and any other documents stating this is an EMSA claim will be coded as a 67

          i.   1500 Professional Claim form: <mark>Box 10d</mark>

          ii.   UB 04 Hospital Claim form: <mark>Box 37</mark>

       b.   For a complete and updated list of attachment codes see H:\Claims\Mailroom Operations\Document Control\ATTACHMENT CODES

       c.   Make sure to add the COE 085 in OmniCaid if approved in ASPEN

       d.   Add clients ID #'s in the Previous tab in OmniCaid (if not already)

       e.   Enter notes in the Notes screen in OmniCaid

          i.   Use the **Go To** function from **Client Detail** screen

          ii.   Example of how notes must be indicated (Date/Notes/Agents Initials):

             1.   08/12/14 - updated Previous Info tab with ASPEN Case # and ASPEN MCI ID. DT

4. If the ID # on the claim is not found in ASPEN, but MAD 310/ ISD Notice of Case of Action and OmniCaid does match, email must be sent to the EMSA Team requesting that claim pend to LOC 898 for State review.

       a.   Do Not add COE 085 until ASPEN shows approved or

       b.   Memo from the State

5. If the ID # on the claim is found in ASPEN for a different client, but Case Number on the MAD 310/ ISD Notice of Case of Action is found in ASPEN and does match, add eligibility, update previous info tab and an email must be sent to the EMSA Team requesting to deny the claim.

       <mark>a.   If Case # is already added to another family members **Previous Info** tab; request to deny claim.</mark>

6. <mark>If the ID # on the claim cannot be verified in any 3 resources (ASPEN, OmniCaid, MAD 310/ ISD Notice of Case of Action), request claim be sent to LOC 898 for State review.</mark>

7. If the claim comes across with a different name, example (middle) name and last name, but MAD 310/ ISD Notice of Case of Action and ASPEN has another name (first) name and last name, verify residential address from what is in OmniCaid to ASPEN. Request claim be sent to LOC (location) 898 for state review.

8. If claim comes across with different First and or Last name and there is not a match in ASPEN; request claim to pend to LOC 898 for State review.

9. If the dates of service on the MAD 310/ ISD Notice of Case of Action do not match the dates of service on the claim, or the dates of service are not legible or readable, verify dates of service in ASPEN. If approved dates of service in ASPEN match the date spans on the claim force pay edit (add COE 085 span and update previous info tab). If date spans Do Not match, request Claims Department to have claim Denied

10. If Client ID is blank on the MAD 310/ ISD Notice of Case of Action, request claim to pend to LOC 898 for state review.

11. If Claim is received without MAD 310, or Notice of Case of Action, request claim to pend to LOC 898 for state review.

12. If the client shows a non-COE 085 eligibility span in the **Client Detail** tab that has already been voided out; Email must be sent to Santos M. (Santos.Molano@state.nm.us) and Sonya (Sonya.Pierce@state.nm.us) at the State with the following:

     a. Client ID # (ASPEN Case #, ASPEN Individual #),

     b. Provide the active and voided non-COE 85 span

     c. Request active span to be removed/voided

     d. ISD county office contact number

     e. If ACA COE span; provide the CCO span that will also need to be removed/voided

Note: If email is sent to State for review, State responds with direction to update client file or to create **New File**; Agent must complete State's direction. Memo will be required if information does not match what is in ASPEN.

VII. Entering Clients information into an already existing file in OmniCaid (Performed by agent)

The following section describes how to add the COE span and update any client's demographics that is required to be updated to match ASPEN.

Client's information that is being updated changed and or added; notes must be entered in OmniCaid in the Notes screen.

1. Once all information has been verified that existing file in OmniCaid is in fact the same client , Agent will now be able to update clients demographics (if need be)

2. Agents are only allowed to update the following fields in the **Detail** Tab in the Client Detail screen

    a. Last Name

        i. Only if miss-keyed in OmniCaid, if completely different in ASPEN, email must be sent to State for approval

    b. First Name

        i. Only if miss-keyed in OmniCaid, if completely different in ASPEN email must be sent to State for approval

    c. SSN

        i. if SSN shows in ASPEN; email must be sent to LOC 898 for State review (verification)

    d. DOB

        i. if ASPEN & Claim match; email must be sent to LOC 898 for State review (verification)

    e. Gender

        i. if ASPEN & Claim match; email must be sent to LOC 898 for State review (verification)

3. Select the **SAVE** icon on the top menu bar

4. Now select the **Previous Info** tab

5. On the left section titled **Client IDs**; verify that all ID numbers are listed

    a. Card ID #

    b. Temp ID (now with ASPEN there will be fewer Temp IDs)

    c. SSN (in some cases EMSA clients will have a SSN)

    d. ASPEN Individual # also known as the ASPEN MCI ID

    e. ASPEN Case Number

6. If any of the ID numbers listed above are missing, agent will then need to include those numbers to the **Client IDs** section

7. Select the Plus (+) sign, this will create a new span at the bottom of the existing list.

8. Enter Clients ID number, press the **Tab** key to tab over to the Change Date (Date auto populates)

9. Select the **SAVE** icon on the top menu bar

10. If agent has to enter another ID number/s repeat step 7 – 9.

11. Agent must make their notes in the **Notes** screen in OmniCaid

12. Form the **Client Detail** screen, select the **Go To** function on the menu bar and select **Notes**.

    a. Enter todays date

    b. Enter what type of changes were made in the Clients file in OmniCaid

    c. Enter initials

13. After notes have been entered; select the **Save Disk** icon on the menu bar.

Verifying Eligibility Span/s in OmniCaid

1. Click on the **Eligibility** Tab to verify if COE 085 (Category of eligibility) span does not already exist.

Note: If ASPEN has created a COE 085 span for that whole month, no changes are required, leave as is.

2. If ASPEN created a non-COE 085 in OmniCaid proceed to section titled **COE 085 and Non-COE 085 Eligibility Span in OmniCaid** span; the incorrect COE span must be voided out.

   *Note: Please see department lead or SME if span can be voided out (special processes will need to take place)

3. If ASPEN did NOT create a non-COE 085 in OmniCaid proceed to section titled **Adding COE 085 Eligibility Span in OmniCaid**

COE 085 and Non-COE 085 Eligibility Span in OmniCaid

1. If ASPEN created a non-COE 085 span in OmniCaid; Agent must verify in ASPEN that the non-COE 085 has been closed.

    a. Only COE 007 (Children Medical Services) may coexist

2. If non-COE 085 shows closed in ASPEN and in OmniCaid it shows as active (not voided out) and ASPEN does in fact indicate EMSA approved; Conduent agent will need to void out that non-COE 85 span. Proceed to step 28 under section **Voiding Non-COE 085 Eligibility Span in OmniCaid**

3. If non-COE 085 in ASPEN shows as active and crossed over to OmniCaid as non-COE 085; an email must be sent to the EMSA Team requesting claim pen to LOC 898 for State review. The State will need the following information

    a. Client ASPEN Case #

    b. Date of Service/span

    c. ISD county office contact number

    d. Screenshots of OmniCaid and ASPEN

    e. Agent must follow State direction

4. If State direction is to Void out the non-COE 085 in OmniCaid proceed to step 28 under section **Voiding Non-COE 085 Eligibility Span in OmniCaid**

    a. Number memo to follow

5. If State direction is not to Void the non-COE 085 in OmniCaid proceed to step 34 under section **Adding COE 085 Eligibility Span in OmniCaid**.

6. If non-COE 085 span in OmniCaid is full benefits (ACA); Verify that the client does not have a Lockin Span (CCO)

7. From the **Client Detail** screen; select the **Go to** function on the menu bar and select **Client Lockin**

8. Verify that the client is not enrolled with a CCO (Centennial Care Enrollment) plan.

9. <mark>If Lockin Type has CCO and a CCN for the same time span;</mark> Email must be sent to Santos M. (Santos.Molano@state.nm.us) and Sonya (Sonya.Pierce@state.nm.us) at the State with the following:

    a. Client ID # (ASPEN Case #, ASPEN Individual #),

    b. Provide the active and voided CCO/CCN span

    c. Request active span to be removed/voided

    d. ISD county office contact number

    e. All EMSA clients with non-COE 085 & CCO Lockin span must be tracked on the spreadsheet located in the Shard drive at H:\Provider Relations\EMSA & LOC 180 titled **EMSA with Lockin.xlsx**

10. If Lockin Type has CCN (Recoupment-No Money CCO); that means that the Lockin has been recouped and claims are now able to be reprocessed for payment.

11. If Agent is approved to recoup CCO; notes must be made in the **Notes** section at the bottom.

    a. Numbered Memo to follow

Voiding Non-COE 085 Eligibility Span in OmniCaid (numbered memo to follow)

1. Select the non-COE 085 span; this span will now appear in the top section where you are able to make changes

2. Click on the first field **Void Ind** and select **V – Voided**

3. Now validate voided span by selecting the **Red Check** Mark on the Top menu bar

4. After the Voided span has been validated; Select the **SAVE** icon on the tope menu bar

    a. Currently all EMSA clients with non-COE 85 & CCO Lockin span must be tracked on the spreadsheet located in the shard drive at H:\Provider Relations\EMSA & LOC 180 titled **EMSA with Lockin.xlsx**

5. Form the **Client Detail** screen, select the **Go To** Function on the menu bar and select **Notes**.

    a. Enter todays date

    b. Enter what type of changes were made in the Clients file in OmniCaid

      c.   Enter initials

Example: 08/08/14 - Recoup CCO Lockin span for Jan 2014 per memo # 14-1096. DT

6. After notes have been entered; Select the **Save Disk** icon on the menu bar. .

Adding COE 085 Eligibility Span in OmniCaid

1. Agent is now able to add the correct COE 085 span

2. Right click anywhere in the top section, select **ADD**

3. Enter **Begin Date**,

      a.   Enter exact date that was approved on the MAD 310/ ISD Notice of Case of Action or in ASPEN

4. Tab over to the **End Date**;

      a.   Enter exact date that was approved on the MAD 310/ ISD Notice of Case of Action or in ASPEN.

5. Tab over to **COE Code**; COE will always be 085 (EMC Aliens - EMC for Undocumented Aliens)

6. Tab over to the **Fed Mtch** (Federal Match); will either be one of the following

      a.   04 Rstrc Inst - Restricted Inst & Alien Tanf

      b.   07 Al-Pregnnt - Alien - Pregnant

7. To determine which Federal Match must be used, Agent will need to view the image of the claim.

8. If Image of claim submitted was on a CMS 1500; Federal Match will always be 04

9. If Image of claim submitted was on a UB -04; agent will need to view the Description in box 43

      a.   If Description states it was for labor and/or delivery; Federal Match will always be 07

      b.   If Description does not state it was for labor and/or delivery; Federal Match will always be 04

10. Tab over to **Case Number**; enter ASPEN Case # (if one was provided on MAD 310/ ISD Notice of Case of Action or found in ASPEN), if no Case # was found enter the clients Temp ID that was provided on the MAD 310/ ISD Notice of Case of Action.

11. The information entered will now need to be validated by clicking on the **red check mark** on the menu bar

12. TCN has been worked and will be removed from location 245 when OmniCaid does the night cycle updates.

Note: Remember to update the spreadsheet located in the Shared Drive at H:\Provider Relations\EMSA & LOC 180\Assigned to staff

13. Form the **Client Detail** screen, select the **Go To** Function on the menu bar and select **Notes**.

      a. Enter todays date

      b. Enter what type of changes were made in the Clients file in OmniCaid

      c. Enter initials

14. After notes have been entered; Select the **Save Disk** icon on the menu bar.

VIII.   Creating a NEW EMSA Client file in OmniCaid (Client NOT in OmniCaid) – Numbered Memo will be required.

This section describes the situation when processing EMSA who does NOT already exist in OmniCaid (that is a client who is NEW to OmniCaid).

Information required to create NEW file

1. The information listed below must be provided on the MAD 310/ ISD Notice of Case of Action, Claim, and in ASPEN in order to create NEW file in OmniCaid

    a. Name (First & Last)

    b. Date of Birth

    c. Gender

    d. Temporary ID (some caseworkers might still use them)

    e. ASPEN Individual # also known as the ASPEN MCI ID (if client is in ASPEN)

    f. ASPEN Case Number (if client is in ASPEN)

    g. Residential Address (can be found on the MAD 310/ ISD Notice of Case of Action and/or ASPEN)

    h. Geo Cnty/Adm Cnty (found on MAD 310/ ISD Notice of Case of Action) or Geo Cnty/Admin Office (found in ASPEN

    i. Descriptions of the Services being billed for

        • Only on hospital/UB-04 claim forms submitted (box 43)

    j. Eligibility (Dates)

        • On MAD 310/ ISD Notice of Case of Action

        • ASPEN (if available)

2. After verifying that there is in fact NOT an already existing file in OmniCaid Agent can now create a NEW file

Creating NEW Client file

1. In OmniCaid open the **Client Detail** screen

   a. If viewing the claim in the **Inquiry** screen, on the menu bar; Select **Go To**, then select **Client Detail**

2. In the Client Detail Selection, select **New** at the bottom

3. Pop up window will appear asking **ASPEN Client?**

   a. If Client is found in ASPEN; select **YES** (even if there is no approval dates)

   b. If Client is not found in ASPEN; select NO

4. Agent can now create a new file for the client

5. Enter Client Name

   a. Last Name

   b. First Name MI (if any)

   c. Suffix (should be placed after the last name)

6. Relationship to Head of Household (HH):

   a. Always A (A = Self)

7. Enter Birth Date

8. Enter Gender

9. Enter Race

   a. Always 9 (Unknown)

10. Primary Language

    a. This information is available in ASPEN

    b. See Client Call Center Procedures Manual located at H:\Procedures\Recipient_Client Call Center Procedures.docx

11. Ethnicity

    a. This information is available in ASPEN

    b. See Client Call Center Procedures Manual located at H:\Procedures\Recipient_Client Call Center Procedures.docx

12. Select the **SAVE** icon on the menu bar

13. Select **Residential Address** tab

    a. This information can be found on the MAD 310/ ISD Notice of Case of Action and in ASPEN

14. The following is required in the bottom section titled **Detail Residential Address**

    a. Line 1: Street Address

      b.   Line 2: Continue of Address

      c.   City

      d.   State

      e.   Zip Code

      f.   Geo Cnty

      g.   Admin Cnty (only if No was selected to the question is this an **ASPEN Client**)

      h.   Admin Office (only if Yes was selected to the question is this an **ASPEN Client**))

      i.   Addr Beg Dt (Address Begin Date)

          1.   Begin date should always be the 1st day of the month the request is for

      j.   Addr End Dt: (Address End Date)

          1.   End date should always be entered as 12/31/9999

15. Select the **SAVE** icon on the menu bar

16. Select the **Previous Info** tab

17. On the left section titled **Client IDs**; add all ID types listed below, if available.

      a.   Temp ID (now with ASPEN there will be fewer Temp IDs)

      b.   SSN (in some cases EMSA clients will have a SSN)

      c.   ASPEN Individual # also known as the ASPEN MCI ID

      d.   ASPEN Case Number

18. Select the **Plus (+)** sign, this will create a new span

19. Enter clients ID number under **Client ID**, press the **Tab** key to tab over to the **Change Date** (date auto populates)

20. Select the **SAVE** icon on the top menu bar.

21. If agent has to enter another ID; repeat steps 20 - 22

22. Select the **Eligibility Tab**

23. Right click anywhere in the top section, select **ADD**

24. Enter **Begin Date**,

      a.   Enter exact date that was approved on the MAD 310/ ISD Notice of Case of Action or in ASPEN

25. Tab over to the **End Date**;

      a.   Enter exact date that was approved on the MAD 310/ ISD Notice of Case of Action or in ASPEN.

26. Tab over to **COE Code**;

      a.   COE will always be 085 (EMC Aliens - EMC for Undocumented Aliens)

27. Tab over to the **Fed Mtch** (Federal Match); will either be one of the following

      a.   04 Rstrc Inst - Restricted Inst & Alien Tanf

      b.   07 Al-Pregnnt - Alien - Pregnant

28. To determine which Federal Match must be used, Agent will need to view the image of the claim in IntraViewer.

29. If claim submitted was on a CMS 1500;

      a.   Federal Match will always be 04

30. If claim submitted was on a UB -04; agent will need to view the Description in box 43

      a.   If Description states it was for labor and/or delivery; Federal Match will always be 07

      b.   If Description does not state it was for labor and/or delivery; Federal Match will always be 04

31. Tab over to **Case Number**; enter **ASPEN Case #** (if one was provided on MAD 310 / ISD Notice of Case of Action or found in ASPEN), if no Case # was found enter the clients Temp ID that was provided on the MAD 310 / ISD Notice of Case of Action.

32. If **Yes** was selected; enter the clients Individual **ASPEN ID** in the **ASPEN MCI ID** filed.

33. If No was selected to is ASPEN client; Enter the clients Temp ID in the **Client ID** filed.

34. Now that all information has been entered; **Validate** by clicking on the **red check mark** on the menu bar

35. After COE span has been validated; Select the **SAVE** icon on the top menu bar

36. TCN has been worked and will be removed from location 245 when OmniCaid does the night cycle updates.

    Note: Remember to update the spreadsheet located in the Shared Drive at
H:\Provider Relations\EMSA & LOC 180\Assigned to staff

37. Form the **Client Detail** screen, select the **Go To** Function on the menu bar and select **Notes**.

      a.   Enter todays date

      b.   Enter what type of changes were made in the Clients file in OmniCaid

      c.   Enter initials

38. After notes have been entered; Select the **Save Disk** icon on the menu bar.

IX. Escalation

This section describes the situation on how to handle escalations via phone calls, emails from State, and/or emails form TPA.

Escalation via Phone Call

Regardless if Management or Lead is available

1. If a Provider is requesting to speak to a Supervisor, Manager or Lead; an email must be sent to NMProviderSUPPORT at NMProviderSUPPORT@Conduent.com and provide the following:

    a. Indicate this is an EMSA claim/issue

    b. CRN number that was provided to the Provider at the end of the call.

    c. TCN

    d. Reason for escalation.

2. Management will delegate email request to Agent to resolve.

3. Delegated Agent will then if possible request TCN be reprocessed Via CRM.

4. If claim is not able to be reprocessed, Agent will then need to either depending on issue:

    a. Email the State of this issue. Please refer to above section titled **How and When Email must be sent**

    b. A call back to the Provider, explaining the reason for denial and a corrected claim is required.

Escalation via Email

Emails received would be from either the State or the TPA.

1. Emails must be received through the NMProviderSUPPORT at NMProviderSUPPORT@Conduent.com mail box.

2. Management will then delegate email request to Agent to resolve.

3. Delegated Agent will then if possible request TCN be reprocessed Via CRM.

    a. Must respond to requester issue has been resolved and must also provide a CRN.

4. If claim is not able to be reprocessed, Agent will then need to:

    a. Respond to the Requester the reason why the request cannot be completed. Please refer to above section titled **How and When Email must be sent**

X. Adjustment Log TCN request via CRM (Microsoft Dynamics)

1. To request a claim be reprocessed via CRM please see Procedure Manuel section titled **Adjustment Log TCN request via CRM (Microsoft Dynamics)**

XI. Claim Exception 1300 Protocol (EMSA UR Review)

This section describes the situation when claim exception 1300 has been denied either by Conduent or TPA.

Inpatient claim type – I

1. If 1300 has been denied "D" by TPA; Clerk ID will begin with the letter E

   a. Verify image in IntraVIEWER, to ensure clinical are attached to the claim.

   b. If no clinical are attached; Advise Provider to resubmit with all documentations. (Claim, MAD 310, Clinical, etc.)

   c. If clinical are attached; Advise the Provider to contact TPA to inquire as to why services were not approved as Emergency services.

2. If 1300 has been denied "D" by Conduent; Clerk ID will begin with NMCT

   a. Advised the Provider services were denied in error and will submit request to have TPA review services.

   b. Ensure clinical are attached to claim; verify image in IntraVIEWER.

   c. Submit claim via CRM stating this is an EMSA claim and services will require TPA review. If past 90 days, request to force timely as well.

Outpatient claim type – O

1. If 1300 has been denied "D" by TPA; Clerk ID will begin with the letter E

   a. Revise Line Items tab; ensure revenue 0450 (Emergency) is indicated.

  b. If 0450 is indicated; claim was denied in error, request claim to be reprocessed.

  c. If 0450 is NOT indicated; claim was denied correctly; advised Provider services was not bill for Emergency services.

  d. Do NOT advise providers to contact TPA.

2. If 1300 has been denied "D" by Conduent; Clerk ID will begin with NMCT

  a. Revise Line Items tab; ensure revenue 0450 (Emergency) is indicated.

  b. If 0450 is indicated; claim was denied in error, request claim to be reprocessed.

  c. If 0450 is NOT indicated; claim was denied correctly; advised Provider services was not bill for Emergency services.

  d. Do NOT advise providers to contact TPA.

Physician claim type – P

1. If 1300 has been denied "D" by TPA; Clerk ID will begin with the letter E

  a. Agent will need to verify if Inpatient / Outpatient claim has been reviewed.

  b. If In/Out patient claim has been approved/paid "F"; Physician claim will need to be sent back for reprocessing.

  c. If In/Out patient claim has been denied "D"; Physician claim has been denied correctly.

  d. Do NOT advise providers to contact TPA.

2. If 1300 has been denied "D" by Conduent; Clerk ID will begin with NMCT

  a. Agent will need to verify if Inpatient / Outpatient claim has been reviewed.

  b. If In/Out patient claim has been approved/paid "F"; Physician claim will need to be sent back for reprocessing.

  c. If In/Out patient claim has been denied "D"; Physician claim has been denied correctly.

  d. Do NOT advise providers to contact TPA.

Transportation claim type – T

1. If 1300 has been denied "D" by TPA; Clerk ID will begin with the letter E

    a. Agent will need to verify if Inpatient / Outpatient claim has been reviewed.

    b. If In/Out patient claim has been approved/paid "F"; Transportation claim will need to be sent back for reprocessing.

    c. If In/Out patient claim has been denied "D"; Transportation claim has been denied correctly.

    d. Do NOT advise providers to contact TPA.

2. If 1300 has been denied "D" by Conduent; Clerk ID will begin with NMCT

    a. Agent will need to verify if Inpatient / Outpatient claim has been reviewed.

    b. If In/Out patient claim has been approved/paid "F"; Transportation claim will need to be sent back for reprocessing.

    c. If In/Out patient claim has been denied "D"; Transportation claim has been denied correctly.

    d. Do NOT advise providers to contact TPA.

Lab & X-ray claim type – L&X

1. If 1300 has been denied "D" by TPA; Clerk ID will begin with the letter E

    a. Agent will need to verify if Inpatient / Outpatient claim has been reviewed.

    b. If In/Out patient claim has been approved/paid "F"; Lab & X-ray claim will need to be sent back for reprocessing.

    c. If In/Out patient claim has been denied "D"; Lab & X-ray claim has been denied correctly.

    d. Do NOT advise providers to contact TPA.

2. If 1300 has been denied "D" by Conduent; Clerk ID will begin with NMCT

    a. Agent will need to verify if Inpatient / Outpatient claim has been reviewed.

    b. If In/Out patient claim has been approved/paid "F"; Lab & X-ray claim will need to be sent back for reprocessing.

    c. If In/Out patient claim has been denied "D"; Lab & X-ray claim has been denied correctly.

    d. Do NOT advise providers to contact TPA.

Change History

Revision	Date	Page	Section or Step	Description
001	05/10/2010	• All	• All	• Initial Publication
002	01/01/2011	•	•	• Added header footer and title
003	01/21/2011	• All	• All	• Removed HIPAA
004	06/15/2012	• All	• All	• Verify all info is correct
005	03/31/2014	All	All	Updated all pages
006	06/09/2014	4,5,6,7,8,9,10,1111	All	Updated info on pages
007	08/18/2014	All	All	Updated to include ISD Notice of Case of Action
008	09/11/2014	Pg. 6, 8, 10	Performance Standards, step V., step VI., and EMSA team (pg10)	Added SLA 30 days, updated titles
009	09/15/14	Pg. 20	Adjustment Log TCN request via CRM (Microsoft Dynamics)	Added new section
010	02-18-15	All	Att code 67, ACA COE 029 void, Email Loc 898	Updated
011	12/21/15	21	XI claim exception 1300 Protocol	Added section
012	06/03/16	Header page	Date	Updated from 12/22/15 to 06/03/16
013	06/03/16	Pg. 11	Step 5a	Added - If Case # is already added to another family members **Previous**

				Info tab; request to deny claim.
014	11/13/17	All	All	Rebranding to Conduent