

ACT New Mexico Access Community Together

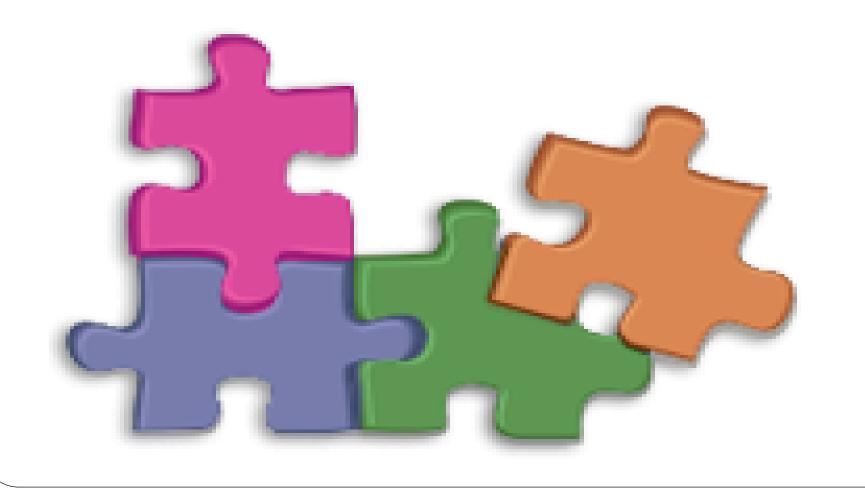
Insurance Basics

Iris Clevenger RN BSN MA CCM DOH, DDSD, Clinical Services Bureau



Insurance

Sometimes insurance is a puzzle.





ACT New Mexico

Commercial insurance

- Employer provided
- ➢ Private
- ➢Group purchase, such as AARP, your bank or school
- ≻Different types such HMO, PPO, etc.



ACT New Mexico

Medicare

- Federally funded
- Medicare and Medicare Advantage
- Medicare Supplements are available, but rarely purchased by those using Medicaid



ACT New Mexico

Medicare Parts

A: Hospital and facility
B: Outpatient, such as office visits
D: Drugs

Medicare A, B and D are required under federal guidelines for Medicaid



ACT New Mexico

Medicaid

Differs from state to state

➢Federal and state funded

Different programs and different categories of eligibility

Medicaid is always the payor of last resort



ACT New Mexico

Centennial Care is New Mexico's Managed Medicaid Program.

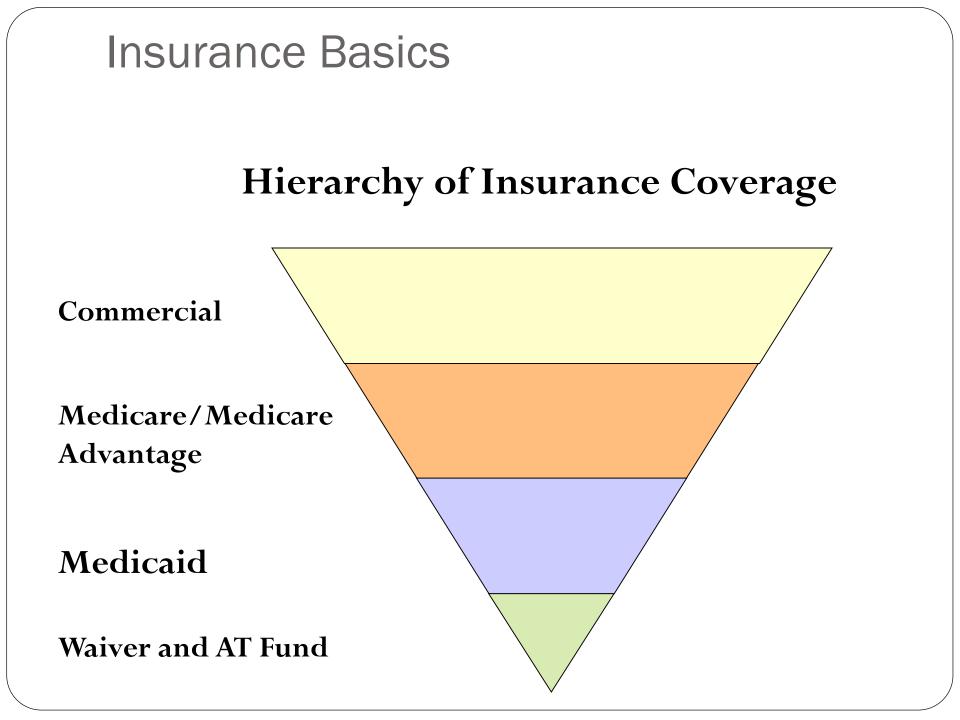


ACT New Mexico

Centennial Care is New Mexico's Managed Medicaid Program.



ACT New Mexico





Have you looked at your Member Handbook?

Every plan has: >Covered services >Non-covered services >Limitations



ACT New Mexico

Authorizations

When an authorization is needed:

- ≻Always:
 - Use the primary health plan first
 - > Use the primary health plan MCO network
- Doctor's order for evaluation may be needed for Home Care, Wound Care, DME and Therapies. Recommendations are then sent back to the doctor.
- Dr. Order or Prescription for needed items and services is necessary
- Prescription and authorization request is sent to the health plan by the provider or the doctor.



Approvals and Denials

- Approvals may be received by phone and by fax. Electronic notification may be provided on a provider web portal
- If additional information has been requested during the decision process, a delay in providing the information may result in a denial, because the decision must be made within a specific time frame and with the information on hand.
- Denials must be provided in writing, though a phone or faxed decision may also be given. The written denial will be sent to the member and to the requestor. Information will be present for appeal rights.

Centennial Care

 Centennial Care is the New Mexico's Managed Medicaid Managed Care Companies

- Blue Cross Blue Shield
- Molina Healthcare
- Presbyterian Health Plan
- United Healthcare
- Medical Care and Behavioral Health Care are with the same MCO
- A Care Coordinator may be assigned to your client. This can be helpful in complicated situations. You may call Customer Service to request assistance.

Centennial Care cont.

• If an individual has Medicare and Centennial Care which do you use?

Medicare then Centennial Care, because Medicaid pays last.



ess Community Toget

Durable Medical Equipment

- Often requires the use of a contracted provider
- Usually requires an authorization
- Benefit limitations apply
- Medical requirements for all equipment and attachments/accessories can be expected



Documentation for Authorizations

- Include the diagnosis and conditions that relate to the medical necessity of the item or service
- List parts if necessary
- If an accessory or part is needed for safety, clearly document the client need for the item
- Remember the client is the insured person, not the caregiver
- Documentation is best when presented in a clear concise manner. Your message can be lost when pages of documentation are submitted.

Care Coordination

- Know what insurance plans your client has
- Encourage the use of the Centennial Care Care Coordinator
- Centennial Care requires the use of a primary care practitioner, medical home and the use of HRA as well as additional screening for at risk members
- Centennial Care Customer Service is available for benefit information, provider location and can be called for a Care Coordinator
- Case Managers at the health plans now service the individuals with the highest level of need such as transplants or coordination of services out of state.

Insurance Basics Applied

• What scenarios would you like to walk through ?



Resources

- <u>http://www.hsd.state.nm.us/</u>
- <u>http://www.hsd.state.nm.us/providers/managed-care-policy-</u> <u>manual.aspx</u>

Contacts for <u>BlueCross BlueShield</u>:

- Provider Services Unit:
- (888) 349-3706

Contacts for <u>Molina Healthcare</u>:

- Provider Services
- (505) 341-7493

Contacts for **Presbyterian**:

- myPRES eHelp Desk
- Weekdays, 8:00 a.m. 5:00 p.m.
- (505) 923-5590

Contacts for <u>UnitedHealthcare</u>:

- Provider Call Center
- (888) 702-2202

