

COVID-19 MCO Frequently Asked Questions

- 1. Where can we find HSD guidance for MCO responses pertaining to COVID-19?**

Answer: Please reference the Letter of Direction published on:

<https://nmmedicaid.portal.conduent.com/static/covid.htm>

- 2. What is the protocol for Telehealth services and billing during the COVID-19 emergency?**

Answer: Detailed guidance on Telehealth Services and billing is included in the COVID-19 Letter of Direction (LOD) published on:

<https://nmmedicaid.portal.conduent.com/static/covid.htm>

- 3. MCOs have received requests from dental vendors to utilize tele dentistry for D0140 (oral evaluation, 0-20; 21 and over). Is this a reimbursable service and if so, what code should be used and what is the reimbursement amount?**

Answer: During the COVID-19 emergency, dentists can use code D9995, which will be reimbursed the same as D0140. Please see additional detail in the COVID -19 Letter of Direction published on: <https://nmmedicaid.portal.conduent.com/static/covid.htm>

- 4. Is the code D9995 applicable for all age groups and are there any benefit limitations? Is the effective date for this code 4/3/20?**

Answer: Yes, this is applicable to all ages. No, there are no benefit limitations until the COVID-19 emergency is lifted. The effective date is 4/3/2020, the issue date of LOD #31

- 5. Are In-Home Supervised visits mandated by the Centennial Care programs?**

Answer: Most in-home visit requirements are waived during the COVID-19 emergency. For additional detail, please reference the Letter of Direction published on:

<https://nmmedicaid.portal.conduent.com/static/covid.htm>

- 6. Is the extension from 90 days to 120 days only for Fair Hearings and not appeals?**

Answer: Correct. The extension from 90 days to 120 days only applies to requests for Fair Hearings. It does not apply to appeals.

- 7. During the COVID-19 pandemic, Medicaid cannot be closed for a COE 100 individual who is 65 and has Medicare. Will these individuals be considered a dual eligible for purposes of benefit coordination and that Medicare will be primary?**

Answer: Members would begin receiving Medicare when turning age 65 and thus be a dual eligible. MCOs will see more cases in which an individual is active on MAGI Adult (COE 100) who is age 65 and has Medicare during the COVID-19 pandemic. Usually this situation would result in closure of Medicaid for the member due to aging out or receiving Medicare. However, per CMS guidance, during the COVID-19 emergency HSD cannot close these individuals. Once the COVID-19 emergency is over, these individuals will close. When an individual is covered under COE 100 and has Medicare, the primary payer for most health care services will be Medicare and Medicaid will become the secondary payer.

8. Does the extension of nursing facility level of care (NF LOC) setting of care (SOC) and prior authorization (PA) apply to all home and community-based services or only to ASPEN members with a particular category of eligibility (COE) that will be determined by HSD?

Answer: NF LOC SOC and PA extensions apply to all long-term care populations (waiver and institutional care). The MCO will receive a FULL list of categories of eligibility (COEs) (full Medicaid, SSI, MAGI, etc., and Waiver and IC COEs) that were extended in ASPEN only. The MCO must then, review the list to:

- 1) Determine if the MCO has NOT already processed the NF LOC determination and will need to extend the NF LOC and SOC in Omnicaid to match the ASPEN record until the NF LOC can be processed by the MCO. This should be true for all cases on the list; **Or**
- 2) Determine if the MCO has already processed the NF LOC determination and updated the case record. These cases should not have been extended in ASPEN as the MCO has already provided ISD with information needed to process and approve/deny the case.

If the MCO has already processed the NF LOC and sent to ASPEN (per #2 above), the record should not have been extended by HSD in ASPEN.

NOTE: MCO should notify HSD/MAD/LTSSB/Crystal Hodges ASAP if a case on the list was extended that the MCO has already processed and submitted a NF LOC determination to ASPEN and Omnicaid. If multiple records are found, a spreadsheet identifying those cases can be sent via email, password protected.

9. Are MCOs required to submit any NF LOC extensions via ASPEN?

Answer: MCOs are NOT required to submit NF LOC extensions via ASPEN. MCOs should continue to process NF LOC determinations as scheduled (recertifications) and send via the 113 file to ASPEN.

10. When will HSD provide the lists of applicable COEs to the MCOs?

Answer: HSD/MAD delivered the list to the MCOs on 04/10/20. The list requires additional data fields and a request for additional data elements was submitted to ASPEN on 04/14/20. The updated file will be delivered early May 2020.

11. Can it be confirmed what the current NF LOC end dates are that would need an extension? For example, NF LOCs ending 4/1/20 through 5/30/20 that have not yet had a new NFLOC approved.

Answer: Each MCO will need to determine if the extension should be applied in Omnicaid for each case. Here are some examples:

Example 1: NF LOC ends 05/30/20 – this case was probably not extended (yet) because the case isn't up for recertification until May.

Example 2: NF LOC ended 03/31/20. Case in ASPEN was extended from 04/01/20 – 06/30/20 because ASPEN has not yet received the 113 NF LOC determination file from the MCO with dates of 04/01/20 – 03/31/21. Then the MCO should extend the case from 04/01/20 – 06/30/20 (three months) until the annual recertification can be completed and transmitted by the MCO, under the normal process, via ASPEN and Omnicaid. The MCO can then extend the SOC another 9 months or Void the 3-month extension and submit the full 12-month NF LOC SOC dates via Omnicaid.

12. Per LODs #30/31, MCOs are expected to expediate provider credentialing. Will HSD also be expediting provider enrollment/registration?

Answer: Yes, HSD is working closely with Conduent on the implementation of several federally allowable/approved changes intended to expedite the enrollment process. In addition, HSD is temporarily suspending the monthly provider “automatic termination” cycles.

13. Is the waiver for background checks and waiving pre visit for enrollment specific to credentialing or HSD's pre-enrollment process?

Answer: This specific part of HSD's 1135 waiver request is related to federal provider risk-based pre-enrollment screening requirements that HSD is required to follow.