

Medicaid School Based Programs

Purpose

This training will provide an overview of the New Mexico Medicaid School Based Program. The training will familiarize providers with claim submittal information as well as instructions.

Objectives

We will review the following processes as they pertain to the Medicaid School Based Programs:

- Overview of NM Medicaid Web Portal
- Timely Filing Guidelines
- Medicaid Primary Claim Instructions
- School Based Claims Reminders

NM Medicaid Web Portal Overview

New Mexico Medicaid Portal

New Mexico Medicaid Portal

Recipient/Recipiente

Providers







Recipients

I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

Log in to:

- Check your eligibility.
- Enroll in or change your managed care plan.
- Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO).
- Ask a question about your coverage.

YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO

Entre a:

- Chequear su elegibilidad.
- Registrarse o cambiar su plan de cuidado administrativo.
- Solicitar una tarjeta de identificación para el programa de pago por servicio de Medicaid (tarjeta azul/no con un plan de cuidado administrativo).
- Hacer una pregunta sobre su cobertura.

I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM

- Click here for information about the program
- Click here to see if you might be eligible

NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO

- Haga "click" aquí para información sobre el programa
- Haga "click" aquí para ver si puede ser elegible

Providers

SECURE INFORMATION

Log in to:

- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

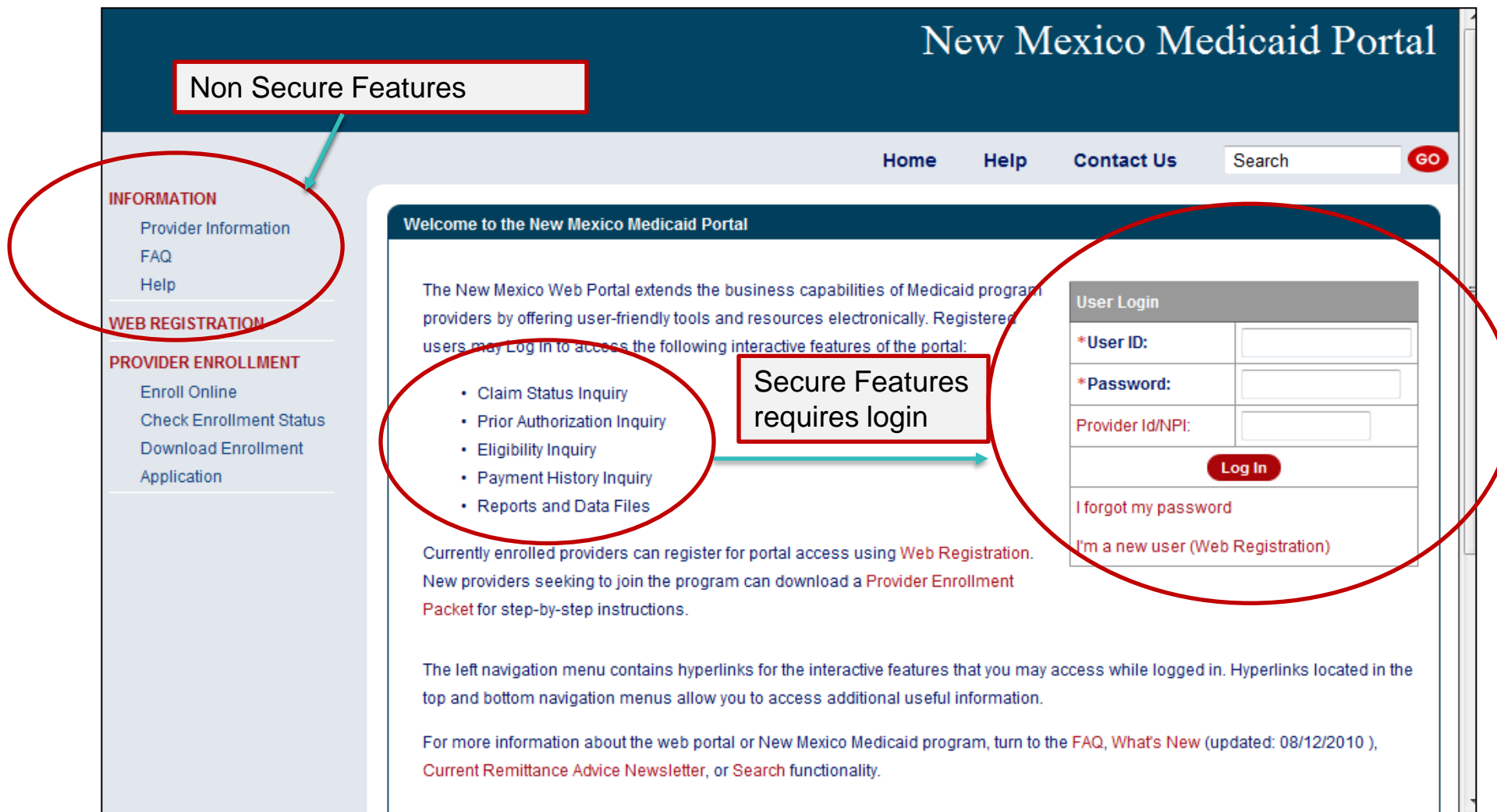
PUBLIC INFORMATION

View valuable information about the New Mexico Medicaid program, including:

- Training presentations
- FAQs
- 5010 testing
- Fee schedules
- Provider Enrollment: Online(NEW) or Paper Form
- Helpful links
- MORE
- New Mexico Medicaid E-News
- ICD-10 Testing
- Self-Direction FMA Forms (MI Via & Self-Directed Community Benefit)

[Terms of Usage](#)
[Privacy Policy](#)
[Browser Compatibility](#)

New Mexico Medicaid Portal



New Mexico Medicaid Portal

Home Help Contact Us Search **GO**

Non Secure Features

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Welcome to the New Mexico Medicaid Portal

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log In to access the following interactive features of the portal:

- Claim Status Inquiry
- Prior Authorization Inquiry
- Eligibility Inquiry
- Payment History Inquiry
- Reports and Data Files

Secure Features requires login

Currently enrolled providers can register for portal access using [Web Registration](#). New providers seeking to join the program can download a [Provider Enrollment Packet](#) for step-by-step instructions.

The left navigation menu contains hyperlinks for the interactive features that you may access while logged in. Hyperlinks located in the top and bottom navigation menus allow you to access additional useful information.

For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

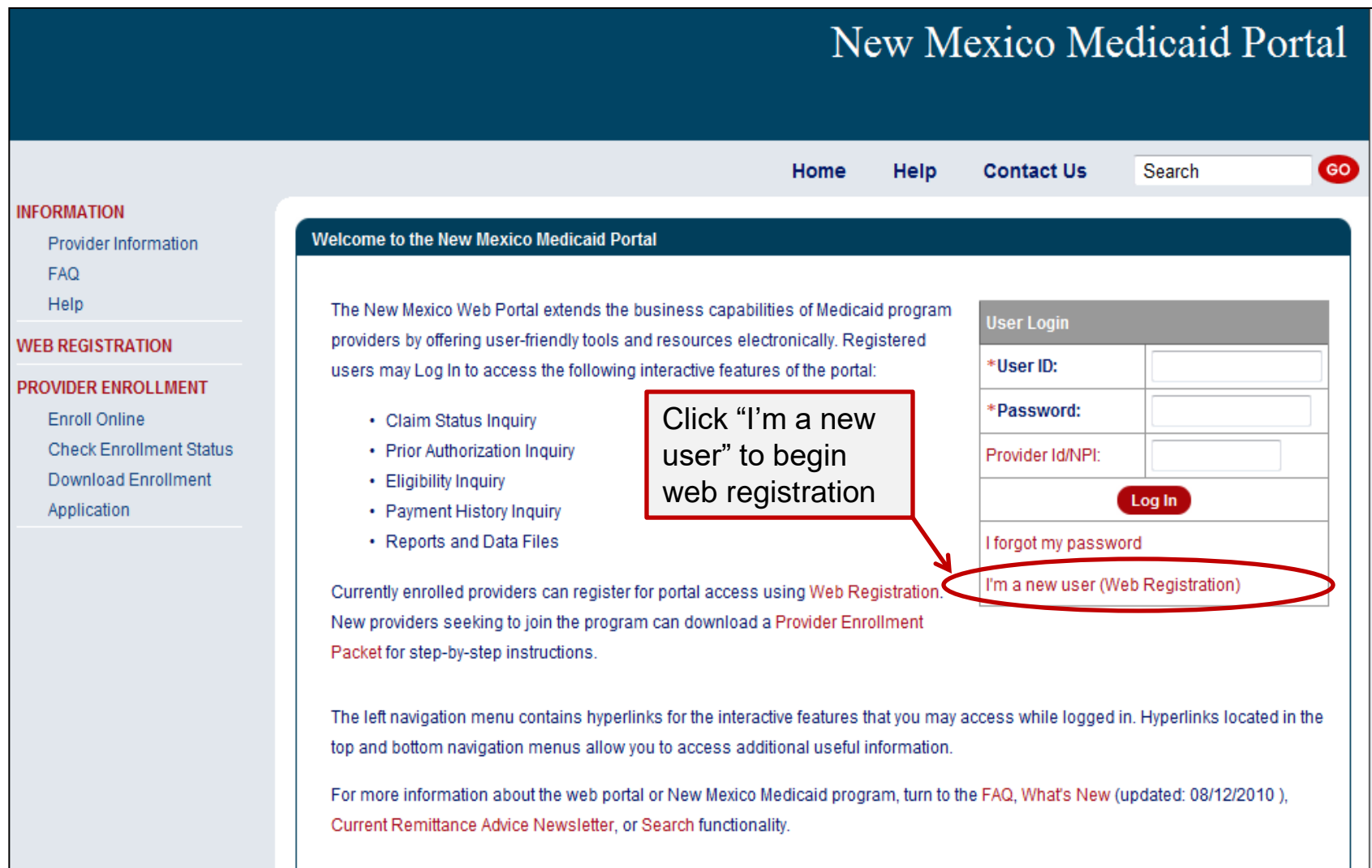
User Login

*User ID:	<input type="text"/>
*Password:	<input type="password"/>
Provider Id/NPI:	<input type="text"/>
Log In	

[I forgot my password](#)

[I'm a new user \(Web Registration\)](#)

New Mexico Medicaid Portal



The screenshot shows the New Mexico Medicaid Portal homepage. The header is dark blue with the title "New Mexico Medicaid Portal" in white. Below the header is a navigation bar with links for "Home", "Help", and "Contact Us", along with a search box and a "GO" button. The left sidebar contains three main sections: "INFORMATION" (with links for Provider Information, FAQ, and Help), "WEB REGISTRATION", and "PROVIDER ENROLLMENT" (with links for Enroll Online, Check Enrollment Status, Download Enrollment Application, and a link to the Provider Enrollment Packet). The main content area is titled "Welcome to the New Mexico Medicaid Portal" and contains a welcome message, a list of interactive features, and a "User Login" section. The "User Login" section includes fields for *User ID, *Password, and Provider Id/NPI, a "Log In" button, and links for "I forgot my password" and "I'm a new user (Web Registration)". A red box highlights the "I'm a new user (Web Registration)" link, and a red arrow points to it from a text box that says "Click 'I'm a new user' to begin web registration".

New Mexico Medicaid Portal

Home Help Contact Us Search GO

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Welcome to the New Mexico Medicaid Portal

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log In to access the following interactive features of the portal:

- Claim Status Inquiry
- Prior Authorization Inquiry
- Eligibility Inquiry
- Payment History Inquiry
- Reports and Data Files

Currently enrolled providers can register for portal access using [Web Registration](#). New providers seeking to join the program can download a [Provider Enrollment Packet](#) for step-by-step instructions.

The left navigation menu contains hyperlinks for the interactive features that you may access while logged in. Hyperlinks located in the top and bottom navigation menus allow you to access additional useful information.

For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

User Login

*User ID:	<input type="text"/>
*Password:	<input type="password"/>
Provider Id/NPI:	<input type="text"/>
<input type="button" value="Log In"/>	

[I forgot my password](#)

[I'm a new user \(Web Registration\)](#)

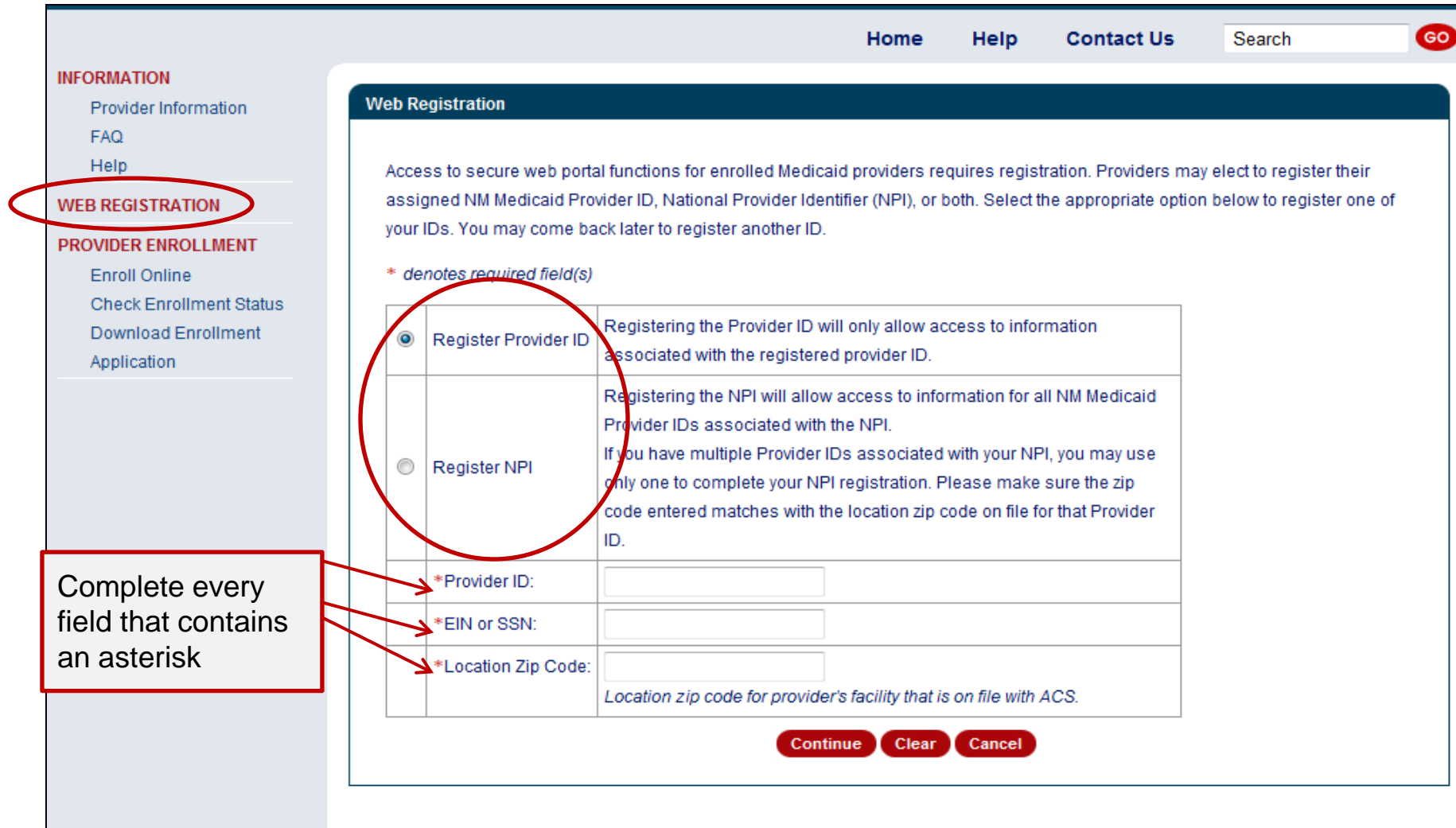
Click "I'm a new user" to begin web registration

Web Registration

Large Organizations with Multiple Billing Provider Numbers

Organizations with multiple billing provider numbers have to register each billing provider number in the web portal in order to inquire on claims, Prior Authorizations (PA) and payment history, as well as to access Remittance Advices (RA) and PAs used unit reports for each of their billing provider numbers.

Web Registration – How to Log-in



INFORMATION

- Provider Information
- FAQ
- Help
- WEB REGISTRATION**

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Home Help Contact Us Search **GO**

Web Registration

Access to secure web portal functions for enrolled Medicaid providers requires registration. Providers may elect to register their assigned NM Medicaid Provider ID, National Provider Identifier (NPI), or both. Select the appropriate option below to register one of your IDs. You may come back later to register another ID.

** denotes required field(s)*

<input checked="" type="radio"/>	Register Provider ID	Registering the Provider ID will only allow access to information associated with the registered provider ID.
<input type="radio"/>	Register NPI	Registering the NPI will allow access to information for all NM Medicaid Provider IDs associated with the NPI. If you have multiple Provider IDs associated with your NPI, you may use only one to complete your NPI registration. Please make sure the zip code entered matches with the location zip code on file for that Provider ID.
	*Provider ID:	<input type="text"/>
	*EIN or SSN:	<input type="text"/>
	*Location Zip Code:	<input type="text"/>

Location zip code for provider's facility that is on file with ACS.

Continue Clear Cancel

Complete every field that contains an asterisk

User Privileges



The screenshot displays the New Mexico Medicaid Portal interface. At the top, the title "New Mexico Medicaid Portal" is visible, along with a "Logout" link and user information: "User logged in as [ereynaga]" and "FASORGTN-NM FAS Organization". Below this is a navigation bar with "Home" and "Contact Us" links, a search box, and a "GO" button. The left side features a blue navigation bar with several sections: "INFORMATION" (Provider Information, FAQ), "PORTALADMINISTRATION" (Secure Options, ADMINISTRATION, INQUIRIES, REPORTS), "WEB REGISTRATION", and "PROVIDER ENROLLMENT" (Enroll Online, Check Enrollment Status, Download Enrollment Application). The "ADMINISTRATION" section is expanded, showing "User Home", "Change Password", "User Administration", and "Portal Administration". A red circle highlights the entire left navigation bar, and a red arrow points from a text box to the "ADMINISTRATION" section.

New Mexico Medicaid Portal

Logout
User logged in as [ereynaga]
FASORGTN-NM FAS Organization

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

PORTALADMINISTRATION
Secure Options
ADMINISTRATION
User Home
Change Password
User Administration
Portal Administration
INQUIRIES
REPORTS

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

User Home

Welcome, ereynaga (Erminia Reynaga)!

Today is Wednesday, April 20, 2016.

Please note that after 15 minutes of inactivity, you will be automatically logged out.

All authorized privileges for the user will be listed in the blue left hand side navigation bar

Eligibility Inquiry

The system will default the current date for date of service.

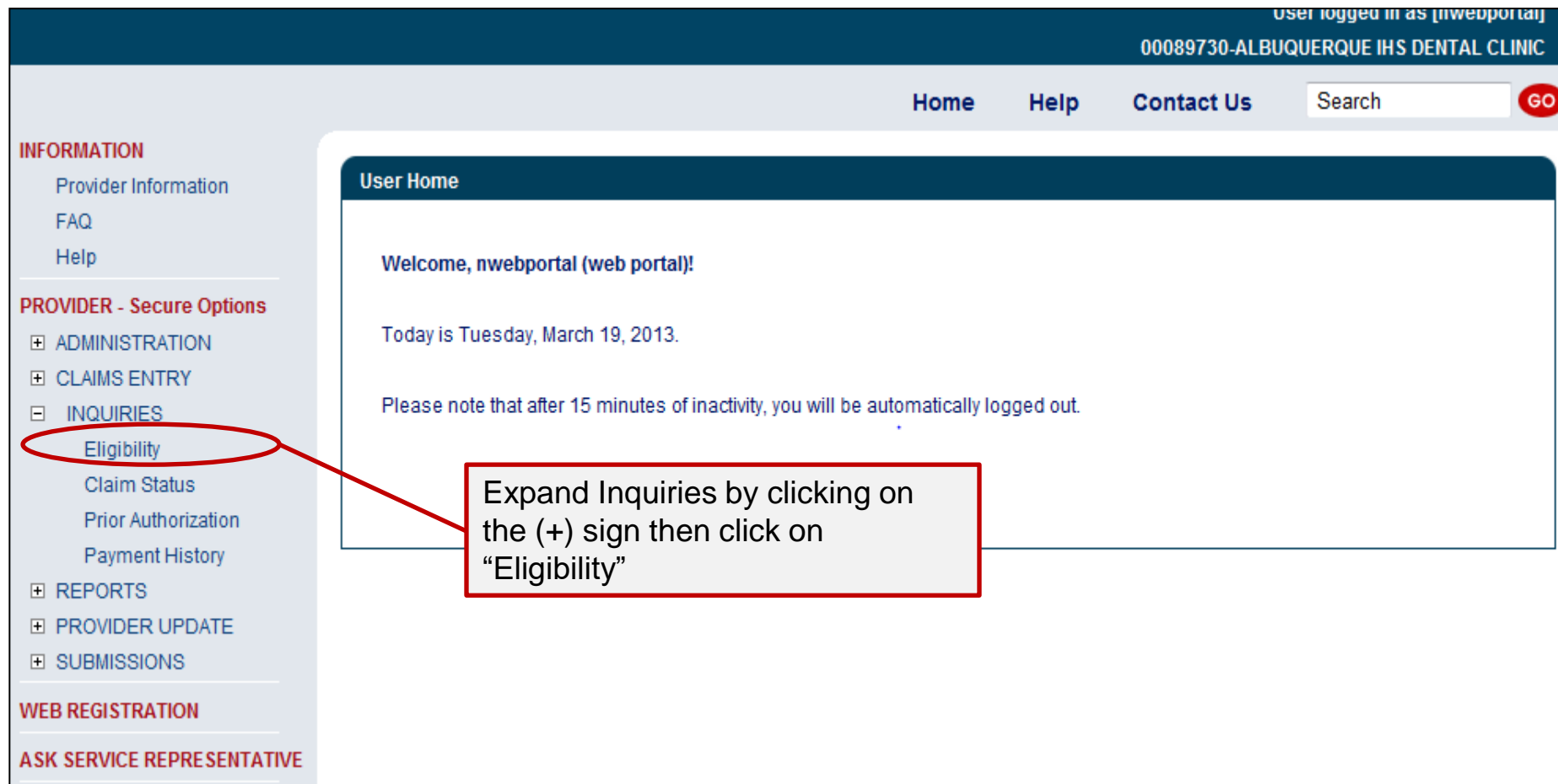
You can use any DOS within the past 2 years.

Date spans can be used.

Recipients can be searched using the following options:

- Recipient ID (this is the “SSN” style ID number, Medicaid ID, temporary SSN etc. 942XXXXXX)
- SSN and date of birth OR....
- Last name, first name, date of birth (information needs to match what is on the Omnicaid system)

Eligibility Inquiry



The screenshot shows a web portal interface for a user logged in as 'nwebportal'. The header includes the user ID '00089730-ALBUQUERQUE IHS DENTAL CLINIC' and navigation links for 'Home', 'Help', and 'Contact Us'. A search bar with a 'GO' button is also present. The left sidebar contains several menu categories: 'INFORMATION' (Provider Information, FAQ, Help), 'PROVIDER - Secure Options' (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, Eligibility, Claim Status, Prior Authorization, Payment History), 'REPORTS', 'PROVIDER UPDATE', 'SUBMISSIONS', 'WEB REGISTRATION', and 'ASK SERVICE REPRESENTATIVE'. The 'INQUIRIES' category is expanded, and the 'Eligibility' option is highlighted with a red circle. A red line connects this circle to a text box that reads: 'Expand Inquiries by clicking on the (+) sign then click on "Eligibility"'. The main content area, titled 'User Home', displays a welcome message, the current date (Tuesday, March 19, 2013), and a notice about automatic logout after 15 minutes of inactivity.

Eligibility Inquiry

INFORMATION

[Provider Information](#)
[FAQ](#)
[Help](#)

PROVIDER - Secure Options

ADMINISTRATION

CLAIMS ENTRY

INQUIRIES

Eligibility

Claim Status

Prior Authorization

Payment History

REPORTS

PROVIDER UPDATE

SUBMISSIONS

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT

[Enroll Online](#)
[Check Enrollment Status](#)
[Download Enrollment Application](#)

Home Help Contact Us Search GO

Eligibility Inquiry

To inquire on a Date of Service range, enter a 'From' date and a 'To' date.

To inquire on a single Date of Service, enter only a 'From' date.

Then enter the Recipient Inquiry criteria and click 'Submit'.

* denotes required field(s)

* Date of Service (From):	mm/dd/ccyy	
Date of Service (To):	mm/dd/ccyy	

The "SSN-style" ID number

* Recipient Inquiry

<input type="radio"/> Recipient ID:		
<input type="radio"/> Card ID:		Located on front of recipient's Medicaid card.
<input type="radio"/> SSN:		Date of Birth: mm/dd/ccyy
<input type="radio"/> Last Name:		First Name: Date of Birth: mm/dd/ccyy

Submit Clear

Eligibility Inquiry

If the recipient is eligible on the date entered, the response will include:

- Category of Eligibility (COE) and description
- All lock-ins
- Medicare information
- Third Party Liability (TPL) information
- Long Term Care information, if there is a long term care span (abstract) on file for the date entered that matches the inquiring provider number.

Eligibility Inquiry *Continued*

Eligibility Response

05/01/2014 04:21 PM MDT

Inquiry Criteria

Date of Service : 04/30/2014 To: 04/30/2014

SSN: Date of Birth:

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond this inquiry.

Recipient Information

Recipient ID: Recipient Name: :
 Date of Birth: Sex: Female
 Medicaid Card ID: Recertification Date: 03/31/2014

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Full Medicaid benefits	04/01/2014	12/31/9999	03/17/2014	

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	PRESBYTERIAN HEALTH PLAN	04/01/2014	12/31/9999

Medicare Information HIC Number: 629327805

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information [What's This?](#)

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

Patient Liability

This person is receiving COE 100

COE add date is important for timely filing purposes

Eligibility Inquiry *Continued*

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
003	Full Medicaid benefits	10/01/2013	12/31/9999	09/24/2013	

This person is blind receiving SSI COE 003

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	01/01/2014	12/31/9999

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information	What's This?			
Level of Care				
Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				
Patient Liability				
Begin Date	End Date	Patient Liability		
No Patient Liability Information on file for the requested date of service.				

Please note: This person has both Managed Care and TPL.

Third Party Liability Information					
Carrier ID:	000001	Carrier Name:	BLUE CROSS BLUE SHIELD	Phone:	8883493706

Turquoise Care Managed Care Organizations (MCOs)

Reminder: Claims for recipients who are enrolled in Turquoise Care are submitted directly to the Managed Care Organization they are enrolled with. Following is the contact information for those MCOs.

Turquoise Care MCOs	Contact Number	Website
BlueCross BlueShield of New Mexico	(866) 689-1523	www.bcbsnm.com/turquoise-care
Molina Healthcare	(844) 862-4543	https://www.molinahealthcare.com/members/nm/en-US/pages/home.aspx
Presbyterian	(888) 977-2333	http://www.phs.org/health-plans/turquoise-care-medicaid
United Healthcare Community Plan of NM	(877) 236-0826	https://www.uhc.com/communityplan/new-mexico/plans

What is a Transaction Control Number (TCN)?

917049000850000001

The first digit indicates what the claim “media” is:

2 = electronic crossover

3 = other electronic claim

4 = system generated claim or adjustment

8 = paper claim

9 = Web portal claim entry

Batch number

The last two digits of the year the claim was received

The numeric day of the year.

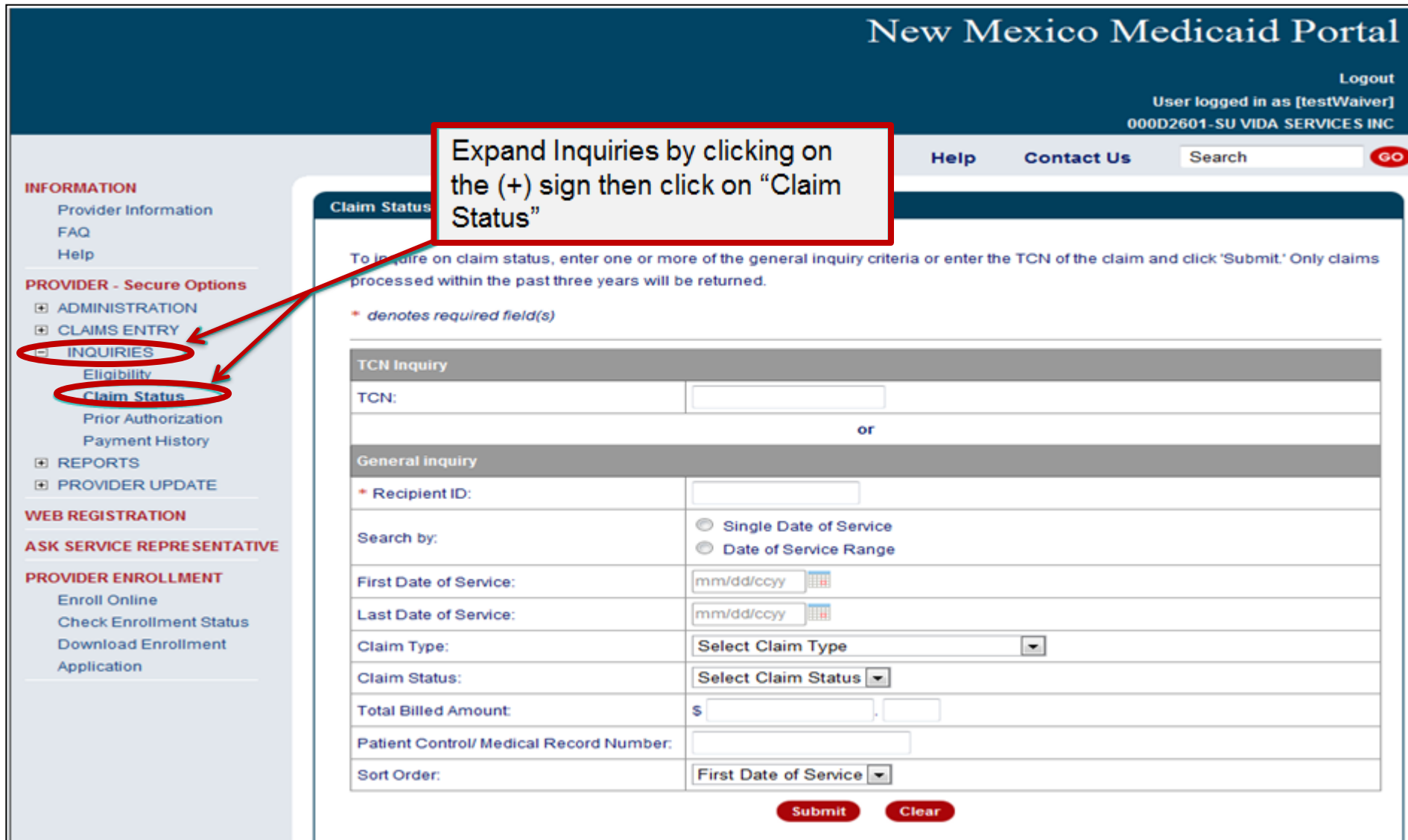
The twelfth digit in an adjustment/void TCN will either be:

1= Debit
2= Credit

The claim number within the batch.

This is the Julian Date - this represents the date the claim was received by Conduent: this claim was received the 49th day of 2017, or February 18, 2017

Claim Status Inquiry



New Mexico Medicaid Portal

Logout
User logged in as [testWaiver]
000D2601-SU VIDA SERVICES INC

Help Contact Us Search **GO**

INFORMATION
Provider Information
FAQ
Help

PROVIDER - Secure Options
 (+) ADMINISTRATION
 (+) CLAIMS ENTRY
 (+) **INQUIRIES**
 Eligibility
 Claim Status
 Prior Authorization
 Payment History
 (+) REPORTS
 (+) PROVIDER UPDATE

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
 Enroll Online
 Check Enrollment Status
 Download Enrollment Application

Claim Status

To inquire on claim status, enter one or more of the general inquiry criteria or enter the TCN of the claim and click 'Submit.' Only claims processed within the past three years will be returned.

* denotes required field(s)

TCN Inquiry


TCN:


or

General inquiry

* Recipient ID:

Search by:
☐ Single Date of Service
☐ Date of Service Range

First Date of Service: 

Last Date of Service: 

Claim Type:

Claim Status:

Total Billed Amount: \$

Patient Control/ Medical Record Number:

Sort Order:

Submit Clear

Single DOS Inquiry

Claim Status Inquiry

To inquire on claim status, enter one or more of the general inquiry criteria or enter the TCN of the claim and click 'Submit.' Only claims processed within the past three years will be returned.

* denotes required field(s)

TCN Inquiry

TCN:

or

General inquiry

* Recipient ID:

Search by:

☐ Single Date of Service

☐ Date of Service Range

First Date of Service:

mm/dd/ccyy

Last Date of Service:

mm/dd/ccyy

Claim Type:

Select Claim Type

Claim Status:

Select Claim Status

Total Billed Amount:

\$

Patient Control/ Medical Record Number:

Sort Order:

First Date of Service

Submit

Clear

Select "Single Date of Service" radio button

Enter a single DOS in the "First Date of Service" field

Date Range Inquiry

Claim Status Inquiry

To inquire on claim status, enter one or more of the general inquiry criteria or enter the TCN of the claim and click 'Submit.' Only claims processed within the past three years will be returned.

* denotes required field(s)

TCN Inquiry

TCN:

or

General Inquiry

* Recipient ID:

Search by:

☐ Single Date of Service

☒ Date of Service Range

First Date of Service:

mm/dd/ccyy

Last Date of Service:

mm/dd/ccyy

Claim Type:

Select Claim type

Claim Status:

Select Claim Status

Total Billed Amount:

\$

Patient Control/ Medical Record Number:

Sort Order:

First Date of Service

Submit

Clear

Select "Date of Service Range" radio button

Enter DOS in the "First Date of Service & Last Date of Service" field

More on Claim Inquiry

Keep the following in mind as you use claim inquiry:

- You will only see claim status (paid or denied) for the provider number you are logged in under, or have selected if you are logged in with an NPI.
- If your search yields more than 200 results, you will only see the first 200 and a message will appear telling you that has happened. Narrow your criteria if this happens.

Types of Inquiries

Reports and Data Files

Reports and Data Files

Providers can obtain access to the last 8 RA's from the Web Portal



New Mexico Medicaid Portal

Logout
User logged in as [testnm]

Home Contact Us Search **GO**

INFORMATION
Provider Information
FAQ

PROVIDER - Secure Options
+ ADMINISTRATION
+ CLAIMS ENTRY
+ INQUIRIES
+ **REPORTS**
 Reports and Data Files

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment

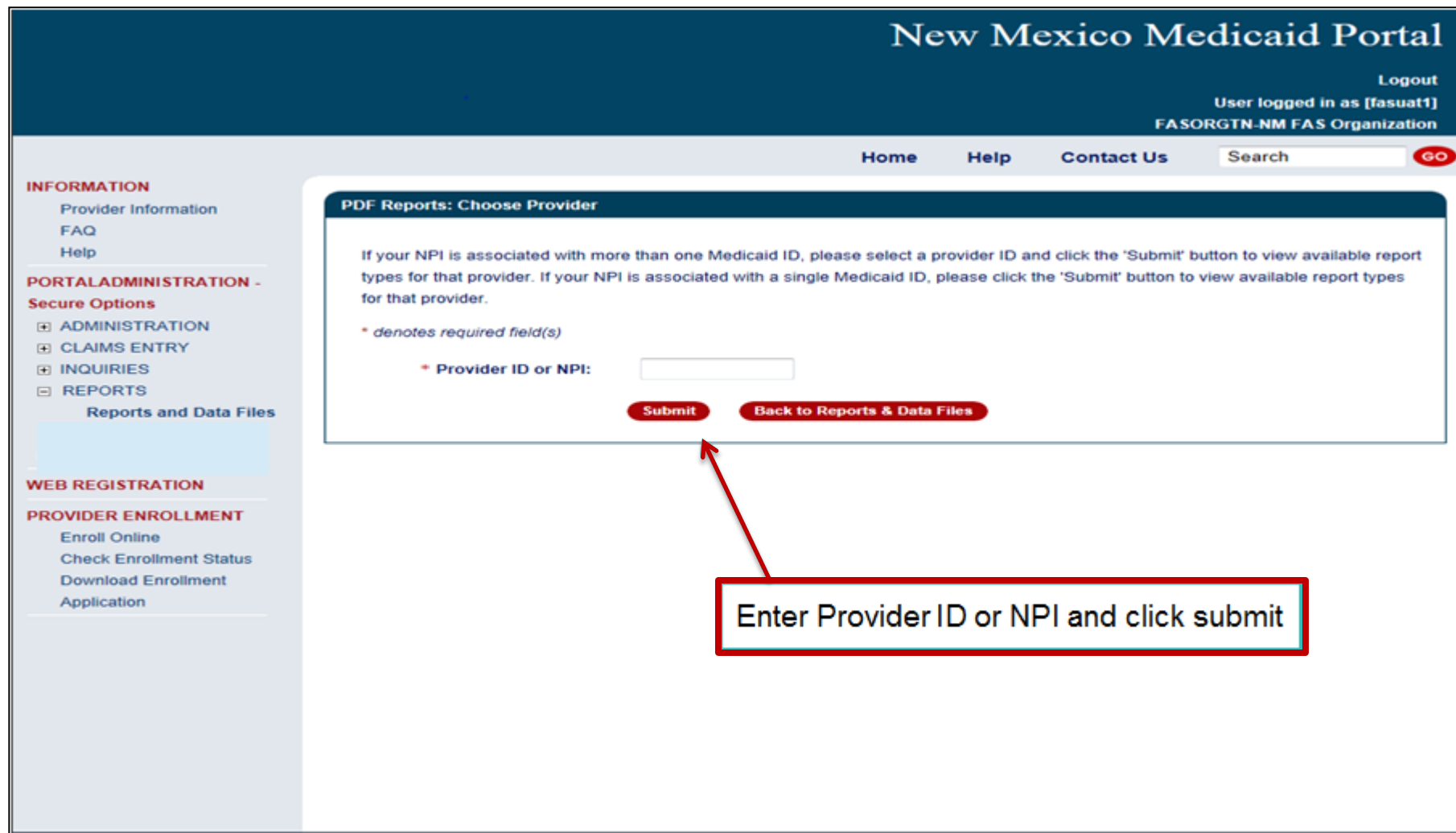
Reports and Data Files

Please click one of the following link(s) to display or download a specific report.

PDF Reports	Access PDF versions of your report and data files.
--------------------	--

Select PDF Reports to retrieve Remittance Advices

Reports and Data Files



New Mexico Medicaid Portal

Logout
User logged in as [fasuat1]
FASORGTN-NM FAS Organization

Home Help Contact Us Search **GO**

INFORMATION
Provider Information
FAQ
Help

PORTALADMINISTRATION - Secure Options
ADMINISTRATION
CLAIMS ENTRY
INQUIRIES
REPORTS
Reports and Data Files

WEB REGISTRATION
PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

PDF Reports: Choose Provider

If your NPI is associated with more than one Medicaid ID, please select a provider ID and click the 'Submit' button to view available report types for that provider. If your NPI is associated with a single Medicaid ID, please click the 'Submit' button to view available report types for that provider.

* denotes required field(s)

* Provider ID or NPI:

Submit **Back to Reports & Data Files**

Enter Provider ID or NPI and click submit

Timely Filing Guidelines

Timely Filing

All Fee For Service claims within **120** days from the initial date of service that do not require an attachment for payment must be submitted electronically.

For any assistance regarding Electronic Claims Submissions, contact the HIPAA Helpdesk

Via Email: HIPAA.Desk.NM@conduent.com

Via Phone: (800) 299-7304

Timely Filing

- For schools, the filing limits are 120 days for the initial filing period and 120 days for the grace period (rather than 90 days).
- When the recipient has retroactive eligibility, the initial filing limit is 120 days from the date the eligibility was added to the Conduent eligibility file and was therefore available to providers.

Exceptions to Timely Filing

- When the provider was not originally enrolled as a MAD provider on the date of service, the filing limit of 90-days is counted from the date the provider was notified of the enrollment, but must not exceed 210 days from the date of service.
- A provider should submit a provider participation agreement in sufficient time to allow processing and still meet the Medicaid 210 day limit for submitting the claim.

Timely Filing Hints

There are two filing limits to meet:

- The initial filing limit – 120 days from date of service
- The grace period limit – 90 days from paid/denial date

Continuing to re-file a claim does not continue to extend the filing limit. It is to the provider's advantage to file or request an adjustment on the most recently filed claim that met the original filing limit.

When requesting an adjustment on an adjusted claim, use the TCN of the final payment or denial, not the credit record which has a negative amount on the RA.

The filing limit does not apply when the provider is returning an overpayment to the Medicaid program.

School Based Claims Reminders

Place of Service Reminders

- Use place of service (POS) 03 when services are provided at school
- Use POS 11 when services are provided at the office
- Use POS 99 for all other sites/venues

Billing Reminders

Verify that the CPT, HCPCS, Diagnosis, etc. that you are billing for:

- are covered services with Conduent
- are covered for the appropriate age range
- are covered for the appropriate gender
- do not exceed the max allowed of units per line
- if invoice is required remember to attach the invoice
- does have the billing and rendering provider type selected to bill/render the services

Taxonomy Reminder

For School Based **billing** provider type 345, the valid Taxonomy Code is:

- 251300000X

Summary

- Gave an overview of the NM Medicaid Web Portal
- Defined Timely Filing Guidelines
- Visited Medicaid Primary Claim Instructions
- Reiterated School Based Claims Reminders

New Mexico Medicaid Resources

- New Mexico Medicaid Online
 - Provider Information
 - Provider Login Screen Notices
 - Provider E-News Newsletters
- Medicaid Provider Relations Call Center
- Provider Communication Updates
- Provider Field Representative
- Provider Webinars
- Open Forums and Live Training Sessions

New Mexico Medicaid Resources *Continued*

New Mexico Medicaid Portal – <https://nmmedicaid.portal.conduent.com/static/index.htm>

Claim Inquiries, Eligibility Verification, Electronic Claim Submission, Provider Manuals, E-News

NM Health Care Authority – <http://www.hca.nm.gov>

Supplements, Memos, Provider Billing Packets and Policy

Medical Assistance Division – PE Program Staff – HSD.PEDeterminers@state.nm.us

Assistance with PE Applications, PE Determinations, MAD 070, PE Training, PE Certification

Consolidated Customer Service Call Center – (800) 299 - 7304

Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Conduent Provider Relations Helpdesk – NMProviderSUPPORT@conduent.com

Claim research assistance and general Medicaid inquiries

Conduent HIPAA Helpdesk – HIPAA.DeskNM@hsd.nm.gov

Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

Conduent Provider Enrollment Helpdesk - NMProviderSUPPORT@conduent.com

Provider Enrollment Applications, Forms & Instructions

Medical Assistance Division, Program Rules – <http://www.hca.nm.gov/providers/rules-nm-administrative-code/>

NMAC for Programs administered by the Medical Assistance Division

Yes New Mexico - <https://www.yes.state.nm.us/yesnm/home/index>

Apply, check, update, or renew Medical Assistance (Medicaid) benefits

