

# Provider Bulletin

## LOVELACE SALUD! UPDATES

### ♥ NEW OptumHealth New Mexico is new Statewide Entity for Salud! Behavioral Health

Effective July 1, 2009, OptumHealth New Mexico becomes the new Statewide Entity for Salud! Behavioral Health services. OptumHealth will be responsible for providing behavioral health services for Medicaid members and other state-funded Behavioral Health Services.

Please contact OptumHealth if assistance is needed for the transition of patient care. You can contact OptumHealth regarding dates of service *on or after* July 1, 2009.

#### OptumHealth New Mexico

##### Contact information:

Provider Line: 866.660.7182  
Consumer/General Line: 866.660.7185

##### Claims address:

OptumHealth New Mexico  
P.O. Box 3137  
Albuquerque, NM 87190-3137

ValueOptions will be the Statewide Entity for Salud! Behavioral Health for all services *prior* to July 1, 2009.

### ♥ New DRG Guidelines for Hospital Readmissions

Effective July 1, 2009, Lovelace Salud! will start utilizing the same guidelines as CMS and Lovelace Senior Plan for hospital readmissions. The guideline will include combining DRG rates for facilities when a readmission occurs within 30 days, when medically appropriate. This will cause some changes to the way claims and/or prior authorizations are issues.

### ♥ IMPORTANT UPDATE – Updated requirements for Prior Authorizations

Did you know the Prior Authorization Grids (auth grids) are posted on the Lovelace Health Plan (LHP) website? The auth grids are located at [lovelacehealthplan.com](http://lovelacehealthplan.com). The auth grids indicate which services require a prior authorization. (Note: The prior authorization grids do not indicate if a procedure and/or service is a covered benefit.)

Twice a year the auth grids are reviewed by LHP. New grids are posted in January and July of each year.

The next auth grids will be posted to the website effective for dates of service starting July 1, 2009. Based on LHP's review of services listed on the Prior Authorization Grid, there will be additional procedures that require a prior auth that were not previously required.

#### Services that will require prior authorization for Medicaid members effective July 1, 2009 are:

- Hip replacements
- Knee replacements
- All back surgeries
- Pain management procedures including:
  - Epidural steroid injections
  - Facet injections
  - Epidural nerve blocks

Claims received for services that require a prior authorization, but one was not obtained, will be denied.

*For questions, please contact the Provider Response Team at 505.727.5456 or 800.808.7363.*

