

2.0 Transition Member PCS Authorizations – Frequently Asked Questions

Why am I seeing an unexpected increase of units on authorizations from new MCOs, including significant increases of several hours or more?

MCOs are reliant on the transition data provided by the relinquishing MCO. To limit provider burden, 2.0 MCOs loaded transition member authorization data with the amount of units provided on the transition file. This may result in a higher number of hours listed on the 2.0 MCO's authorization. We request that you use the authorization and allocation tool provided by the previous 1.0 MCO as there is no change to the hours allocated, schedule or IPoC.

In the event the Centennial Care 2.0 authorization has fewer hours than the Centennial Care 1.0 authorization, please contact the 2.0 MCO. Please include the previous MCO's documentation as supporting reference material.

In addition, providers are not to create schedules in AuthentiCare for more units than were on the original Centennial Care 1.0 authorization.

Why is there lack of information from the new MCO (allocation tool, demographic info, etc.)?

All MCOs are now including demographic information on the authorizations. For 2.0 transitioning member authorizations and missing allocation tools, please utilize the previous MCO's documentation.

What is the appropriate authorization to follow for a transition member and source of truth?

Please use the 1.0 MCO's allocation tool and authorization through the remainder of the approved date span. If agencies have received an updated paper authorization from the 2.0 MCO with units increased compared to the previous MCO's allocation tool, we ask that you use the 1.0 MCO's allocation tool and IPoC as your source of truth. This will help to ensure a seamless transition for the member.

Why are there workarounds for transition member authorization issues that vary by MCOs?

All MCOs are now in alignment with workarounds for authorization issues.

Will the MCOs be increasing their staff?

All MCOs are staffing accordingly to adhere to contractual requirements and associated timeframes.

When can I expect to hear back from an MCO on authorization inquiry?

All MCOs work diligently to respond to provider concerns as quickly as possible. MCOs will provide communication to agencies within two business days on status of their inquiry.

MCOs receive multiple requests for the same member, from multiple employees within the same agency. This can cause a backlog as many of the staff are working on the same member, which is resulting in duplication of effort.

The MCOs would like to request deploying a transition member authorization issue spreadsheet to be used by each agency for the appropriate MCO. Please use the attached spreadsheet when submitting multiple issues to any Centennial Care 2.0 MCO.

What document can be used to protect me from future recoupment?

Providers may use this document as your written instruction and guide.

Whom do I contact with authorization issues?

- **Blue Cross Blue Shield:** Christy Gray (505)816-2237 or christina_gray@bcbsnm.com
- **Presbyterian Health Plan:** UMLTCAAdmin@phs.org
- **Western Sky Community Care:** NMEVV@westernskycommunitycare.com

We appreciate your partnership during this time of transition and we remain committed to ensuring our members' needs are met.