PERSONAL CARE SERVICES

2025 Agency-Based Community Benefits Provider Newsletter

The Turquoise Care Managed Care Organizations (MCOs), in collaboration with the New Mexico Health Care Authority (HCA), are sharing important updates for Agency-Based Community Benefit (ABCB) Personal Care Services (PCS) providers. This newsletter provides guidance on current requirements, upcoming audits, frequently asked questions and more.

AuthentiCare Guidance and Notices

Aggregator

HCA has approved the implementation of the data aggregator for AuthentiCare, an interface engine that collects visit data from third-party Electronic Visit Verification (EVV) systems and feeds that information into AuthentiCare. The data aggregator provides an open specification for third-party EVV systems to integrate with the aggregator and ensure seamless claim adjudication. MCOs are working closely with Fiserv on this project and preparing agencies for implementation scheduled for Jan. 1, 2026.

EVV Web Claims

To prevent claim denials, when manually entering a claim in AuthentiCare, MCOs request that agencies include the following information:

- Date spans including beginning and resolution dates.
- List of issue descriptions and ticket number, if one was given.
- Detailed information on issues and resolutions.
- Substitute caregivers added to the system if they will be in place longer than two days.
- AuthentiCare ticket number, including issue description and length.
- Mobility Exchange order number.
- A consistent description if there are multiple entries for the same member and/or issue.
- The correct drop-down on entries.

Tips for entering claims correctly into AuthentiCare:

- Do not use uncommon abbreviations.
- Spell out all acronyms on first use.
- Work with your provider representative if there are issues getting a ticket resolved.

Late and Missed Visit Reports

Providers should continue entering client schedules so that caregivers have access to these schedules for those in need of service. If a caregiver finds that they are unable to work the time listed on the schedule, then they should notify the agency to update the time or enter a note in the schedule. Agencies can modify the schedule threshold to avoid a report flag identifying the event as late and/or missed.

Full guidance on this process may be found on pages 93-96 of the AuthentiCare User Manual.

AuthentiCare Password Reset

If an AuthentiCare user makes three incorrect password attempts, the user will be locked out of the system for an hour. Passwords can be reset via these methods:

- **Security Questions**: Users are highly encouraged to add security questions in AuthentiCare for password resets. Enabling security questions will allow for a quicker reset process, as the user will be able to answer questions to trigger a password reset email.
- **Helpdesk**: If security questions are not set up, the user will need to call the AuthentiCare Helpdesk to enable the account and reset the password via:
  - **Phone**: 1-800-441-4667
  - **Email**: authenticare.support@fiserv.com

Member or Authorizations Not Visible

If a member or authorization is not visible in AuthentiCare or there is no Setting of Care listed after the member transitions to ABCB, please reach out to your agency's assigned provider representative for assistance.

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Legally Responsible Individual Frequently Asked Questions

To ensure that providers are knowledgeable regarding the Legally Responsible Individual (LRI) process, the Turquoise Care MCOs are providing the following submission assistance:

Who can be considered an LRI?

Parents (biological or adoptive) of a minor child, legal guardians who provide care to a member, or the spouse of a member, may all be considered LRIs.

Can a spouse or parents be a paid caregiver?

Yes, in **extraordinary circumstances,** the spouse of a member, a legal guardian, or a parent of a minor child may be considered as a paid caregiver.

How frequently do LRI forms need to be completed/ submitted?

LRI forms must be submitted annually to align with the member's PCS authorization span.

Where and how must LRI request forms be submitted for review?

Forms should be submitted to the member's care coordinator. If you are unsure of the member's care coordinator, please contact your assigned MCO provider representative.

How long is the LRI approval process?

Once received, the LRI will be processed within five to seven business days.

What is the responsibility of the agency and member for completing and submitting LRI forms?

The agency and member are responsible for ensuring that other options have been evaluated to support the member with caregiver needs before requesting an LRI as a paid caregiver. LRIs must be member-specific and member-driven. Agencies should not submit templated responses. Annual form submission should occur before the finalization of the PCS authorization span and prior to the requested LRI serving as a caregiver.

If PCS are being provided for someone over 18 and they have a legal court-appointed guardian, does an LRI request form need to be completed?

Yes, in extraordinary circumstances, a legal court-appointed guardian may submit an LRI form to serve as the member's LRI. For more information, view section 8.14 (Personal Care Services) of the Managed Care Policy Manual.

Can the person requesting to be the LRI sign as the member/legal representative?

Individuals requesting to be the paid LRI should not sign the LRI form unless the MCO receives documentation stating why that person must be the signee. Power of Attorney or legal guardianship paperwork, where necessary, is required for LRI requests.

If an LRI was approved in the past, can the person continue to work as a paid caregiver?

No. LRI approval review is required annually.

Are licenses/certificates/other paperwork required to prove the LRI's relationship to the member?

A marriage license in the case of a spouse, or a birth certificate in the case of a parent, is not required to be a paid caregiver. Legal guardianship paperwork, however, is required for LRI requests.

2025 Calendar Year Audit Preparation

Annual HCA/MCO audits will be performed for the 2025 calendar year beginning in 2026. To make sure you are prepared, please ensure that agency information is current:

- Facility name (if there is a change or "doing business as" name)
- Location(s)
- Contact information, including email
- Contracted services with each MCO

MCOs will send invitations to training dates in 2026 for the 2025 calendar year ABCB and Home and Community-Based Services (HCBS) annual audits.

Effective July 1, 2025, any provider contracted to provide medically-tailored meals for Turquoise Care Managed Care members will be eligible for an audit in 2026 for the 2025 calendar year.

To learn more, please view this ABCB PCS provider training that was offered in 2025 for calendar year 2024.

Critical Incident Reporting Frequently Asked Questions

The Turquoise Care MCOs would like to remind ABCB PCS providers of the importance of timely Critical Incident Reporting (CIR). The following FAQ has been prepared to outline the essential parts of this process:

Why should a CIR be filed?

A CIR helps ensure that everyone assisting the member has the most current information. It also addresses potential gaps in the member's care and expedites actions to ensure the member's needs are being met.

When should a CIR be filed?

A CIR should be filed within 24 hours of awareness of the incident. If the incident occurs on a weekend or holiday, the report must be filed on the next business day. If a CIR is filed late, the cause for untimely filing should be documented in the report.

How should a CIR be filed?

CIRs should be filed through the HCA/Medical Assistance Division (MAD) Critical Incident Reporting Portal. The report must include detailed information regarding the member(s) and state how their health and safety have been addressed.

Who is responsible for submitting the CIR?

The individual or entity that is first made aware of the incident is responsible for submitting the CIR through the reporting portal.

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