DSIPT & LRI Provider Training

MCO Introductions

Delivery System Improvement Target (DSIPT)

DSIPT – *Why is this information Needed?*

- Beginning July 1, 2024, the Turquoise Care Managed Care Organizations (MCOs) are required by New Mexico Health Care Authority (HCA) to capture additional information on agency-based Personal Care Services (PCS) provided for the Delivery System Improvement Target (DSIPT) and for Legally Responsible Individuals (LRI).

- MCOs will capture the data to provide accurate reporting on unfulfilled hours to determine why services are not being rendered and if additional support is needed.

- PCS agencies should confirm that their agency contact information (specifically email address) is up to date in AuthentiCare. This will ensure that late/missed notifications are sent to the correct contact person at the agency.

- PCS agencies are also required to create and update schedules in AuthentiCare.

DSIPT – *Will this affect the member and provider experience?*

- The reporting of data will require additional tasks for the provider and allow for MCOs to effectively capture and report on the information.

- For members, it will allow MCO's and HCA to determine why services are not being rendered and if additional support is needed.

- The new process will not impact claims.

DSIPT – *What has changed?*

- Providers are now required to enter missed or late visit reason codes in AuthentiCare for each occurrence.

- Late and Missed Event descriptions have been updated to capture additional categories.

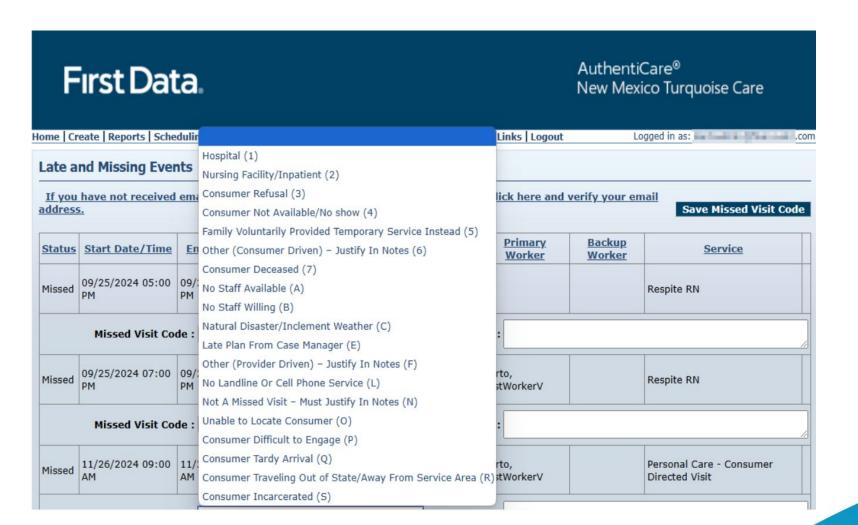| Original Description	Original Code	New Description	New Code
Hospital	1	Hospital	1
Nursing Facility temporary	2	Nursing Facility/Inpatient	2
Consumer refusal	3	Consumer Refusal	3
Consumer not available - justify in notes	4	Consumer Not Available/No show	4
Family voluntarily provided temporary service instead	5	Family Voluntarily Provided Temporary Service Instead	5
Other (consumer driven) - justify in notes	6	Other (Consumer Driven) – Justify In Notes	6
Consumer deceased	7	Consumer Deceased	7
No staff available	A	No Staff Available	A
No staff willing	B	No Staff Willing	B
Natural disaster/Inclement Weahter	C	Natural Disaster/Inclement Weather	C
Late plan from Case Manager	E	Late Plan From Case Manager	E
Other (provider driven) - justify in notes	F	Other (Provider Driven) – Justify In Notes	F
No Landline or Cell Phone Service	L	No Landline Or Cell Phone Service	L
Not a Missed Visit - must justify in notes	N	Not A Missed Visit – Must Justify In Notes	N
		Unable to Locate Consumer	O
		Consumer Difficult to Engage	P
		Consumer Tardy Arrival	Q
		Consumer Traveling Out of State/Away From Service Area	R
		Consumer Incarcerated	S

DSIPT – *Viewing Missed Visits*

- Providers will continue to access the Late and Missed Visits Report to document the information.

- Providers will now be required to document any Critical Incident (CIR) ID numbers in the missed visit reason code notes section.
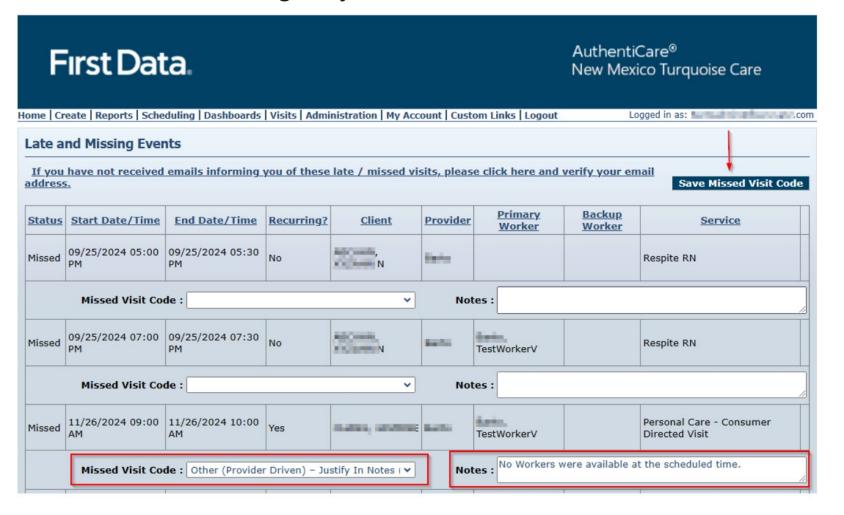
DSIPT – *Missed Visit Reason Codes*

- Providers may reference the missed visit reason codes directly in AuthentiCare.
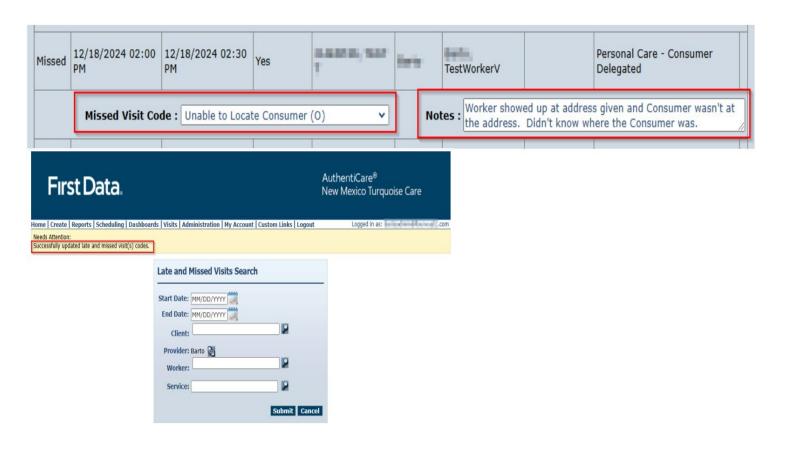
DSIPT – *Missed Visit Reason Codes: Other (Provider Driven) Justify in Notes (F)*

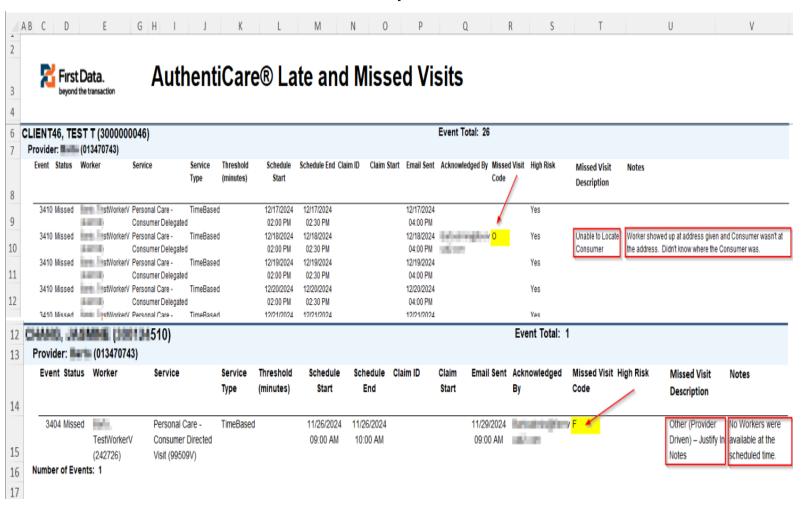- Providers will enter notes indicating why the visit was missed.

DSIPT – *Missed Visit Reason Codes: Unable to Locate Consumer (O)*

- Providers will enter notes indicating if the consumer was unable to locate.
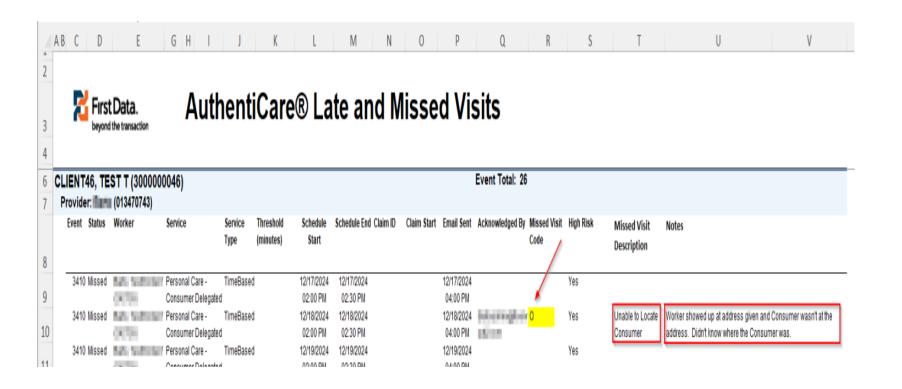
DSIPT – *Late and Missed Visit Report: Provider Administrator View*

- Providers can view all their clients on their report.

DSIPT – *Late and Missed Visit Report: MCO View*

- MCOs will continue to view only members enrolled with their plan.

Legally Responsible Individual (LRI)

LRI – *Why is this information Needed?*

- HCA has mandated that MCOs report on the LRI providing care.

- PCS agencies are being directed by HCA and the MCO's to provide reporting on LRI's providing care for their members.

- MCOs will capture the data via AuthentiCare to obtain more accurate reporting.

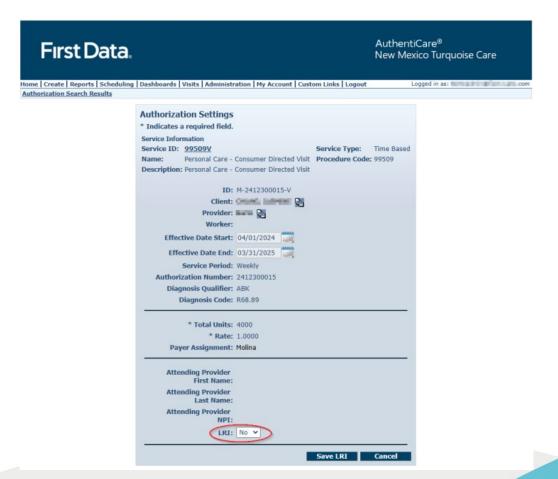# LRI – *Will this affect the member and provider experience?*

- The reporting of data will provide additional tasks for the provider and allow MCOs to effectively capture and report on this information.

- There will be no impact to the member.

- The new process will not impact claims.

LRI – AuthentiCare Flag

- Providers will have access to update the LRI field in AuthentiCare on the Authorization Settings.
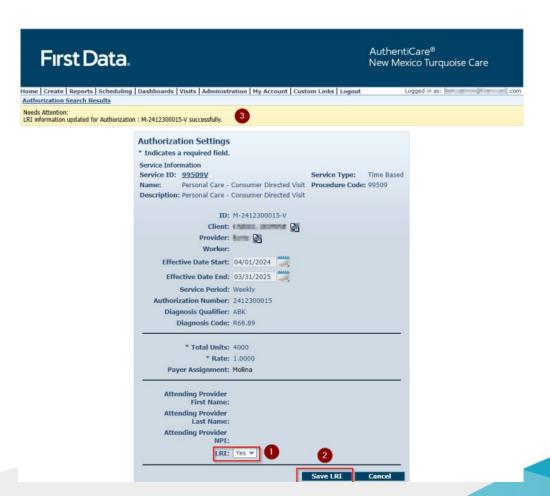
- This information will allow for accurate reporting by the provider and MCOs for HCA's mandated reports.
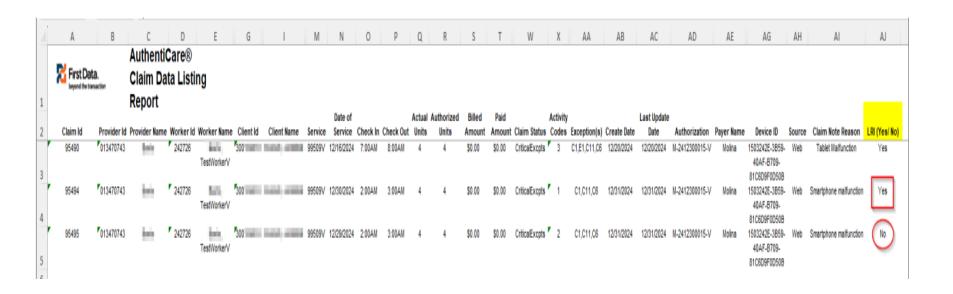
LRI – AuthentiCare Flag Updated by Provider Administrator

- To ensure the update has successfully saved, providers should ensure to follow the steps in the screenshot below.

LRI – Claims Data Listing Report

- Providers can view updates that their administrators make to the LRI field in the Claims Data Listing Report.

- MCOs will have access to view LRI fields providers make in AuthentiCare for their members.

QUESTIONS ANSWERS

MCO Contact List

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