



May 22, 2023

To: New Mexico Community Benefit Provider Agencies

From: New Mexico Centennial Care Managed Care Organizations

Re: Letter of Direction (LOD) #85- Community Benefit Provider Audits

Dear Provider,

This is a collective communication from the Centennial Care Managed Care Organizations (MCOs), Blue Cross and Blue Shield of New Mexico, Presbyterian Health Plan and Western Sky Community Care.

On October 26, 2022, the New Mexico Human Services Department (HSD) issued [Letter of Direction \(LOD\) #85](#); “Community Benefit Audits” effective January 1, 2023. LOD #85 requires the Centennial Care MCOs to collaboratively audit all current Community Benefit providers participating in the Centennial Care program on an annual basis. The purpose of the audit is to verify that all Community Benefit providers meet provider requirements outlined in the [Managed Care Policy Manual](#), including individual attendant/caregiver requirements. Each provider will only be audited once per year, regardless of the number of Centennial Care MCOs you are currently contracted with. The Centennial Care MCOs will share audit findings and recommendations with the designated leaders from each MCO and HSD. If your agency provides multiple services i.e., PCS and Respite, your agency will be audited for both PCS and Respite at the same time using the criteria established in the Managed Care Policy Manual for each service.

These audits will be desk audits with no on-site audit activity except for Assisted Living and Employment Support providers. Assisted Living and Employment Support will be a combination of both a desk audit and some elements audited during scheduled on-site visits to service locations. The Centennial Care MCOs will communicate via email and/or telephone calls to schedule any on-site audits.

Please refer to the Managed Care Policy Manual and review the “Provider Requirements” for *each* Community Benefit service your agency provides to Centennial Care members. Being proactive and reviewing these requirements and validating that your agency has documentation demonstrating compliance with each element will make the audit experience easier and allow you to begin preparing and gathering evidence prior to notification of the audit.

Your agency will be notified by email when the audit is scheduled and given detailed instructions on how to respond. Please keep in mind, that the notification of audit may come from any of the Centennial Care MCOs you are contracted with and that MCO will share your agency’s information with the other MCOs. You do not need to prepare a separate audit for each of your contracted MCOs. If you have any questions regarding this letter, please reach out to your assigned Provider Relations Representative from any of your contracted MCOs. You do not need to contact each MCO.

Thank you for your continued participation in the Centennial Care program and the care you provide to our members.



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