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<th>Issue Type</th>
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<th>Issue Examples</th>
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| Enrollment                       | 37                        | **Example:** Provider needed explanation of what COE 100 (expansion) covers.  
Response: Sent e-mail with website link to information.  
**Example:** Daughter wants mother to be enrolled with Molina MCO but she was auto-assigned to PHP. She wants to see UNM doctors.  
**Resolution:** Gave daughter Xerox telephone # to have MCO choice changed. |
| Long Term Care Services          | 30                        | **Example:** Information providers are receiving from all MCOs is that care plans are expired for skilled nursing clients. MCOs are telling providers to fax all information & they will look.  
**Resolution:** BCBSNM is extending all of the 12/31/13 termed authorizations issued by the prior Long Term Care MCOs (CoLTs) for 60 days. BCBS is honoring all authorizations issued by legacy MCOs through the time that the authorization was issued unless changes are warranted following the completion of the required comprehensive needs assessment. Provider will receive an authorization letter from BCBS. The claim will pay based on the authorized date/place of service that was provided to us.  
**Example:** Members have applied for Personal Care Services prior to 1/1/14, when PHS was contacted to help initiate the process to be assessed for PC, no one knows how to initiate the process.  
**Resolution:** C4 sent email to PHS for high priority resolution. PHS provided a list of 6 members who have requested PCO services. PHS reached out to each member and assisted with care |
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| HSD Eligibility         | 67     | **Example**: Provider called about Central Registry. Per Omnicaid, member has 001 (SSI), JUL Medicaid.  
**Resolution**: Gave provider UHCC Phone number and explained Agency Based Community Benefit) ABCB services and LOC.  
**Example**: Income Support Division (ISD) caseworker needs LOC letter and wanted to know who the member's MCO is so financial eligibility can be approved.  
**Resolution**: Case not registered in ASPEN. Told member's representative to call ISD worker and give her the MCO name and C4 faxed the LOC letter to Sandoval County ISD office. |
| Claims                  | 26     | **Example**: Pharmacy contacted C4 to resolve a behavioral health (BH) claim previously paid by Optum.  
**Resolution**: Molina Pharmacy Services was contacted and they placed an override for payment on the claim. Molina verified the member picked up her medication. HSD verified systems are configured appropriately to pay BH RX claims. |
| Provider Services       | 49     | **Example**: Provider having difficulty with contracting with BCBS and was told she could not see members because she was not yet credentialed. She has been trying to get contracted with BCBS for Centennial Care since 3/13. They also told her they could not do a single case agreement until she was credentialed.  
**Resolution**: HSD Contract Manager contacted BCBSNM with the direction to work with both providers and provide HSD updates until they are resolved. 1–8 –
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| Care Coordination                     | 11           | **Example:** UNM Health Sciences Center came to the HSD/MAD office with Molina Community Connectors Program referral forms, expecting to find these two recipients at 2025 South Pacheco because this is shown as the residential address.  
**Resolution:** Molina reminded staff that 2025 South Pacheco street is an HSD address and not a residential address.  
**Example:** Care Coordinator called from Molina to get phone number for member. Called ISD who transferred to C4. No phone number listed on Medicaid case but info on both TANF & SNAP screens.  
**Resolution:** C4 called Molina care coordinator & gave mother’s phone #. |
| Pharmacy Services *see below for additional issues | 51           | **Example:** Member has been denied necessary (anti-psychotic) prescriptions.  
**Resolution:** C4 contacted Molina and referred issues to manager for immediate resolution.  
**Example:** RX claims being denied by Molina for third party liability (BCBS).  
**Resolution:** Molina was not notified of the changes to the member’s eligibility, so the pharmacy system was not updated. The member record has been updated. The pharmacy reprocessed all the pending prescriptions and all have been paid. |
| Member Services                       | 33           | **Example:** Member’s representative UHC who refused to speak with her because she is not listed in UHC systems as authorized rep. However, per ASPEN and Omnicaid, she is authorized Rep.  
**Resolution:** Molina updated system to
### Behavioral Health

| 7 | **Example:** Provider concerned about two advance practice nurses who it describes as grandfathered in (presumable for H2010 billing) without a psychiatric specialty.  
**Resolution:** C4 researched and providers were enrolled with a psychiatric specialty status.  
**Example:** Received list of 72 members that BH provider has provided services to which BH provider has confirmed with HSD have full Medicaid benefits effective 1/1/14 but have not been assigned to an MCO, therefore, BH provider has no avenue to bill and is concerned about timely filing deadlines.  
**Resolution:** C4 reviewed the list. Some recipients are on fee for service, others are not enrolled in Medicaid. No MCO's for these recipients. |