



December 2023

To: New Mexico Personal Care Service Provider Agencies

From: New Mexico Centennial Care Managed Care Organizations (MCOs)

Re: **January 1, 2024 GO-LIVE** - Electronic Visit Verification Implementation for Respite Services

As a reminder, per Section 12006 of the 21<sup>st</sup> Century Cures Act, agencies providing respite services are required to begin using AuthentiCare, the current state mandated external EVV vendor system, on **January 1, 2024** for the following respite procedure codes:

Procedure Code	Service
99509 U1	Respite Standard
T1002 U1	Respite RN
T1003 U1	Respite LPN

*\*The two RN and LPN codes are provided under provider type 363 that have an approved specialty code of 180.*

The MCOs have begun transmitting the approved authorizations and affiliated members into the AuthentiCare EVV system and can be found with your login credentials at [www.authenticare.com/NMCC](http://www.authenticare.com/NMCC). If your agency is unable to locate an authorization or member in the AuthentiCare system, please reach out to your MCO EVV contact.

If you are experiencing issues with your login credentials, please ensure that you have completed the AuthentiCare training, as new provider credentials will not be provided by Fiserv unless training has been completed. If you have completed training or are a current user and continue to have login issues, please contact [heydi.correaencarnacion@fiserv.com](mailto:heydi.correaencarnacion@fiserv.com). You may also access the recordings of the trainings here:

Respite Provider: <https://attendee.gotowebinar.com/recording/4013131015647346436>

Providers must make **Good Faith Effort** to use the AuthentiCare system on January 1<sup>st</sup>, 2024. If you encounter issues while attempting to use AuthentiCare on January 1<sup>st</sup>, please reach out to the respective contacts noted below. Issues are isolated to authorization questions, AuthentiCare training questions, and Provider AuthentiCare load questions. There is a 60-day grace period from January 1 to February 29, 2024. It is important for the providers to actively work with the affected MCO to resolve questions or issues.

**Stipend Update:** The options for access and criteria are listed below:

- 1. Member's home phone/landline** – To participate in the program on a statewide basis, members and/or guardians must allow caregivers to use their home phone/landline phone if one is available in the home. If a member refuses to allow the caregiver to use their home phone/landline, the caregiver may use their own personal smartphone as described below.
- 2. Caregiver's Smartphone with Stipend** –Each MCO will provide a stipend to the provider agency to create an incentive for respite caregivers to utilize their personal smartphone and existing data plan. The entire stipend must be paid to the respite caregiver and the agency may not retain any of it. All stipend payments made by the MCOs are inclusive of gross receipts tax (GRT).
- 3. Tablets** – The option to order a tablet will become available as the implementation comes near for those respite caregivers that do not have access to a personal smartphone or a member's home phone/landline.

#### **Billing for the Caregiver Smartphone Stipend**

Agencies may not bill an MCO more than one stipend per caregiver, per month. The entire stipend must be passed through to the caregiver and the agency is not allowed to retain any portion of it.

The MCOs will allow provider agencies and caregivers 30 days to transition to the use of smartphones with the AuthentiCare® application. However, agencies may not submit for the stipend reimbursement unless the caregiver has used their personal smartphone for at least two weeks prior to the submission of the request for reimbursement.

Some unique billing scenarios include:

- If a member has more than one caregiver and both caregivers utilize their smartphone, agencies may bill for a stipend payment for each caregiver.
- Agencies may only submit a single stipend payment if the caregiver utilizing their smartphone provides services for more than one member and at least two of the members are enrolled with the same MCO.
- Agencies may submit a stipend to each MCO if a caregiver utilizing their smartphone provides services for more than one member and the members are enrolled with multiple MCOs. However, agencies should submit for reimbursement using the code G9006 with a U2 modifier. In these instances, each MCO will pay 50 percent of the total stipend amount. Please see example below.

#### **Stipend Billing Example**

For a reference on how to bill for the stipend, please review the stipend billing example below:

- G9006 U1 – caregiver will receive the full stipend amount set by the MCO.
- G9006 U2 – caregiver will receive 50 percent of the stipend amount from each MCO. In unique circumstances there may be caregivers that provide services to members enrolled with three or more MCOs. In these circumstances, you may submit 50 percent reimbursement from each MCO.

**Need more information or have questions?**

Please reach out to your representatives listed below from any of the MCOs with whom you are contracted.

*\*\*\*PLEASE NOTE that if your agency does not bill for any of these services codes, disregard this new EVV requirement and continue to use EVV for your existing community benefit services and codes\*\*\**

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