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Letter of Direction #114

Date: 03/12/2024

To: Centennial Care 2.0 Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division *Dana*

Subject: Electronic Visit Verification (EVV) Stipend for Personal Care Services (PCS) under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Home Health (HH) Services

Title: EVV Stipend for EPSDT PCS and HH

The New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) is issuing this Letter of Direction (LOD) to Managed Care Organizations (MCO) to outline guidance on the implementation of EVV (Electronic Visit Verification) Stipends for the utilization of personal devices to access EVV systems as described in section 4.4.14.1 of the Medicaid Managed Care Services Agreement. According to the 21st Century Cures Act, EVV systems are required for EPSDT PCS under Personal Care and Home Health Care services as part of Section 1905(a) of the Social Security Act.

HSD is implementing a change in EVV Stipend billing to support unique procedure codes from waiver programs. EVV Stipends for EPSDT PCS and certain home health services are reimbursable when procedure code G9005 is billed with U1 or U2 modifiers. EVV Stipends for Community Benefits will continue to be reimbursable when procedure code G9006 is billed with U1 or U2 modifiers.

MCOs are required to ensure that all beneficiaries, guardians, individuals who furnish personal care services or home health services, and other stakeholders receive training related to the EVV Stipend and are provided assistance on billing procedure code G9005 for the updated stipend.

1. Eligible Providers:

- a. Providers who have met the requirements described in this LOD and who have provided EPSDT PCS to Medicaid eligible recipients under the age of 21 are eligible for EVV Stipends.
 - i. Providers who have met the requirements as described in this LOD and provided EPSDT PCS to Medicaid eligible recipients under the age of 21 for dates of service for up to two previous years to present are eligible for retroactive payment of EVV Stipends. Retroactive payments are not allowed for services for which an EVV Stipend was issued to an EPSDT PCS provider.

- b. Providers who have met the requirements described in this LOD and provided home health services subject to EVV to Medicaid eligible recipients are eligible for EVV Stipends.

2. Eligible Services:

- a. Instances which it was/is necessary for a personal care attendant to use a personal device to access EVV systems to check in or check out for EPSDT PCS services are eligible for the EVV stipend.
- b. Instances which it is necessary for a home health provider (provider type 361) to use a personal device to access EVV systems to check in or check out for home health services to include skilled nursing, nursing aide, occupational therapy, physical therapy, speech therapy and other services identified by MCOs are eligible for EVV stipend.

3. Prior Authorization: Prior authorization is not required and should not be imposed on providers for EVV Stipends associated with EPSDT PCS or home health services.

4. Billing:

- a. MCOs will allow EPSDT PCS and home health providers (provider type 361) to access EVV Stipend with the following procedure and modifiers code:

Procedure code	Modifier	Description
G9005	U1	Caregiver will receive the full stipend amount set by the MCO.
G9005	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.

- b. Billing Limitations for EVV Stipend include the following:
 - i. MCOs will not allow more than one stipend per caregiver, per month. The entire EVV stipend must be passed through to the caregiver and the agency is not allowed to retain any portion of it.
 - ii. MCOs will allow a single EVV 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.
 - iii. MCOs will allow an EVV 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 G9005 with a U2 modifier. In these instances, each MCO will pay 50 percent of the total EVV stipend amount.
- c. Claim Adjustments for EVV Stipends: MCOs will allow providers 90 days from the date on the LOD to submit a claim and avoid a timely filing denial. MCOs will review the claims submitted or resubmitted prior to this LOD to ensure the claims are paid based on the direction in this LOD.
 - i. MCOs will allow providers who have met the requirements listed above and provided EPSDT PCS to Medicaid eligible recipients within dates of service for up to two years to the present to submit a new claim for the services provided using the instructions above.

This LOD will sunset upon completion of the Centennial Care Program on June 30, 2024.