



Date: February 10, 2025
To: Centennial Care 2.0 Managed Care Organizations
From: Dana Flannery, Director, Medical Assistance Division
Subject: EPSDT Directed Payment- Miscellaneous Codes
Title: EPSDT Directed Payment- Miscellaneous Codes

The purpose of this letter of direction is to provide the Centennial Care 2.0 (CC2.0) Managed Care Organizations (MCOs) with information on state directed payment guidance for the Miscellaneous Codes for the uniform increase for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services established by the state for Private Duty Nursing (PDN) and Home Health Providers. This letter seeks to address additional services cited in Attachment 11: Directed Payments of the Medicaid Managed Care Services Agreement that were not addressed in CC LOD 79 and CC LOD 79-1. The Centers for Medicare and Medicaid (CMS) approved preprint for the Temporary Economic Recovery Payment Increase for Home and Community Based Services (HCBS) state directed payment sunset June 30, 2024.

This rate increase is in support of the respective Private Duty Nursing and Home Health Providers as they continue to serve New Mexico Medicaid beneficiaries. By helping to ensure the financial security of these providers, the payment increase will enable providers to offer increased access to providers and improve beneficiaries as well as provide systems and supportive services in alignment with New Mexico’s quality strategy.

- 1. CC 2.0 MCOs are directed to increase contracted rates for the selected EPSDT services under the managed care contract for utilization incurred by Medicaid enrollees under age 21 beginning July 1, 2022.
 - a. CC 2.0 MCOs are directed to apply the following uniform percentage fee increases for any provider type 324 and provider type 361 that have been reimbursed for the following procedure codes:

Procedure Code	Description	Uniform Percentage Fee Increase
T1001	Nursing Assessment / Evaluation	29.5%
T1002	RN Services, Up To 15 Minutes	76.4%

T1003	LPN/LVN Services, Up To 15 Minutes	88.9%
S9122	Home Health Aide Or Certified Nurse Assistant, Providing Care In The Home; Per Hour	92.3%

- b. **Type of Payment:** CC 2.0 MCOs are directed to increase provider reimbursement by the uniform percentage fee increases through lump sum payments.
 - i. These rates are required to be made in addition to the negotiate rates between the CC 2.0 MCO and providers.
- 2. **Managed Care Contracts**
 - a. This state directed payment has been incorporated into Attachment 11 of the Centennial Care 2.0 Medicaid Managed Care Services Agreement.
 - b. Capitation rates effective July 1, 2022, included a rating adjustment for uniform percentage fee increases.
- 3. **Implementation Timeframes:**
 - a. The CC 2.0 MCOs are directed to implement changes associated with these instructions, including system changes and provider contract negotiations, as needed, no later than 30 days from the date of issuance of this LOD.
 - i. This guidance should in no way be misconstrued as a requirement to authorize these codes for reimbursement to EPSDT PCS and EPSDT PDN providers, provider type 324 and provider type 361.
 - b. The lump sum payment must be paid out no later than 30 days form the issuance of this LOD, or 30 days after CC 2.0 MCO receipt of the required provider signed attestation letter, whichever is greater. CC 2.0 MCOs must work with providers to efficiently obtain provider signed attestation letter.
 - c. CC 2.0 MCOs have no more than 90 days from the issuance of this letter of direction to pay out the lump sum payment.
- 4. **Implementation Reporting:** CC 2.0 MCOs must submit an implementation report no later than 100 days after the issuance of this letter of direction. Reporting shall consist of a file of all of the following:
 - a. **Provider Name:** List provider name per New Mexico Medicaid.
 - b. **Provider NPI:**
 - c. **Lump Sum Amount**
 - d. **Date of payment**

CC 2.0 MCOs will monitor fee schedules. This LOD will be sunset with the completion of this portion of the payment increase.