



Past newsletters are available on the NM Medicaid Portal under provider information at:
<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#Palco-Welcome>

September 15, 2021

Critical Updates

Developmental Disabilities and Supports Waiver Agency Based

AuthentiCare Training Coming Soon!

We will be providing AuthentiCare training for Agency Based providers who are required to use the AuthentiCare solution starting Fall 2021. The audience for this training includes Agency Based Provider administrators and users who will be using AuthentiCare for the purposes of registering other users, adding claims, running reports, etc.

This training is not for Self-Directed Vendor Agencies or Mi Via providers.

Training dates will be provided in next week's newsletter.

Developmental Disabilities and Supports Waiver Agency Based

Monitoring and Oversight

DDSD will provide guidance for provider agencies on step providers must take to increase readiness for changes to the billing process that will be implemented as part of Phase 2. DD Waiver or Supports Waiver providers of EVV required services must: (1) complete an online EVV Phase 2 Readiness Provider Assessment, and (2) capture and maintain accurate and complete information within the AuthentiCare System that represents services provided and claims submitted for payment beginning during Phase I of EVV implementation and ongoing throughout Phase 2. Additional instruction for provider agencies will be forthcoming in a memo from DDSD.

Mi Via and Supports Waiver Participant-Directed

New Payment Request Form (PRF) and Invoices Submission Process

Conduent has provided a new way to submit your Payment Request Form (PRF) and invoices. Users can upload signed and completed PRFs and invoices through the Medicaid Portal. This option is now available to users with a member/participant Medicaid number. No user ID or sign in is required.

This option is another way to upload PRFs and invoices. The options to submit the PRF to the docprocessing@Conduent.com mailbox, via fax 1-866-302-6787 or by mail PO Box 27460, Albuquerque, NM 87125 are still available.

You will receive a confirmation number once your upload has been successful. These uploads will be sent directly to the Conduent indexing queue for faster processing.



Please see steps below on how to submit your Payment Request Form (PRF) and invoices through the Medicaid Portal. If you have any questions, please call the Consolidated Customer Service Center (CCSC) at 1-800-283-4465 then press 5.

Upload Payment Request Form tool

<https://nmmedicaid.portal.conduent.com/webportal/uploadPayment>

or
<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm> Click on Upload Payment Request Form (PRF) on the left menu

What's new with EDI	Word	Adobe
ANSI ASC X12N 5010 Implementation Guides		
EDI Forms	Word	Adobe
EDI Form Description / Usage	Not Available	PDF Format
EDI Provider Trading Partner Agreement	Word Format	PDF Format
EDI Submitter Trading Partner Agreement	Word Format	PDF Format
EDI Authorization Form	Word Format	PDF Format

This new page allows completed Payment Request Forms and supporting documentation to be uploaded and submitted electronically on the web portal. No user ID or sign in is required.

Upload Participant/Self-Direction Payment Request Form (PRF)

This page is a faster way to submit payment request forms (PRF). You must enter the participant Medicaid Card number in the first field below. Please enter the Vendor Federal Tax ID Number, if available. You can upload and submit a completed PRF form on this page. You will get a confirmation number if your submission is successful.

You can find a copy of the Participant/Self-Direction Payment Request Form (PRF) in [Self Direction](#) section

Please contact the Consolidated Customer Service Center (CCSC) at 1-800-283-4465 if you have any questions or need assistance.

Member/Participant Medicaid Card Number	<input type="text"/>
Vendor Federal Tax	<input type="text"/>

Upload Attachments

Submit

[Please click here to cancel attachments.](#)

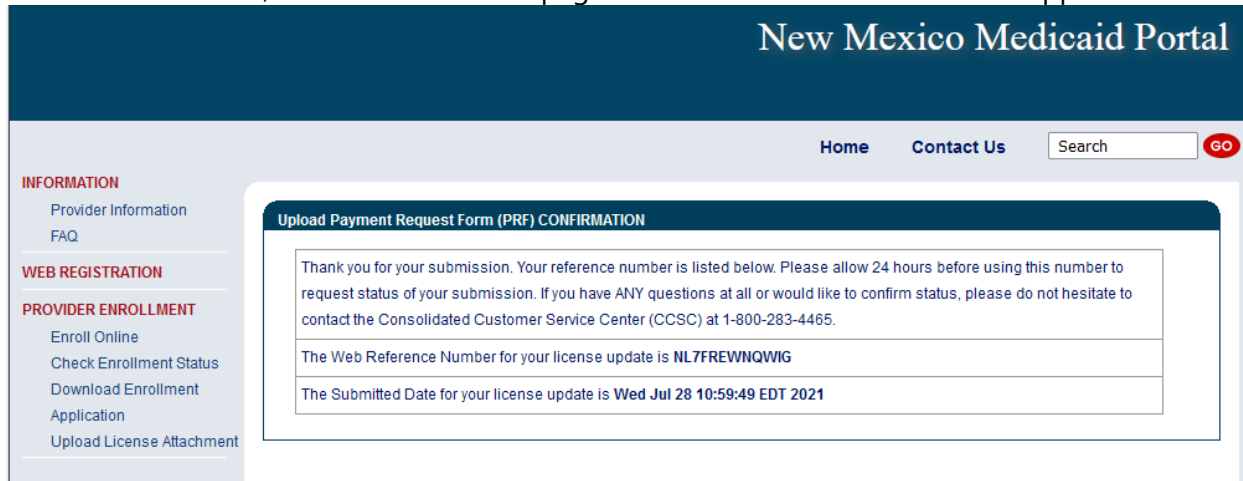


Member ID and at least one attachment are required in order to submit

Each attachment may have a maximum size of 5 MB. It's recommended to attach PDF, JPG, TIF, PNG, and Word document files. Please do not attach ZIP files, PowerPoint, Excel, or password-protected files.



If submission is successful, then a confirmation page with web reference number will appear



New Mexico Medicaid Portal

Home Contact Us Search **GO**

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application
Upload License Attachment

Upload Payment Request Form (PRF) CONFIRMATION

Thank you for your submission. Your reference number is listed below. Please allow 24 hours before using this number to request status of your submission. If you have ANY questions at all or would like to confirm status, please do not hesitate to contact the Consolidated Customer Service Center (CCSC) at 1-800-283-4465.

The Web Reference Number for your license update is **NL7FREWNQWIG**

The Submitted Date for your license update is **Wed Jul 28 10:59:49 EDT 2021**

Mi Via and Supports Waiver Participant-Directed

EOR Transition Packets

We identified individuals who have not submitted a completed EOR Transition Packet. Conduent sent EOR Transition packets to those employers. Be on the lookout for that packet and please complete and submit it by 9/17/21.

By completing this EOR Transition Packet, you are authorizing Palco to be the fiscal/employer agent. This means that Palco will make sure all employer paperwork and taxes are submitted on your behalf to the Internal Revenue Service (IRS) as well as the NM Taxation and Revenue Department and the NM Department of Workforce Solutions.

After you have completed (and signed) all forms in the packet, please return the packet to Conduent via:

Fax: 1-866-302-6787;
Email: docprocessing@conduent.com; OR
Mail: Conduent
1720A Randolph Rd SE
Albuquerque, NM 87103

Major Issues and Resolutions

Mi Via and Supports Waiver Participant-Directed

Developmental Disabilities and Supports Waiver Agency Based

Reminder: Maximum Checkout Window for required EVV services

See the table below for current services required in AuthentiCare and the maximum time allowed before a check out is required.

If a service exceeds the maximum checkout window the employee should check out when the max checkout window is reached and then check in again through IVR or the mobile app. The employee should check out at the end of their scheduled work time.

Services should be provided according to program service standards and waiver participants' approved service plans.

Failure to check out within the maximum check out window will generate a claims exception. During Phase 1, EVV claims exceptions are informational and do not require action by the provider or vendor in order for the claim to proceed. However, in the future during Phase 2, both critical and informational exceptions will be generated by the AuthentiCare system and critical exceptions will need to be resolved before the claim can proceed and be paid.

The State has reviewed provider concerns related to the maximum check out windows and will implement changes to the maximum check out window as part of Phase 2. **At this time the maximum hours allowed before check out remain as shown in the table below.**

Service name in IVR	Service name on Website	Procedure code	Modifier 1	Modifier 2	Maximum hours allowed before checkout required
Mi Via Homemaker / Direct Support	Mi Via Homemaker	99509			24
Mi Via In-Home Living Supports	Mi Via IHLS	T2033			24
Mi Via Respite	Mi Via Respite-SD	T1005	SD		24
DD Waiver Respite	DDW Respite	T1005	HB		24
DD Waiver Respite - Group	DDW Respite-GP	T1005	HB	HQ	24
DD Waiver Customized In-Home Supports - Family Natural Supports	DDW CIHS-F/N	S5125	HB		24
DD Waiver Customized In-Home Supports - Independent Living	DDW CIHS-IND	S5125	HB	UA	24
Supports Waiver Personal Care	SW Personal Care	99509			24
Supports Waiver Respite	SW Respite	T1005	SD		24

How-to Tips

Mi Via and Supports Waiver Participant-Directed

Guidelines for Use of Electronic Visit Verification (EVV) for In-Home Living Support Services

Program rules and guidelines for Mi Via and the Supports Waiver are established through federal and state regulations and policies. The Centers for Medicare and Medicaid Services (CMS) provides oversight at the federal level and establishes program rules through the Code of Federal Regulations (CFR). Decisions on how EVV will be implemented and on what services are at the discretion of individual states.

Background:

- In-Home Living Support Services (IHLS) includes the provision of personal care services on an intermittent basis and not intended to be a 24-hour seven day a week service. IHLS can be provided for least four or more hours per day, one or more days per week and may be up to 24 hours per day.
- IHLS can be provided by agency provider hired employees or family members contracted by the agency. This guidance is intended to address the different service provider types that provide IHLS. Some employees are live in caregivers, others are not live in caregivers and come into a participant's home to provide services.
- Although CMS allows an exemption, New Mexico has decided to implement EVV for IHLS for the following reasons:
 - Implementation of EVV meets documentation requirements as outlined in 8.314.6.12 New Mexico Administrative Code (NMAC), regardless of living arrangement or familial relationship.
 - Implementation of EVV addresses Centers for Medicare & Medicaid Services (CMS) guidance to apply appropriate oversight of services to address concerns of fraud, waste and abuse.
 - CMS allows states to implement EVV services for services where caregivers and beneficiaries are living together.
 - Services may be provided by more than one vendor agency employee, and/or live-in care givers.

Using the EVV System:

- Caregivers should clock in at the beginning of provision services.
- Caregivers will clock out at the end of the provision of services.
- Caregivers are not required to clock in or out at the beginning or end of a specific activity, but rather at the beginning and end of their shift/provision of services.
- Caregivers can clock in and clock out for a maximum of a 24 hour shift, if applicable.
- Vendors reconcile total hours of IHLS provided per day, meeting time requirements of service delivery as per NMAC 8.314.6.15 C(3)(a).

Additional Requirements:

- Daily progress notes required outside of EVV to meet NMAC 8.326.10.12.
- Daily progress notes are subject to Department of Health (DOH) Division of Health Improvement (DHI) audits.