



<Date>

Provider Name  
Provider Address

Re: EVV Stipend & Tablet Requests

Dear Provider:

This communication is related to the New Mexico Electronic Visit Verification (EVV) project as delineated in our Centennial Care contract, and directions and policies from the Human Services Department Medical Assistance Division leadership.

Please keep in mind that the first option for transmitting data into the EVV Authenticare system is through the voluntary use of the member's landline or cell phone using the Interactive Voice Response (IVR) system. The second option is to offer a stipend for caregivers who use their smartphone to transmit such data. Molina Healthcare of New Mexico, Inc. (Molina Healthcare) has set a stipend rate of \$14 per month for each caregiver who uses their smartphone with the Authenticare application to log Personal Care Services (PCS) visits. Only one stipend per caregiver per month maximum is permitted. This stipend will be effective on June 1, 2016, but each month can be billed after month-end. That is, June may be billed in July, July in August, and so forth. You will use the G9006 U1/U2 service codes to bill the stipends.

Included in this email is a spreadsheet. Please continue to use the first tab to report any authorization issues as you have done in the past. The second tab is used to document your caregivers who are using their smartphone with application to access the Authenticare system, and you are billing G9006 U1/U2 service codes. The third tab is used to request tablets for your caregivers when the first two options mentioned above were not available. Please complete the top portion with your agency information. Please complete the first four columns for each tablet requested using caregiver name, service address, member authorization number, and PCS model (T1019, 99509). You may submit the requests for tablets at any time, and should submit a monthly stipend list.

Please submit this spreadsheet for all services location broken down by location. Please leave space and label each service location on tab three or add tabs to the spreadsheet for each location. In addition, the spreadsheet must be emailed to the address below:

[MHNMEVVproviderinquiries/requests@molinahealthcare.com](mailto:MHNMEVVproviderinquiries/requests@molinahealthcare.com)

Thank you for your continued service of Molina Healthcare Members.

If you have any questions, please contact your Provider Services Representative.

Sincerely,

LTSS Provider Services  
Molina Healthcare of New Mexico

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