New Mexico Human Services Department Medicaid Home Visiting

2023 Policy and Billing Manual

Date Adopted: XXXX XX, XXXX

Contents

Section 1

Overview and Purpose

The purpose of this New Mexico Home Visiting Policy and Billing Manual is to provide a reference for the policies established by the New Mexico Human Services Department (HSD) related to the delivery of evidence-based early childhood home visiting services. The Manual was developed by the HSD Medical Assistance Division (MAD) and Early Childhood Education and Care Department (ECECD) to assist in the administration of Medicaid Home Visiting (MHV) services and provide direction to agencies that serve as MHV providers. These individuals/groups should become familiar with the requirements for member eligibility and enrollment, prior authorization requirements, claims submissions, billing policies and procedures, and the use of modifiers.

Section 2
Authority

New Mexico implemented Centennial Care in 2014 to modernize New Mexico's Medicaid program. The MHV benefit was implemented statewide in 2020 as a part of the State's Centennial Care 2.0 Medicaid 1115 Waiver.

The policies in this Manual will be reviewed annually by HSD and ECECD. The State reserves the right to modify or supersede any policies and procedures. The New Mexico Home Visiting Policy and Billing Manual may be viewed or downloaded from the HSD website for Providers at this link: HSD - Manuals and Guides and from the ECECD Home Visiting website it is available at this link: Home Visiting | ECECD

It is the responsibility of all entities affiliated with MHV to review and understand the contents of this Manual.

Section 3

Introduction to New Mexico Home Visiting

Glossary of Terms and Acronyms

Acronym/Term	Description
MHV	Medicaid Home Visiting
MHV Provider	Medicaid Home Visiting Provider Organization
Clearinghouse	A clearinghouse is an organization that enables the exchange of healthcare data between the provider and the payer. As such clearinghouses provide solutions that enable data submission from provider systems into the claim format required for claims submission and payment
CMS	Centers for Medicare & Medicaid Services
Credentialing	The process by which a managed care organization assesses the background and required criteria to establish an individual/organization as a provider
CYFD	New Mexico Children, Youth and Families Department
DHHS	US Department of Health and Human Services
ECECD	Early childhood education and care department
EDI	Electronic Data Interchange
Falling Colors	Third party invoice service
FAN	Facilitating Attuned Interactions is a model for relationship building and implementing reflective practice
EFT	Electronic Funds Transfer
FFS	Fee-for-service
FTE	Full-time equivalent
HIPAA	Health Information Portability and Accountability Act
HomVEE	Home Visiting Evidence of Effectiveness review. The HomVEE review assesses the quality of the research evidence of early childhood home visiting models
HSD	New Mexico Human Services Department
IHS	Indian Health Services
LOD	Letter of Direction

Acronym/Term	Description
LOI	Letter of Interest
MAD	Medical Assistance Division
MCO	Managed Care Organization
NMAC	New Mexico Administrative Code. The NMAC consists of the rules filed by state agencies
NPI	National Provider Identifier. An NPI is a unique identification number for covered health care providers, created to help send health information electronically more quickly and effectively. Covered health care providers, all health plans, and health care clearinghouses must use NPIs in their administrative and financial transaction
NFP	Nurse Family Partnership
PAT	Parents as Teachers
PHI	Protected Health Information
PPA	Provider Participation Agreement
Service Area	The area covered by a MHV provider, generally identified by county
SIDS	Sudden Infant Death Syndrome
SOW	Scope of work
State Professional License	License granted by the State to acknowledge that a practitioner/provider meets educational and testing requirements
Taxonomy Code	Administrative code set for identifying the provider type and area of specialization. Taxonomy codes are assigned at both the individual provider and organizational provider level
STD	Sexually Transmitted Disease
UNM	University of New Mexico
UNM ECSC	UNM Early Childhood Services Center. UNM ECSC administers the Home Visiting Data System on behalf of ECECD

MHV Services

On January 1, 2019, in collaboration with the New Mexico Children, Youth and Families Department (CYFD), HSD began an evidence-based home visiting pilot project for eligible pregnant women that focused on prenatal care, postpartum care and early childhood development. Services were delivered to eligible pregnant women in four designated counties. The Centennial Care managed care organizations (MCOs) contracted with CYFD-designated agencies that provided either one or both of the following two evidence-based early childhood home visiting delivery models as defined by the US Department of Health and Human Services (DHHS):

1. Nurse Family Partnership (NFP): The services delivered under the NFP national program standards are for first-time parents only. The NFP services begin no later than 28 weeks of pregnancy and are suspended once the child reaches two years of age.

   The primary goals and outcomes of the NFP program are to:

   - Improve pregnancy outcomes by promoting health related behaviors.
   - Improve child health, development, and safety by promoting pregnancy planning, educational achievement, and employment.
   - Enhance families' material support by providing links with needed health and social services.
   - Promote supportive relationships among family and friends.

2. Parents as Teachers (PAT): The PAT evidence-based program services adhere to the national model and curriculum. The PAT model recommends that services begin prenatally and may continue until the child reaches five years of age or kindergarten entry.

   The primary goals and outcomes of the PAT program are to:

   - Provide parents with knowledge about child development.
   - Children's developmental delays and health problems are detected early.
   - Parents improve their parenting knowledge and skills.
   - Primary child abuse and neglect is prevented.
   - Children enter kindergarten ready to learn, and the achievement gap is narrowed.

The pilot project served 152 families between July 1, 2019, and June 30, 2020.

In 2020, the Medicaid Home Visiting Program was implemented as a statewide service as a part of the Centennial Care 2.0 Medicaid 1115 Waiver and oversight was transferred from CYFD to the Early Childhood Education and Care Department (ECECD).

MHV's Program Goals are to:

- Improve maternal and child health.
- Promote child development and school readiness.
- Encourage positive parenting.
- Connect families to the formal and informal support in their communities.

Section 4
Provider Requirements

Provider Responsibilities and Requirements

A provider who furnishes services to a Medicaid eligible recipient agrees to comply with all federal and state laws, regulations, and executive orders relevant to the provision of services. A provider also must conform to MAD program rules and instructions as specified in this manual, its appendices, and program directions and billing instructions, as updated. A provider is also responsible for following coding manual guidelines and the Centers for Medicare and Medicaid Services (CMS) correct coding initiatives, including not improperly unbundling or upcoding services. When services are billed to and paid by a coordinated services contractor authorized by HSD, the provider must follow that contractor's instructions for billing and for authorization of services.

A provider must verify that an individual is eligible for a specific Medicaid health care program administered by the HSD and its authorized agents and must verify the eligible recipient's enrollment status at the time services are furnished. A provider must determine if an eligible recipient has other health insurance. A provider must maintain records that are sufficient to fully disclose the extent and nature of the services provided to an eligible recipient.

Services must be provided in accordance with the MHV approved evidence-based early childhood home visiting delivery models as defined by the DHHS.

Providers must be enrolled as Medicaid providers before submitting claims to the appropriate MAD claims processing contractor to be reimbursed for covered services rendered to Medicaid recipients. The MAD Benefits and Reimbursement Bureau is responsible for enrolling Medicaid fee-for-service providers through a provider participation agreement (PPA), with the exception of intermediate care facilities, personal care agencies, nursing home facilities (enrolled by the MAD Program Planning Bureau), and presumptive eligibility determiners (enrolled by MAD Client Services Bureau.) MAD makes available on the HSD/MAD website, on other program-specific websites, or in hard copy format, information necessary to participate in health care programs administered by HSD or its authorized agents, including program rules, billing instructions, utilization review instructions, and other pertinent materials. When enrolled, a provider receives instructions on how to access these documents. It is the provider's responsibility to access these instructions, to understand the information provided and to comply with the requirements. The provider must contact HSD or its authorized agents to obtain answers to questions related to the material or not covered by the material.

Participating providers must furnish MAD or the appropriate MAD claims processing contractor with complete information on changes in agency address, license, certification, board specialties, corporate name or corporate ownership, and a statement as to the continuing liability of the provider for any recoverable obligation to MAD which occurred or may have occurred prior to any sale, merger, consolidation, dissolution, or other disposition of the provider or person.

A process map for MHV provider enrollment may be viewed or downloaded from the ECECD website at this link: New Mexico Medicaid Home Visiting Process Map

Section 5
Eligible Providers

To be designated a MHV provider, applicants must:

- Intend to provide at least one of the HSD identified CMS-approved evidence-based programs (8.308.9.23 NMAC)
  - Adhere to the evidence-based program(s) qualifications, training, and certification/affiliation requirements
- Agree to receive referrals, which are not a requirement but are an option, from the Medicaid MCOs or other clinical providers e.g., OB-GYN, primary care providers, etc.
- Meet all provider qualifications and standards outlined in this manual

A current list of Home Visiting Providers in New Mexico can be found here: Home Visiting | Early Childhood Education & Care Department (nmececd.org)

Staffing Requirements

Each provider must employ specific staff positions to meet the requirements of the covered evidence-based early childhood home visiting delivery model employed by the provider.

Section 6
Eligible Members

New Mexico Medicaid pays for medically necessary health services furnished to Eligible Members, including covered MHV services. Individuals become eligible for New Mexico's Medicaid Program, when they meet the specific criteria for one of the Medicaid eligibility categories. These requirements vary by category of eligibility and may vary between health care programs. See 8.200 NMAC for information on Medicaid eligibility requirements. A provider must verify recipient eligibility prior to providing services and verify that the recipient remains eligible throughout periods of continued or extended services. A MHV provider may verify eligibility through several mechanisms, including using the automated voice response system, contacting MAD or designated contractor eligibility help desks, contracting with an eligibility verification system vendor, or contracting with a magnetic swipe card vendor. An eligible recipient must present all health program identification cards or other eligibility documentation before receiving services and with each case of continued or extended services.

For more information on member eligibility for Medicaid please access the YesNM Portal.

The NMAC rule numbers can also be looked up on the New Mexico Administrative Code website.

MHV Services

The target population of the MHV program is Medicaid members who receive services through managed care or tribal services, are pregnant and/or are newborn infants born to members until the child reaches the maximum age identified by the employed evidence-based home visiting model.

Section 7

Covered and Non-Covered Services

Covered Services

MHV providers must demonstrate the ability to deliver services in accordance with the evidence-based model standards and meet data and quality reporting requirements described in this Manual.

Medicaid Home Visiting services are:

- Available to all eligible expectant parents and families with children.
- Voluntary and free of cost**.**
- Offered around the State of New Mexico, serving 32 counties.
- Tailored to cultural and linguistic needs of communities and families.
- Families can meet with MHV providers face-to face or virtually.

Services include:

- Prenatal, postpartum, and infant/child home visits.
- MHV activities included in the home during covered home visits may include the following services, which would not be billed separately from the home visit:
  - Diet and nutritional education.
  - Stress management.
  - Sexually transmitted disease (STD) prevention education.
  - Tobacco use screening and cessation education.
  - Alcohol and other substance misuse screening and counseling.
  - Depression screening; and
  - Domestic and intimate partner violence screening and education.
  - Breastfeeding support and education. Members may be referred to a lactation specialist, but lactation consultant services are not covered as a home visiting service.
  - Guidance and education regarding wellness visits to obtain recommended preventive services.

- Maternal-infant safety assessment and education, such as safe sleep education for sudden infant death syndrome (SIDS) prevention.
- Counseling regarding postpartum recovery, family planning, and needs of a newborn.
- Assistance to the family in establishing a primary source of care and a primary care provider, including help ensuring that the mother/infant has a postpartum/newborn visit scheduled.
- Parenting skills and confidence building.
- Child developmental screening at major developmental milestones.

Section 8
Authorization

Prior Authorization and Utilization Review

All MAD services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished and, before payment is made or after payment is made; see 8.302.5 NMAC. The Uniform Prior Authorization Form may be downloaded at https://comagine.org/sites/default/files/resources/nm-uniform-prior-authorization-form.pdf.

Procedures or services may also require a prior authorization from MAD or its designee. Services for which a prior authorization was obtained remain subject to utilization review at any point in the payment process, including after payment has been made. It is the provider's responsibility to contact MAD or its designee, and review documents and instructions available from MAD or its designee to determine when a prior authorization is necessary.

Prior authorization of services does not guarantee that individuals are eligible for MAD services. A provider must verify that an individual is eligible for a specific program at the time services are furnished and must determine if the eligible recipient has other health insurance.

A provider who disagrees with prior authorization denials or other review decisions can request a re-review and a reconsideration. See Provider Appeals and Member Appeals.

Once enrolled, providers receive directions on how to access instructions and documentation forms necessary for prior authorization and claims processing. Review or prior authorization may be required for items for which a less expensive or therapeutically preferred alternative should be used first. In addition to the generic-first coverage provisions, applicable therapeutic requirements will be based on published clinical practice guidelines, professional standards of health care and economic considerations.

1. Prior authorization: MAD or its designee reviews all requests for prior authorizations. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process.
2. Eligibility determination: Prior authorization of services does not guarantee that an individual is eligible for MAD services. Providers must verify that an individual is eligible for MAD services at the time services are furnished and determine if the Medicaid Eligible Member has other health insurance.
3. Reconsideration: Providers who disagree with prior authorization request denials or other review decisions can request reconsideration; see 8.350.2 NMAC.

Section 9
Billing and Claims Requirements

To be eligible for reimbursement, a provider must adhere to the provisions of the MAD PPA, an agreement with a HSD contracted MCO and all applicable statutes, regulations, rules, and executive orders. MAD or its selected claims processing contractor issues payments to a provider using electronic funds transfer (EFT) only. Providers must supply necessary information in order for payment to be made.

The Provider Enrollment Application may be accessed at https://nmmedicaid.portal.conduent.com/webportal/enrollOnline. When services are billed to and paid by a MAD coordinated services contractor, the provider must also enroll as a provider with the coordinated services contractor and follow that contractor's instructions for billing and for authorization of services.

Billing Instructions

Please refer to the Letter of Direction (LOD) for current billing guidance here: LOD1-1_RepealReplaceCHV.pdf (state.nm.us)

New Mexico HCPCS Codes—MHV

Code	Modifier	MHV Code Description
H1005		Prenatal care, at-risk enhanced service package (include management, coordination, education, follow-up home visit)
	U1	Nurse Home Visitors (NFP)
	U2	Non-Nurse Home Visitors (PAT)
S5111		Home Care Training, Family per session
	U1	Nurse Home Visitors (NFP)
	U2	Non-Nurse Home Visitors (PAT)

More information on fee schedules is available here: Fee Schedules | New Mexico Human Services Department (state.nm.us).

Section 10
Operations

This section includes information on MHV provider operations and oversight from the State.

Performance and Oversight

Quality and Outcomes

The Home Visiting Bureau resides within the department under the purview of ECECD. The bureau administers the home visiting system in accordance with the New Mexico Home Visiting Accountability Act. According to the New Mexico Home Visiting Accountability Act, "home visiting" means a program strategy that delivers a variety of informational, educational, developmental, referral, and other support services for eligible families who are expecting or who have children who have not yet entered kindergarten, and that is designed to promote child well-being and prevent adverse childhood experiences. Part of this definition includes “comprehensive home visiting standards that ensure high-quality service delivery and continuous quality improvement.” Services are provided statewide from prenatal to kindergarten entry for pregnant people, expectant parents, and primary caregivers of children as stated in our Home Visiting Accountability Act, NMSA 32A-23B-2.

Monitoring and Oversight

The Home Visiting Program standards are based on research and best practices to help create long-term outcomes and program standards. These standards provide a common framework of service delivery and accountability across funded, statewide programs. New Mexico allows the discretion to choose from research-based curriculums and evidence-based home visitation models that best meet the needs of communities and families. Home visitors must adhere to the New Mexico Home Visiting Program Standards (https://www.nmececd.org/home-visiting/) and the Home Visiting Scope of Work (SOW). Monitoring guidelines are outlined in the Home Visiting Program Standards 6.11.

Program Goals, Objectives, And Reporting Requirements

As part of the Home Visiting Accountability Act, programs shall adhere to the goals related to service delivery. In addition, sample data shall be collected for reporting to the New Mexico Legislative Finance Committee on the identified Outcome Measures.

1. Improve prenatal, maternal, infant, or child health outcomes, including reducing preterm births.
2. Promote positive parenting practices.
3. Build healthy parent and child relationships.
4. Enhance children’s social-emotional and language development.
5. Support children’s cognitive and physical development.

6. Improve the health of eligible families.
7. Provide resources and supports that may help to reduce child maltreatment and injury.
8. Increase children's readiness to succeed in school.
9. Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families.

HIPAA

The provider agency must comply with applicable provisions of the federal Health Insurance Portability and Accountability Act (HIPAA, P.L. 104-191). This includes, but is not limited to, the requirement that the provider agency's management information system (MIS) complies with applicable certificate of coverage, data specifications, and reporting requirements promulgated pursuant to HIPAA. The provider agency must also comply with HIPAA electronic data interchange (EDI) requirements and notification requirements, including those set forth in the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act, P.L. 111-5). The provider agency shall notify the MCO and HSD of all breaches or potential breaches of unspecified Protected Health Information (PHI), as defined by the HITECH Act, without unreasonable delay and in no event later than 30 calendar days after discovery of the breach or potential breach. If, in HSD's determination, the CLNM provider has not provided notice in the manner or format prescribed by the HITECH Act, HSD may require the provider to provide such notice.

MCO Referral Process

Members may be identified by an MCO or health care provider and referred to a MHV provider. MCOs will implement the procedure below to refer members not enrolled with a MHV provider to the most appropriate provider. MCOs will provide information on all MHV providers to help members make an informed choice. A referral should be based on the following criteria:

- Geography.
- Cultural or linguistic preferences.
- Provider specialties (e.g., evidence-based home visiting model).
- Capacity (to avoid putting a member on a wait list).

MCOs will provide all referral information to the appropriate MHV provider, who may then reach out to the member.