New Mexico Healthcare Authority (HCA) Medicaid Home Visiting (MHV) Policy and Billing Manual

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Section 1

Overview and Purpose

The New Mexico Home Visiting Policy and Billing Manual establishes the policies and procedures of the New Mexico Healthcare Authority (HCA) for the delivery of evidence-based early childhood home visiting services.

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:

a. Improve prenatal, maternal, infant, or child health outcomes, including reducing preterm births

b. Promote positive parenting practices

c. Build healthy parent and child relationships

d. Enhance children's social-emotional and language development

e. Support children's cognitive and physical development

f. Improve the health of eligible families

g. Provide resources and support that may help to reduce child maltreatment and injury

h. Increase children's readiness to succeed in school

i. Improve coordination of referrals for, and the provision of, other community resources and support for eligible families

This Manual was developed in collaboration with the HCA Medical Assistance Division (MAD) and the Early Childhood Education and Care Department (ECECD) to guide the administration of Medicaid Home Visiting (MHV) services.

It is intended as an authoritative reference for agencies and individuals enrolled as MHV providers. The Manual outlines requirements related to:

- Member eligibility and enrollment
- Prior authorization processes
- Claims submission
- Billing policies and procedures
- Appropriate use of modifiers

By consolidating this information, the Manual ensures consistent interpretation and application of MHV requirements across all participating providers and Managed Care Organizations (MCOs).

Section 2

Authority

Background

In July 2024, New Mexico implemented Turquoise Care to provide a more comprehensive and efficient health care system for Medicaid members. Turquoise Care is designed to help New Mexicans achieve their highest level of health by delivering whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

The Medicaid Home Visiting (MHV) benefit was first implemented statewide in 2020 under Centennial Care 2.0, through New Mexico's Medicaid 1115 Waiver. Turquoise Care continues this benefit, which is jointly overseen by the New Mexico Health Care Authority (HCA) and the Early Childhood Education and Care Department (ECECD).

Policy Governance

- The policies contained in this Manual will be reviewed annually by HCA and ECECD.
- The State reserves the right to modify, update, or supersede any policies and procedures contained herein.
- The official version of the New Mexico Medicaid Home Visiting (MHV) Policy and Billing Manual is available on both:
    - The HCA Manuals and Guides webpage
    - The ECECD Home Visiting webpage

Provider Responsibility

It is the responsibility of all providers, agencies, and Managed Care Organizations affiliated with MHV to review, understand, and comply with the requirements set forth in this Manual.

NMAC link:

https://www.srca.nm.gov/wp-content/uploads/attachments/08.308.0009.pdf?highlight=%22home-visiting%22

Glossary of Terms and Acronyms

Acronym/Term	Description
AIE Portal (Am I Eligible Portal)	State referral and eligibility system used for Medicaid Home Visiting enrollment and referrals.
CARA	Centennial Care 2.0 Medicaid 1115 Waiver, the demonstration waiver under which the Medicaid Home Visiting benefit was first implemented statewide in 2020.
Child First (CF)	An evidence-based early childhood home visiting model serving families with children at risk due to behavioral, emotional, developmental, or trauma-related concerns.
Clearinghouse	An organization that facilitates the exchange of healthcare data between providers and payers by converting provider data into the proper claim format for submission and payment.
CMS	Centers for Medicare & Medicaid Services, the federal agency administering the Medicaid and Medicare programs.
Credentialing	The process by which a Managed Care Organization (MCO) verifies a provider's qualifications and authorizes participation in its network.
CYFD	New Mexico Children, Youth and Families Department.
DHHS	U.S. Department of Health and Human Services.
ECECD	Early Childhood Education and Care Department, the state agency responsible for oversight of home visiting services.
EDI	Electronic Data Interchange, the standardized electronic format for claims and payment data.
EFT	Electronic Funds Transfer, the method by which Medicaid payments are issued to providers.
Falling Colors	The State's contracted third-party financial management and invoicing vendor for home visiting services.
FAN	Facilitating Attuned Interactions, an evidence-based model for reflective practice and relationship-based professional development for home visitors.
FFS	Fee-for-Service, a Medicaid payment model in which providers are paid per service delivered.
FTE	Full-Time Equivalent, a measure of staffing resources.
HCA	New Mexico Health Care Authority, the state agency administering Medicaid.
HIPAA	Health Insurance Portability and Accountability Act (P.L. 104-191), federal law governing privacy and security of protected health information.
HITECH Act	Health Information Technology for Economic and Clinical Health Act (P.L. 111-5), which strengthens HIPAA privacy and security provisions.
HomVEE	Home Visiting Evidence of Effectiveness Review, a federal review that assesses the quality of evidence on early childhood home visiting models.
IHS	Indian Health Service, a federal health program for American Indians and Alaska Natives.
LOD	Letter of Direction, formal guidance issued by HCA or ECECD regarding Medicaid Home Visiting policies or procedures.

LOI	Letter of Interest, a document submitted by providers seeking consideration to participate in the MHV program.
MAD	Medical Assistance Division, a division of HCA responsible for Medicaid program administration.
MCO	Managed Care Organization, a health plan contracted by Medicaid to deliver covered services to enrolled members.
MHV	Medicaid Home Visiting, the statewide benefit providing evidence-based home visiting services to Medicaid members.
MHV Provider	An organization enrolled and approved by Medicaid to deliver Medicaid Home Visiting services.
NFP	Nurse-Family Partnership, an evidence-based home visiting model serving first-time mothers beginning in pregnancy until the child's second birthday.
NMAC	New Mexico Administrative Code, the official compilation of rules adopted by New Mexico state agencies.
NPI	National Provider Identifier, a unique identifier assigned to healthcare providers for use in administrative and financial transactions.
PAT	Parents as Teachers, an evidence-based home visiting model that may serve families prenatally until kindergarten entry.
PCP	Primary Care Provider, a physician, nurse practitioner, or physician assistant who serves as a patient's principal source of care.
PHI	Protected Health Information, individually identifiable health information as defined under HIPAA.
PPA	Provider Participation Agreement, the formal agreement between Medicaid (or its contractors) and providers governing participation in the program.
Service Area	The geographic area, generally defined by county, in which a Medicaid Home Visiting provider is authorized to operate.
SIDS	Sudden Infant Death Syndrome.
SOW	Scope of Work, the formal description of deliverables and responsibilities under a Medicaid contract.
State Professional License	A state-issued license confirming that a provider or practitioner has met applicable educational, testing, and regulatory requirements.

Section 3

Introduction to Medicaid Home Visiting (MHV):

Pilot Outcomes and Expansion

The pilot served 152 families between July 1, 2019, and June 30, 2020. In 2020, the Medicaid Home Visiting (MHV) benefit was expanded statewide as part of the Centennial Care 2.0 Medicaid 1115 Waiver, with program oversight transferred from CYFD to the Early Childhood Education and Care Department (ECECD).

MHV Services

On January 1, 2019, in collaboration with the New Mexico Children, Youth and Families Department (CYFD), the New Mexico Health Care Authority (HCA) launched an evidence-based home visiting pilot project for eligible pregnant women. The pilot focused on prenatal care, postpartum care, and early childhood development and was offered in four designated counties.

Under this initiative, Centennial Care Managed Care Organizations (MCOs) contracted with CYFD agencies to provide services using one or more evidence-based early childhood home visiting models recognized by the U.S. Department of Health and Human Services (DHHS).

Models:

1. Nurse-Family Partnership (NFP)

- **Eligibility/Duration:** First-time parents only. Services begin no later than 28 weeks of pregnancy and continue until the child reaches two years of age.
- **Primary Goals:**
    - Improve pregnancy outcomes by promoting healthy behaviors.
    - Improve child health, development, and safety by supporting pregnancy planning, educational achievement, and employment.
    - Enhance family support by connecting families to health and social services.
    - Promote supportive relationships within families and communities.

2. Parents as Teachers (PAT)

- **Eligibility/Duration:** Services may begin prenatally and continue until the child reaches five years of age or enters kindergarten.
- **Primary Goals:**
    - Provide parents with knowledge about child development.
    - Ensure developmental delays and health problems are detected early.
    - Strengthen parenting knowledge and skills.
    - Prevent child abuse and neglect.
    - Prepare children for school entry and narrow the achievement gap.

3. Child First

- **Eligibility/Duration:** Families with children showing concerns related to behavior, emotions, development, learning, or exposure to trauma, abuse, or neglect.
- **Primary Goals:**
    - Build parental competence.
    - Establish trusting, supportive relationships with families.
    - Strengthen parent-child relationships in the home environment.
    - Promotes cultural and linguistically responsive services.
    - Educate families about developmental milestones and support children in achieving them.
    - Address safety issues and reduce risks related to unsafe environments.

4. Family Connects

- **Eligibility/Duration:** Families with newborns; services begin shortly after birth and typically consist of 1–3 home visits during the first 12 weeks of life.
- **Primary Goals:**
    - Provide universal postpartum nurse home visits for mothers and newborns.
    - Assess family needs across health, parenting, and psychosocial domains.
    - Connect families to community resources and support tailored to identified needs.
    - Strengthen maternal health, promote infant well-being, and support positive family adjustment during the postpartum period.

5. Healthy Families America (HFA)

- **Eligibility/Duration:** Services may begin prenatally or shortly after the birth of a child and may continue until the child reaches age three to five, depending on family needs and program capacity.
- **Primary Goals:**
    - Promote positive parent-child interactions and healthy attachment.
    - Encourage healthy childhood growth and development.
    - Prevent child abuse and neglect.
    - Support parents in reducing stress and building resilience.
    - Connect families with medical providers and community resources.

6. Safe Care Augmented

- **Eligibility/Duration:** Families with children ages 0–5 who are at risk of or have been reported for child maltreatment, or who face other risk factors that may affect child safety and well-being. Services are time-limited, typically delivered in 18–20 sessions.
- **Primary Goals:**
    - Improve home safety and reduce risks of unintentional injury.
    - Teach positive parent-child interaction and effective behavior management skills.
    - Strengthening parents' ability to manage child health needs, including recognizing illness and accessing medical care.
    - Provide structured problem-solving skills and coping strategies.
    - Reduce child abuse and neglect through practical, skills-based interventions.

MHV Program Goals

The MHV program seeks to:

- Improve maternal and child health.
- Promote child development and school readiness.
- Encourage positive parenting practices.
- Connect families with formal and informal community support.

Section 4

Provider Requirements and Responsibilities

Compliance with Laws and Program Rules

Providers furnishing services to Medicaid-eligible recipients must comply with all applicable federal and state laws, regulations, and executive orders. Providers must also follow the rules, instructions, and billing guidance of HCA's Medical Assistance Division (MAD) as outlined in this manual, its appendices, and any updated program directions.

Providers must adhere to coding guidelines, including the Centers for Medicare and Medicaid Services (CMS), correct coding initiatives. This includes avoiding improper unbundling or upcoding of services.

When billing services to a coordinated services contractor authorized by HCA, providers must follow that contractor's billing and authorization instructions.

Eligibility Verification and Documentation

Providers must:

1. Verify that each individual is eligible for a specific Medicaid health care program administered by HCA or its authorized agents.
2. Confirm the recipient's enrollment status at the time services are provided.
3. Determine whether the recipient has other health insurance coverage.
4. Maintain accurate records that fully document the nature and extent of services provided.

Services must follow the MHV-approved, evidence-based early childhood home visiting models as defined by DHHS.

Provider Enrollment and Claims Submission

Providers must be enrolled as Medicaid providers before submitting claims for reimbursement. The MAD Benefits and Reimbursement Bureau enrolls Medicaid fee-for-service providers through a Provider Participation Agreement (PPA), except for intermediate care facilities, personal care agencies, nursing homes, and presumptive eligibility determiners.

MAD provides necessary program participation information through the HCA/MAD website, other program-specific websites, or in hard copy. Providers are responsible for accessing, understanding, and complying with these materials. For questions not covered by the guidance, providers must contact HCA or its authorized agents.

Reporting Changes and Liability

Participating providers must notify MAD, or the relevant claims processing contractor of changes to:

- Agency address
- License or certification status
- Board specialties
- Corporate name or ownership

Providers must also provide a statement confirming continuing liability for any recoverable obligations to MAD that occurred prior to any sale, merger, consolidation, dissolution, or other disposition of the provider or organization.

Additional Resources

A process map for MHV provider enrollment is available on the ECECD website: New Mexico Medicaid Home Visiting Process Map. Providers may view or download the map for guidance on the enrollment process.

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

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Section 5

Eligible Providers

To be designated as a Medicaid Home Visiting (MHV) provider, applicants must:

1. **Offer an approved evidence-based program**
   - Provide at least one of the HCA-identified, CMS-approved evidence-based early childhood home visiting models.

     Note: While 8.308.9.23 NMAC currently lists only Nurse-Family Partnership (NFP) and Parents as Teachers (PAT), additional approved models are allowed and currently in use. Efforts to update the NMAC to reflect all approved models are underway.

2. **Meet program-specific qualifications**
   - Adhere to the qualifications, training, and certification or affiliation requirements of the evidence-based program(s) offered.
3. **Comply with provider standards**
   - Meet all provider qualifications and standards outlined in this manual.

A current list of Home Visiting Providers in New Mexico is available here: New Mexico Home Visiting Providers

Staffing Requirements

- Each provider must employ the staff positions required to implement their chosen evidence-based early childhood home visiting delivery model.
- Staffing must meet the standards outlined in the program guidelines and ensure quality, model-fidelity service delivery.

Section 6

Eligible Members

MHV Member Eligibility

New Mexico Medicaid pays for medically necessary home visiting services for all MHV-eligible members. Individuals are eligible for MHV services if they meet the criteria for one of the Medicaid eligibility categories applicable to home visiting, which may vary depending on the evidence-based program model used.

For detailed information on Medicaid eligibility requirements relevant to MHV, see the Medicaid Eligibility Pamphlet.

Provider Responsibilities for MHV Eligibility Verification

- Providers must verify MHV recipient eligibility before providing services and ensure that recipients remain eligible throughout periods of continued or extended home visiting services.
- Eligibility may be verified using one or more of the following:
    - Automated voice response systems
    - MAD or designated contractor eligibility help desks
    - Contracted eligibility verification system vendors
    - Contracted magnetic swipe card vendors
- MHV recipients must present all health program identification cards or other eligibility documentation before receiving services and for each period of continued or extended care.

Additional resources:

YesNM Portal for member eligibility verification: https://yes.nm.gov/nmhr/s/?language=en_US

MHV Services and Target Population

The target population for MHV includes Medicaid members who:

- Receive services through managed care or tribal programs, and
- Are pregnant and/or have newborn infants

MHV services are provided until the child reaches the maximum age defined by the employed evidence-based home visiting model.

Section 7

Covered and Non-Covered Services

Covered Services

MHV providers must deliver services in accordance with the standards of the chosen evidence-based model and comply with all data and quality reporting requirements outlined in this manual. *Providers must ensure that any service outside of the covered MHV activities is appropriately referred to other Medicaid-covered programs or community resources.*

Key features of MHV services:

- Available to all eligible expectant parents and families with children from birth to age 5.
- Voluntary and provided at no cost to participants.
- Offered statewide, covering all 33 New Mexico counties.
- Tailored to meet the cultural and linguistic needs of communities and families.
- Delivered both face-to-face and virtually (telehealth, defined as real-time, live video visits using synchronous audio and video technology that allows provider and member to see and hear each other).

Types of covered services include:

1. **Prenatal, postpartum, and infant/child home visits**
2. **Home visit activities included in the home visit and not billed separately:**
    - Diet and nutrition education
    - Stress management
    - Sexually transmitted disease (STD) prevention education
    - Tobacco screening and cessation education
    - Alcohol and other substance misuse screening and counseling
    - Depression screening
    - Domestic and intimate partner violence screening and education
    - Breastfeeding support and education *(Members may be referred to lactation specialists; lactation consultant services are not covered under MHV)*
    - Guidance and education on wellness visits; recommend preventive services
    - Maternal-infant safety assessment and education, including safe sleep education for SIDS prevention
    - Counseling on postpartum recovery, family planning, and newborn care
    - Assistance in establishing a primary care provider (PCP) and ensuring postpartum/newborn visits are scheduled
    - Parenting skills development and confidence building
    - Child developmental screening at major developmental milestones

Non-Covered Services

MHV does not cover the following:

- Services billed separately from the home visit that are considered part of the MHV home visit activities
- Services provided outside the approved MHV evidence-based model framework
- Transportation costs or travel reimbursement for participants
- Rooming-in or institutional care costs
- Equipment or materials not included in the home visit plan

Section 8

Utilization Review and Prior Authorization

All MAD services, including MHV services, are subject to utilization review for medical necessity and program compliance. Utilization reviews may occur: (See 8.302.5 NMAC)

- Before services are provided
- After services are provided
- Before payment is made
- After payment is made

Prior Authorization

Some procedures or services may require prior authorization from MAD or its designee. Providers must:

- Review all instructions and forms available from MAD or its designee, including the Uniform Prior Authorization Form, to determine when prior authorization is necessary.
- Understand that obtaining prior authorization does not guarantee the individual is eligible for MAD services. Providers must verify eligibility at the time services are furnished and check whether the recipient has other health insurance.
- Recognize that services for which prior authorization was obtained remain subject to utilization review at any point in the payment process, including after payment is made.

Eligibility Determination

Prior authorization does not replace the provider's responsibility to verify that a recipient is eligible for the program. Providers must:

- Confirm that the individual meets the criteria for the specific MAD program.
- Determine whether the individual has other health insurance coverage that may impact service billing.

Reconsideration of Denials

Providers who disagree with prior authorization denials or other utilization review decisions can request a reconsideration or re-review.

- See Provider Appeals and Member Appeals policies *(see 8.350.2 NMAC)*.

Therapeutic and Economic Considerations

- Some services may require review to ensure that a less expensive or therapeutically preferred alternative is used first.
- These requirements are based on:
    - Published clinical practice guidelines
    - Professional standards of health care
    - Economic considerations

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 an HCA 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 for payment to be made.

The Provider Enrollment Application may be accessed at https://www.hca.nm.gov/new-provider-ped-enrollment-system/. 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 Directions (LODs) 11 and 15 for current billing guidance: LOD11_RepealReplaceCHV.pdf (state.nm.us) & https://www.hca.nm.gov/wp-content/uploads/Final-LOD-15-Medicaid-Home-Visiting.pdf

PROCEDURE CODES: Medicaid Home Visiting Providers will bill on the professional claim type using the approved procedure codes and modifiers to identify the Medicaid Home Visiting Model rendering services. Three procedure codes will be used to distinguish between the three service types. For each of the procedure codes, modifiers will be used to identify the Medicaid Home Visiting service model. **NOTE: Only U1 – U3 modifiers are currently being utilized as referral models.**

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

See Tables below for reference: Code + Modifier must be used to bill.

Code	Modifier	MHV Code Description
Pre-natal Home Visit: H1005		Prenatal care, at-risk enhanced service package (including management, coordination, education, follow-up home visit)
H1005	U1	Nurse Family Partnership (NFP)
H1005	U2	Parents as teachers (PAT)
H1005	U3	Child First
H1005	U4	Family Connect
H1005	U5	Healthy Families of America
H1005	U6	Safe Care Augmented

Code	Modifier	MHV Code Description
Postpartum Home Visit: S5111		Home Care Training, Family per Session
S5111	U1	Nurse Family Partnership (NFP)
S5111	U2	Parents as teachers (PAT)
S5111	U3	Child First
S5111	U4	Family Connect
S5111	U5	Healthy Families of America
S5111	U6	Safe Care Augmented

Code	Modifier	MHV Code Description
Infant Home Visit: S9445		Patient Education, non-physician provider, individual, per session.
S9445	U1	Nurse Family Partnership (NFP)
S9445	U2	Parents as teachers (PAT)
S9445	U3	Child First
S9445	U4	Family Connect
S9445	U5	Healthy Families of America
S9445	U6	Safe Care Augmented

Note: Modifier U3 is for Child First (services provided by **MDs or other clinicians**): **U3 U1** is for Child First (services provided by **non-clinician providers**)

SERVICE LIMITATIONS AND UTILIZATION CONTROL:

- The agency cannot bill both mother and child for a single visit, however an agency may bill two separate patients for two separate services, one for the pregnant mother and one for the infant
- Families may be enrolled in and receive services from more than one model. This enrollment may include two models for the same child, or family enrollment may involve multiple children enrolled in different home visiting models.
- Procedure code S9445 must be billed under the infant
- If the visit is intended to serve more than one child, services may be billed for each participating in child and should follow the guidelines of the service model

Services billed must align with the model's standards and maintain program fidelity, for example, delivering required content, duration, or structure of curriculum (e.g., NFP, PAT).

https://api.realfile.rtsclients.com/PublicFiles/d4a60d4c4e7149c9830debdc01dbe554/44069bdb-ebb8-43d9-bdc0-a33241d89884/2024%20NM%20Home%20Visiting%20Program%20Standards.pdf

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. There is additional information in this explainer: https://www.hca.nm.gov/wp-content/uploads/Medicaid-Home-Visiting_Explainer_240616.pdf

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/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 support 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 HCA 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 HCA's determination, the CLNM provider has not provided notice in the manner or format prescribed by the HITECH Act, HCA 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 an MHV provider. MCOs will implement the procedure below to refer members not enrolled with an 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. All referrals with MHV are to be made through the Am I Eligible (AIE) portal: https://eligibility.ececd.nm.gov/eligibility/public/application/applicationInfo.page?dswid=-9380