2025

Doula and Lactation Provider Managed Care

Reference Guide

In collaboration with Blue Cross Blue Shield of NM, Molina NM, Presbyterian Health Plan, United Health Care NM, New Mexico Doula Association (NMDA), New Mexico Breastfeeding Task Force (NMBTF), New Mexico Department of Health (NMDOH) and other community partners

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Introduction

The 2025 Doula and Lactation Provider Managed Care Reference Guide was created to help doulas and lactation providers who want to work with New Mexico's Medicaid Managed Care Organizations (MCOs). These providers offer important care and support for our members, families, and this guide gives them the steps they need to join the system, get approved, and start billing for their services.

This guide is the result of a team effort led by all four New Mexico MCOs, Department of Health, along with the New Mexico Doula Association, The New Mexico Breastfeeding Taskforce, as well as other community partners. Together, we created this guide to make the process easier to understand. It includes the most important steps and helpful information providers need to get started and be successful.

Doulas and lactation providers play a big role in improving the health of our communities, especially for families who need extra support. This guide is one way we can support their work and help them connect with more people.

Table of Contents

1. **Understanding Medicaid Managed Care in New Mexico**
    - Overview of Managed Care and MCOs
    - The Role of Doulas and Lactation Providers in Supporting Medicaid Members
    - Why This Work Matters

2. **Certification Requirements**
    - Doula State Certification Process
    - Lactation Certification Process Yes
    - NM- Becoming a Medicaid Provider

3. **Credentialing and Contracting Overview**
    - What Is Contracting/ Credentialing and Why It
    - Matters Important Terms You Should Know
    - General Steps to Contract with MCOs Tips to
    - Prepare for a Successful Application

4. **MCO-Specific Credentialing and Contracting Processes**
    - **Blue Cross Blue Shield of New Mexico**
        - Key Contacts
        - Step-by-Step Process
        - Provider Portal Information
        - Who to contact for help
    - **Molina Healthcare**
        - Key Contacts
        - Step-by-Step Process
        - Provider Portal Information
        - Who to contact for help
    - **Presbyterian Healthcare**
        - Key Contacts
        - Step-by-Step Process
        - Provider Portal Information
        - Who to contact for help
    - **United Healthcare**
        - Key Contacts
        - Step-by-Step Process
        - Provider Portal Information
        - Who to contact for help

5. **Billing for Doula and Lactation Services**
    - Covered Services and Billing Codes
    - Required Documentation
    - How to Submit a Claim Common Billing
    - Mistakes and How to Avoid Them

6. **Linking Doula and Lactation Services to Maternal-Child HEDIS Measures**
    - Overview of HEDIS and Quality Measures
    - How Your Services Impact Member Outcomes
    - Supporting Care Coordination and Preventive Care

7. **MCO Provider Directories**
    - Where and How to Find in-network providers for your patients by MCO

8. **Appendices**
    - Glossary of Key Terms
    - Sample Forms and Templates
    - Summary of Value-Added Services by MCO
    - Turquoise Care Rewards Information
    - Quick Links to MCO Provider Portals and Resources
    - Contacts by MCO for Credentialing, Billing, and Support

Understanding Medicaid Managed Care in New Mexico

Overview of Managed Care and MCOs

New Mexico provides Medicaid services through a **managed care** model. This means that most Medicaid members receive their healthcare through **Managed Care Organizations (MCOs)**—private health insurance companies that are contracted by the state to coordinate care, manage benefits, and pay providers.

Each MCO is responsible for helping members access a wide range of services, including medical care, behavioral health, and community-based support. In New Mexico, there are currently four MCOs serving Medicaid members under the **Turquoise Care** program.

Managed care helps improve quality of care, increase access, and control costs by focusing on prevention, care coordination, and partnerships with trusted providers in the community—including doulas and lactation professionals.

The Role of Doulas & Lactation Providers in Supporting Medicaid Members

Doulas and **Lactation Providers** offer essential services that promote healthy pregnancies, safe births, and positive early childhood outcomes. These providers are especially valuable for members who may face social, cultural, or geographic barriers to care.

- **Doulas** provide physical, emotional, and informational support during pregnancy, labor, and the postpartum period.
- **Lactation providers** help new parents with breastfeeding and infant feeding—key to improving infant health and bonding.

By offering culturally responsive and personalized care, these providers help bridge gaps in the healthcare system and improve trust between families and care teams.

Why This Work Matters

Doula and lactation services are now **billable under Medicaid** in New Mexico—recognizing the critical role these professionals play in improving outcomes for mothers and babies. This is more than just access to services—this is about equity. Medicaid members, especially in rural and underserved areas, deserve high-quality care that meets them where they are. By becoming Medicaid-contracted providers, doulas and lactation consultants help:

- Lower rates of C-sections and preterm births
- Improve breastfeeding initiation and duration
- Support healthy child development Reduce disparities in maternal and infant health outcomes

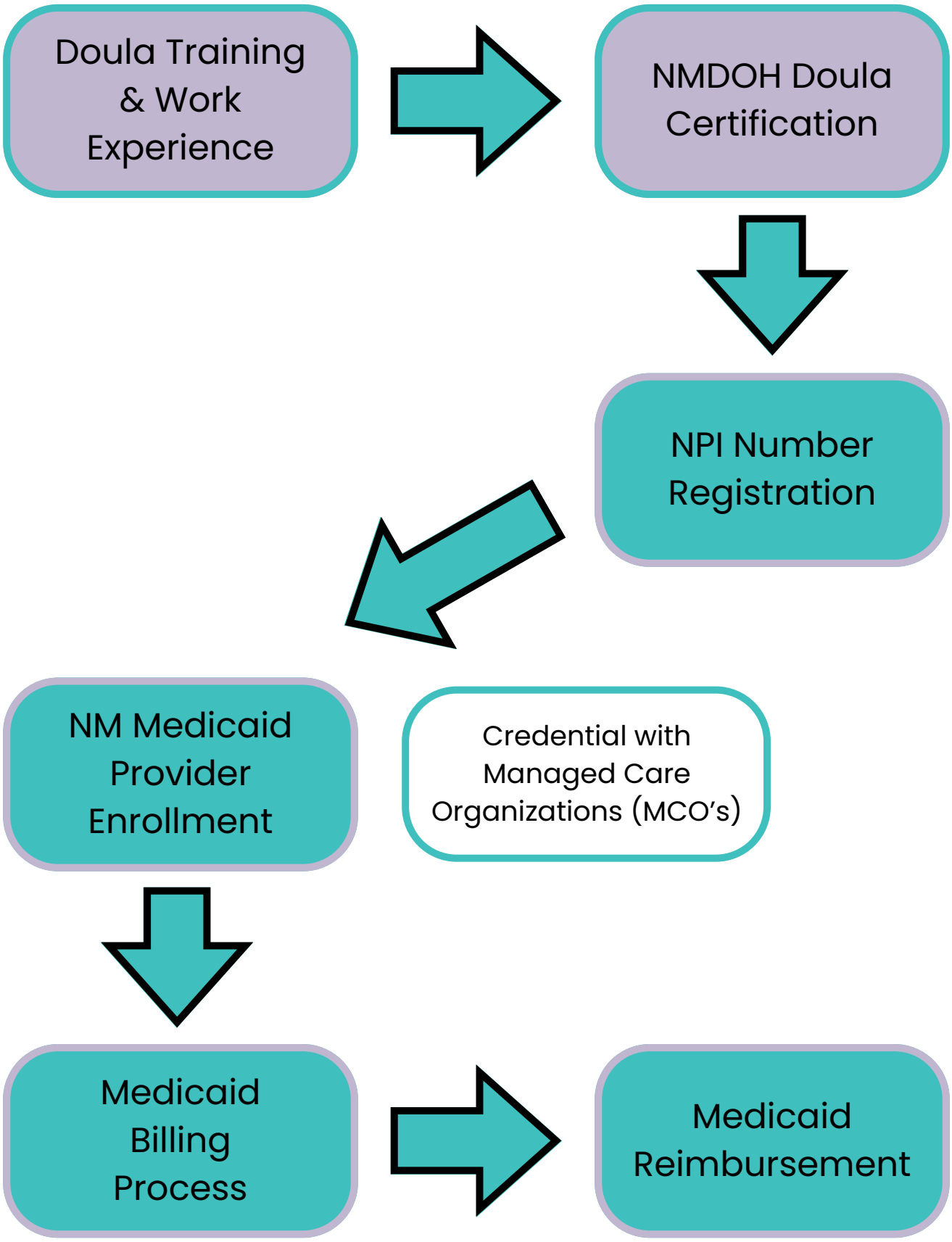
Doula and Lactation Provider's work is not only valuable—it's vital. This guide will help you get the tools you need to become a Medicaid provider and continue making a difference in the lives of New Mexico families.

Certification Requirements

- Doula State Certification Process
- Lactation Certification Pathways
- Yes NM- Becoming a Medicaid Provider

Pathway to becoming a Medicaid-Reimbursable Doula in New Mexico

1. Doulas gain training through a doula program or life experience.
2. Doulas will certify with NMDOH.
3. Obtain a NPI (National Provider Identification) number.
4. Enroll to become a Medicaid Provider.
    a. Contract with each Managed Care Organization (MCO).
5. When each of the above steps have been completed, doulas are now able to begin to provide services for reimbursement.


Doula Training & Work Experience
NMDOH Doula Certification
NPI Number Registration
NM Medicaid Provider Enrollment
Credential with Managed Care Organizations (MCO's)
Medicaid Billing Process
Medicaid Reimbursement

Doula State Certification Process

How to Become a NM Medicaid Doula Provider

New Mexico Department of Health Doula Certification

Benefits of becoming a Certified Doula with the NMDOH

Becoming a Certified Doula with the NMDOH has several advantages, including:

- Recognition for your work in the community.
- Acknowledgment of your diverse skills.
- Eligibility to become a Medicaid enrolled provider and receive reimbursement for doula services.

How to Get Certified

Each applicant will have to meet basic eligibility criteria and will have to choose one of three pathways for certification.

Pathway 1 – Certify in an identified doula training.
Pathway 2 – Complete a doula training that meets the requirements for core competencies and provide attestation of the completion of services to three doula clients.
Pathway 3 – Provide three letters of recommendation attesting to the competency of the applicant's skills and experience as a doula and provide attestation of the completion of services to three doula clients.

Where to access applications

Applicants can access the online applications on the NMDOH Doula Program webpage: https://www.nmhealth.org/about/phd/fhb/mch/doula/

Manual Applications: Doulas who need to access a manual application can pick one up in person at the NMDOH/Maternal Health Program Building 2040 S. Pacheco Santa Fe, NM 8750

For general questions about certification, please send email inquiries to:
DOH-DoulaAccess@doh.nm.gov

For more information and resources about doula certification and reimbursement visit the NMDOH Doula Program webpage:
https://www.nmhealth.org/about/phd/fhb/mch/doula/

Lactation Certification Process

How to Become a NM Medicaid Lactation Provider

Identify Scope:

What is the scope of your certification?: CLC, CBS, ILC, MLC, IBCLC

Obtain License via NM Board of Nursing:

- To become a licensed lactation care provider (LCP), please visit: https://www.bon.nm.gov/lcp/
- Create an account: https://nmbn.boardsofnursing.org/nmbn
- Complete criminal background check and fingerprints ($59)
- TIP: ensure you request a receipt during fingerprinting and obtain your TCN #.
- Submit application in NM BON portal ($60)
- Check portal messages regularly for updates and status
- Document renewal dates and deadlines
- Maintain continuing education requirements
- Renewal every two years

Location of Services
Where will you be practicing?

- Private practice (home visits or office space), clinic (outpatient), education/ classes (pre and postnatal)

Credentialing Requirements
(NM Medicaid/Turquoise Care MCOs*)
***please refer to updated requirements per Managed Care Organization**

Certification
Lactation Provider License
Malpractice liability or medical liability insurance
FEIN (Federal Employer Identification Number)
NPI (National Provider Identifier)

Lactation support may be billed under pregnant/lactating person **OR** baby

Billing Requirements *
***please refer to updated requirements per MCO**

Up to 6 visits per calendar year / Preauthorization required for additional visits
Billing codes:
Individual: S9443 (Modifier U1), $110
Class/Group: S9443 (Modifier U2), $56.44/person
Claims: utilize CMS 1500 form (personal)
CMS 1500/837P (clinic/birthing center)
required documentation

Business Considerations
Business license State/city licensing Federal EIN Consents and Contracts Release of information Insurance Documentation templates Tax requirements (state, federal, GRT) Branding Social Media Referral forms Resource and referral lists Business cards Translation services TIP: Connect with the NM Small Business Development Center https://www.nmsbdc.org

Some Lactation Supplies
Maternal Health/ Delivery Assessment template
Infant Assessment templates
Lactation Assessment template
Provider progress note templates (and release)
Scale Doll and breast models, nursing pillows
Feeding/intake-output logs
Feeding supplies
Flange sizing tool

Consider WHO code of marketing violations

*This resource is intended to serve as a general informational guide for lactation care professionals and providers. It is not intended to provide legal, financial, or tax advice. For specific legal or tax-related questions, please consult a qualified professional.

YES NM – Becoming a Medical Provider

Credentialing and Contracting Overview

What Is Contracting and Credentialing—and Why It Matters

To become a provider with New Mexico Medicaid Managed Care Organizations (MCOs), doulas and lactation consultants must go through two important steps: credentialing and contracting.

- **Credentialing** is the process MCOs use to verify your qualifications. This includes your education, training, certifications, and work history.
- **Contracting** is the agreement you enter into with the MCO after credentialing. It outlines what services you can provide, how much you'll be paid, and the expectations for delivering care.

These steps are important because they ensure that all providers meet professional standards and are ready to serve Medicaid members safely and effectively. Once credentialed and contracted, you will be able to bill for services and receive reimbursement.

Important Terms You Should Know

- **NPI (National Provider Identifier):** This is a 10-digit number required for all healthcare providers in the U.S. It identifies you in billing systems and must be included on every Medicaid claim. You can apply for your NPI at www.nppes.cms.hhs.gov.
- **CAQH (Council for Affordable Quality Healthcare):** CAQH is an online system where you store your provider information. Many MCOs use it to verify your credentials. It saves time by allowing you to submit your details once, instead of separately to each MCO. Learn more at www.caqh.org.
- **W-9 Form:** This form provides your Tax Identification Number (TIN) and legal business name. It's required to get paid for your services.
- **Liability Insurance:** Most MCOs will ask you to carry professional liability insurance to protect you and your clients.

General Steps to Contract with MCOs

1. **Obtain Required Certifications**
   - o For doulas: Completion of a recognized training program and NM State Certification.
   - o For lactation providers: Valid IBCLC, CLC, or equivalent certification.
2. **Apply for an NPI**
   - o If you don't already have one, apply online through the National Plan & Provider Enumeration System (NPPES).

3. **Register with CAQH**
    - Create a profile, upload your documents, and authorize MCOs to access your file.
4. **Gather Supporting Documents**
    - These may include your certifications, liability insurance, W-9, and a copy of your state-issued ID.
5. **Reach Out to Each MCO**
    - Each MCO has its own process. Contact them directly or visit their provider portals to start your application.
6. **Submit Credentialing Application**
    - Follow the instructions provided by each MCO carefully. Make sure your information is accurate and matches across all systems.
7. **Sign a Provider Contract**
    - Once you are credentialed, you'll be offered a contract. Review it carefully before signing.
8. **Complete Onboarding and Training**
    - After contracting, you may be invited to orientation sessions or webinars to learn how to use MCO systems and submit claims.

Tips to Prepare for a Successful Application

- **Keep all your documents up to date** (especially your CAQH profile). Set reminders to review it every 90 days.
- **Be consistent.** Make sure your name, address, and contact info are exactly the same on your NPI, CAQH, and all application forms.
- **Respond to MCO requests quickly.** Delays in providing missing info can slow down the process.
- **Ask questions.** MCOs have provider relations teams to help you—don't hesitate to reach out.

MCO-Specific Credentialing and Contracting Processes

Blue Cross Blue Sheild NM
Doula & Lactation Service Providers- MCO Onboarding Process

How to Join | Blue Cross and Blue Shield of New Mexico

Blue Cross and Blue Shield of New Mexico welcomes you to apply to join our provider networks. We contract with health care professionals, facilities and other providers to form our provider networks which are essential for delivering quality, accessible and cost-effective health care services to our members. We developed a new process for professional provider groups and solo practitioners to make joining our networks even easier. Professional provider groups and solo practitioners will need to follow the steps outlined below to apply to join. We look forward to working with you!

FOUR EASY STEPS TO JOIN!

- **Step 1** — **Complete the Provider Onboarding Form** (Professional Provider Groups and Solo Practitioners).

To apply to join our networks, you will need to complete the Provider Onboarding Form

- **Step 2 — Submit a signed contract and become credentialed.**

If you meet eligibility requirements, you will be sent a contract for participating in our provider networks and the credentialing process initiated by BCBSNM. Please refer to the *Getting Credentialed* section on this page for additional details related to completing your credentialing application.
Providers who participate in our networks are required to complete the credentialing process as necessary, prior to acceptance into our networks.
Our credentialing requirements are derived from, and in compliance with, applicable New Mexico and National Committee for Quality Assurance (NCQA) credentialing standards.

- **Step 3 — Welcome to BCBSNM contracted network(s).**

After we review your Provider Onboarding Form, your signed contract and you complete the credentialing process, we will let you know if you are accepted into our networks. If you are accepted, you will receive a welcome letter with your network effective date.

- **Step 4 — Get connected.**

Once you are part of our networks, we strongly encourage you to use **all available** electronic options for electronic data interchange (EDI) transactions to help ensure timeliness, accuracy and security of claims-related information including:

- Availity Essentials®
- Electronic Data Interchange (EDI) Transactions
- Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

Provider Designations and Services Forms

- Behavioral Health
- Long Term Care
- Physical Health

Facilities including Behavioral Health and Ancillary Providers
Complete the Participating Provider Interest Form for Facilities in conjunction with the appropriate Provider Designations and Services Form(s) listed above.

Behavioral Health Professionals
This Professional Areas of Expertise Form is required for all behavioral health professionals in conjunction with the appropriate Provider Designations and Services Form(s) listed above.

Telemedicine/Telehealth Providers
The Telemedicine/Telehealth Provider Attestation Form is required for all telemedicine and telehealth providers in conjunction with the appropriate Provider Designations and Services Form(s) listed above.

Urgent Care Centers
Urgent Care Centers must also complete the urgent care center attestation.

New Mexico Medicaid Atypical Providers
Complete the Participating Provider Interest Form for New Mexico Medicaid Atypical Provider.

Credentialing Status Checker
To check the status of your credentialing process, enter your NPI or license number in our Credentialing Status Checker.

Case Status Checker
If you have completed a Provider Onboarding Form, you can check the status of your application by entering the case number you received in your confirmation email in our Case Status Checker.

Disclosure of Ownership and Control Interest Form
In compliance with 42 CFR 457.935, 42 CFR §455.104, $455.105, and §455.106, providers/disclosing entities are required to disclose including, but not limited to, information regarding (1) the identity of all persons with an ownership or control interest in the provider/disclosing entity, or in any subcontractor in which the provider/disclosing entity has a direct or indirect ownership of 5 percent or more including the identity of managing employees, and other disclosing entities; (2) certain business transactions and significant business transactions between the provider/disclosing entity and subcontractors/wholly owned suppliers; and (3) the identity of any person with an ownership or control interest in the provider/ disclosing entity or who is an agent, or a managing employee of the provider/ disclosing entity that has ever been convicted of any crime related to that person's involvement in any program under the Medicaid, Medicare, or Title XX program (Social Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act since the inception of those programs.
Any authorized/designated representative of the provider/disclosing entity may complete and sign this form on behalf of the provider/disclosing entity.

Complete the Disclosure of Ownership and Control Interest Form. All highlighted sections in the form are required to be filled out.
[1]Meeting criteria for, or completion of, one or more step(s) is not a guaranty of participation in any network with BCBSNM, nor does it confer any rights upon the applicant. No communication from BCBSNM during these steps constitutes an offer capable of acceptance. Participation requires BCBSNM's counter-execution of a participation agreement, as to which BCBSNM reserves unfettered discretion to the fullest extent allowed by applicable law.
Note: A provider record with BCBSNM does not automatically activate the NM network. Claims will be processed out-of-network, until the provider has applied for network participation, been approved and activated in the network.
If you are interested in contracting with BCBSNM please contact us at 505-837-8800 or 1-800-567-8540.

Molina Healthcare
Doula & Lactation Service Providers- MCO Onboarding Process

Contracting

Timeline
If the initial application submission (for new and amended contracts) contains all required documents, the timeline for processing is typically 45 days or less. The Provider will not be able to begin the contracting process without the approval documentation from their respective certifying organization (i.e., DOH or Board of Nursing).

Executing a New Contract (if applicable)

1. Submit a Provider Contract Request Form
    - Complete and submit the form to NMProviderContracting@MolinaHealthcare.com.

2. Documentation
    - Once the Contract Request Form is accepted, the Provider Contracting department will provide the necessary credentialing and contracting documents.
    - Documents required from the Doula and Lactation Providers will include:
        - Provider Information Form Health Delivery
        - Organization Credentialing Application
        - Ownership and Control Disclosure Form
        - W-9
    - The following information is required to complete the documentation
        - National Provider Identifier Number (NPI)
        - Medicaid Number
        - Taxonomy Code Number
        - Federal Tax ID Numbers (TIN)
        - The approval letter from certifying organization (i.e., DOH or Board of Nursing)

- Upon receiving the completed documents, Provider Contracting will begin the credentialing process in collaboration with MHC's Credentialing department.

3. Credentialing
   - Credentialing will occur concurrently with the contracting process
   - MHC requires providers to use the Council for Affordable Quality Healthcare® (CAQH) ProView™, a free online platform for credentialing
   - Steps to initiate credentialing:
     - Obtain a CAQH provider ID
     - Register and submit the required information through CAQH ProView™
   - Once credentialing is completed, MHC's Credentialing department will send a notification

4. Contract Execution
   - MHC will send the Provider Agreement for review and signature
   - Upon receiving the signed agreement, MHC will countersign and return a fully executed copy
   - Credentialed providers will be configured in MHC's system as in-network providers
   - Effective Date: The in-network effective date will align with the credentialing completion date

Amend an Existing Contract

1. Submit Amendment Request
   - Send a request to amend your current Medicaid contract to MHNMProviderContracting@MolinaHealthcare.com.
   - Please include the following information within the email:
     - Provider Name
     - NPI
     - Medicaid ID
     - The approval letter from certifying organization (i.e., DOH or Board of Nursing)

2. Initial Review and Documentation
   - MHC's Contracting team will:
     - Verify the submitted information
     - Obtain any additional required documentation
     - Prepare the amendment
     - Submit the request to Credentialing
     - Email the amendment to the provider contact listed in the request

3. Drafting the Amendment
   - The amendment will reference appropriate language tailored to the changes, such as:

- Name/TIN changes
- Addition of a location or service

4. Credentialing

- Credentialing will occur concurrently with the contracting process
- MHC requires providers to use the Council for Affordable Quality Healthcare® (CAQH) ProView™, a free online platform for credentialing
- Steps to initiate credentialing:
  - Obtain a CAQH provider ID
  - Register and submit the required information through CAQH ProView™
- Once credentialing is completed, MHC's Credentialing department will send a notification

5. Contract Execution

- The Provider will receive a copy of the amendment for signature
- Once signed and returned, MHC will countersign the amendment
- The contract will be assigned an effective date
- The updated contract details will be configured in MHC's system

MHC Contracting Escalation Contacts

Name	Title	Description of Support	Phone	Email Address
Erica Archuleta, Primary Contact	Director, Provider Contracting	Escalation	(505) 219-0011	Erica.Archuleta@molinahealthcare.com
Bridgette Benavidez	Provider Contracts Manager	Contracting	(505) 219-0019	bridgette.benavidez@molinahealthcare.com

Provider Education

MHC Provider orientations materials, toolkits, and resources are located on our website at New Mexico Providers Home to support onboarding Providers. Upon receiving your fully executed contact you will also receive onboarding training information. If providers do not receive training information within their Welcome email, the provider should reach out to the MHC Contacting Escalation Contacts above or contact their dedicated MHC Provider Relations Representative Provider Network Team.

Clearinghouse Offerings and Trainings

MHC uses SSI, (formerly Claimsnet), as its gateway clearinghouse. SSI has relationships with hundreds of other clearinghouses. Typically, Providers can continue to submit claims to their usual clearinghouse. If the Provider does not have a clearinghouse, MHC offers additional electronic claims submissions options as shown by logging into MHC's Provider Portal https://www.availity.com/molinahealthcare.

Electronic Claims Submissions

Providers can submit claims electronically, via a clearinghouse, or MHC's Provider Portal https://www.availity.com/molinahealthcare. Additional claims information can be found in Molina's Provider Manual. Electronic Data Interchange (EDI) Payer ID: 09824

Manual Claims Submissions

Providers should submit paper claims to the following address:

Molina Healthcare of New Mexico, Inc.
PO Box 22801
Long Beach, CA 90801

For support with manual claims submissions providers can reach out to their dedicated MHC Provider Relations Representative Provider Network Team or by contacting our Provider Contact Center toll free at (855) 322-4078, Monday through Friday, 8:00 AM to 5:00 PM Mountain.

Checking Status of a Claim

Checking claim status is quick and easy using MHC's Provider Portal https://www.availity.com/molinahealthcare. Providers can access MHC's Provider Portal 24 hours a day, seven days a week. To check status of a manual claim, Providers can contact our Provider Contact Center at (855) 322-4078, Monday through Friday, 8:00 AM to 5:00 PM Mountain.

MHC Claims and Billing Escalation Contacts

Name	Title	Description of Support	Phone	Email Address
Jennifer Carlson	Provider Relations Manager	Provider Relations	(505) 239-2061	Jennifer.Carlson@Molinahealthcare.com
Marlene Driscoll	Mgr, Provider Relations	Provider Relations	(505) 264-2962	marlene.driscoll@molinahealthcare.com

Resources

MHC Provider Network Team
MHC New Mexico Providers Home
MHC 2024 Turquoise Care Provider Manual
MHC Provider Portal: Availity Essentials

Presbyterian Health Plan (PHP)
Doula & Lactation Service Providers- MCO Onboarding Process

Contracting

Timeline
If the initial application submission (for new and amended contracts) is missing any documents, you will hear within 7-10 days. If the initial application contains all required documents, the turnaround time from approval to configuration can vary, typically ranging from 30-60 days. Applications are processed in the order they are received. The Provider will not be able to begin the contracting process without the approval documentation from their respective certifying organization (i.e., DOH or Board of Nursing).

Executing a New Contract (if applicable)

1. Submit a Letter of Interest
    - Complete and submit the online form, including all required documents
        - Documents required from the Doula and Lactation Providers can be found at the bottom of the Letter of Interest Form and will include:
            - Ownership & Control Interest Disclosure (OCID)
            - First Tier, Downstream, and Related Entities Attestation Form (FDR)
        - You will also need to upload a W-9 form. This can be found by searching the IRS website, or at this link: https://www.irs.gov/pub/irs-pdf/fw9.pdf
        - To submit the Letter of Interest you will also need the following information:
            - National Provider Identifier Number (NPI)
            - Medicaid Number
            - Taxonomy Code Number
            - Federal Tax ID Numbers (TIN)
            - The approval letter from certifying organization (i.e., DOH or Board of Nursing)
        - Upon receiving the completed Letter of Interest submission and all required documents, Provider Contracting will begin the contracting process. You will be notified within 7-10 days if documents are missing.

2. Contract Execution
    - Contracting can take 30-60 days. During that time, you will be assigned to a Contractor. You will receive contact information for your assigned Contractor and can reach out anytime for more information. Your Contractor will communicate next steps with you by email.
    - Once your contract is executed, the Provider Relations Team will begin your onboarding.

Amend an Existing Contract

3. To amend an existing contract to include Doula and/or Lactation providers, please reach out to your Provider Relationship Executive and ask to amend your contract. Please provide necessary process for amending an existing contract

PHP Contracting Escalation Contacts

Name	Title	Description of Support	Phone	Email Address
Primary Contact	Your Assigned Contractor will be your first contact.	Contracting Support		
Secondary Contact	Veronica Baca	Contract Escalations	(505) 923-8746	vbaca19@phs.org

Provider Education

Upon receiving your fully executed contact you will be contacted by Provider Relations to begin your onboarding. For questions related to Provider Relations, please contact Taniel Tanuz at 505-923-5292 or ttanuz@phs.org. PHP Provider orientation materials, toolkits, and resources are located on our website at Presbyterian Providers- Tools and Resources to support onboarding Providers. Visit www.phs.org/providers/contact-us for more information and to find the Provider Services Contact Guide.

Clearinghouse Offerings and Trainings

Visit phs.org/providers/claims to learn more about contracted clearinghouses.

Claims Submission

Electronic Claims Submission

Providers can submit claims electronically, via Fast Claim. Fast Claim is designed to accommodate lower volume claim submitting practices that would like to submit claims electronically directly to Presbyterian at no cost. For questions, contact your Provider Relationship Executive. Access Fast Claim now

Additional claims information can be found at www.phs.org/providers/claims and in the Claims Section of the Presbyterian Provider Manual. You can also contact your Provider Relationship Executive.

Electronic claims transmission (ECT) saves time and money and helps make the claims process as efficient as possible. Here are some other benefits of submitting claims electronically:

- The average time to process and electronic claim is seven days, compared to 14 days for paper claims.
- You save the cost of postage and paper when you submit electronically.
- Your office receives a quicker confirmation of claims receipt and integrity of the data.
- There is a higher percentage of claims accuracy, resulting in faster payment.

Manual Claims Submission

The preferred method for claims submissions is electronic. For questions about manual claims submissions, reach out to your designated Provider Relationship Executive.

Checking Status of a Claim

The easiest way to check the status of a claim is through the myPRES portal. Providers can access myPRES 24 hours a day, seven days a week. If additional assistance is needed, please contact the Provider Claims Activity Review and Evaluation (CARE) Unit (505) 923-5757 or 1 (888) 923-5757.

PHP Claims and Billing Escalation Contacts

Contact	Description of Support	Phone	Contact Hours
Provider Care Unit / Provider Claims Activity Review and Evaluation Unit	Claims, Appeals & Grievance, and Prior Authorization requests	505-923-5757 1-888-923-5757	Mon-Fri, 8:00am-5:00pm
MyPRES Provider Portal Helpdesk	Assistance with myPRES portal	505-923-5590 1-866-861-7444	

Resources

Providers | Presbyterian Health Plan, Inc. (phs.org)
Providers Claims | Presbyterian Health Plan, Inc. (phs.org)
Providers Tools & Resources | Presbyterian Health Plan, Inc. (phs.org)

United HealthCare NM
Doula & Lactation Service Providers- MCO Onboarding Process

UHC Step-by-Step Credentialing Process

1. **Verify Eligibility and Requirements**
    - Ensure you meet the necessary qualifications and have the required documentation, such as certification from a recognized doula organization and any state-specific requirements.

2. **Gather Required Documentation**
    - Prepare all necessary documents, including your certification, proof of liability insurance, and any other relevant credentials.

3. **Complete the Credentialing Application**
    - Visit the UnitedHealthcare Provider Portal and register for an account if you don't already have one.
    - Once registered, log in and navigate to the credentialing section to access the application form.

4. **Submit the Application**
    - Fill out the credentialing application form with accurate and complete information.
    - Upload all required documents and submit the application through the portal.

5. **Application Review**
    - UnitedHealthcare will review your application and may contact you for additional information or clarification.
    - This process can take several weeks,

6. **Approval and Contracting**
    - If your application is approved, you will receive a contract to sign.
    - Review the contract carefully, sign it, and return it as instructed.

7. **Training and Orientation**
    - Complete any required training or orientation programs provided by UnitedHealthcare.
    - Familiarize yourself with the policies, procedures, and resources available to you as a network provider.

Using the UHC Provider Portal

1. **Registration**
    - Go to the UHC Provider Portal and click on "Sign In" to create a One Healthcare ID.

- Follow the steps to register your account, including providing your organization's tax ID number (TIN) and your National Provider Identifier (NPI) number.

2. **Portal Features**
   - **Verify Member Eligibility:** Check the eligibility and benefits of your clients.
   - **Claims Management:** Submit, track, and manage claims and payments.
   - **Prior Authorizations:** Submit and check the status of prior authorization requests.
   - **Referrals:** Verify, submit, and search referral requests.
   - **Manage Prescriptions:** Check prescription coverage and manage medication requests.
   - **Update Information:** Verify and update your provider demographic data.
3. **Training and Support**
   - Access self-service tools, training resources, and support through the portal to help you navigate and utilize its features effectively.

By following these steps and using the UHC Provider Portal, you can successfully credential with UnitedHealthcare Community Plan of New Mexico and manage your practice efficiently. If you have any questions or need further assistance, the portal offers comprehensive support and resources to help you along the way[1] [2][3].
The credentialing process with UnitedHealthcare Community Plan of New Mexico typically takes **between 60 to 90 days.**
This duration can vary depending on the completeness of your application and the time required for verification of your credentials.
It's a good idea to regularly check the status of your application through the UHC Provider Portal and respond promptly to any requests for additional information to help expedite the process.

Billing for Doula and Lactation Services

- Covered Services and Billing Codes
- Required Documentation
- How to Submit a Claim
- Common Billing Mistakes and How to Avoid Them

Doulas

Doula Birth Services	Procedure Code	Description	Modifier	Diagnosis Code	Special Instructions/ Limitations	Rates per Unit
Prenatal and post-partum	T1032	Services performed by a Doula Birth Worker, per 15 minutes	U1	Prenatal Z32.2- Encounter for Childbirth education Postpartum Z32.3- Encounter for Childcare instruction	• 1 unit=15 minutes • Max of 8 units per day (2- hour visit) • Max of 36 visits per Calendar year (i.e. 9 one- hour visits) • Any additional visits would require medical necessity	$25.00
Labor & Delivery (L &D)	T1033	Services performed by a Doula Birth Provider, Per Diem	U3	Z32.2-Enco unter for childbirth Education	Max of 1 unit-billed after delivery	$1,500
Other Doula Services						
Counseling: Pre-conception counseling Pregnancy Loss, Infant Loss, Termination of Pregnancy	T1032	Servies performed by a Doul Birth Worker, per 15 minutes	U2	Pre-conception Z31.69 Encounter for other general counseling and advise on procreation. Pregnancy loss, infant loss, termination of pregnancy Z71.89 other specified counseling	• 1 unit=15 minutes • Max of 8 units per day (2- hour visit) • Max of 36 visits per Calendar year (i.e. 9 one- hour visits) • Any additional visits would require medical necessity	$25.00

Lactation Services

Services	Procedure Code	Description	Modifier	Diagnosis Code	Special Instructions/ Limitations	Rates per Unit
Lactation Care for 1.1 (Single individual)	S9443	Lactation Classes, non-physician provider per session, per individual	U1	Z39.1- Encounter for care and examination of lactating mother	Six visits per calendar year for classes or counseling 1 unit= individual session	$110.00
Labor & Delivery (L &D)	S9443		U3		1 unit=1 class	$56.44 per individual

Linking Doula and Lactation Services to Maternal-Child HEDIS Measures

- Covered Services and Billing Codes
- Required Documentation
- How to Submit a Claim
- Common Billing Mistakes and How to Avoid Them

All Turquoise Care Medicaid Managed Care Organizations (MCOs) are invested in ensuring pregnant and postpartum members and their babies have positive outcomes. The New Mexico Health Care Authority (HCA) holds the Medicaid MCOs accountable for these outcomes by tracking measures that evaluate healthcare quality, access, and effectiveness of care. These measures are commonly referred to as HEDIS Tracking Measures or HEDIS Performance Measures. HEDIS (Healthcare Effectiveness Data and Information Set) is a set of quality measures that track healthcare services to ensure women and children receive essential preventive and wellness care. Doulas and Lactation Consultants play a key role in educating and supporting families to meet these important health benchmarks.

Doulas and Lactation Providers can help the MCOs meet these important measures by encouraging your clients and patients to meet these important healthcare goals. Your clients and patients look to you as a trusted voice and listen to your expertise during this vulnerable time of life. The impact your education about and your support of these healthcare activities to your clients can be received even more strongly than messages they get from their provider or MCO. Below you'll find more information about the specific measures and healthcare activities that you can support your clients and patients to complete.

Women's Health Measures

1. **Prenatal & Postpartum Care (PPC 1 & PPC 2)**
    - What it Tracks:
        - PPC 1 (Timeliness of Prenatal Care): Ensures pregnant individuals have a prenatal visit in the first trimester.
        - PPC 2 (Postpartum Care): Ensures a postpartum visit occurs within 7-84 days after delivery.
    - Why it Matters: Early and continuous care promotes a healthy pregnancy and recovery.
    - How Doulas and Lactation Consultants Can Help: Encourage clients to schedule and attend early prenatal visits and follow through with a postpartum checkup within the recommended timeframe.

2. **Breast Cancer Screening (BCS)**
    - What it Tracks: Women ages 50-74 receiving mammograms every two years.
    - Why it Matters: Early detection improves outcomes.
    - How Doulas and Lactation Consultants Can Help: Educate and remind clients about routine screenings.

3. **Cervical Cancer Screening (CCS)**
    - What it Tracks: Women ages 21-64 receiving Pap tests or HPV tests.
    - Why it Matters: Prevents cervical cancer through early detection.
    - How Doulas and Lactation Consultants Can Help: Encourage regular screenings as part of routine women's health care.

Pediatric Health Measures

4. **Well-Child Visits (W30, WCV)**
    - What it Tracks: Children receiving well-child visits in the first 30 months and annual visits ages 3-21.
    - Why it Matters: Tracks development, vaccinations, and preventive care.
    - How Doulas and Lactation Consultants Can Help: Remind parents about the 6+ well-child visits in the first 15 months and yearly checkups after age 3.

5. **Childhood & Adolescent Immunizations (CIS, IMA)**
    - What it Tracks: Vaccinations by age 2 and adolescence.
    - Why it Matters: Protects against preventable diseases.
    - How Doulas and Lactation Consultants Can Help: Support parents in understanding and following the immunization schedule.

6. **Postpartum Depression Screening & Follow-up (PDS)**
    - What it Tracks: Screening for postpartum depression within 12 weeks after birth.
    - Why it Matters: Early detection ensures mothers receive support for mental health.
    - How Doulas and Lactation Consultants Can Help: Encourage screenings at postpartum visits and connect parents to mental health resources.

How Doulas and Lactation Consultants Can Support HEDIS Measures

- Encourage timely medical visits.
- Reinforce the importance of screenings and vaccinations.
- Support new parents with postpartum care and mental health awareness.
- Screen for SDOH needs and assist with community resources and address barriers to care.
- Assist with finding a provider that is in network with their MCO.

By understanding these measures, doulas and lactation Consultants can help families access essential healthcare services, leading to improved health outcomes for mothers and children.

Vaccine Schedules

Recommendations for Ages 18 years or younger:

Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC

MCO Provider Directories

Blue Cross Blue Shield NM
Molina Healthcare NM
Presbyterian Health Plan
United Healthcare

Value Added Services

Managed care organizations offer value-added services. In addition to covered benefits and services, Members may be eligible for extra VAS. Here is the link for each MCO's VAS.

Value-Added Services | Blue Cross and Blue Shield of New Mexico
Benefits and Rewards| Molina Healthcare New Mexico
Turquoise Care Medicaid | Presbyterian Health Plan, Inc.
New Mexico Turquoise Care | UnitedHealthcare Community Plan

What are Turquoise Rewards?

Turquoise Rewards is part of New Mexico's Turquoise Care program for Medicaid members. Medicaid members can earn reward points for completing certain healthy activities and then use their reward points to go shopping in the Turquoise Rewards online store.

If you're a Turquoise Care member, you are automatically enrolled in Turquoise Rewards. To earn rewards, complete one of the healthy activities listed on this site.

When you want to spend your reward points, call us at (877) 806-8964 (TTY: (844) 488-9722) or click here to register and go shopping. Reward Services agents are available Monday-Friday, 8 a.m. to 6 p.m. MT, excluding holidays. TurquoiseRewards.com