HEALTH CARE

AUTHORITY

New Mexico Health Care Authority
Medical Assistance Division

JUST Health Plus
Policy and Billing Manual

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Contents

Introduction: What is JUST Health Plus?

On July 25, 2024, the Centers for Medicare & Medicaid Services (CMS) approved New Mexico's request for a five-year extension of the Medicaid Section 1115 demonstration waiver, now known as New Mexico "Turquoise Care." Turquoise Care includes a justice involved reentry Initiative, named JUST Health Plus, to cover a targeted set of pre-release benefits for individuals who are incarcerated and eligible for Medicaid up to 90 days before their release. People leaving jail or prison often face numerous challenges accessing health care. Beyond costs, stigma, and long wait times, other barriers include gaps in Medicaid coverage, continuity of care, lack of provider awareness, and difficulties navigating health care systems.

JUST Health Plus aims to:

- Prepare people for a successful transition and re-entry into their community and help them live their healthiest life.
- Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death.
- Support substance use disorder (SUD) and recovery and target infectious diseases like Hepatitis C before a person's release.
- Stabilize and treat other conditions before a person's release so they can reenter their community as healthy as possible.
- Expand upon the success of the original Medicaid JUST Health program, which has been operating in New Mexico since 2015.

Participation in JUST Health Plus will also satisfy the federal minimum requirements of Section 5121 of the Consolidated Appropriations Act of 2023 (CAA) for Medicaid and the Children's Health Insurance Program (CHIP) services to be provided to post-adjudicated eligible juveniles (referred to throughout as Eligible Justice-Involved Juveniles).

Additional information about JUST Health Plus can be found at: https://www.hca.nm.gov/justice-initiatives

Purpose of this Manual

This Manual is intended for JUST Health Plus participants (providers, correctional facilities, system partners, and other stakeholders) to understand program design, implementation requirements, and billing procedures for the program. This Manual includes elements related to the design of JUST Health Plus, operational processes for correctional facilities, health care vendors, providers, and managed care organizations (MCOs). Early versions of this Manual may have sections that are reserved for future content, and the content in this Manual may change over time as the program evolves and new policy decisions are made. The Manual contains sections related to:

1. Member eligibility and enrollment;
2. Overview of coverage periods;
3. Facility phase-in plan;
4. Provider types;
5. Provider enrollment;
6. Billing guidance;
7. Facility readiness determination process;
8. Capacity building funds; and
9. Monitoring and reporting requirements.

Updates to this Manual will be published as new information becomes available and will be posted to https://www.hca.nm.gov/justice-initiatives/. The Health Care Authority (HCA) team is available to provide technical assistance and answer any questions and can be reached via Elena Sanchez at: elena.sanchez2@hca.nm.gov.

What Services Will JUST Health Plus Provide?

JUST Health Plus will support and fund the delivery of targeted pre-release services to Medicaid-eligible adults and youth in state prisons, jails, and youth correctional facilities. Participating facilities must agree to provide certain mandatory and optional services, listed by Service Level below. Optional services may be subject to the availability of funding, including state budget funding. The list of federally approved services has been divided into three categories, or "service levels" which are listed below.

Service Level 1 (Mandatory services):

- Case management services to assess and address physical health, behavioral health, and social determinants of health (SDOH)/Health-Related Social Needs (HRSN);
- Medication Assisted Treatment (MAT), for all Food and Drug Administration (FDA)-approved medications, including coverage for counseling; and
- A 30-day supply of covered prescription medications and over the counter medications upon release.

Eligible Justice-Involved Juveniles: For Medicaid post-adjudicated youth up to age 21, and post-adjudicated individuals up to age 26 are eligible under the Former Foster Care Children (FFCC) eligibility group, the carceral facility must offer certain screening and diagnostic services 30 days pre-release in addition to the services listed above.[1]

Service Level 2 (optional to implement at program launch or at a later date):

- All Service Level 1 services +
- Hepatitis C diagnostic and treatment services;
- Certified Peer Support Worker (CPSW) Supports and
- Community health worker (CHW) services.

Service Level 3 — All approved services (optional to implement at a later date, pending budget availability):

- All Service Level 1 and 2 services, and
- Diagnostic services, with laboratory and radiology;
- Prescribed drugs;
- Medical equipment and supplies;
- Physical and behavioral health clinical consultation; and
- Family planning services.

[1] This coverage is required under Section 5121 of the Consolidated Appropriations Act (2023).

TABLE 1: JUST HEALTH PLUS SERVICE DEFINITIONS

Service Type	Service Definition
Case Management	Case management services include (1) comprehensive assessment(s) and periodic reassessment(s) of individuals' need for medical, education, social, or other services, (2) development (and periodic updates) of a specific care plan based on information collected from these assessments, (3) referrals and related activities to assist eligible individuals to access needed supportive and stabilizing services (this is inclusive of activities to link individuals with medical, social, and educational providers as well as other programs/service to address beneficiary needs), and (4) monitoring and follow-up activities to ensure that the care plan is effectively implemented and adequately addresses beneficiaries' needs.
Medication Assisted Treatment (MAT)	Medication provided in conjunction with counseling/behavioral therapies, as clinically appropriate. MAT services are individually determined, and are available for all types of SUDs, not just opioid use disorder (OUD).
30-day Supply of Medications	At the time of release, as clinically appropriate, beneficiaries are to be provided a 30-day supply of prescription medications and over-the-counter drugs, consistent with the approved Medicaid State Plan.
Screening and diagnostic services	For individuals under the age of 21, screenings and diagnostics must be consistent with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards. For individuals aged 21 to 26 in the FFCC eligibility group, screenings and diagnostics must be consistent with HCA Medicaid guidelines and recommendations and the U.S. Preventive Services Task Force recommendations.
Diagnostic services, including laboratory and radiology	Medical procedures, including radiology and laboratory services, to identify the existence and/or extent of a health care condition.
Prescribed drugs and medication administration	Medications and medication administration to treat health care conditions, as clinically appropriate.
Medical equipment and supplies	To be prescribed by a medical provider, as clinically appropriate, to address a medical condition and/or injury. Medical equipment and supplies can include, but is not limited to, wheelchairs, walkers, oxygen equipment, pacemakers, syringes, lancets, incontinence products, wound dressings, and gloves. The indicated medical equipment and supplies will be provided to beneficiaries upon release.
Family planning services and supplies	To provide coverage for services and supplies to prevent or delay pregnancy and may include education and counseling in the method of contraception desired or currently in use by the individual and a medical visit to change the method of contraception.
Community Health Workers (CHWs)	Services provided by certified CHWs that focus on the social aspects of care to support and enhance critical clinical activities such as diagnosis, treatment, or clinical procedures that are performed by licensed health professionals like doctors and nurses.
Certified Peer Support Worker (CPSW)	Services provided by certified peer support workers (CPSWs) with lived experiences of behavioral health conditions aimed to enhance the services delivered by licensed health professionals like doctors and nurses.

Service Type	Service Definition
Hepatitis C Diagnosis and Treatment	Services and medications aimed to diagnose, treat, and cure a Hepatitis C infection.
Physical and behavioral health clinical consultation services	Services provided to diagnose health conditions, provide treatment, and support pre-release case managers' development of a post-release treatment plan and discharge planning.

Additional Benefits for Eligible Justice-Involved Juveniles

Specified Medicaid-eligible juveniles must receive additional benefits as they transition from correctional settings. Eligible Justice-Involved Juveniles include adjudicated, incarcerated youth up to age 21, and FFCC youth up to age 26 who are eligible under the FFCC eligibility group.

The following services must be offered to Eligible Justice Involved Juveniles:

- **Screening and diagnostic services** provided 30 days pre-release or as soon as practicable, no later than seven calendar days post-release. These services must be provided in accordance with EPSDT requirements (Eligible Justice-Involved Juveniles up to age 21) or U.S. Preventive Services Task Force recommendations for FFCC up to age 26; and
- **Case management** provided 30 days post-release, including referrals to appropriate care and services available in the geographic region of the home/residence of the Eligible Justice-Involved Juvenile, where feasible. Pre-release case management should build a bridge to post-release physical and behavioral health and HRSN services. In instances where the juvenile is assigned a different post-release case manager than their in-reach case manager, a warm hand-off is required to support continuity of services.

[Reserved: Benefits for Pre-Adjudicated Eligible Justice-Involved Juveniles in County Detention Facilities]

What Facilities Can Participate in JUST Health Plus?

Participation in JUST Health Plus will be an option for all State and County-run facilities on a phased-in schedule, including New Mexico Corrections Department (NMCD) Facilities, county Detention Centers (jails), Tribal correctional facilities, and Children, Youth, and Families Department (CYFD) juvenile justice facilities. Each facility or system (e.g., NMCD facilities) will work with HCA to determine the facility-specific service level to be offered.

Timeline for Implementation

On July 1, 2025, three NMCD prison facilities began participation in JUST Health Plus, as part of a three-facility pilot. These facilities will offer Service Level 2 services. The NMCD facilities included in this pilot are:

- Western New Mexico Correctional Facility (WNMCF), North Building (Women's facility)
  - Located in Grants, NM (Cibola County)
- Central New Mexico Correctional Facility (CNMCF)
  - Located in Santa Fe, NM (Santa Fe County)
- Springer Correctional Center (SCC)
  - Located in Springer, NM (Colfax County)

Table 2 below presents estimated timelines for when facilities will be phased in by calendar year (CY). In CY2025, in addition to the three facilities phased in on July 1, 2025, New Mexico also aims to phase-in two CYFD facilities. Note that facility phase-in may be subject to state budget availability.

TABLE 1: FACILITY PHASE-IN SCHEDULE

Facility Type	2025 Phase-in	2026 Phase-in	2027 Phase-in
NMCD State Prison Facilities (10 Total)	3	7	0
County Detention Centers (25 Total)	0	10	15
Youth Correctional Facilities (6 Total)	2	1	3

Member Medicaid Eligibility and Enrollment

To be eligible for JUST Health Plus services, incarcerated individuals must meet the following criteria:

- Be an inmate of a public institution and incarcerated in a correctional facility (a state prison, local/county jail, tribal correctional facility, or youth correctional facility).
    - Be enrolled in Medicaid or CHIP, even if coverage is suspended. Note that individuals who are enrolled in family planning only or emergency department (ED) services only categories are not eligible.

Facilities will be required to support individuals in applying for Medicaid if the individual is not enrolled at the time of incarceration and may leverage presumptive eligibility determiners (PEDs) to support this enrollment process. PEDs and their role are described in more detail below. Facility requirements for participating in JUST Health Plus can be found in the Facility Readiness Determination Process section.

Once a Medicaid member has been incarcerated for 30 days or longer, or once an incarcerated individual is enrolled in Medicaid, HCA does not terminate Medicaid coverage prior to release. Instead, Medicaid coverage is suspended with the exception of the Short-Term Medicaid for Incarcerated Individuals (STMII) inpatient hospital benefit and the coverage provided during the 90-day pre-release period through JUST Health Plus.

Presumptive Eligibility Determiners

PEDs are providers who help individuals in New Mexico apply for Medicaid. They are trained and certified by the HCA Medical Assistance Division (MAD) to perform Medicaid application assistance and make Presumptive Eligibility (PE) determinations. PE provides short-term (60 days or less) Medicaid coverage, prior to a Medicaid application being fully processed, and is effective from the date the eligibility determination is made until the last day of the following month, or until an on-going Medicaid application has been processed. PEDs help individuals apply for Medicaid any time during their incarceration. They also support individuals with applying for additional programs at or following release (i.e., Supplemental Nutritional Assistance Program (SNAP) benefits, cash assistance, energy assistance, housing, etc.).

Member MCO Enrollment

Turquoise Care is the New Mexico Medicaid Managed Care program that began on July 1, 2024. Most Medicaid members are enrolled in managed care, with four health plans to choose from: Blue Cross Blue Shield, Molina, Presbyterian, and UnitedHealthcare. When individuals enroll in Medicaid, they may choose a health plan and become enrolled in that MCO.

For incarcerated individuals who are eligible for Medicaid, many will begin incarceration enrolled in Medicaid having already chosen an MCO, and benefits will be suspended after 30 days. During the re-entry period, member suspension will be reversed, and individuals will be re-enrolled in the MCO they were with upon incarceration. Members who enroll in Medicaid during their incarceration will be able to choose an MCO as

part of this process, similar to how they would enroll in the community. Once a member in their pre-release period has been enrolled or re-enrolled in a Turquoise Care MCO, the MCO will be notified that the member is in their pre-release period so MCO Justice Liaisons, described in more detail below, can begin to coordinate JUST Health Plus services.

Native American Medicaid recipients in New Mexico may choose not to enroll in managed care. Individuals who are not enrolled in managed care are covered by the New Mexico Medicaid fee-for-service (FFS) program. Incarcerated individuals in FFS will still be eligible for all JUST Health Plus services via the providers described below, though these individuals will not have access to MCO Justice Liaisons.

JUST Health Plus Providers

JUST Health Plus will include several provider types in the provision of pre-release services. These include community providers enrolled in Medicaid/Turquoise Care, Turquoise Care Managed Care Organization Justice Liaisons, providers employed by correctional facilities, and third-party health care vendors contracted by correctional facilities.

Turquoise Care MCO Justice Liaisons

MCOs play a critical role in the provision of re-entry services. Each MCO is required to employ a Justice Liaison who serves as a single point of contact to support Medicaid members, plan the transition of their care into the community and coordinate post-release care while the member is in their 90-day pre-release period. Justice Liaisons also focus on administrative and coverage-related tasks to ensure a smooth transition. Justice Liaisons are required to coordinate case management for incarcerated individuals in their pre-release period by putting together and coordinating a team of appropriate community providers to perform case management services and ensure the Transition of Care (MAD-900) form is completed before the individual's release. The Justice Liaison role also includes pre-authorizations for services, ensuring network provider lists are accurate, supporting members in accessing appropriate value-added benefits, and other supportive tasks. HCA will provide training, technical assistance, and monitoring mechanisms to MCO Justice Liaisons to educate them about pre-release service needs and the transition process between carceral providers to MCOs upon release.

Community Providers Enrolled in Medicaid ("In-Reach" Providers)

HCA will engage community providers to provide in-reach services intended to help incarcerated individuals establish a relationship with health care providers, identify health care needs, transition health records, and connect individuals to community-based services post-release. Under JUST Health Plus, MCOs are required to coordinate in-reach case management services for incarcerated individuals. Other in-reach providers may include Community Health Workers (CHWs) and Certified Peer Support Workers (CPSWs).

In-reach providers can make connections with individuals in person at the facility to assist individuals as they prepare for their exit, or in circumstances when physical presence is not an option, in-reach providers can connect with individuals via telehealth. Ideally, the in-reach service model will allow individuals to be supported by the same community provider(s) once they leave incarceration.

Providers Employed by Correctional Facilities

Facilities that employ clinical and/or case management staff directly will be able to provide and bill Medicaid for the allowable pre-release services. To bill Medicaid, correctional facilities will need to be enrolled as Medicaid providers. Correctional facilities may elect to hire additional health care providers, who will also be required to be enrolled as Medicaid providers.

Third-Party Health Care Vendors

Correctional facilities who contract with third-party health care vendors may be eligible to receive reimbursement for Medicaid-eligible services provided by the third-party health care vendor during the pre-release period. This could include covering the portion of a per-diem for allowable pre-release services, or billing on behalf of the vendor. Vendors could also enroll in Medicaid themselves and bill directly for covered services provided in the pre-release period. Facilities with third-party health care vendor arrangements will need to work with HCA to determine the appropriate pathway for Medicaid reimbursement.

Provider Enrollment

Providers participating in JUST Health Plus who plan to bill Medicaid for services, including correctional facilities, must enroll as a Medicaid provider with the HCA MAD. Medicaid provider enrollment is a critical process that allows health care providers to participate in the Medicaid program and be reimbursed for Medicaid services. This enrollment ensures that providers meet specific standards and qualifications and maintain the integrity of the Medicaid program, by ensuring only qualified and compliant providers can offer and be compensated for care.

There are various types of Medicaid provider enrollment, catering to both individual health care providers, such as physicians and nurse practitioners, and institutional providers, including hospitals, clinics, and long-term care facilities. Each type of enrollment has its own set of requirements and processes. Individual providers typically undergo a more streamlined enrollment process, while institutions may face more complex requirements due to their larger scale and the range of services they offer.

HCA's MAD oversees Medicaid provider enrollment, re-enrollment, and re-validation. This process involves several steps to ensure compliance with State and federal regulations. Health care providers apply for and manage their provider enrollment status through the Provider/Presumptive Eligibility Determiner Enrollment system. Organizations can opt to have an office manager or administrator apply for and manage their status. This is known as a Provider Administrator.

To become an enrolled provider in New Mexico's Medicaid program, the provider must complete the provider enrollment process, which includes obtaining a business license, submitting required documentation, and meeting specific requirements based on risk level. The provider is also required to comply with general provider policies, including enrolling in Electronic Fund Transfer (EFT) and understanding reporting obligations. Once approved, providers can bill Medicaid for JUST Health Plus services provided to eligible members during their pre-release period.

In-reach community providers who provide case management, CPSW supports, and other JUST Health Plus services to members during the pre-release period are likely already enrolled in Medicaid. If so, there may be nothing these providers will need to do in order to provide services under the program, though providers should read and adhere to JUST Health Plus-specific billing guidance, including which codes are approved and which provider types are allowed to bill for each code.

Community providers who only participate in managed care or largely serve only managed care members will need to carefully review the Medicaid FFS coverage and reimbursement policies that will apply to pre-release JUST Health Plus services. These policies may differ from Turquoise Care MCO policies.

For correctional facilities, the Medicaid enrollment process is more complex, and the process will depend on the type of facility enrolling. For example, if correctional facilities are planning to use facility-employed

clinical or case management staff to provide JUST Health Plus services, or if HCA and a facility have agreed to a reimbursement arrangement that uses Medicaid Certified Public Expenditures (CPEs), the facility will need to enroll as a Medicaid provider. HCA will provide facility-specific technical assistance to support a correctional facility or third-party health care vendor in their Medicaid enrollment. Exceptions may need to be made to accommodate the specific needs and circumstances of individual facilities.

Additional information on Medicaid enrollment, including process steps, can be found in Appendix D.

JUST Health Plus Service Delivery and Billing Guidance

This section provides details on service provision and billing by facility type. Note that several areas of this section are reserved and will be filled in once program design and billing guidance is developed for facility types and services that are part of later implementation phases.

CYFD

CYFD facilities will provide targeted services to Eligible Justice-Involved Juveniles beginning in 2025 and will phase in to the full JUST Health Plus program at a later date. These targeted services include:

- Screening and Diagnostic Services
- Case Management

For additional details on CYFD's JUST Health Plus case management services, see Appendix E

TABLE 3: SERVICE PROVISION FOR ELIGIBLE JUSTICE-INVOLVED JUVENILES IN CYFD FACILITIES: CASE MANAGEMENT

Population	Steps for Case Management

MCO Members transitioning to the community	• After an eligible Justice-Involved juvenile enters a CYFD commitment facility, HCA provides their MCO with the youth's projected release date (PRD).
	• Beginning 90 days prior to the PRD, CYFD begins the youth's transition planning, which includes case management.[2]
	• At least 30 days prior to the PRD, the MCO assigns a Justice Liaison and Care Coordinator.
	• The Justice Liaison participates in the CYFD transition planning and completes the MAD 900 assessment prior to release.
	• The justice liaison coordinates with the youth and their care coordinator prior to release to provide a warm handoff.
	  ○ Once the youth is released, the MCO provides all Care Coordination Level 2 services/supports
	• Billing:
	  ○ CYFD staff providing case management in the 30 days prior to the PRD should bill the T1017 code (modifier U1) in 15-minute increments.

MCO Members transitioning to settings/programs with Medicaid case management	• If the youth is exiting to a residential or community program that provides Medicaid funded case management separate from the MCO care coordinators: ○ The youth will receive the same pre-release case management services detailed above.

[2] Thirty days prior to the PRD, case management for the youth may be billed to Medicaid

Population	Steps for Case Management
	○ The Justice Liaison will facilitate a warm hand off to the youth's designated case manager. MCOs will work to ensure no duplication of benefits.

Service Provision for Justice-Involved Eligible Juveniles in CYFD Facilities: Screening and Diagnostic Services

[Reserved]

NMCD

Beginning on July 1, 2025, individuals in the three NMCD pilot facilities will be eligible for Medicaid coverage of Service Level 2 services in their 90-day pre-release period. Medicaid-covered services will be provided by community in-reach providers, as well as NMCD's third party health care vendor.

Services provided by community providers include:

- Case management
- CPSW supports
- CHW/Community Health Representative (CHR) services

Services provided by NMCD's third-party health care contractor include:

- MAT
- A 30-day supply of medications upon release
- Hepatitis C diagnostic and treatment services
- Screening and diagnostic services for Eligible Justice-Involved Juveniles (30 days pre-release)

JUST Health Plus services provided in NMCD facilities by community providers will be billed through the FFS program, and CPEs will be used for Medicaid claiming of services provided by NMCD's third-party heath care contractor.

TABLE 4: SCOPE OF FFS BILLABLE SERVICES FOR THE NMCD PILOT

Service	Scope	Billing Notes
Case Management	**Pre-release Assessment and Care Plan Development** The Justice Liaison or designated case management provider will conduct the HCA MAD 900 Just Health **Transition of Care (TOC) assessment** as soon as is feasible within the 90-day pre-release period. This assessment includes health and health-related social needs (HRSNs) to support the development of a re-entry care plan.	If the assessment is conducted by a provider other than MCO staff, the assessment is a billable service as outlined in the billing parameters. If the re-entry care plan is developed in whole or in part by a provider other than MCO staff, the assessment is a billable service as outlined in the billing parameters. Only one billable occurrence is allowed between the TOC assessment and Care Plan Development.

Service	Scope	Billing Notes
	The Justice Liaison or designated pre-release case manager will develop a **re-entry care plan** as soon as feasible within the 90-day pre-release period and following completion of the TOC assessment and relevant information gathering from the facility and/or care team. **Pre-release coordination** will be provided in alignment with the re-entry care plan including regular engagement of the client, the facility and/or care team. Activities will include supporting communication between the client and others regarding needs and access to services, supporting the exchange of appropriate information, and planning for post-release access including scheduling appointments and engaging post-release providers. In addition, a **warm handoff** may be required if the individual transitions to a post-release case manager that is different from the pre-release case manager. In this case the post-release case manager can bill for case management time during the pre-release period to support continuity post-release.	Pre-release coordination is billable in 15-minute increments and is not capped. Future guidance may be developed pertaining to appropriate billing expectations and/or limitations. For managed care members, the pre-release coordination for post-release appointments must be provided in collaboration with the MCO to support continuity and ensure providers will be in-network. A warm handoff is not anticipated in most cases as the goal is to ensure the Justice Liaison is supporting continuity through appropriate identification and coordination of in-reach case management.
CHW/CHR Services	CHW/CHR services include system navigation, health promotion and health coaching, and clinical support. In the pre-release environment, CHW/CHR services may be provided to complement the pre-release case management services. CHWs/CHRs must coordinate with the pre-release case manager to ensure non-duplication of service delivery recognizing there is partial overlap in allowable activities between pre-release case managers and CHWs/CHRs. Only certified CHWs/CHRs may bill for the applicable services.	Refer to New Mexico Department of Health (NMDOH) certification guidance for more information on becoming a billable CHW/CHR: https://www.nmhealth.org/about/phd/pchb/ochw/cert/ Refer to the following Letter of Direction (LOD) for more guidance regarding provider requirements, scope of services, and limitations: https://www.hca.nm.gov/wp-content/uploads/Final-LOD-38-CHW-and-CHR-Benefit.pdf If the CHW/CHR is serving in the role of case manager, only the separately billable CHW/CHR services should be billed as such, and case management should be billed per the section above. For example, a CHW/CHR could bill T1017 for pre-release coordination under case management while also billing 98960 for

Service	Scope	Billing Notes
		health promotion and post-release system navigation planning. Separate billings cannot be made simultaneously for the same period of time. For more CHW billing guidance and the differences between CCL and billable CHW services, see this CCL/CHW Billing Explainer PDF.
Certified Peer Support Worker Services	CPSW services are delivered by individuals who have common life experiences with the people they are serving and help extend the reach of treatment beyond the clinical setting into the everyday environment. Services may be provided individually or in groups.	Refer to the Behavioral Health Policy and Billing Manual for more guidance regarding the provider requirements, scope of services and limitations: https://www.hca.nm.gov/wp-content/uploads/BH-Manual-Section-Final-Version-4.1.25-1.pdf Only CPSWs may bill for pre-release CPSW Support services at this time. According to current provider requirements, peer support services will be billed by the agency that employs the CPSW. Information about the type of services that CPSWs can, or cannot, provide is available online at www.nmrecovery.org. The appropriate modifier must be used for group services.

TABLE 5: BILLING PARAMETERS FOR THE FFS BILLABLE SERVICES OUTLINED ABOVE

	Case Management: Assessment and Re-entry Care Plan Development	**Case Management:** Pre-Release Coordination and Warm Handoff	**CHW/CHR Services**	**Peer Support Services**
Who can provide/bill?	Network provider, for example: CHW, CHR, Core Service Agencies (CSA), or Federally Qualified Health Center (FQHCs)	Network provider, for example: CHW, CHR, CSA, or FQHCs	CHW or CHR	CPSW agency
Code	T2024	T1017	98960	H0038

Just Health Plus Modifier	U2	U2	No	No	No
Description	Service assessment/plan of care development	Pre-release coordination, including a warm handoff if necessary for post-release continuity	Education and training for patient self-management	CPSW services to extend the reach of treatment beyond the clinical setting	
Rate	$100.20	$25.05	$50.10	$25.06	$11.43
Duration	One-time	15 minutes	30 minutes	15 minutes individual	15 minutes group

Telehealth Billing

In-person service delivery by community providers is encouraged to the extent feasible. Facilities and providers should work toward appropriate security clearance and capacity to support in-reach service delivery when the applicable provider is not embedded within the facility. To support access and reduce barriers to service delivery, HCA's billing guidance includes a "no restrictions" policy to ensure all Medicaid covered services can be offered via telehealth following the telehealth billing policies. Rather than establishing a telehealth modifier, the Just Health Plus modifier should be used for the applicable service as included in the table above.

Just Health Plus CPEs:

Medicaid is jointly funded by the New Mexico State and federal government. The federal government "matches" eligible State expenditures for Medicaid services. CPEs allow governmental entities to certify that they spent funds on Medicaid covered services rather than billing Medicaid under a traditional FFS arrangement. These certified expenditures can be claimed as the State's share of Medicaid expenditures, providing access to the Federal matching funds. HCA is working with the federal government (CMS) to approve the use of one or more JUST Health Plus CPE arrangements.

Pending CMS approval, HCA will implement a CPE arrangement to claim JUST Health Plus covered services provided by NMCD's third-party health care vendor. If approved, this arrangement will be implemented for the NMCD pilot, and HCA will work to design a future process in which third-party health care vendors will enroll in Medicaid to bill the program directly for JUST Health Plus covered services.

Service Provision for Eligible Justice-Involved Juveniles in NMCD Facilities:

- Screening and diagnostic services: NMCD will provide required screenings and diagnostics 30 days pre-release but will not bill Medicaid.
- Case Management: see case management row of table 4 above.

County Detention Centers

[Reserved]

Tribal Correctional Facilities

[Reserved]

Facility Readiness Determination

To ensure that facilities, third-party health care vendors, providers, and MCOs are ready to offer pre-release services through JUST Health Plus, HCA is developing a readiness process to assess at a minimum:

1. Medicaid suspension and eligibility support
2. Provider enrollment and billing
3. Community provider and MCO Justice Liaison access to facilities
4. Minimum service readiness
5. Additional service (optional) readiness
6. Release date and re-entry coordination
7. Staffing, monitoring, and reporting
8. Managed care reenrollment

This process of determining that correctional facilities are ready to provide services under JUST Health Plus is aligned with Special Terms and Condition (STC) 9.9. which requires that all participating facilities demonstrate their ability to meet the requirements of JUST Health Plus to be eligible to bill Medicaid for the services covered under the 1115 demonstration.

Generally, the readiness process will include facility attestations, implementation narratives, and an opportunity to request optional technical assistance support from HCA. Facility readiness will primarily be assessed by HCA through desk reviews of readiness assessment templates that are completed by facilities and may also include an in-person site visit. While readiness determination for the phasing in of facilities will look similar across facilities in terms of what HCA is assessing, the process and steps for participating in the readiness process may look different across facility types. Facilities will be informed of the readiness process as it applies to them, according to the JUST Health Plus phase-in timeline.

Capacity Building Funds

County Detention Centers

Because County Detention Centers (CDCs) are independent facilities without central administration, additional support is available to help build the capacity for these facilities to assess their readiness needs and deliver Medicaid-covered services under JUST Health Plus. To provide this support, the CDC process for demonstrating readiness will include four steps, or "milestones" that assess readiness in stages. Some of these milestones will provide an opportunity for the facility to apply for capacity building funds.

Capacity building funds are one-time transition funds to cover expenses that facilities incur when implementing or preparing to implement JUST Health Plus. Allowable categories include planning and process development, hiring and training program staff, purchase of electronic health record (EHR) or Medicaid billing software, and other costs required to participate fully in the program. These funds are separate from funds for JUST Health Plus covered services.

The four milestones that CDCs will participate in to assess readiness are listed below. Some milestones will include an opportunity to apply for capacity building funds.

1. Milestone one: Intent to Participate
2. Milestone two: Pre-readiness assessment
3. Milestone three: Readiness assessment

4. Milestone four: Post-implementation progress report

Capacity building fund amounts will be calculated to allow for distribution to each facility, and amounts will be adjusted based on facility size, using the average daily population (ADP). A CDC may request up to a certain percentage of the total allotted capacity funds, depending on which readiness milestone the facility is approaching. If a CDC requests less than the maximum for any given milestone, any remaining amount can be requested in the subsequent milestone with appropriate justification. For example, if only half of the maximum Milestone two funding is requested, the remaining available balance could be requested in Milestone three.

Capacity building funds are categorized into General and Information Technology (IT) capacity. If needed, funding can be moved between these categories to accommodate higher cost items. No more than the total amount of funds per milestone may be requested, plus any carryover from previous milestones.

Capacity building funds must be spent on JUST Health Plus related activities, and cannot cover other activities or staff within correctional facilities. Funds must also be used only for costs allowed per federal and state rules. Allowable expenditures include:

1. **Technology and IT services** to be used for assisting the justice-involved (JI) population with Medicaid application and enrollment for coverage. This includes developing electronic interfaces for facilities to communicate with Medicaid IT systems and modifying and enhancing existing IT systems to create and improve data exchange and linkages with facilities.
2. **Hiring staff and training** so that facilities can recruit, hire, onboard, and train additional and newly assigned staff to assist with the coordination of Medicaid enrollment and suspension/unsuspension, as well as the provision of pre-release services.
3. **Adoption of certified EHR technology** such as purchases or upgrades of certified EHR technology and training for staff that will utilize the EHR.
4. **Purchase of billing systems** for facilities.
5. **Development of protocols and procedures** for preparation and execution of the Medicaid enrollment process, suspension/unsuspension process for JI individuals, and provision of care coordination and re-entry planning.
6. **Additional activities to promote collaboration** that will advance collaboration among New Mexico's facilities. This includes funding for conferences and meetings convened within the agencies, organizations, and other stakeholders involved in the JI initiative.
7. **Planning** to focus on developing processes and information protocols to support identifying individuals who are potentially eligible for Medicaid, completing Medicaid applications, submitting Medicaid applications or coordination suspension/unsuspension, screening for eligibility for pre-release services and re-entry planning, delivering necessary services to eligible individuals, and establishing ongoing oversight and monitoring processes upon implementation.
8. **Other activities to support a milieu appropriate for the provision of pre-release services** such as accommodations for private spaces to conduct assessments and interviews within correctional facilities such as movable screen walls, desks, and chairs. Additionally, funds can be utilized to support the installation of audio-visual equipment or other forms of technology to support the provision of pre-release services delivered through telehealth. Expenditures may not include building, construction, or refurbishment of correctional facilities.

Capacity Building Funds for Other Facilities and Partners

Outside of CDCs, additional capacity building funds may be available to support correctional facilities, providers, and other key partners participate in JUST Health Plus. Funding is allocated by year and subject to State budget availability.

All recipients of capacity building funds will need to contract with HCA and follow vendor reimbursement procedures.

Monitoring and Reporting Overview

This section describes HCA's approach to implementing JUST Health Plus and ongoing reporting and monitoring requirements.

Ongoing Reporting and Monitoring

Reporting and monitoring are required for JUST Health Plus, in order to bill Medicaid under some payment arrangements, and track required and optional services, care provision, and other important metrics. Different entities participating in JUST Health Plus (e.g., correctional facilities and MCOs) may have different reporting requirements.

MCOs will receive a temporary reporting template to track and monitor the provision of case management services. The reporting template is temporary, as CMS has indicated that final reporting guidance will be released in late 2025, which will inform permanent JUST Health Plus reporting and metrics for MCOs.

Correctional facilities, MCOs, and some providers will be required to submit to HCA on specified measures to monitor JUST Health Plus performance. In alignment with CMS guidance and State priorities, HCA will establish a monitoring approach that will track progress toward meeting program-specific goals and milestones. HCA has not yet received final reporting guidance from CMS on the re-entry demonstration, but is committed to tracking the number of participating facilities and the utilization of pre-release services. As more information on CMS required monitoring metrics become available, HCA will provide an update to this section. HCA expects that federal reporting guidance will include:

- A selection of quality of care and health outcomes metrics and population stratifications based on CMS' upcoming guidance on the Disparities Sensitive Measure Set.
- Standardized reporting on categories of metrics including but not limited to: beneficiary participation in demonstration components, primary and specialist provider participation, utilization of services, quality of care, and health outcomes.
- Metrics related to:
    - Number of individuals served, and types of services rendered.
    - Participants who received case management pre-release and were transitioned to care coordination post-release.
    - Take-up of data system enhancements among participating correctional facility settings.

Post-Release Service Monitoring

Using claims and encounter data, HCA will track the number of services that individuals who were eligible for JUST Health Plus received in the post-release period. Additional details related to HCA's monitoring approach will be provided in a future update as it becomes available.

Appendix A: Acronym List

Acronym	Term
ADP	Average Daily Population
CAA	Consolidated Appropriations Act of 2023
CCBHC	Certified Community Behavioral Health Clinics
CCSC	Consolidated Customer Service Center
CDC	County Detention Center
CHIP	Children's Health Insurance Program
CHR	Community Health Representative
CHW	Community Health Worker
CMS	Centers for Medicare and Medicaid Services
CNA	Comprehensive Needs Assessment
CNMCF	Central New Mexico Correctional Facility
CPE	Certified Public Expenditure
CPSW	Certified Peer Support Worker
CSA	Core Service Agencies
CY	Calendar Year
CYFD	Children, Youth and Families Department
ED	Emergency Department
EFT	Electronic Fund Transfer
EHR	Electronic Health Record
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
FDA	Food and Drug Administration
FFCC	Former Foster Care Children
FFS	Fee-for-service
FQHC	Federally Qualified Health Center
HCA	Health Care Authority
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HRSN	Health-Related Social Needs
IRS	Internal Revenue Service
IT	Information Technology
JI	Justice-Involved
JUST Health	Justice-Involved Utilization of State Transitioned Health Care
JUST Health Plus	Justice-Involved Utilization of State Transitioned Health Care Plus
LOD	Letter of Direction
LTC	Long Term Care
MAD	Medical Assistance Division
MAT	Medication-Assisted Treatment
MCO	Managed Care Organization
MDT	Multidisciplinary Team
NM	New Mexico
NMCD	New Mexico Corrections Department
NMDOH	New Mexico Department of Health
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of Inspector General
OPRE	Office of Peer Recovery and Engagement
OUD	Opioid Use Disorder

Acronym	Term
PE	Presumptive Eligibility
PED	Presumptive Eligibility Determiner
PRD	Projected Release Date
SCC	Springer Correctional Center
SDOH	Social Determinants of Health
SMA	State Medicaid Agency
SNAP	Supplemental Nutrition Assistance Program
STC	Special Terms and Conditions
STMII	Short Term Medicaid for Incarcerated Individuals
SUD	Substance Use Disorder
TOC	Transition of Care
WNMCF	Western New Mexico Correctional Facility

Appendix B: Glossary of Terms

Term	Definition
1115 Demonstration Waiver	A type of Medicaid waiver that allows states to test new approaches in Medicaid that differ from federal program rules. It enables states to implement innovative programs to improve healthcare delivery and access.
Adjudication	A term analogous to an adult "conviction" for juveniles.
Behavioral Health	The umbrella term for mental health conditions (including psychiatric illnesses and emotional disorders) and substance use disorders (involving addictive and chemical dependency disorders). The term also refers to preventing and treating co-occurring mental health conditions and SUDs.
Capacity Building	Refers to activities and funding related to a correctional facility building up the capacity (including staffing, processes and procedures, IT capabilities, convening and partnerships, and other activities) needed to participate in JUST Health Plus. HCA has been awarded one-time transition funds ("capacity building funds") that may be distributed to help build this capacity.
Carceral	Of or related to incarceration. May refer to a carceral setting, carceral providers, carceral facilities, or other related entities or concepts. HCA uses the term "correctional facilities" to refer to settings of incarceration.
Care Coordination	Process that involves deliberately organizing beneficiary care activities and sharing information among all of the participants concerned with their care to achieve safe and more effective care. This means that the beneficiary's needs and preferences are known ahead of time and communicated at the right time to the right people, and that information is used to provide safe, appropriate, and effective care to the beneficiary.
Case Management	Case management services include the following activities: 1) comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services; 2) development (and periodic revision) of a specific care plan based on the information collected through the assessment; 3) referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed supportive and stabilizing services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and 4) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Case management assists individuals in getting connected to services and providers, not only for physical and behavioral health needs, but also for HRSN.
Centers for Medicare & Medicaid Services (CMS)	The federal agency responsible for administering Medicare and overseeing state administration of Medicaid.
Certified Community Behavioral Health Clinic (CCBHC)	A clinic using a community behavioral health model that meets criteria released by the Substance Abuse and Mental Health Service Administration (SAMHSA) designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age – including developmentally appropriate care for children and youth.
Certified Peer Support Worker (CPSW)	An individual in recovery from mental health and/or substance use issues who has been found eligible to be trained by HCA's Office of Peer Recovery and

Term	Definition
	Engagement (OPRE), successfully completed the training program offered by OPRE, has passed the certification examination administered by the New Mexico Credentialing Board for Behavioral Health Professionals, has obtained certification and is current with continuing education requirements.
Certified Public Expenditure (CPE)	A CPE is a statutorily recognized Medicaid financing approach by which a governmental entity, including a governmental provider (e.g., county hospital, local education agency, county correctional facility), incurs an expenditure eligible for federal matching funds. The governmental entity certifies that the funds expended are public funds used to support the full cost of providing the Medicaid-covered service or the Medicaid program administrative activity. Based on this certification, the state then claims federal matching funds.
Children's Health Insurance Program (CHIP)	A program that provides low-cost health coverage to children and pregnant women in families that are ineligible for Medicaid, and operates in close tie to states' Medicaid programs.
Community Health Worker (CHW)	Frontline public health workers who are trusted members of the community they serve. CHWs function as a liaison/link/intermediary between health and social services and communities to facilitate access to services and improve the quality and cultural competence of service delivery.
Comprehensive Needs Assessment (CNA)	An assessment of the member's physical health, behavioral health and long-term care (LTC) needs; it will identify potential risks and provide social and cultural information. The results of the CNA will be used to create the care plan which is based on the members' assessed needs. The CNA may also include a functional assessment, if applicable.
Consolidated Appropriations Act, 2023 (CAA, 2023)	An omnibus bill for the fiscal year ending September 2023, that includes two provisions impacting the availability of certain Medicaid state plan services for incarcerated youth in Medicaid and CHIP and a provision that modifies CHIP eligibility requirements for children who become incarcerated. These provisions were effective as of January 1, 2025. As a result, states need to submit Medicaid and CHIP state plan amendments (SPA) to implement the required coverage described in Section 5121 of the CAA, 2023.
Core Services Agencies (CSA)	Multi-service agencies that help to bridge treatment gaps in the child and adult treatment systems, promote the appropriate level of service intensity for members with complex behavioral health service needs, including SUD, to ensure that community support services are integrated into treatment and develop the capacity for members to have a single point of accountability for identifying and coordinating their behavioral health, physical health, and other social services.
Covered Services	Covered services are health care and related services, as well as certain items (like prescription medications) that are eligible for payment under a certain health care program. For JUST Health Plus, covered services include those essential to individuals leaving correctional settings, like case management and medication assisted treatment for SUD.
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	The federally required Early and Periodic Screening, Diagnostic and Treatment program, is defined in Section 1905(r) of the Social Security Act and 42 C.F.R. § 441, Subpart B for members under the age of 21. It includes comprehensive periodic and inter-periodic screening and diagnostic services to determine physical and behavioral health needs as well as the provision of all medically necessary services listed in Section 1902(a) of the Social Security Act even if the service is not available under the State's Medicaid State Plan. EPSDT is a benefit that provides comprehensive and preventative health care services for children under the age of 21 who are enrolled in Medicaid and is key to ensuring that

Term	Definition
	children and adolescents receive appropriate preventative, dental, mental health, and specialty services.
Electronic Health Record (EHR)	A record in digital format that is a systematic collection of electronic health information. EHRs may contain a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics such as age and weight, and billing information.
Eligible Justice-Involved Juvenile	Medicaid-eligible post-adjudicated youth up to age 21, and post-adjudicated individuals up to age 26 who are eligible under the FFCC eligibility group, who are eligible for additional transition benefits, including screenings and diagnostics for 30 days pre-release and 30 days of case management post-release.
Emergency Department (ED)	A portion of the hospital where emergency diagnosis and treatment of illness or injury is provided.
Federal Financial Participation (FFP)	The federal share of a state's Medicaid expenditures.
Federally Qualified Health Center (FQHC)	An entity that meets the requirements of, and receives a grant and funding pursuant to, the Public Health Service Act. An FQHC also includes an outpatient health program, a facility operated by a tribe or tribal organization under the Indian Self-Determination Act (PL 93-638) and an Urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1601 et seq.
Fee- for-Service (FFS)	A payment model where health care providers are paid for each individual service they perform. This means that providers submit claims for and are reimbursed for every covered test, visit, or procedure, rather than receiving a fixed amount for a patient's overall care.
Former Foster Care Children (FFCC)	A group in New Mexico that is eligible for Medicaid coverage up to the age of 26 if they were enrolled in Medicaid at the time they aged out of foster care.
Health Care Authority (HCA)	The New Mexico HCA is a new agency launched in July 2024 that was a result of merging the New Mexico Human Services Department, the State Employee Benefits team from the General Services Department, the Developmental Disabilities Supports Division and Division of Health Improvement from the New Mexico Department of Health, and the Health Care Affordability Fund from the Office of Superintendent of Insurance. HCA is responsible for administering several programs including Medicaid.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, as amended and codified at 42 U.S.C. §§160, et seq. and its regulations to include provisions of the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), codified at 42 U.S.C §§17931 et seq.
Health-Related Social Needs (HRSN)	Individual-level, adverse social conditions that negatively impact a member's health or health care, including those identified in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). An individual's unmet, adverse social conditions (e.g., housing instability, homelessness, and nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health.
Hepatitis C	A viral liver infection caused by the Hepatitis C virus that can lead to liver damage if left untreated.
In-reach Services	Services provided by community providers in the correctional facility setting that aim to help incarcerated individuals establish a relationship with health care providers, identify health care needs, transition health records, and connect them to community-based services post-release.

Term	Definition
JUST Health	A program established to ensure justice-involved individuals have timely access to health care services upon release from correctional facilities. To ensure this access can occur, individuals who have active Medicaid coverage at the time of incarceration do not lose their Medicaid eligibility, rather, have their Medicaid benefits suspended after 30 days. Benefits are reinstated upon the individual's release from incarceration which allows immediate access to care. Individuals who are not Medicaid participants who appear to meet eligibility requirements are given the opportunity to apply while incarcerated. The JUST Health program suspends (rather than terminates) Medicaid eligibility for incarcerated members.
JUST Health Plus	Building on the JUST Health program, JUST Health Plus adds the 2024 federal authority for Medicaid to cover specific health care services for youth and adults in correctional facilities up to 90 days pre-release.
Justice Liaisons	A requirement under the JUST Health program that each Turquoise Care health plan have a Justice Liaison that serves as a single point of contact to support Medicaid members with transition of care planning as they return to their communities.
Justice-Involved	A person (both minors and adults) who has a formal relationship with the criminal justice system, including but not limited to an incarcerated individual, an incarcerated individual who is eligible for release, an individual in the community who is on probation or has an ongoing relationship with the criminal justice system and an individual serving a jail or prison sentence within the community.
Managed Care Organization (MCO)	An entity that meets the requirements of 42 CFR § 438.2 and participates in Turquoise Care under contract with HCA to assist the State in meeting the requirements established under NMSA 1978, § 27-2-12. A health care delivery system that contracts with providers to provide care to its members at reduced costs. MCOs manage the quality and cost of care by coordinating services and often require members to use a network of providers.
Medicaid	A joint federal and state program that covers medical costs for individuals with limited income and resources. While the federal government imposes certain rules for the Medicaid program that all state Medicaid programs must follow, each state operates its own program.
Medical Assistance Division (MAD)	The state agency division responsible for administration of the New Mexico Medicaid program. MAD is part of the Health Care Authority.
Medication Assisted Treatment (MAT)	An evidence-based treatment that consists of the administration of medications and related behavioral therapies for the treatment of SUD.
Member	A person who has been determined eligible for Turquoise Care and who has enrolled in Turquoise Care.
National Provider Identifier (NPI)	A unique identification number for covered health care providers, required for use by covered health care providers, all health care plans, and health care clearinghouses in the administrative and financial transactions adopted under HIPPA.
Per Diem	A payment method where a daily rate is paid to a health care provider for care, regardless of the actual costs incurred.
Prescription Medications	Drugs and medications that, by law, require a prescription.
Presumptive Eligibility (PE)	Short-term (60 days or less) Medicaid coverage that provides immediate access to medical care for adults, parent caretakers, children up to the age of 19, former foster care children, and pregnant women who live in New Mexico and are a US Citizen, US National, or eligible immigrant. PE is effective from the date

Term	Definition
	of the eligibility determination until the last day of the following month, or until an on-going Medicaid application has been processed.
Presumptive Eligibility Determiner (PED)	Providers who help individuals in New Mexico apply for Medicaid. They are trained and certified by the HCA MAD to perform Medicaid application assistance and make Presumptive Eligibility (PE) determinations.
Provider	An institution, facility, agency, physician, health care practitioner, or other entity that is licensed or otherwise authorized to provide any of the covered services in the state in which they are furnished.
Readiness Assessment	A requirement to ensure that facilities, carceral health care vendors, providers, and MCOs are ready to offer pre-release services.
Section 5121 of the Consolidated Appropriations Act of 2023	A part of the CAA, 2023 that addresses Medicaid and CHIP requirements for certain Medicaid- and CHIP-eligible juvenile beneficiaries who are post adjudication of charges (referred to throughout as Eligible Justice-Involved Juveniles). Per this legislation, state Medicaid programs are now required to have a plan in place and cover and provide the following services to eligible juveniles within 30 days of their scheduled release date from a public institution: (1) screenings and diagnostic services and (2) case management. Additional details of the mandatory services are detailed in the "Additional Benefits for Eligible Justice-Involved Juveniles" section. The requirements are mandatory, and as such, states are required to ensure adequate policies, procedures, and policies are developed to support implementation of these provisions.
Short-Term Medicaid for Incarcerated Individuals (STMII)	A Medicaid program available to inmates or committed/detained youth, while the inmate's or committed/detained youth's Medicaid benefits are suspended. Only State or County correctional facilities that are contracted with HCA are able to participate in the STMII program and are eligible to submit claims for fee-for-service (FFS) Medicaid reimbursement. The only Medicaid-covered service available to incarcerated members through STMII is inpatient hospital treatment (requiring a hospital admission of longer than 24 hours).
Social Determinants of Health (SDOH)	Also referred to as Social Drivers of Health, SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Substance Use Disorder (SUD)	A disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.
Supplemental Nutrition Assistance Program (SNAP)	A federal program that provides food assistance to low- and no-income individuals/families.
Telehealth Taxonomy Code	The use of electronic information, imaging, and communication technologies (including interactive audio, video, and data communications as well as store-and- forward technologies) to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education in accordance with NMAC 8.310.2.12.M.A code that describes a provider or organization's type, classification, and area of specialization.
Turquoise Care	The State of New Mexico's Medicaid and CHIP Managed Care program, authorized by and operated under Section1115(a) of the Social Security Act.

Appendix C: Overview of Coverage Periods

The table below presents examples of pre-release service coverage scenarios for Just Health Plus. The current Medicaid suspension policy for individuals enrolled in Medicaid in New Mexico and entering incarceration initiates suspension of Medicaid coverage after 30 days of incarceration, and the individual remains suspended until release.

This suspension policy under JUST Health Plus will remain the same, though HCA's Medicaid eligibility and enrollment system (ASPEN) will now indicate eligibility and coverage for pre-release services 90 days prior to release. Given that approximately 75% of incarcerated individuals are released from jails and county facilities within the first 30 days of incarceration, and 90% are released within the first 60 days of incarceration, unique challenges are present for jails and county facilities where a projected release date (PRD) is not always known, and stays are generally short.

HCA is planning to implement a benefit strategy in jails and county facilities where only authorized pre-release services and STMII are available for up to 90 days prior to a known PRD in anticipation of short-term stays.

EXAMPLE JUST HEALTH PLUS PRE-RELEASE COVERAGE SCENARIOS

Scenario	Policy
1. Incarcerated and released on the same day.	The MCO is still responsible for member coverage, so pre-release services through JUST Health Plus do not start.
2. Incarcerated in a jail without a PRD.	Eligible to receive pre-release services from the day of incarceration up to 90 days to address the vast majority of short-term releases that will occur in the initial 90 days. Once a PRD that exceeds 90 days is known, or if 90 days is exceeded despite an unknown PRD, provision of pre-release services will be stopped.
3. Incarcerated in a jail with a PRD.	If the PRD is more than 90 days out, eligibility will pause and start back up at 90 days pre-release. If the PRD is less than 90 days from when the individual entered the facility, they are eligible from the day of incarceration.
4. Incarcerated in a jail, prison, or CYFD facility and the PRD changes.	Eligibility remains if the updated PRD is within 90 days of the date the PRD was changed. Otherwise, eligibility is paused and restarted 90 days prior to the new PRD. For CYFD facilities, this applies for the 30-day pre-release period.
5. Incarcerated, released, and then re-booked.	Members are eligible during each unique booking regardless of the amount of time between release and re-booking. The same policies above apply regarding eligibility at intake and eligibility with a PRD. This applies to re-booking in a jail and/or parole violations that result in a return to incarceration.
6. Transferred from one jail facility to another jail.	Eligibility for pre-release services is treated the same as initial incarceration. The 90-day period resets and is only paused if the PRD is more than 90 days out. In the latter case, provision of services begins again at the 90-day pre-release mark.
7. Transferred from jail to prison.	Eligible 90-days prior to an established NMCD PRD.

Appendix D: Provider Enrollment Information and Instructions

This manual provides basic information about the Medicaid provider enrollment process. If you need assistance enrolling as a Medicaid provider for JUST Health Plus, email mad.providerenrollment@hsd.nm.gov.

Enrollment Steps

1. Business Registration and Licensing

- Business License: The provider must retain a business license for each county/city where the provider provides services.
- Annual Submission: Business licenses must be submitted annually to the YES.NM.gov portal.
- Failure to Maintain: Failure to maintain and submit business licenses can lead to termination of the provider's Medicaid enrollment.

2. Obtain a National Provider Identifier (NPI)

All health care providers (both individuals and organizations) seeking Medicaid reimbursement must obtain and use an NPI. The NPI is a 10-digit number assigned by the National Plan and Provider Enumeration System (NPPES). Providers must also register their NPI with the New Mexico Medicaid program.

3. Provider Enrollment Application

To enroll as a Medicaid provider, use the online Medicaid provider enrollment application process, available at https://nmmedicaid.portal.conduent.com/static/index.htm. (In 2026, Turquoise Claims will replace the NM Medicaid Portal.)

The enrollment portal allows providers to upload required enrollment documents and track applications.

- Choosing an application: First select the appropriate application. Groups, organizations, facilities, or individual applicants to whom payments will be made (e.g., CSAs, FQHCs, hospitals, pharmacies) will select the MAD 335 form. Individual applicants within a group (e.g., psychologists, MDs, CNPs, LCSWs, LMHCs) will select MAD 312 form.
    - Follow the step-by-step instructions on the forms. In the event of problems, contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.
- Documentation: The provider must provide documentation such as proof of business registration, liability insurance, staff certifications, qualifications, and criminal background checks. A completed Internal Revenue Service (IRS) W-9 form is also required.
- Service Delivery Policies: The provider must develop service delivery policies and procedures, including care plans, client intake, incident reporting, and grievance procedures.
- Health and Safety Inspections: If the provider operates a facility, it will be required to provide relevant health and safety inspection reports.

4. Policies and Procedures

- Client Assessments and Care Plans: The provider must develop policies and procedures for assessing clients' needs and developing care plans.
- Incident Reporting: The provider must develop procedures for reporting critical incidents.
- Staff Training and Supervision: The provider must develop policies for ongoing staff training and compliance with certification requirements.
- Client Rights and Grievances: The provider must develop procedures to ensure client rights are protected and that they can file grievances.

5. Risk Level Requirements

- All Risk Levels: The provider should verify that it meets all applicable federal regulations and state requirements for their provider type.
- License Verifications: License verifications are required.
- Database Checks: Database checks are conducted.
- Limited Risks: May include site visits.
- High Risks: May include additional screenings and requirements, for providers that have a payment suspension based on a credible allegation of fraud, have been excluded by the US Department of Health and Human Services (HHS) Office of Inspector General (OIG) or a State Medicaid Agency (SMA), or have a qualifying Medicaid overpayment.
- Provider Support: Providers can contact NMProviderSupport@conduent.com for specific information on risk level requirements.

6. General Provider Policies:

- EFT Enrollment: Providers are required to enroll in Electronic Fund Transfer (EFT) to receive Fee-for-Service (FFS) reimbursement.
- Rendering Provider Reporting: Providers must report rendering, ordering, and referring provider information on claims.
- Critical Incident Reporting: Providers must understand and comply with critical incident reporting requirements.

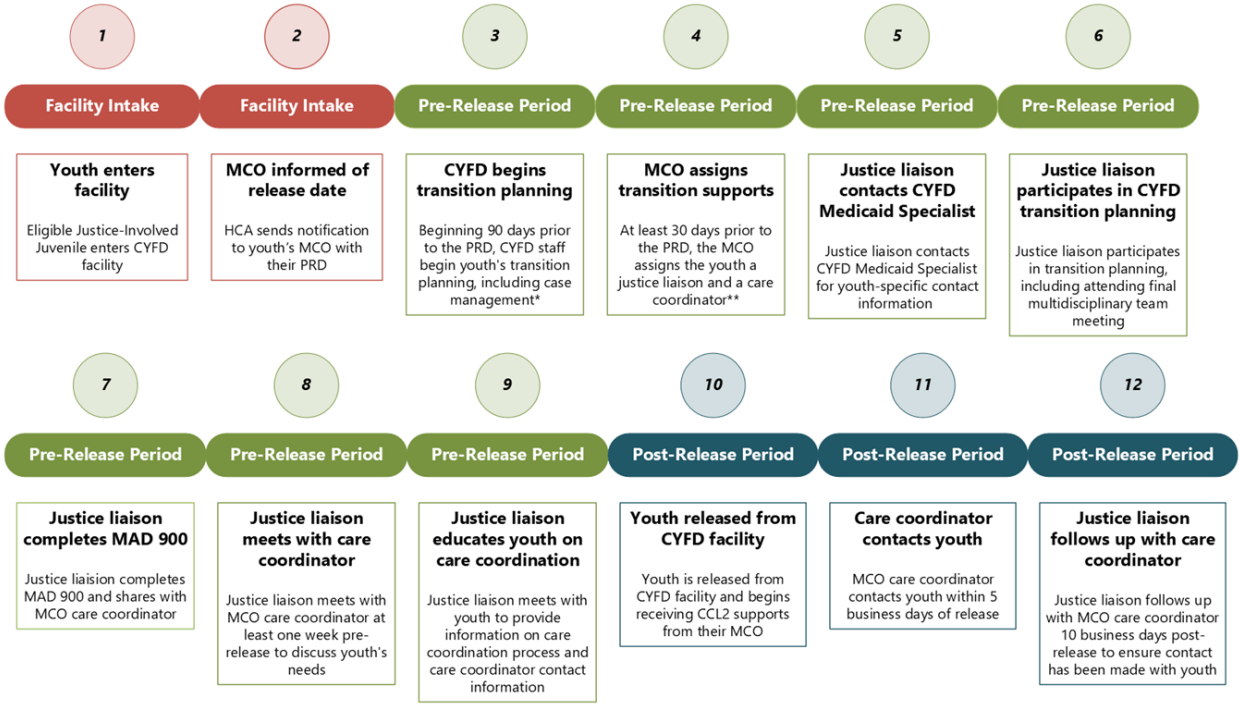
7. Additional Information

- New Mexico Medicaid Web Portal: Visit the Training section of the Portal for more information about the application process at nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#TrainingPresentations
- Conduent is the vendor that processes New Mexico Medicaid provider enrollment applications.

Reporting Provider Information Changes

Once enrolled, if any information changes (e.g., provider's name, address, telephone number, professional license, certification, board specialty), notify MAD by logging in to the provider portal. Changes in corporate ownership must be reported 60 days prior to the effective date. Instructions on submitting updates through the provider portal are posted in the Training section of the Portal:

Appendix E: CYFD JUST Health Plus Case Management Process



* Thirty days prior to the PRD, case management for the youth may be billed to Medicaid

**If the youth is exiting to a residential or community program that provides Medicaid-funded case management separate from the MCO care coordinators, the justice liaison will facilitate a warm handoff to the youth's designated case manager. MCOs will work to ensure no duplication of benefits. If the youth is exiting to a CYFD Reintegration Center, or has an assigned Transition Supports Coordinator, CYFD staff involvement will continue post release.