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Luminar Health

From Policy to Payment

Lessons from New Mexico on Medicaid Reimbursement for Community-Based Workers

A practical look at enrollment, documentation, billing and delivery pathways

October 20, 2026 · 11:00 a.m. CT

Bianca De La Luz Paulette, MPH · Ann-Marie Gonzalez, CHW, Doula



This session is being recorded. Registrants will receive the recording and slides after the webinar.

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Meet the speakers



FOUNDER & CEO

Bianca De La Luz Paulette, MPH

- Born and raised in New Mexico; daughter of a Mexican immigrant mother and a first-generation college graduate father
- 13+ years in healthcare advancing health equity and eliminating barriers to care in New Mexico
- B.A., University of New Mexico · MPH, New Mexico State University · DrPH(c) at San Diego State University



MATERNAL HEALTH PROGRAM COORDINATOR

Ann-Marie Gonzalez, CHW, Doula

- El Paso native; UTEP graduate; graduate certificate in Public Health (Nutrition), Liberty University
- International Certified Birth Doula supporting families through pregnancy, childbirth and postpartum
- Community Health Specialist and Doula serving El Paso and neighboring New Mexico communities; mentors birth professionals toward credentialing

The implementation question

A policy creates an opportunity. Reimbursement depends on the steps that make the service billable.

Provider pathway

Who can enroll, what qualifications apply, and who receives receives payment?

Service pathway

What work is covered, when is it medically necessary, and what must be documented?

Claim pathway

How do provider identifiers, codes and supporting records reach the payer?

Delivery pathway

Can the worker deliver services independently, through a clinic, or clinic, or through an organization?

Today: Use New Mexico's documented workflows as a practical case, while recognizing that Texas has distinct rules.

HOUSE BILL 1575 · 88TH LEGISLATURE

Texas policy context

HB 1575 created separate Medicaid provider types for community health workers and doulas providing services through the **Case Management for Children and Pregnant Women** program.

TOOK EFFECT

September 1, 2023

Community health workers

Meet state certification requirements and complete HHSC standardized case-management training.

Doulas

Meet HHSC-recognized certification requirements and complete HHSC standardized case-management training.

Implementation question for Texas: What enrollment, training, workflow and billing supports help turn the statutory pathway into usable pathway into usable services?

Scope note: This is a program-specific provider pathway, not a general authorization for all CHW or doula services in Medicaid.

New Mexico’s two implementation tracks

CHW / CHR OUTPATIENT SERVICES

Effective July 1, 2023

Medicaid Provider Type 462, Specialty 230

- New Mexico Department of Health attestation
- Individual and group or organization enrollment pathways
- Standing order and date-of-service documentation

DOULA SERVICES

Effective October 1, 2024

Medicaid Provider Type 406, Specialty 206

- New Mexico Department of Health credentialing and other other qualifications
- Outpatient claims plus distinct facility billing pathways
- Prenatal, postpartum, labor and delivery services

SHARED THEMES

Provider enrollment | **Defined covered services** | **Claim instructions** | **Oversight**

CHW: the route to a claim

1

Enroll

Provider Type 462, Specialty 230; active New Mexico Medicaid enrollment.

2

Attest

The Department of Health's Office of Community Health attests that the provider may bill.

3

Authorize and document

Complete a standing order for each date of service; retain the required scope-of-work work record.

4

Submit

Electronic claim, taxonomy 172V00000X, 172V00000X, and the correct rendering and billing NPIs.

5

Reconcile

Reimbursement follows follows the fee schedule; schedule; respond to claim edits and audits.

BILLING DETAILS

Rendering provider: the CHW/CHR's individual NPI.

Billing provider: the clinic NPI, when services are provided through a through a clinic.

Documentation, service boundaries and payment controls

Covered CHW / CHR work

System navigation, health promotion and coaching, and clinical support. Services must be medically necessary and meet quality guidelines.

Not covered under this benefit

Population health and community organizing, duplicative assessments, transporting members, and personal or in-home care.

Required record

Complete a standing order for each date of service, attach it to the claim, and retain it for potential audit. Incomplete or inaccurate forms may lead to recoupment.

Limits

10 units / 5 hrs

member-facing, per day, per CHW/CHR

16 units / 8 hrs

per member in 30 days without prior authorization

Doula services: coverage and billing pathways

PROVIDER PATHWAY

- Provider Type 406 · Specialty 206 · Taxonomy 374J00000X
- At least 18 years old
- Current adult and infant CPR certification
- New Mexico Department of Health credentialing
- 24 hours of continuing education every two years

Service	Code	Modifier
Prenatal and postpartum support	T1032	U1
Labor and delivery support	T1033	U3
Specified counseling services	T1032	U2

Outpatient claims: CMS-1500 / 837P. Identify the rendering doula, billing entity, agency or service facility, procedure code and modifier.

Units: 1 unit = 15 minutes. Prior authorization is not required within stated limits.

Delivery models and organizational pathways

The claim identifies both the worker who rendered the service and the entity billing for it.

Individual

The enrolled CHW/CHR renders a covered service under the required billing arrangement.

Group or organization

New Mexico's rules describe enrollment and payment-agreement pathways for groups and organizations.

Clinic-linked

When services are provided through a clinic, the clinic NPI is listed as the billing provider.

QUESTION TO VERIFY

The supplied New Mexico documents do not specifically confirm that every CBO or church can enroll or bill. Confirm entity eligibility, enrollment, contracts and claim setup with the state or managed care organization.

Lessons from Luminar Health's work in New Mexico

Provider enrollment takes more than an application

- An NPI is a starting point. Providers and organizations also need the right enrollment, billing arrangement, practice-location information and payer relationships.
- The rendering provider and the billing organization may be different. Getting those roles clear early helps prevent claim problems.
- One-to-one technical assistance helps providers work through their specific enrollment steps, prepare documentation and understand what to do when an application or claim gets stuck.

The support relationship matters

Luminar Health is contracted with the New Mexico Department of Health to help ensure doulas are supported.

Luminar Health works closely with the Office of Community Health Workers (OCHW) to provide technical assistance.

DOULA MEDICAID CREDENTIALING

Luminar Health NM Credentialing Support Guide

These phases describe and set timelines for doulas who are becoming Medicaid Providers. Our goal at Luminar Health NM is to make the process as seamless and quick as possible, offering efficiency and support throughout.

Before you begin

- ✓ Active NM DOH Doula Certification
- ✓ Doula professional liability insurance
- ✓ Signed Luminar Health NM Memorandum

PHASE 1

NPI & CAQH Registration

- Register for an NPI: nppes.cms.hhs.gov/login

Your NM DOH Doula Certification Number serves as your state license number.

- Once you have your NPI, register with CAQH: dataspring.com/clinicians
- Use the doula taxonomy **374J00000X**.
- It's typical to have lots of questions during registration. We're here to answer them!
- Keep your login credentials safe. You'll add them to your NuCo Wallet in the next phase.

Complete in 5 business days

PHASE 2

NuCo Registration & Wallet Creation

- When you receive your NPI, email us and we'll send a registration link for your individualized, HIPAA-compliant NuCo Wallet.
- Download the NuCo Wallet app and watch our tutorial for help: luminarhealthnm.com/nuco-wallet
- Complete all tasks under **"Luminar Health Onboarding."**

Complete in 5 business days

PHASE 3

Email the Team

- Once your NuCo Wallet is complete, let us know by email.
- Our team will review it to make sure all entered data and documents are complete and accurate.

Complete in 2 business days

PHASE 4

Create Your YESNM Account

- After your NuCo Wallet is approved, create a YESNM account: yes.nm.gov/nmhr/s/ped-registration
- Register as a **Medicaid Provider**.

Use an email address that is not associated with NM Medicaid benefits.

- Add your YESNM login credentials to your NuCo Wallet, and our team will complete your application and take it from there!

Complete in 5 business days

PHASE 5

YESNM Approval & MCO Rosters

- You're officially a NM Medicaid Provider!
- Now we can get you added to MCO rosters.
- We'll keep you updated on the effective date for each MCO.

Allow 2–4 months

PHASE 6

Billing & Claim Support

- Congratulations! You're now on MCO rosters and can bill as a Medicaid Provider.
- Our team at Luminar Health will support you through your first claim submission whenever you're ready.

You made it!

BUILD AROUND THE ORGANIZATION'S ROLE IN THE COMMUNITY

Working with food banks and other community-based organizations

Food banks and other CBOs already have trusted relationships with the communities they serve. CHW support can build on those connections.

Start by understanding the organization's existing services, staffing and community relationships.

Help the organization define the CHW's role, how referrals reach the CHW team, and how staff can document and follow up on services.

Clarify which activities may fit a covered Medicaid service and which valuable community activities need another funding source.

Key lesson: A reimbursement model should support the CBO's work with the community without assuming every part of that work is Medicaid-billable.

Sustainability means supporting the whole CHW team

Enrollment alone does not sustain a program

- Help the CBO plan for the administrative work around enrollment, credentialing, documentation, claims and follow-up.
- Identify who employs the CHWs, who supports their day-to-day work, and which organization handles billing and compliance.
- Plan for the time and resources needed to support CHW activities that are outside the covered benefit.
- Track the path from provider enrollment to service delivery, clean claims and payment so partners can spot where support is needed.
- Consider Medicaid reimbursement as one part of a sustainability plan, alongside other funding or contracts that support the full range of community work.

LESSON LEARNED · PROVIDERS MAY NEED TO NAVIGATE SEVERAL SEPARATE PROCESSES

Map the systems and name an owner at each step

NPI and provider information

Keep the individual and organizational records, taxonomy and practice location aligned. An NPI identifies a provider; by itself, it does not establish enrollment or credentialing. CMS NPI guidance

CAQH and payer credentialing

CAQH ProView can share provider information with participating health plans, but it does not replace state Medicaid enrollment. Check what each payer requires. CAQH ProView guide

MCO contracts and claims

Confirm the plan's network, credentialing and claim processes before services begin.

Coordination of benefits

Check coverage and payer order before billing. Medicaid is generally the payer the payer of last resort when another payer is legally responsible. CMS third-CMS third-party liability guidance

Organization and risk

Clarify responsibilities for records, privacy, billing, audits and insurance. An LLC does not replace appropriate compliance practices or insurance.

Key question

Who helps the provider at each handoff—from enrollment, to payer participation, to service documentation, to claim payment—and who steps in when something goes wrong?

Implementation lessons to test in Texas

1 Make enrollment navigable

Publish a clear sequence of forms, training and contact points.

2 Make the record usable

Provide repeatable documentation tied to each covered service.

3 Make billing explicit

Clarify rendering and billing identities, codes, codes, and organizational pathways.

4 Close the payment loop

Track denials, corrections, payment timing and and reasons for nonpayment.

5 Name owners for handoffs

Assign responsibility across HHSC, TMHP, MCOs MCOs and provider organizations.

6 Support both the provider and the employer

Offer tailored guidance to workers and the the CBOs or groups that employ them.

What the policy answers—and what it doesn't

What the policy answers answers

- Who must enroll and which provider types apply
- Which services and billing codes are specified
- What identifiers and records claims require
- Some service limits and setting-specific pathways

What it does not quantify quantify

- Number of claims submitted
- Denial, correction or payment rates
- Time from enrollment to first payment
- Participation by CBOs, churches or other non-clinical entities

"Is Medicaid really paying?" The supplied policy documents specify reimbursement rules; they do not establish actual payment volume or provider experience.

CHARLES MATHIAS MODERATES · 11:40–11:57 A.M. CT

Discussion: questions from registrants

1. Can a CHW work through a CBO or church without a clinic or insurer affiliation?
2. What organizational pathways support CHWs outside FQHC and clinical infrastructure?
3. What made reimbursement difficult, and how long did the process take?
4. Which CPT / HCPCS codes are eligible, and how do services address nonmedical needs?
5. What evidence is available on claims and payments?
6. Who should own ongoing technical assistance and the handoffs between state, MCO and provider?

Also raised: CHW career pipelines for high school students · lessons learned · Medicaid managed-care transition

CLOSING REMARKS

Thank you

From Policy to Payment: Lessons from New Mexico on Medicaid Reimbursement for Community-Based Workers

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