

Provider Bulletin

Molina Healthcare of New Mexico, Inc.

October 7, 2025

HCA's Temporary Economic Recovery Payment Increase for HCBS Services

Molina is notifying Home and Community Based Services (HCBS) providers of a temporary increase in economic recovery payments that may apply to your practice. These enhanced payments are authorized by the New Mexico Health Care Authority (HCA) through Letter of Direction (LOD) #63, under the American Rescue Plan Act of 2021, which was established to help mitigate the financial impacts of Covid-19. The payment adjustment specifically benefits HCBS services that enabled New Mexicans to safely remain in their homes during the pandemic, with eligible dates of service from July 1 to December 31, 2024. During this period, the estimated payment increase for qualifying services is 24.3%.

To determine your eligibility, please review HCA's LOD #63 at <https://www.hca.nm.gov/wp-content/uploads/LOD-63-CY24-July-Dec-ARPA-HCBS-Services.pdf>. If you provided services to Molina members between July 1 and December 31, 2024, and believe you qualify for the increased payment, complete and submit the attestation included in this communication to MHNM.ProviderServices@MolinaHealthcare.com. If you have previously sent an attestation to HCA, please also forward it directly to Molina.

To ensure providers are set up to receive these payments, we are asking all participating providers to complete their Electronic Funds Transfer (EFT) setup through ECHO Health. Please note that any previous EFT instructions are now outdated. If you are not signed up, follow these instructions:

1. Visit the ECHO Health portal: [ECHO Provider Payments - Login](#)
2. Sign up or log in using one of the following:
 - Your Provider Portal username and password
 - Your Tax ID Number (TIN) with a payor check number and patient account number
 - Your TIN and an enrollment code number
3. Complete your EFT enrollment
4. If you experience any issues logging in or creating an account, please contact ECHO Customer Service at 1-800-946-7758 for assistance.

Included in this bulletin is also a step-by-step guide to walk Providers through the new EFT setup process.



Helpful Resources

- Molina's Provider Contact Center (855) 322-4078
- Health Care Authority's (HCA) Telephone: (505) 827-7750
- ECHO Health Portal: [ECHO Provider Payments - Login](#)
- ECHO Customer Service: 1 (800) 946-7758

Questions? Please email your general inquiries to MHNM.ProviderServices@MolinaHealthcare.com, and it will be routed to the appropriate individual. Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community.



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

**Letter of Direction #63 Attachment 2 – 24.3% Temporary Economic Recovery Payments for HCBS
Services Home and Community Based Services (HCBS) American Rescue Plan Act (ARPA)
Supplemental Payment Provider Attestation Form**

Background:

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, enacting a \$1.9 trillion COVID-19 relief package. The legislation includes a number of provisions that impact state and federal health care policies and programs, including the availability of enhanced federal funding for state Medicaid spending on HCBS. These services help older adults, people with disabilities and people with behavioral health needs live independently in the community by providing a variety of supports.

In particular, Section 9817 of the American Rescue Plan provides states with a one-year, 10 percentage point increase in their federal medical assistance percentage (FMAP)—the share of state Medicaid spending paid for by the federal government—for certain Medicaid HCBS expenditures. This percentage point increase will apply only to HCBS expenditures provided between July 1, 2024, and December 31, 2024

The State of New Mexico, Health Care Authority (HCA), requires all Community Benefit, EPSDT, and EBP Rehabilitation providers to attest that payments received for use of temporary economic relief were used in accordance with New Mexico’s ARPA Spending Plan. Recovery payments can be used for hiring and retention of direct service providers, increased wages, training and support, direct worker bonuses, hazard pay, employment incentives, personal protective equipment (PPE), infrastructure, technology improvements, costs related to the Public Health Emergency (PHE), liability insurance, and/or other activities that enhance current HCBS delivery. Per 2023 Senate Bill 147, ARPA payments issued to providers are exempt from NM GRT.

By signing below, the provider attests the additional funds provided were used in the manner as stipulated above.

Provider Identifying Information

Provider Name: _____

Street Address: _____

City/Zip: _____

Email: _____ Phone: (____) _____

Signature of Authorized Provider Representative:

Date: _____

Please submit completed form to:

Molina at MHNM.ProviderServices@MolinaHealthcare.com

EFT / ERA Enrollment Document

Supplemental Guide

Note: As Part of our ongoing commitment to simply and improve payment transactions for your business, Molina Healthcare is offering more choice in payment methods. Molina Healthcare has partnered with Change Healthcare to provide these electronic payment methods. Change Healthcare uses ECHO Health, Inc as their payment processor.

Several forms of security are used when processing EFT/ERA enrollments to protect providers from fraudulent enrollments and ensure funds are directed to the appropriate party. We may ask you to supply additional information after your initial submission as part of this process.

Instructions and Verification Section:

Here you will find basic instructions on completing the form, including acceptable submission methods.

Payer/Insurance Company Name:

Specify only one payer for completing this form. You may submit multiple forms, but each must have the payer listed.

ECHO® Draft Number:

To protect providers, we require that the submitter prove they can access previous payments issued to the provider. The draft number will be a 9 or 10-digit number assigned to a payment issued by ECHO Health, Inc. ECHO Draft Numbers, also known as EPC Draft Numbers, can be located on paper Explanations of Payments (EPPs), typically above the first claim on your EPP. If you receive paper check payments from any payer with ECHO Health, Inc., it is also the check number. If you receive EFT payments from any payer with ECHO Health, Inc., it is the EFT number.

Please Note: The ECHO Draft Number identifies the provider, not the payer. you can use an ECHO draft number issued within the last 180 days from any payer; the payment does not need to be related to the payer referenced above. If you do not have an ECHO Draft (check or EFT), please call ECHO Customer Support (888) 834-3511 for assistance.

ECHO Draft Amount:

The ECHO Draft amount is the entire payment amount, not a claim or payer check number total. The check amount on a paper check will be the draft amount. The EFT amount will be the draft amount for EFT payments.

Section 1 – Form Selection:

EFT/ERA:

Most providers will select this option, which will allow them to specify directions for both the ACH payment and the entity that will receive the 835 files.

EFT Only:

This option will allow providers to specify directions for ACH payments and default the provider to our Provider Portal, <https://www.ProviderPayments.com>, to retrieve 835 files and PDF copies of their EPP.

ERA Only:

This option will default the provider to the existing payment preference on file and direct 835 files to the entity of their choice.

Section 2 – Provider Information:

Provider Name:

Supply the legal name for the Tax ID you are enrolling. The Tax ID Number (TIN) should be consistent with the name listed on your IRS W-9 form.

Provider Demographics (Street, City, State, Zip):

Supply the information consistent with your W-9 form.

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Section 3 – Provider Identifiers Information:

Provider TIN or EIN:

This field is the primary identifier for directing payments, as it is a required field for all payers to supply when issuing payments through ECHO Health, Inc.

Provider NPI:

The NPI yes/no and NPI fields are optional, as not all payments supplied by payers provide an NPI. The NPI on the standard form will not be used to direct payments.

Please Note: If you would like to complete your enrollment and direct payments under a TIN based on specific NPIs within the TIN, contact our EDI team and indicate you would like to an NPI-based enrollment. You can contact our EDI team by calling 888.834.3511, or you can email the EDI team at EDI@echohealthinc.com.

Sections 4 & 4a – Provider Contact Information:

Provider Contact Name, Phone, Email:

In section 4, provide the contact person name, phone, and email we should reach out for issues with EFT; in section 4a, provide the contact person we should reach out to for issues with ERA. you can list the same person, but some offices handle ACH and ERA processes separately, and you may designate a separate contact for each.

Sections 5 & 5a – Provider Agent Information (Optional):

Provider Agent Name, Phone, Email:

Most providers do not complete sections 5 & 5a on enrollment forms. Complete this section if you designate a separate agent outside your practice to handle EFT/ERA questions and issues. In section 5, provide the contact person name, phone, and email address we should reach out to for problems with EFT; in section 5a, give the contact person we should reach out to for issues with ERA. The contact can be the same person, but some offices handle ACH and ERA processes separately, and you may designate a separate contact for each.

Section 6 – Financial Institution Information (Only required if you selected EFT or EFT/ERA):

Financial Institution Name:

Provide the name of the bank or financial institution you are setting up for ACH deposits.

Financial Institution Routing Number:

Provide the 9-digit routing number for the financial institution you set up for ACH payments. Make sure you supply the routing number specific to ACH payments. Some institutions have separate routing numbers for wire transfers; providing a wire transfer routing number will cause your enrollment to fail.

Type of Account at Financial Institution:

Provide the type of account you would like to set up for ACH payments. Typically, this will be a checking or savings account.

Account Number at Financial Institution:

Provide the account number for the account you would like to set up for ACH payments. When completing the field, you may supply leading zeros if your bank lists your account with leading zeros, but typically, they are not required for ACH payments.

Account Number Linkage:

Select the provider TIN radio button unless you have already contacted our ECHO Health, Inc. EDI team and you are completing an NPI-based enrollment.

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Section 7 – ERA Information:

Provider TIN/NPI:

Use the same information you used when completing section 3.

Method of Retrieval:

Provide the method you will use to access 835/ERA information. Enter "clearinghouse" if you use a third-party service that will post your 835/ERA data. Enter "portal" if you use ECHO Health, Inc.'s Provider Portal, <https://www.ProviderPayments.com>.

Section 8 – ERA Clearinghouse Information:

This section is required only if you entered "clearinghouse" in section 7 under the retrieval method.

Clearinghouse Name:

Provide the name of the company you use for clearinghouse services.

Clearinghouse Contact Name:

Provide a specific contact you work with or the designated payer contact at the clearinghouse. If you do not have a particular person, you can enter "customer service" or the department in charge of payer support.

Clearinghouse Telephone Number:

Provide the best contact phone number for the specific contact or department indicated in **Clearinghouse Contact Name**.

Clearinghouse Email Address:

Provide the best email address for the specific contact or department indicated in **Clearinghouse Contact Name**.

Section 9 – ERA Vendor Information (Optional) :

This field is not required, but some providers use a software vendor to process ERA data through a clearinghouse automatically, and some clearinghouses also offer posting services as an additional offering. You may provide their information in this section.

Vendor Name:

Provide the name of the company you use for vendor services.

Vendor Contact Name:

Provide a specific contact you work with or the designated payer contact at the vendor. If you do not have a particular person, you can enter "customer service" or the department in charge of payer support.

Vendor Telephone Number:

Provide the best phone number for the specific contact or department indicated in the **Vendor Contact Name**.

Vendor Email Address:

Provide the best email address for the specific contact or department indicated in the **Vendor Contact Name**.

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Section 10 – Submission Information:

Reason for Submission:

Choose the **New Enrollment** if this is the first time you submit enrollment for the paper identified at the beginning of the form. Choose **Change Enrollment** if you if you are updating an existing enrollment. Choose **Cancel Enrollment** if you submit the form to remove your enrollment already on file.

Printed Name of Person Submitting Enrollment:

Provide the name of the person submitting the enrollment form.

Submission Date:

This field captures the date the form is signed and submitted. It is not an enrollment start date. Providing a future date will invalidate your submission and require you to complete a new enrollment form.

Authorized Signature:

The submitter must check the box, indicating they are an authorized representative for the provider and agree to the terms and conditions governing the EFT/ERA processes under ECHO Health, Inc. Failure to check this box or refusal of the terms and conditions will result in a rejection of the enrollment form.

Signature of Person Submitting Enrollment:

Sign the form before submitting your enrollment. If you are completing the form online or using the fillable PDF, you may type your signature; you do not need to print the form.