



HEALTH CARE
AUTHORITY



NEW MEXICO MEDICAID CLIENT MEDICAL TRAVEL & IN STATE/
OUT OF STATE PRIOR AUTHORIZATIONS

JULY 9, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.



HEALTH CARE
AUTHORITY

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

WHAT IS CLIENT MEDICAL TRAVEL AND WHO IS ELIGIBLE

- Client Medical Travel (CMT) is assistance for members who qualify and need assistance to travel for medical care **in-state** or **out-of-state**. The assistance may include reimbursement for meals, lodging and mileage.
- Members on Fee For Service (FFS) with a full coverage Medicaid category, including Native American exempt Medicaid members, are eligible for this service.
- The process may be initiated from a member, medical attendant, head of household, authorized representative, social worker or provider.

MANAGED CARE ORGANIZATION (MCO) ENROLLMENT

- Members enrolled in a managed care organization should contact their MCO directly for assistance with CMT benefits
- New Mexico's current MCOs are Presbyterian Health Plan, Blue Cross Blue Shield, Molina Healthcare and United Healthcare Community Plan
 - Blue Cross Blue Shield: 866-689-1523
 - Molina Healthcare: 844-862-4543
 - Presbyterian: 888-977-2333 - Navajo Hotline: 888-806-8793
 - United Healthcare: 877-236-0826



IN-STATE TRANSPORTATION RESPONSIBILITIES

Member Responsibilities

FFS members should contact:

- Local transportation providers for routine and nonemergency appointments.
- ISD for reimbursement for travel in-state. Appointment verification must be provided.
- Medical Assistance Division main phone: 505-827-3100

*Note: Emergency check advances may be available for emergency situations

Provider Responsibilities

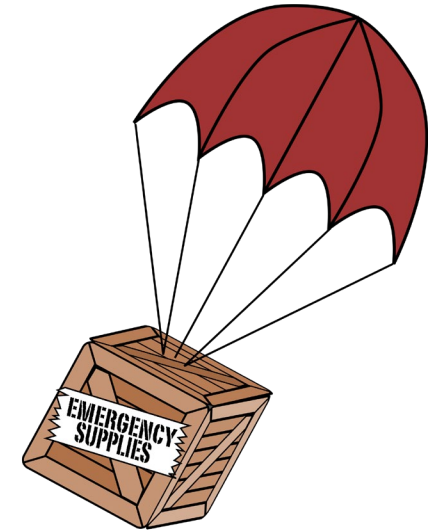
- Verify the member has full Medicaid coverage
- Referring Provider **MUST** obtain a PA as needed.
- Provide the member referral documentation for appointments(s) to receive Client Medical Transportation benefits.
- Discharge information may be needed for extended inpatient stays.

FEE FOR SERVICE TRANSPORTATION PROVIDERS FOR SAN JUAN & MCKINLEY COUNTY

Prov_Name	Prov Phone_Num	Client Cnty	Prov City	Prov State
AIDCARE TRANS LLC	4802250137	McKinley	GALLUP	NM
BEYOND TRANSPORT SERVICES	5752082525	McKinley	YATAHEY	NM
CARE EXPRESS TRANSPORT	5058639922	McKinley	REHOBOTH	NM
CHEIIS TRANSPORT LLC	5059791126	McKinley	FT WINGATE	NM
FAMILY FAITH MEDICAL TRANSPORT LLC	5058796971	McKinley	GALLUP	NM
FOUR CORNERS TRANSPORTATION	5052153019	San Juan	FARMINGTON	NM
I GROUPS MEDICAL TRANSPORT	5053869624	San Juan	FARMINGTON	NM
JARED FOUTZ	5054024067	San Juan	FARMINGTON	NM
LOU GOS	5053246568	San Juan	FARMINGTON	NM
OUR PEOPLES HOMECARE LLC	5052584368	San Juan	FARMINGTON	NM
PAINTED HILLS TRANSPORT LLC	5055983027	San Juan	WATERFLOW	NM
QUALITY HOME CARE	5057269054	McKinley	GALLUP	NM
SAFE & CARE TRANSPORTATION LLC	8008308788	McKinley	GALLUP	NM
SHI MA INC	5057228902	McKinley	GALLUP	NM
SOUTHWESTERN PRIVATE SERVICES INC	5053266024	San Juan	FARMINGTON	NM
SOUTHWESTERN PRIVATE SERVICES INC	5053266024	San Juan	FARMINGTON	NM
TURQUOISE MEDICAL TRANSPORTATION LLC	5054882284	McKinley	GALLUP	NM
ZHON HOME CARE CORPORATION	5057225324	McKinley	GALLUP	NM

EMERGENCY/ NON-EMERGENCY REIMBURSEMENT

- ISD Office can issue three types of Out-Of-State CMT checks to the Member:
 - **Reimbursement:** Member will receive a check in the mail. Must be requested within 30 days of the date of the appointment or discharge from the hospital. Reimbursement checks are usually received within 5-10 business days after submission from the ISD worker in ASPEN.
 - **Emergency advance:** Member will pick up a written check on the day of or a few days prior to travel.
- **Non-Emergency advance:** Member will receive a check in the mail a week or two before travel.
 - For San Juan County it is Heather Kennedy at heather.kennedy@hca.nm.gov
 - For McKinley County it is Lynda Armijo at lynda.armijo@hca.nm.gov



MEMBER REIMBURSEMENT FOR MEALS/ LODGING/MILEAGE

- **Meal** reimbursement - The number of meals allowed varies based on travel time and distance from the home community to the appointment location and the time and travel distance to return to the home community. FFS Medicaid pays \$6 a meal. The total amount cannot exceed \$18 per day or every 24 hours.
 - Example: If the member leaves before breakfast and returns home after dinner then the member would qualify for three meals
- **Lodging** depends on how many days the member will be away from their home community while they are receiving medical services.
 - The current rate is \$40 per night and if an attendant is required, the lodging is increased to \$45 per night
 - Lodging can be paid directly to an approved Medicaid vendor, or a reimbursement may be paid to the eligible Medicaid member (or authorized representative) through a CMT request, **but not both**.
 - Assistance for lodging and meals while out of state can be approved for up to 30 days by MAD. Re-evaluation of continued authorizations must be completed **prior** to expiration date and every 30 days, thereafter.
- **Mileage** is calculated to and from the Medicaid members home community to the medical facility. To qualify for mileage reimbursement the appointment must be 65 miles or greater one way. The current reimbursement rate is .28 cents a mile.

*Client Medical Travel is an assistance and is not intended to cover all travel expenses.

FEE FOR SERVICE OUT OF STATE TRANSPORTATION RESPONSIBILITIES

Member Responsibilities

- Contact the Medical Assistance Division (MAD) for any changes in appointment dates or times.
- Contact MAD if unable to travel or there is a change in medical attendant.
- Inform the ISD of any changes in mailing or physical addresses. This is critical as reimbursements are mailed. Mileage begins from the address where the member physically lives
- If a non-contracted lodging provider is not utilized, the member or parent/guardian is responsible for lodging fees above the approved amounts of \$40/\$45 (if an attendant is present) per night.
- Members with ongoing out of state medical appointments need to inform MAD staff of future appointments as soon as they are scheduled.
- Members must have a government issued identification card or driver's license for flights, bus tickets, and to pick up emergency checks.
- FFS members may contact MAD if their provider has not contacted them.

*Note: Emergency check advances may be available for emergency situations

Provider Responsibilities

- Verify the member has full Medicaid coverage.
- Verify that service cannot be provided in New Mexico.
- Referring Provider **MUST** obtain a prior authorization (PA) for all out of state services.
 - For **emergency out of state placement** it is strongly recommended to submit a PA within three (3) calendar days for the member to access CMT benefits which includes the return trip to New Mexico.
- Provide the MAD staff with documents or information related to but not limited to PA number, dates of appointments, diagnosis, services, procedures, lodging, meals, discharge plans and any supporting documentation necessary for benefits approval.
- For out of state non-emergency air and ground ambulance transportation the referring provider must contact MAD to begin the process.
- Provide MAD staff with a minimum three (3) day notice of discharge for members with an extended inpatient stay to ensure travel accommodations or lodging.

Cities within 100 miles of the New Mexico Border are considered in-state providers such as Durango, Colorado and Lubbock, Texas.

OUT-OF-STATE REQUIRED DOCUMENTATION

- **Documentation must be received at least 30 days before travel.** Requests for out of state travel received less than 30 days require a **justification** explaining the circumstances and reasons for delay in submitting the documentation and will be reviewed on a case-by-case basis

Required Documentation:

- **Prior Authorization:** A prior approval for services must be obtained from the MAD Third Party Assessor (TPA) which is currently **Comagine Health** for all out-of-state requests for FFS members.
- **Verification of out-of-state service dates:** This needs to come from the out of state hospital, facility or doctor's office where the client will be receiving services.
- If a long-term stay, or hospitalization is required, MAD must receive documentation from the out of state provider justifying the stay.
- Out of state hospitals, providers and facilities must be New Mexico Medicaid Providers.
- All verifications must be on provider letterhead showing the facility name, address, and phone number.

*This does not apply to urgent or emergency medical situations.

COMAGINE HEALTH (TPA)

SUBMITTING PRIOR AUTHORIZATION REQUESTS

SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH (TPA - THIRD PARTY ASSESSOR)

- **Review Criteria Used**

- New Mexico Administrative Code (NMAC)
 - The TPA will use NMAC 8.302.4, Out of State and Border Area Providers
 - <https://www.hsd.state.nm.us/wp-content/uploads/8.302.4.pdf>
- InterQual criteria


SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH

- **Comagine Health**, Third Party Assessor (TPA) is responsible for reviewing requests for prior authorization for covered benefits under the New Mexico Medicaid program for eligible members who are **not** enrolled in a Managed Care Organization (MCO).
- Requests for out-of-state services are for medical and transplant services that **cannot** be provided within the State of New Mexico. Reviews for Out-of-State Services usually include:
 - A review for the on-site recipient's evaluation as conducted by an out-of-state provider
 - Documentation related to the service
 - Follow-up evaluations conducted by out-of-state providers
- Requests are submitted through the Comagine Health Provider Portal (CHPP) by the provider or the **Fax line 1-888-562-2755**



SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH

- Required Documents for Authorization Requests:
 - New Mexico Uniform Prior Authorization Form
 - Name of Physician performing service
 - Procedure Codes and number of units for each code requested
 - NM Medicaid Provider ID Number for both the requesting and treating provider/facility
 - Exact description of the procedure or admission
 - Clinical evaluation request from the provider
 - Clinical information to substantiate the procedures to be performed
- [New Mexico Medicaid Checklist: Out-of-State Services \(comagine.org\)](https://www.comagine.org)



Comagine Health
Formerly Qualis Health and Healthinsight

New Mexico Medicaid

Checklist: Out of State Service Request*

*Per New Mexico Administrative Code, Out of State and Border Area Providers, 8.302.4

Revised April 2020

Requesting Provider/Facility must submit the following:

- New Mexico Uniform Prior Authorization Form
PLEASE NOTE: The form must be completed in its entirety
- Name of Physician performing service
- Procedure Codes and number of units for each code requested.
PLEASE NOTE: If procedure codes/units are not provided, the request cannot be reviewed.
- NM Medicaid Provider ID Number for both requesting and treating provider/facility.
PLEASE NOTE: This is mandatory for all reviews (not NPI).
- Exact description of the procedure or admission
- Clinical evaluation request from the provider
- Clinical Information to substantiate the procedures to be performed

Please submit through Comagine Health Provider Portal or by fax to 1-888-562-2755

If there are any questions on what procedures require a Prior Authorization, please call Comagine Health Customer Service at 1-866-962-2180.

SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH

New Mexico Uniform Prior Authorization Form

- The NM Uniform Prior Authorization form is used for FFS out of state requests
- The form is found on the New Mexico Medicaid Portal
- [PriorAuthForm.pdf \(conduent.com\)](http://PriorAuthForm.pdf (conduent.com))

New Mexico Uniform Prior Authorization Form		
To file electronically, send to: [INSERT WEB ADDRESS HERE]		To file via facsimile, send to: [INSERT FAX NUMBER HERE]
To contact the coverage review team for [INSERT PLAN NAME], please call [INSERT PHONE NUMBER] between the hours of [INSERT HOURS]. For after-hours review, please contact [INSERT PHONE NUMBER].		
[1] Priority and Frequency		
a. Standard <input type="checkbox"/> Services scheduled for this date:	b. Urgent/Expedited <input type="checkbox"/> Provider certifies that applying the standard review timeline may seriously jeopardize the life or health of the enrollee.	
c. Frequency Initial <input type="checkbox"/> Extension <input type="checkbox"/> Previous Authorization #:		
[2] Enrollee Information		
a. Enrollee name:	b. Enrollee date of birth:	c. Subscriber/Member ID #:
d. Enrollee street address:		
e. City:	f. State:	g. Zip code:
[3] Provider Information: Ordering Provider <input type="checkbox"/> Rendering Provider <input type="checkbox"/> Both <input type="checkbox"/> <i>Please note:</i> processing delays may occur if rendering provider does not have appropriate documentation of medical necessity. Ordering provider may need to initiate prior authorization.		
a. Provider name:	b. Provider type/specialty:	c. Administrative contact:
d. NPI #:	e. DEA # if applicable:	
f. Clinic/facility name:	g. Clinic/pharmacy/facility street address:	
h. City, State, Zip code	i. Phone number and ext.:	j. Facsimile/Email:
[4] Requested medical or behavioral health course of treatment/procedure/device information (skip to Section 8 if drug requested)		
a. Service description:		
b. Setting/CMS POS Code Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other* <input type="checkbox"/>		
c. *Please specify if other:		
[5] HCPCS/CPT/CDT/ICD-10 CODES		
a. Latest ICD-10 Code	b. HCPCS/CPT/CDT Code	c. Medical Reason
[6] Frequency/Quantity/Repetition Request		
a. Does this service involve multiple treatments? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," skip to Section 7.		
b. Type of service:	c. Name of therapy/agency:	
d. Units/Volume/Visits requested:	e. Frequency/length of time needed:	
[8] Prescription Drug		
a. Diagnosis name and code:		
b. Patient Height (if required):		
c. Patient Weight (if required):		
d. Route of administration Oral/SL <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> IV <input type="checkbox"/> Other* <input type="checkbox"/>		
*Explain if "Other:"		
e. Administered: Doctor's office <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Home Health/Hospice <input type="checkbox"/> By patient <input type="checkbox"/>		

SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH

(1) Priority and Frequency:

- a. Standard review
 - The service scheduled date will need to be indicated in this section
- b. Urgent/Expedited review
 - Provider will certify that applying the standard review timeline may seriously jeopardize the life or health of the enrollee
- c. Frequency
 - Initial or Extension
 - If the request is an extension the previous authorization, the existing prior authorization number must be provided

New Mexico Uniform Prior Authorization Form		
To file electronically, send to: [INSERT WEB ADDRESS HERE]		To file via facsimile, send to: [INSERT FAX NUMBER HERE]
To contact the coverage review team for [INSERT PLAN NAME], please call [INSERT PHONE NUMBER] between the hours of [INSERT HOURS]. For after-hours review, please contact [INSERT PHONE NUMBER].		
[1] Priority and Frequency		
a. Standard <input type="checkbox"/> Services scheduled for this date:		b. Urgent/Expedited <input type="checkbox"/> Provider certifies that applying the standard review timeline may seriously jeopardize the life or health of the enrollee.
c. Frequency Initial <input type="checkbox"/> Extension <input type="checkbox"/> Previous Authorization #:		
[2] Enrollee Information		
a. Enrollee name:	b. Enrollee date of birth:	c. Subscriber/Member ID #:
d. Enrollee street address:		
e. City:	f. State:	g. Zip code:

SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH

- If the TPA is unable to continue with their review, they will ask for additional information and/or clarification or corrections - This process is referred to as a Request For Information (RFI)
- Providers have seven (7) calendar days to respond to the open RFI. All RFI's must be responded to timely, in order to avoid a technical denial

*Services are not approved if the request has an open RFI

FRIENDLY REMINDERS

- The PA is subject to the patient's eligibility for New Mexico Medicaid services at the time the service is rendered. The provider shall verify the patient's eligibility before rendering service. The patient's eligibility may terminate without notification to the provider.
- PA must be obtained by Comagine prior to scheduling
- **PA must be submitted to Comagine within 72 hours of the individual's emergency**

SUBMITTING AUTHORIZATION REQUESTS TO COMAGINE HEALTH

Once the TPA issues an approval, Client Medical Transportation can be arranged.



POINTS OF CONTACTS

- Jacinta Narvaiz, Staff Manager, Eligibility Bureau –Out of State Transportation, Non-emergency
 - Phone: (505) 709-5408 Email: Jacinta.Narvaiz@hca.nm.gov
 - Fax: (505) 827-7200

- Lori Peña, Deputy Bureau Chief, Eligibility Bureau – Out of State Transportation, Non-Emergency
 - Phone: (505) 490-3907 Email: lori.pena@hca.nm.gov
 - Fax: (505) 827-7200

- Patricia Lopez, Benefits and Reimbursement Bureau – Instate Transportation and Emergency Transportation (instate & out of state)
 - Phone: 505-469-6211 Email: patriciav.lopez@hca.nm.gov

- Chrissy Kupferschmidt, Benefits and Reimbursement - Instate Transportation and Emergency Transportation (instate & out of state)
 - Phone: (505)795-3951 Email: christina.kupfersch@hca.nm.gov

- **Medical Assistance Division** main phone: 505-827-3100

- **Comagine Health Contact Information**
 - <https://comagine.org/program/new-mexico-medicaid>
 - 1-866-962-2180
 - Urgent Fee-For-Service Prior Authorization Fax: 888-562-2755

QUESTIONS

