



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

Letter of Direction #61-4

Date: September 3, 2026

To: Turquoise Care Managed Care Organizations

From: Alanna Dancis, Acting Director, Medical Assistance Division 

Subject: Calendar Year (CY) 2026 New Mexico Ambulance Supplemental Payment Program (NM ASPP) Directed Payment
Repeal and Replace Turquoise Care LOD# 61-3

Title: CY 2026 New Mexico Ambulance Supplemental Payment Program Directed Payment

This Letter of Direction (LOD) is intended to repeal and replace LOD# 61-3 issued by the Health Care Authority/Medical Assistance Division (HCA/MAD) on June 25, 2026. The following Updates are included in this revised LOD:

- Adding Reporting of NM ASPP Claims January 1, 2026-December 31, 2026 section
- Updating ASPP EGAS Provider list for City of Moriarty Fire Department

The NM ASPP is a state directed payment that promotes the delivery of high-quality Emergency Medical Services (EMS) to Medicaid patients. HCA/MAD has received approval from the Center for Medicare & Medicaid Services (CMS) for the NM ASPP effective January 1, 2026 - December 31, 2026. HCA/MAD intends to distribute the approved funding to Turquoise Care MCOs as described in this letter of direction.

New Mexico Ambulance Supplemental Payment Program Background

Since 2022, HCA/MAD has been working with Public Consulting Group (PCG) on the development and implementation of the NM ASPP. PCG is HCA/MAD's partnering consultant assisting all Emergency Ground Ambulance Services providers with their participation in the NM ASPP. Currently, the NM ASPP includes government owned Emergency Ground Ambulance Service providers only. The MCOs are not incurring fees associated with HCA/MAD's partnering consultant.

NM ASPP EGAS Providers

The provider class for this directed payment is defined as Government Owned Emergency Transport providers who are enrolled in Medicaid, provide and bill for EMS transports to Medicaid beneficiaries, and submit the required cost report annually. The EGAS providers that qualify for this directed payment are included in *ATTACHMENT A: CY26 ASPP EGAS PROVIDERS*.

Payment to the MCO

The NM ASPP Directed Payment is structured as a uniform dollar increase for ground ambulance services for the three (3) approved procedure codes below per EMS service/trip:

- A0427
- A0429
- A0433

MCOs do not need to update fee schedules with a uniform percentage increase as this is a separate payment term directed payment. To support the NM ASPP, funding will be provided to the MCOs based on actual utilization (number of paid claims) for services rendered quarterly during January 1, 2026 - December 31, 2026. The MCOs will distribute the separate payment term amount to contracted and non-contracted NM ASPP providers as directed by HCA/MAD.

NM ASPP EGAS Approved Ground Ambulance Procedure Codes

Procedure Codes	Description	Modifiers
A0427	Ambulance Service, ALS, ER transport, Level 1	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, N, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SH, SI, SJ, SN, SP, SR, SX
A0429	Ambulance Service, BLS, ER Transport	U2 – 2 Patients U3 – 3 or More Patients
A0433	Ambulance Service, ALS, ER transport, Level 2	

Calendar Year 2026 ASPP Payment Dates:

Calendar Year 2026	ASPP Payment to Providers:
Q1 January 1-March 31, 2026	*June 30, 2026

Q2 April 1-June 30, 2026	*September 30, 2026
Q3 July 1-September 30, 2026	*December 31, 2026
Q4 October 1-December 31, 2026	*March 31, 2027

**Payment dates may change and may be paid retroactively based on timely completion of ASPP EGAS Provider Eligibility Requirements.*

Reporting of NM ASPP Claims January 1, 2026-December 31, 2026

The MCOs do not have to reprocess claims for services rendered from January 1, 2026-December 31, 2026. However, the MCOs are required to submit utilization and paid amounts for dates of service from January 1, 2026-December 31, 2026, by month of service, provider type, and rate cohort and as prescribed below. **MCOs must submit the data no later than 15 days after each CY26 Quarters end.** Then after HCA/MAD provides payment exhibits to the MCOs based on this LOD, the MCOs will provide weekly updates, via email, to HCA/MAD on the status of provider payments every Friday by 5 pm until the providers are paid and HCA/MAD requests to cease the status update. **The MCOs must submit the electronic version of paid claim files to HCA's secure DMZ FTP site using the following filename structure:**

[MCO acronym].[LOD reference].[submission reference].[calendar year reporting cycle].[version number]

Acceptable File Formats:

- Delimited text file (*.txt or *.csv)

Requirements:

- Table 1 illustrates the data required and information about how the field should be formatted and Table 3 provides an example of the data output.
- Data should be limited to eligible NM ASPP providers. The National Provider Identification (NPI) numbers for Billing Provider NPI that identify NM ASPP providers are provided in Table 2.
- The report should be based on incurred **and** adjudicated paid claims.
- Denied or voided claims should be excluded.
- The claim type should represent emergency ground transport claims.
- Rate cohort assignment **must** be based on the cohort assignment for the member as of the incurred date of the claim.

Table 1 - Data File Fields

Field Name	Field Information	Format
Month of Service	The date of service must be formatted as 4-digit year and 2-digit month. "YYYYMM"	Text
Billing Provider NPI	1689033250	Text

Field Name	Field Information	Format
	1710987680 1538829585 1831263391 1487188785 1063579506 1316940026 1790763522 1053994194 1306284682 1871691030 1700610714	
NM ASPP Procedure Codes and Modifiers as applicable	A0427, A0429, A0433	Text
Rate Cohort	This should be the rate cohort assigned by HCA/MAD to the member for the month the service was incurred. If a member cohort is changed retroactively by HCA/MAD the report should reflect the cohort assigned as of the date of the report. Acceptable values align with Financial Reporting Package Rate Cohorts: 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 300A, 300B, 300C, 301, 302A, 302B, 302C, 303, 304, 310, 312, 322, 110, 111, 112, 114, 115, 116, 117, 118, 119, 120, 121, 122 (<i>113 does not exist</i>)	Text
Paid Claims	Number of paid claims	Number
Paid Amount	Amount paid by the MCO	Number

Table 2 NM ASPP Billing Provider NPIs

Albuquerque Fire Department	1689033250
Artesia Ambulance Services	1710987680
Bernalillo County Fire and Rescue	1538829585
City of Clovis Ambulance Service	1790763522
City of Moriarty Fire Department	1306284682
City of Santa Fe Ambulance	1831263391
Gallup Fire Department	1053994194
Las Cruces Fire Department	1487188785
Sandoval County Fire Department	1063579506
Santa Fe County Fire Department	1316940026

Socorro Fire Department Ambulance	1871691030
Town of Grants Fire Rescue	1700610714

Table 3 - Data File Example

Month of Service	Billing Provider NPI	Procedure Code	Rate Cohort	Paid Claims	Paid Amount
202607	1689033250	A0427	002	5	\$2875.80
202608	1689033250	A0429	003	4	\$1937.44
202609	1689033250	A0433	009	3	\$2497.50

NM ASPP Directed Payment Operational and Reporting Requirements

This section provides information about operational and reporting requirements associated with the directed payment.

- The directed payments are classified as revenue attributed to medical expenses and therefore classified as “premium.” The quarterly payments will include gross-up amounts to reflect to account for premium and surtax taxes.
 - HCA/MAD will provide each MCO with the amount of the directed payment and break out the gross-up amounts for each rate cohort.
- The directed payment will be included in the MCO’s Medical Loss Ratio calculations outlined in the MEDICAID MANAGED CARE SERVICES AGREEMENT
 - HCA/MAD directs each MCO to report the revenue received for the directed payment in the quarterly and annual Financial Reporting package as “other revenue.” The amounts recorded in the financial reporting package must match the total payment made by HCA/MAD to the MCO by rate cohort.
 - HCA/MAD directs each MCO to report the amount paid by the MCO to ASPP EGAS providers for the directed payment in the quarterly and annual Financial Reporting package as “other services.” The amounts recorded in the financial reporting package must match the total payment made by HCA/MAD to the MCO by rate cohort.
 - HCA/MAD directs the MCOs to support eligible NM ASPP providers by providing support to Medicaid beneficiaries to improve quality of care outcomes.
- Amounts paid by the MCO to NM ASPP EGAS providers for the directed payment should also be reported in FIN-Report #5 for “Other Services” in the Shared Risk/Incentive Arrangements (All programs – Line 42). This will ensure that the FIN-Report Check Totals tab does not identify submission errors.
- The NM ASPP Shared Risk Arrangement (SRA), including Separate Payment Term Directed Payments should be reported in the “NM ASPP Directed Payment” column on the SRA Expense Detail worksheet in FIN Report #23.
- The NM ASPP separate payment term directed payment revenues can be reported in the Directed Payment Revenue worksheet, NM ASPP Directed Payment column in FIN Report #23.

- Reconciliations performed as part of the Turquoise Care MCO contract (Retroactive Period and Patient Liability) will not include the directed payment revenue or expense.
- The directed payment amount paid by the MCO to NM ASPP EGAS providers should not be included in encounter data submissions.

This LOD will sunset when direction is provided in one or more of the following: Turquoise Care Managed Care Services Agreement, Managed Care Policy Manual, NMAC, Systems Manual, or Behavioral Health Services Division (BHSD) Billing and Systems Manual. The LOD may also sunset upon HCA/MAD notification or completion of the Turquoise Care Program.

If you have additional questions related to this Letter of Direction please email Rayna L. Fagus, Medicaid Finance Director at rayna.fagus@hca.nm.gov and Wenona Padgett, Financial Analyst at wenona.padgett@hca.nm.gov.

LOD 61-4
Attachment A
CY26 ASPP EGAS Providers
Active Medicaid Providers

CY26 ASPP EGAS Providers	NPI
City of Albuquerque Fire Rescue Dept	1689033250
Artesia Ambulance Services	1710987680
Bernalillo County Fire and Rescue	1538829585
City of Clovis Ambulance Services	1790763522
Gallup Fire Department	1053994194
Las Cruces Fire Department	1487188785
City of Moriarty Fire Department	1306284682
Sandoval County Fire Department	1063579506
City of Santa Fe Fire Department	1831263391
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