

New Mexico Gold Card Program

Overview

Beginning Jan. 1, 2024, providers of certain behavioral health services in New Mexico are exempt from prior authorization requirements. These New Mexico Gold Card waivers comply with all state requirements, are TIN-specific and apply to the following:

- Eligible fully insured commercial plan members
- Accounts that are in plan and in-network for identified services

Program eligibility and requirements



The Gold Card prior authorization waiver has been granted according to the New Mexico statutes, codes and regulations §13.10.31.12.

Practices qualify based on the following criteria:

- Network participation in a fully ensured Commercial plan. New Mexico Gold Card waivers do not apply to members covered by a Medicare Advantage or Medicaid plan.
- Provider has submitted a minimum of at least 4 eligible prior authorizations with a 90% authorization approval rate or more, during the 12-month evaluation period that ran from Jan. 1, 2024 – Dec. 31, 2024.
- Optum Behavioral Health will continue to review program eligibility. Any changes to the eligibility criteria will be communicated in advance.



State requirements

The New Mexico Gold Card state mandates and requirements supersede the [UnitedHealthcare National Gold Card Program](#). That means:

- State criteria is applied criteria first.
- The UnitedHealthcare National Gold Card program will then apply for qualifying providers and codes where it does not conflict with state requirements.

How providers will be notified



- **Gold Card qualified:** Optum automatically notifies qualifying providers of prior authorization exemptions. A notice will be sent electronically after the corresponding evaluation period. It will indicate the services that are exempt from prior authorization.
- **Exemption rescinded:** In the event a Gold Card exemption(s) is rescinded, we will notify you through email and explain the reason the exemption was rescinded.

What providers need to do



Confirming eligibility

We send qualifying providers a list of their Gold Card service exemptions via email.

If you have questions regarding your eligibility, please mail Optum Behavioral Health at bh_gold_card@optum.com.



If you received a prior authorization exemption(s)

Beginning Jan. 1, 2026, providers who qualify for a New Mexico Gold Card waiver will **not** need to submit prior authorization requests for the exempt TIN and select procedure and revenue codes.

Exemption effective date

The prior authorization exemption begins January 1, 2026, and applies only to new dates of service on or after this date. Services that began before January 1, 2026, must continue to follow the existing authorization requirements.

Submitting claims when you have an exemption(s)

The claim submission process won't change for providers who receive a Gold Card waiver.

Be sure to include your TIN when submitting claims. Not including the TIN may result in claims being denied due to lack of prior authorization.



If you did not receive a prior authorization exemption(s)

If you did not qualify for a waiver, you must continue to submit prior authorization requests for all services that require approval before services are rendered. You can review prior authorization requirements via the:

- [Prior authorization webpage](#) on Providerexpress.com > Admin Resources > Prior Authorization and Notification Information > Commercial Plans

How to appeal your Gold Card status



Appeal

If you don't receive prior authorization exemption, you may submit an appeal for each service one time per calendar year. The request should include reasons why you believe you should receive a prior authorization exemption and be emailed to bh_gold_card@optum.com.

- Your Gold Card status may change as a result of an appeal. Any change of status, as well as the effective date, will be communicated through email.

Eligibility review timing



Optum Behavioral Health will review Gold Card eligibility and qualifications every 12 months. Any changes to the timing of Gold Card qualification reviews will be communicated in advance.

Important information for facility-based care



- To better collaborate on discharge planning, admission notification is strongly encouraged, but not required.
- Inpatient and Residential services exempt from prior authorization will be subject to Concurrent Review.
- If the member remains in care beyond the initial authorization exemption period, Concurrent Review will be required beginning the first non-covered day.
- The Initial Authorization Exemption periods for each impacted level of care are as follows:
 - Inpatient — 5 days from date of admission
 - Residential — 10 days from date of admission
 - Intensive Outpatient and other Outpatient levels of care exempt from prior authorization will not be subject to Concurrent Review.
- When you contact us for Concurrent Review, we may notify you that Concurrent Review is waived for the remainder of the member's care until discharge or transfer from the waived service.

We ask that you notify us when the member is transferred or discharged..

Questions? We're here to help.



Email Optum Behavioral Health at bh_gold_card@optum.com.