
Beneficiary Advisory Council (BAC) Quarterly Meeting Minutes

Date: Wednesday, July 22, 2026, 6:00 pm – 8:00 pm

BAC members in attendance– Amy Corbin, BAC Member_2, Donna Naclerio, Siri Gurunam Khalsa, BAC Member_1

HCA State staff – Heidi Capriotti, Alanna Dancis, Zachary Larry, Amy Alexander, Karen Huladek and La Don Woodson

BAC members not in attendance: Samantha Barncastle, Judy Boucher, Matt Shepherd, BAC Member_3, BAC Member_4, Sabrina Gill, BAC Member_5

Meeting Overview

The Beneficiary Advisory Council (BAC) convened for its quarterly meeting to receive updates from HCA leadership, discuss implementation planning related to federal Medicaid changes under HR 1, and provide beneficiary feedback on Medicaid services and member experience.

Although a quorum was not present, members agreed to proceed with informational presentations and discussion. The meeting focused heavily on member communications, access to care, customer service, and workforce support that may assist Medicaid members impacted by upcoming federal policy changes.

Call to Order

Vice Chair **Amy Corbin** called the meeting to order

Due to several member absences, a quorum was not established. Members agreed to continue with presentations and discussion, understanding that no formal Council votes would be taken.

Welcome & Opening Remarks

Staff welcomed attendees and recognized the beginning of the Council's **second year**.

Opening remarks included:

- Land Acknowledgement
- Review of HCA Mission, Vision, and Goals
- Meeting norms
- Shared Commitments established during previous meetings

SHARED COMMITMENTS

What do you need from every person in this group in order to feel safe, supported, open, productive and trusting?

heard
free to voice
refrain
respect
no judgment
respected
not judging
support
supportive



Leadership thanked members for their continued commitment to improving New Mexico's Medicaid program through lived experience and ongoing participation.

Roll Call was performed

Approval of Agenda

The agenda was reviewed and accepted by consensus.

Approval of Previous Meeting Minutes

Members reviewed the April 2026 meeting minutes.

Member Feedback

BAC Member requested several revisions before final publication:

- Clarify terminology used to describe provider and patient "abrasion" by replacing it with more descriptive language regarding barriers or challenges.
- Correct spelling of Director Alanna Dancis and La Don's name.
- Members complimented staff on the overall quality and thoroughness of the meeting minutes.

HCA staff agreed to make the requested revisions.

Medicaid Director Update

Alanna Dancis, Acting Medicaid Director

- Director Dancis shared strategic priorities guiding Medicaid through the remainder of 2026.

Strategic Priorities

Leadership is currently focused on three primary objectives:

1. HR 1 Implementation

Prepare New Mexico for federal Medicaid changes while minimizing disruption to beneficiaries.

Priorities include:

- Work Requirement implementation
- Six-month eligibility renewals
- Maintaining coverage whenever possible
- Hiring additional staff to support implementation

2. Program Integrity

Strengthen fraud prevention and program oversight while protecting federal funding and ensuring long-term sustainability of Medicaid services.

3. Completion of Administration Priorities

Continue implementation of remaining Medicaid initiatives before the end of the current gubernatorial administration.

Leadership reported substantial progress toward completion of agency priorities.

Medicaid Program Updates

Recent accomplishments included:

- Launch of multiple Section 1115 Demonstration programs:
 - Food supports
 - Housing supports
 - Traditional healing services
 - Justice-involved reentry services
- Implementation of the statewide Preferred Drug List
- Transition of the Comprehensive Addiction Recovery Act (CARA) program from CYFD to Medicaid

Leadership noted these initiatives represent significant milestones in expanding Medicaid services beyond traditional healthcare.

10 Things to Know About Medicaid in New Mexico

10 THINGS TO KNOW ABOUT MEDICAID IN NEW MEXICO

 1 As of April 2026, NM Medicaid covers 808,617 individuals, approx. 38% of the state's population.	 6 Per capita spending per member is lower in NM (\$8,869) than the national average (\$9,090).
 2 NM Medicaid covers 4 in 7 children in the state, and 70% of the newly-born (under 1 yr). They stay covered continuously from birth until their 6 th birthday.	 7 NM Medicaid is a federal and state partnership, with approx. 70% federal financial participation and 30% state share
 3 7 in 10 nursing home residents are enrolled in NM Medicaid. Medicaid is also the primary coverage source for individuals with disabilities in New Mexico.	 8 For every \$1 in State general fund spent on Medicaid, NM gets \$3.75 from the federal government.
 4 Approx. 5% of members are “dually eligible” – enrolled in both Medicare and NM Medicaid. Medicaid also pays co-pays and premiums for low-income Medicare beneficiaries.	 9 Approx. 82% of members are enrolled with contracted health plan, but Native Americans have the choice to join a health plan or see any Medicaid provider.
 5 NM Medicaid programs are improving health outcomes and quality of care. For example, in 2024, the number of child Well Child Visits in first 30 months of life was higher than the national average.	 10 Federal Medicaid rules are changing. Fewer lawfully present non-citizens will be covered after Oct. 1, 2026, and work or activity rules begin for adults ages 19-64 on Jan. 1, 2027. Learn more at www.hca.nm.gov/medicaidchanges/


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Including:

- Medicaid covers approximately **38% of New Mexico residents**
- Approximately **57% of New Mexico children**
- Majority of nursing home residents receive Medicaid support
- Continued assistance for Medicare beneficiaries through dual eligibility programs

Leadership emphasized that HR 1 implementation remains the agency's highest operational priority through January 2027.

Beneficiary Discussion

Dual Eligibility Challenges

Members discussed difficulties navigating Medicare and Medicaid coverage for family members with disabilities.

Concerns included:

- Lack of accessible information
- Difficulty understanding available plan options
- Limited guidance regarding coordination between Medicare and Medicaid

HCA Response

HCA committed to connecting members with Eligibility leadership for individualized assistance.

Medicaid Call Center Experience

Members shared concerns regarding customer service.

- Difficulty navigating automated phone systems
- Long wait times
- Program-specific knowledge
- Escalated cases without timely follow-up
- Audio quality issues during calls

Members acknowledged recent improvement in isolated cases but noted inconsistency remains a concern.

HCA Response

Staff reported:

- Expanded staff training
- Greater coordination between Communications and Eligibility teams
- Enhanced preparation for HR 1 implementation
- Continued monitoring of customer service performance

Members were encouraged to submit unresolved issues through HCA's Constituent Concerns Email: MADInfo.HCA@HCA.nm.gov

Provider Access Concerns

BAC member reported concerns regarding a dental provider closing without notifying patients.

Discussion focused on:

- Patient notification
- Continuity of care
- Provider accountability

HCA Response

Staff encouraged members to report provider closures through the Constituent Concerns process so HCA can coordinate with Managed Care Organizations and assess network impacts.

HR 1 Communications & Member Outreach

Heidi Capriotti, Deputy Director of Communications

A comprehensive overview was provided regarding HCA's statewide communication strategy for federal Medicaid changes. <https://www.hca.nm.gov/medicaidchanges/>

Topics included:

- Member notices
- Plain-language educational materials
- Population-specific flyers
- YouTube educational videos
- Trusted Messenger campaign
- CMS outreach campaign
- Virtual community meetings
- In-person outreach events
- Provider education
- Medicaid Changes webpage

Heidi emphasized that outreach materials continue to evolve based on beneficiary feedback.

BAC Feedback Incorporated

Heidi highlighted several examples demonstrating how BAC recommendations have directly influenced agency communications.

Examples included:

- Simplified language
- Clearer explanations of eligibility changes
- Additional educational resources
- Improved website navigation
- Better explanations of technical terminology

Members expressed appreciation for seeing their recommendations reflected in agency communications.

BAC MEMBER QUESTIONS & HCA RESPONSES

Question	Response	Lead	Status
Behavioral Health Prior Authorization: How will the changes to prior authorization affect individuals receiving behavioral health treatment?	SB20 reduces barriers by eliminating step therapy and extending authorization periods for qualifying individuals. The New Mexico Medicaid Managed Care Contracts have required an open behavioral health formularies for behavioral health. This legislation moves it from contract to statute. There are slightly different definitions but largely unchanged for most members	Keenan Ryan	Answered
Work Reporting Requirement: How will the 80-hour monthly requirement in educational and seasonal employment be counted?	Yes, the requirement is adjusted for seasonal work. "Seasonal Work (Like farm work or holiday retail): Having an average of \$580+ a month in income over the prior 6 months. We average your income from the last 12 months to <u>come up with</u> a monthly amount that is applied to the prior 6 months. Send your total income papers for the past year."	Heidi Capriotti	Answered
Member Communications: Can notices be written in plain language and clearly explain requirements, exemptions and next steps? How will exemptions (e.g., medical frailty and other qualifying circumstances) be determined and communicated?	See finalized Non-Citizen and Other Adult Group notices sent in email. Draft HUMAD notice: "An individual who is medically frail (this means you have a severe physical, mental, or substance use illness that makes it difficult to work or do daily tasks).		Answered
Non-Citizen Coverage: How many states are using state funding to continue health coverage for non-citizens who lose federal Medicaid eligibility?	NM <u>is not able to</u> determine other state-funded options.		Answered
Disability Coverage: How many state are supplementing the loss of federal support for individuals with disabilities, in addition to non-citizens?	NM <u>is not able to</u> determine other state-funded options.		Answered
Can HCA provide additional clarification regarding malpractice coverage and provider accountability when physicians practice across state lines through the Interstate Medical Licensure Compact?	BAC's licensure and oversight questions were addressed in the previous meeting. Legislative analyses confirm New Mexico retains regulatory authority. Master FIR (1988) , SB0001 305.pdf		Answered

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FEEDBACK ON MEDICAID CHANGES "KEEP YOUR BENEFITS NM!" LANGUAGE

Feedback Received	HCA Response	Feedback Received	HCA Response
1.Requested plain language and clearer wording throughout the notification	Incorporated	5.Asked whether terms such as Compact of Free-Associated States (COFA) , Humanitarian Parolee , and similar eligibility categories should include definitions or hyperlinks.	Sharing the feedback with HCA eligibility team, perhaps we add descriptions to our H1 web page https://www.hca.nm.gov/medicaidchange/s/
2.Suggested replacing "other non-citizens" with clearer descriptions of who qualifies for continued coverage	Incorporated	7..Recommended lowering the reading level to align with the HCA Medicaid Policy Manual (approximately 6th-grade reading level)	The notice would undergo an external readability review, followed by review from the Center for Law and Poverty before final distribution.
3.Recommended emphasizing that members do not need to take action to keep coverage if they qualify.	Incorporated	8..Requested advance distribution of the final notice, FAQs, and talking points so frontline staff could prepare for member questions.	Sharing the final notice with MAC/BAC prior to distribution. Target date is first week of August 1 (pending external reviews), public-facing materials expected beginning mid-June as federal guidance was finalized.
4.Recommended clearer explanation of reporting household changes and what happens if coverage changes.	Incorporated		



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Department of Workforce Solutions Presentation

Karen Huladek, Economic Development Representative, presented an overview of employment resources available to Medicaid members. Karen.Huladek@dws.nm.gov

AJC & DWS - what we do and who to contact

We provide employment resources, unemployment insurance administration, and labor law enforcement to support both job seekers and employers.

Two websites and many programs available



<https://www.jobs.dws.nm.gov/>



<https://www.dws.nm.gov/en-us/>



2

Programs discussed included:

- Workforce Connection Centers
- Resume assistance
- Career counseling
- Apprenticeships
- Youth workforce programs
- Veteran services
- Housing supports
- TANF employment assistance
- Volunteer opportunities
- Employer recruitment services

HCA emphasized that these resources will become increasingly important as Medicaid work requirements are implemented.

Beneficiary Discussion

Caregiver Workforce

Members discussed ongoing caregiver shortages within the Mi Via program.

Department of Workforce Solutions staff encouraged families to utilize Workforce Connection services to recruit caregivers.

Mi Via / Unemployment Claims

Members described ongoing challenges related to unemployment claims involving caregivers.

Issues included:

- Delayed communication between Conduit, HCA, and Department of Workforce Solutions
- Families receiving notices after response deadlines
- Incorrect unemployment determinations resulting from workflow delays

Follow-Up Discussion

HCA leadership acknowledged this represents a broader interagency workflow issue rather than an isolated case.

Staff agreed the concern warrants additional review to improve communication between:

- Health Care Authority
- Department of Workforce Solutions
- Conduit
- Families participating in Mi Via

Responses	Questions		
	What is the single biggest barrier to accessing healthcare, and who is most affected?	Are barriers consistent across regions and populations, or do they vary by geography, income, or provider availability?	If the group could address one access issue within the next 6–12 months, what should it be?
	Funding for and access to Medicaid, especially the elderly, but everyone is impacted <i>represents 3/5 responses to this question</i>	Barriers are similar state-wide, Access is probably worse in more rural communities than Albuquerque and Las Cruces <i>represents 4/5 responses to this question</i>	Access to quality facilities that accept medicaid; Both physicians and eye care <i>represents 3/3 of responses to this question</i>
	Access to advocates and specialists for special needs adults and facilities have no standards of care for special needs patients <i>represents 2/5 responses to this question</i>	Income, Location and Population density are all important; access to rapid care is more available in NM than it was in CA <i>represents 1/5 responses to this question</i>	Speed of Access <i>represents 1/3 of responses to this question</i>
	breakdowns in access, information, education and advocacy for patients and their support system. They are the most impacted. Everyone needs to understand the process from insurance to doctors to families <i>represents 2/5 responses to this question</i>	Income presents significant barriers to families for access to necessary resources and available time off <i>represents 1/5 responses to this question</i>	
	Ensuring Medicaid is filed correctly by the provider so completed procedures are properly covered <i>represents 2/5 responses to this question</i>		
	change needs to be initiated by an organization that can make standard policies and required change for all health care institutions at an industry scale, so patients and their families can be better prepared for serious health interventions. <i>represents 1/5 responses to this question</i>		

Potential Topics for MAC Follow-Up

Several discussions during the BAC meeting may warrant future discussion with the **Medicaid Advisory Committee (MAC)** due to broader policy or system implications.

1. Call Center Performance

BAC members reported ongoing concerns regarding:

- Customer service consistency
- Staff knowledge
- Escalation processes
- Accessibility

Potential MAC Discussion

- Review statewide customer service metrics.
- Assess training improvements ahead of HR 1 implementation.
- Monitor call center readiness as eligibility changes take effect.

2. Dual Eligibility Navigation

BAC identified challenges understanding Medicare and Medicaid coordination.

Potential MAC Discussion

- Review educational materials for dual-eligible members.
- Identify opportunities to improve beneficiary navigation and provider education.

3. Provider Network Stability

Unexpected provider closures may affect access to care.

Potential MAC Discussion

- Review notification requirements.
- Discuss network adequacy monitoring.
- Evaluate communication between providers, MCOs, and HCA.

4. HR 1 Communications

BAC feedback continues to shape statewide outreach efforts.

Potential MAC Discussion

- Review implementation progress.
- Evaluate effectiveness of outreach campaigns.

- Share beneficiary feedback collected through BAC.

5. Interagency Coordination

The Mi Via unemployment discussion identified opportunities to improve coordination across agencies.

Potential MAC Discussion

- Explore system-level workflow improvements between HCA, DWS, and contracted vendors.
- Identify policy or operational changes that could reduce administrative burden for beneficiaries.

Next Steps

- Staff will revise previous meeting minutes and distribute the finalized version.
- HCA Communications will continue implementing the statewide HR 1 outreach campaign and provide updates at future BAC meetings.
- Jeanelle Romero, HCA staff will follow up with members requesting assistance regarding dual eligibility.
- Customer service concerns will be shared with HCA leadership and call center management.
- Staff will identify BAC feedback appropriate for future MAC discussion to ensure beneficiary perspectives continue informing Medicaid policy development.

Adjourn

Follow-Up Items

Topic	Responsible Party	Status
Revise April BAC meeting minutes	HCA Staff	Pending
Connect member with Eligibility Bureau regarding dual eligibility	HCA Eligibility Bureau	Pending
Share customer service concerns with Call Center leadership	HCA Communications	Pending
Investigate provider closure concern	HCA Eligibility Bureau	Pending
Continue statewide HR 1 outreach campaign	HCA Communications	Ongoing
Review Mi Via unemployment workflow with DWS and Conduit	HCA & DWS	New Action Item

Upcoming Meetings:

- **MAC Meeting: August 3, 2026 (1:00 PM – 3:00 PM)**
- **Next BAC Meeting: October 2026 (6:00 PM – 8:00 PM)** - Date forthcoming

Acronym Glossary

As requested by council members to ensure accessibility and clarity.

Acronym	Full Name	Definition
BAC	Beneficiary Advisory Council	The group representing Medicaid recipients' voices.
MAC	Medicaid Advisory Committee	Brings together providers, members, and advocates to give feedback and help shape policies, so Medicaid works better for New Mexicans.
HR-1	House Resolution-1	Also known as the One Big Beautiful Bill, that became effective on July 4, 2025.
CMS	Centers for Medicare & Medicaid Services	The federal agency that provides the majority of Medicaid funding.
HIE	Health Information Exchange	A system allowing doctors/hospitals to share patient records digitally.
HCA	Health Care Authority	The state agency overseeing health programs in New Mexico.
MAD	Medical Assistance Division	Administers the New Mexico Medicaid program.
PDL	Preferred Drug List	The list of medications covered by insurance without extra hurdles.
CBRC	Clinical Benefit Review Committee	Reviews new treatments, procedures, and services for Medicaid coverage.
P&T/DUR	Pharmacy & Therapeutics / Drug Utilization Review	Plays a critical role in ensuring safe, effective, and evidence-based use of medications within the state's healthcare programs.
GENEROUS	Generating Cost Reductions for U.S. Medicaid Model	supports the Innovation Center's commitment to improve patients' lives and health, while simultaneously increasing the sustainability of the Medicaid program — providing greater flexibility in state budgets to invest in other resources — through fairer drug prices and securing greater coverage of needed medications that support our most vulnerable populations
BALANCE	Better Approaches to Lifestyle and Nutrition for Comprehensive Health Model	Empowers people with Medicaid and Medicare to meet their health goals by promoting evidence-based prevention.
CARA	Comprehensive Addiction and Recovery Act	Legislation focused on treatment and recovery for families.

SBIRT	Screening, Brief Intervention, and Referral to Treatment	A public health approach to early intervention for substance use.
GLP-1	Glucagon-Like Peptide-1	Hormone that plays a crucial role in regulating blood sugar levels and appetite.
ISD	Income Support Division	The division that handles Medicaid eligibility and SNAP benefits.
MCO	Managed Care Organization	Private insurance companies (like Blue Cross) that manage Medicaid benefits.
SNAP	Supplemental Nutrition Assistance Program	Federal program providing people on low income with financial assistance to purchase food.