



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Beneficiary Advisory Council (BAC) Quarterly Meeting Minutes

Date: Wednesday, April 15, 2026, 6:00 pm – 8:00 pm

Attendees:

BAC members in attendance– Samantha Barncastle, Amy Corbin, Sabrina Gill, Judy Boucher, Donna Naclerio, Siri Gurunam Khalsa, BAC Member_1 BAC Member_2,

HCA State staff – Heidi Capriotti, Alanna Dancis, Zachary Larry, Pharon Morgan, Keenan Ryan, and La Don Woodson

BAC members not in attendance: Matilda Hadzic, Matt Shepherd, BAC Member_3, BAC Member_4, BAC Member_5

Meeting Overview

This meeting marked the fourth and final quarterly meeting of the BAC’s inaugural year. Members reflected on progress made, continued development of the council, and ongoing collaboration with the Medicaid Advisory Committee (MAC). Key topics included legislative updates, federal Medicaid policy changes, work requirements, and communication strategies for upcoming program changes.

Welcome and Opening Remarks

Members were welcomed to the meeting, noting that this session concludes the first full year of BAC. Leadership acknowledged the continued growth of the council and thanked members for their engagement and commitment as the group continues to evolve.

Land Acknowledgment

A land acknowledgment was delivered recognizing that the meeting takes place on the ancestral lands of the Pueblo, Apache, and Navajo Nations.

HCA Mission and Meeting Norms

To ensure every New Mexican attains their highest level of health through accessible, cost-effective, and high-quality care.

Roll Call

Roll call was conducted and a quorum was confirmed.

Approval of Agenda and Previous Minutes

- A motion to approve the **January 21, 2026 meeting minutes** was made by Siri Gurunam Khalsa
- Seconded by Donna Naclerio
- No discussion was raised
- Motion passed unanimously

HCA Updates

Alanna Dancis, Acting Medicaid Director - State Legislative Session Updates

- Overview of the 2026 legislative session (30-day session)
- Primary focus: passage of the state budget (HB2)
- Medicaid program received funding, though slightly below requested levels

Key Legislative Highlights:

- **SB1: Interstate Medical Licensure Compact**
 - Provider Licensure Compact
 - Allows streamlined multistate practice for physicians
- **HB850: Interstate Social Work Licensure Compact**
 - Social work licensure compact
 - Supports interstate mobility of licensed social workers
- **HB38: Wheelchair Insurance Coverage**
 - Expands prior prosthetics legislation to include wheelchairs
 - Allows coverage for multiple devices (e.g., daily use and exercise)
 - Implementation targeted for January 2027
- **HB156: Repeal Special Session Vaccine Laws**
 - Aligns state vaccine guidance with New Mexico Department of Health
 - Decouples from federal guidance
- **SB20: Prior Authorization Prescription Drugs**
 - For individuals with serious mental illness:
 - Eliminates step therapy requirements
 - Reduces prior authorization barriers
 - Extends authorization periods to 3 years

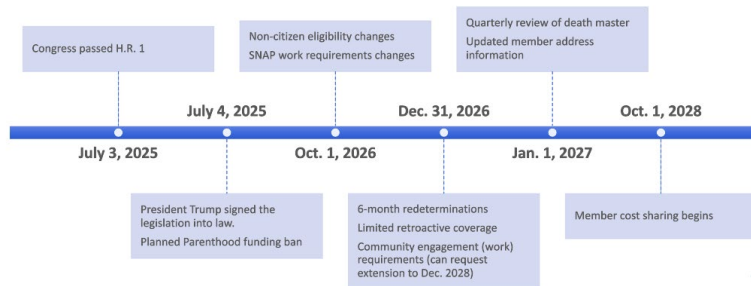
- **SB101: Health Care Delivery & Access Act Repeal**
- **Pediatric Palliative Care Benefit**
 - New Medicaid benefit under development

Discussion Highlights

- Questions raised regarding:
 - Impact of prior authorization changes on behavioral health treatment
 - Interstate licensure and malpractice considerations
 - Accountability and insurance coverage for out-of-state providers
- HCA staff clarified:
 - Compact licensure simplifies licensing but does not remove state oversight
 - Providers must still meet New Mexico requirements and carry malpractice coverage
- Follow-up requested on malpractice implications for compact providers

Federal Medicaid Updates (HR1 / Federal Budget Changes)

H. R 1



Key Changes

Effective October 2026:

- Certain lawfully present non-citizens will lose Medicaid eligibility
- State developing alternative coverage program

Effective January 1, 2027:

- Eligibility redetermination every 6 months (previously annually)
- Work / Community Engagement Requirements:
 - 80 hours per month (work, school, or volunteering)

- Applies to most adult Medicaid members

State Implementation Strategy

HCA outlined efforts to reduce coverage loss:

- Comprehensive communications campaign
- Development of medical frailty exemptions
- Use of self-attestation where possible
- Increased data matching to reduce reporting burden

Discussion Highlights

Members raised concerns about:

- Impact on individuals with disabilities and behavioral health conditions
- Administrative burden of more frequent renewals
- Risk of coverage loss due to confusion or lack of awareness

HCA responses:

- Many exemptions will apply (including medical frailty)
- Efforts underway to automate eligibility where possible
- Ongoing development of exemption criteria with stakeholder input

Rural Health Transformation Program

- Federal funding initiative
- Approximately \$211.5 million annually for 5 years
- Focus areas:
 - Workforce development
 - Capacity building
 - Rural healthcare infrastructure
- More details to be shared in future meetings.

Communications Strategy Update - Heidi Capriotti, Deputy Director of Communications

Upcoming Campaign: “Keep Your Benefits NM”, builds on “Renew NM Campaign”

- Public awareness campaign
- Purpose: Educate members on new Medicaid requirements
- launching Summer 2026

Outreach Channels:

- Television and radio
- Social media and influencers
- Billboards
- Community events and roadshows
- Provider toolkits (providers, case managers, and consultants are highly trusted messengers)
 - Flyers
 - Posters
 - Handouts
 - Magnets
- Programs like Mi Via highlighted:
 - Consultants meet regularly with participants
 - Serve as effective communication conduits

BAC Feedback on Communications

- Messaging clarity critical for rural and vulnerable populations
- Effectiveness of the term:
 - “Work Requirements” vs. “Community Engagement”
 - “Community engagement” viewed as too vague and not urgent.
 - “Work requirements” is clearer and more attention-grabbing but may cause confusion or concern.
 - Suggested alternatives:
 - “Work reporting requirements”
 - “How to keep your benefits” (more user-friendly framing)
- Additional Concerns
 - Confusing or incomplete communication pathways
 - Difficulty accessing knowledgeable support
 - Dual coverage confusion (Medicaid/Medicare Advantage)
- Recommendation:
 - Use plain language

- Strengthen direct mail communications
- Improve clarity, accessibility, and support systems for members
- Emphasize assistance rather than enforcement tone
- Partnerships with providers and community organizations
- Noted that:
 - Roadshows often attract providers more than members
 - Direct engagement strategies may be more effective.
- Direct mail should:
 - Clearly state it is not a warning
 - Emphasize support and assistance
 - Provide clear next steps
- Members identified several areas needing clarification:
- Work requirements:
 - 80 hours → timeframe unclear (monthly vs weekly)
- Education requirement:
 - “Half-time” → needs precise definition
- Seasonal worker income:
 - Clarification on monthly vs total earnings
- High unemployment exemption:
 - Need definition and data source
- Renewal process:
 - Confusion about 6-month vs 12-month cycles
 - Whether compliance is required monthly or once per period
- Request for: Clear regulatory language to guide communication
- Draft Member Notification (September Rollout)
- First notice will:
 - Target expansion population (able-bodied adults without dependents)
 - Explain:
 - Work reporting requirements

- Shift to 6-month renewals
- Feedback:
 - Needs plain language
 - Must clearly explain:
 - Requirements
 - Exemptions
 - Actions required
- Goal:
 - Strong call to action without causing fear

Keenan Ryan, Acting Chief Medical Officer, Updates

Ordering and Referring Providers (ORP)

- Both federal and state guidance require Medicaid enrollment for both billing entity as well as the ordering/rendering provider (ORP)
- Not all encounter types have ORP denials in place
- Historically was used to limit provider/member abrasion
- Starting in State Fiscal Year 27 denial edits will go-live for all ORP
- All providers should register through YesNM.com
- Please assist in communicating update to all parties to limit the abrasion for all parties
- www.hca.nm.gov/orp/

Preferred Drug List (PDL)

- Launch date: **July 1, 2026**
- Transitions from multiple MCO-specific drug lists to a single statewide PDL
- Rollout approach:
 - Initial soft launch for at least 6 months
 - Gradual transition to enforcement
- Goal: Reduce confusion and improve consistency across plans

Clinical Benefit Review Committee (CBRC)

- Now fully operational in partnership with the University of New Mexico Center for Health Policy and members of the committee comprise clinical staff from: MAD, Behavioral Health Services Division, Department of Health, Office of Superintendent Insurance.
- Purpose: Reviews new treatments, procedures, and services for Medicaid coverage.
- Process:
 - Evidence-based review by clinical experts
 - Recommendations based on medical value
- Note:
 - Approval does not guarantee coverage
 - Must still go through budget and legislative process
 - Members encouraged to submit coverage gap recommendations.
 - MAD.CBRC@hca.nm.gov

BAC Updates: Governance & Administrative

- Focus on review meeting minutes regularly
 - Focus on forward-looking priorities
 - Aligning committee efforts with:
 - Member needs
 - Policy direction
- Action needed:
 - Members should review Bylaws in advance
- Members are encouraged to:
 - Escalate issues from lived experience
 - Feed concerns upward to staff (Ladon, Alana, Keenan, etc.)
 - Work through both the BAC (beneficiary council) and MAC (broader advisory council)

New Engagement Plan (Samantha's Proposal)

- Samantha will send an email with 3 core questions:
 1. What is the single biggest barrier to accessing healthcare, and who is most affected?
 2. Are barriers consistent across regions/populations, or do they vary by geography, income, or provider availability?
 3. If the group could fix one access issue in 6–12 months, what should it be?

- Purpose:
 - Collect **unfiltered, personal input**
 - Identify **common themes**
 - Focus future meetings on actionable priorities

Collaboration Tools (SharePoint / Teams Issue)

- Many members unable to access SharePoint
- Issues include:
 - Firewall restrictions
 - Login/access failures

Response:

- HCA staff are working to resolve this matter
- Members are asked to:
 - Report access issues directly to La Don and Zachary

Timeline for Member Input

To prepare for the next BAC meeting:

- **Deadline set:** mid-May
- Members must submit:
 - Responses to 3 questions
 - Bylaw feedback
 - Additional comments

Meeting cadence:

- BAC meets → then MAC follows 2–3 weeks later

Bylaws Discussion

- Members encouraged to review and submit edits in shared document
- General consensus:
 - Bylaws should be:
 - Flexible
 - Legally compliant
 - Not overly rigid

Closing Remarks

- Importance of continued member feedback
- Active participation in shaping Medicaid policy
- Strong momentum in council development

The meeting was adjourned after completion of all agenda items.

Upcoming Meetings:

- **MAC Meeting: May 4, 2026 (1:00 PM – 3:00 PM)**
- **Next BAC Meeting (Q4): July 22, 2026 (6:00 PM – 8:00 PM)**

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.