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MEDICAL ASSISTANCE DIVISION
MEDICAID ADVISORY COMMITTEE

MAY 4, 2026

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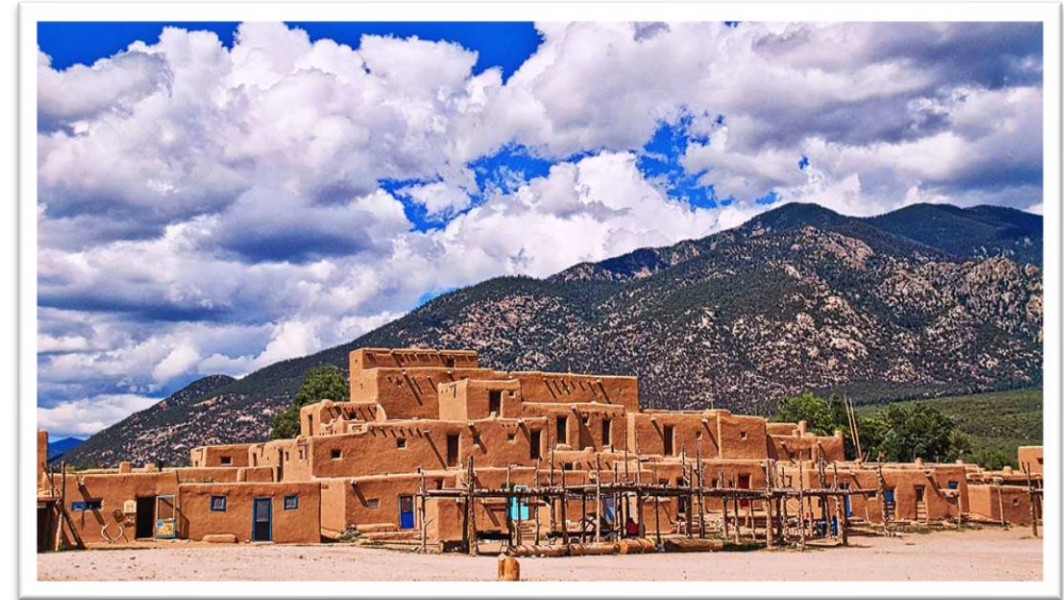
CALL TO ORDER

LARRY MARTINEZ, MAC CHAIRPERSON

BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico.**



A cloudy morning looking over Taos Pueblo

Photo provided by elpueblolodge.com

Learn more: About Taos Pueblo
at Taospueblo.com



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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.



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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.



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MAC MEETING PROTOCOLS

- MAC Members may ask questions during the designated presentation segments
 - Please raise your hand in person or use the **“Raise Hand”** feature if participating virtually.
 - When speaking, be sure to **state your name and organization** for the record.
- **Public comments** will be welcomed at the **end of the meeting.**



ROLL CALL

LARRY MARTINEZ, MAC CHAIRPERSON

AGENDA APPROVAL

5/4/2026

LARRY MARTINEZ, MAC CHAIRPERSON

Time	Meeting Agenda	Facilitator
1:00 PM – 1:10 PM	Call to Order <ul style="list-style-type: none"> HCA Vision, Goals, and Agreements 	La Don Woodson, & Zachary Larry
1:10 PM – 1:15 PM	Roll Call & Agenda Approval <ul style="list-style-type: none"> Minutes Approval for November 3, 2025 & February 2, 2026 Introduction of guests 	Larry Martinez, MAC Chairperson
1:15 PM – 1:25 PM	Statewide Marketing Campaign in Development <ul style="list-style-type: none"> "Keep Your Benefits NM!" 	Heidi Capriotti, Deputy Director, Communication and Innovation
1:25 PM – 1:50 PM	Turquoise Claims Update	John Padilla, Systems Bureau Chief
1:50 PM – 2:10 PM	Chief Medical Officer Updates <ul style="list-style-type: none"> Ordering and Referring Providers Preferred Drug List Clinical Benefit Review Committee 	Keenan Ryan, Acting Chief Medical Officer, Director of Pharmacy
2:10 PM – 2:30 PM	Behavioral Health Assessment and Feasibility Study	Alanna Dancis, Acting Medicaid Director
2:30 PM – 2:35 PM	Traditional Health Care Practices Update	Pharon Morgan, Tribal Liaison
2:35 PM – 2:45 PM	MAC Meeting Update <ul style="list-style-type: none"> Bylaws 	La Don Woodson, & Nancy Rodriguez, MAC Vice-Chairperson
2:45 PM – 2:55 PM	Public Comment	
2:55 PM - 3:00 PM	Closing <ul style="list-style-type: none"> Meeting Summary 	Nancy Rodriguez, MAC Vice-Chairperson
3:00 PM	Adjourn	Next Meeting, August 3, 2026, 1:00 PM – 3:00 PM

Public comment is limited to 2 minutes per speaker

Times are estimate

11/03/2025 & 02/02/2026

MEETING MINUTES APPROVAL

LARRY MARTINEZ, MAC CHAIRPERSON

INTRODUCTION OF GUESTS

LARRY MARTINEZ, MAC CHAIRPERSON



COMMUNICATIONS

HEIDI CAPRIOTTI
DEPUTY DIRECTOR

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Keep Your Benefits **NM!**

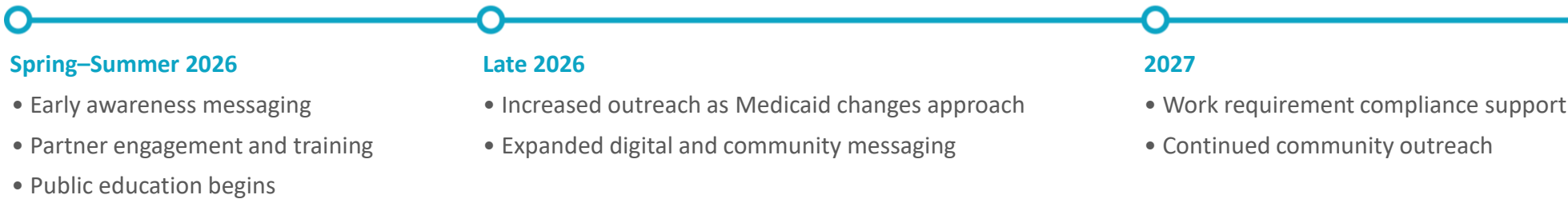
Purpose of the Communication Campaign

- ✓ Ensure New Mexicans understand upcoming federal policy changes affecting Medicaid and current federal changes affecting SNAP.
- ✓ Provide clear, accessible information about eligibility, requirements, and timelines.
- ✓ Support customers in maintaining coverage or benefits when eligible.

Communication Goals

AWARENESS	Inform New Mexicans that changes are coming
UNDERSTANDING	Explain what the policy changes mean in plain language
PREPARATION	Help residents understand what steps they may need to take need to take
SUPPORT	Connect people to resources, exemptions, and assistance assistance

Communication Timeline



Communication Channels

<p>Digital Outreach</p> <ul style="list-style-type: none"> • Social media campaigns • Trusted messengers messengers • Website resource hub hub 	<p>Community Distribution</p> <ul style="list-style-type: none"> • Partner toolkits • Flyers and posters • Community events and outreach
<p>Traditional Media</p> <ul style="list-style-type: none"> • Press briefings and news coverage • Public service announcements announcements • Billboards • TV and radio ads 	<p>Direct Education</p> <ul style="list-style-type: none"> • Community partner briefings • Community outreach events



HR1 Stakeholder Engagement Strategy

- » Stakeholder engagement across tribal partners, community organizations, health care partners, and advisory groups
- » Key stakeholders include:
 - Tribal leadership and Pueblo Nations
 - Food banks and community-based organizations
 - Managed care organizations (MCOs) and providers
 - Advisory groups (MAC, BAC, Tribal engagement forums)
- » Ensure stakeholders are informed, aligned, and equipped to support New Mexicans through Medicaid and SNAP changes.



Statewide, multi-stakeholder engagement is underway.



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HR1 Stakeholder Engagement To Date

- Tribal, MAC, and member advisory coordination (ongoing)
- Tribal Charter meeting in Ruidoso (March 10)
- Kellogg Foundation and partner engagement (March 12)
- Kellogg Foundation grantees (March 19)
- Food bank meetings (pre/post HR1 rollout)
- Policy Equity Group training for community partners (April 29)



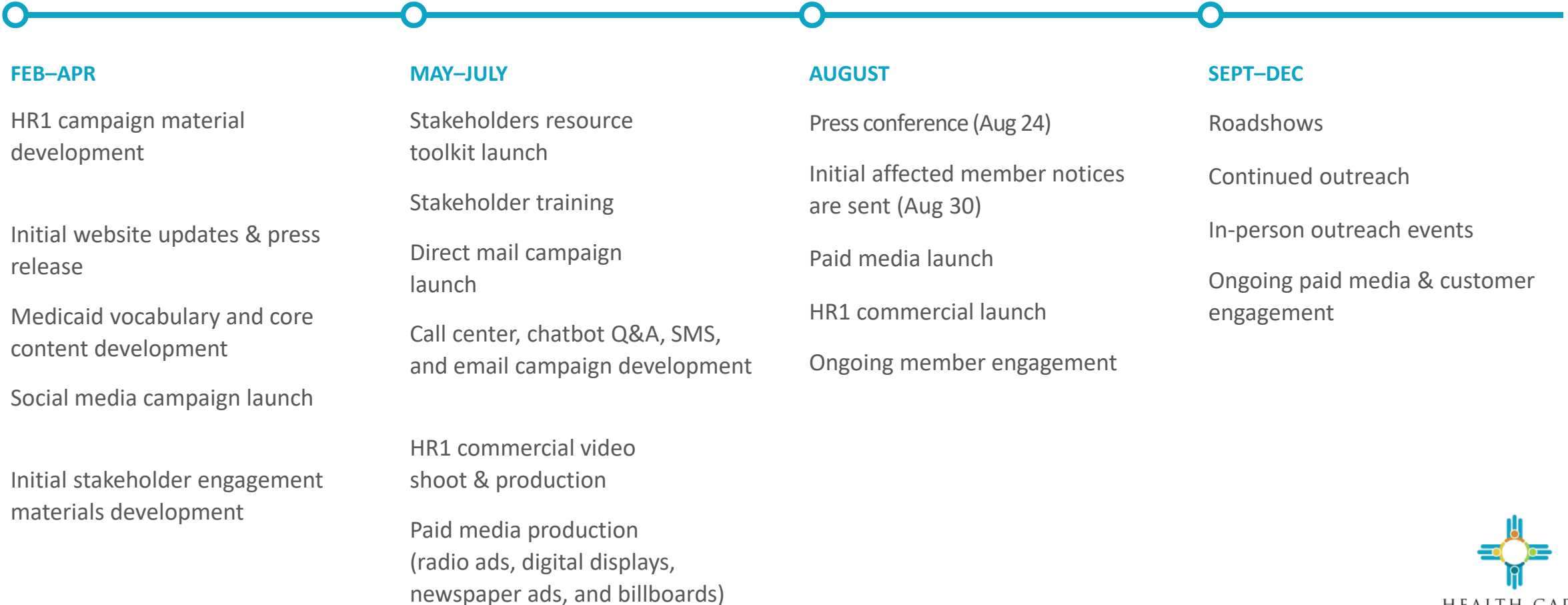
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HR1 Engagement Timeline

2026



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Partner Engagement Strategy

Community partners are essential to reaching New Mexicans who rely on these programs.

HCA will provide:

- Ready-to-share communication materials
- Social media graphics and messaging
- Flyers and posters for community spaces
- FAQ documents and plain-language explanations
- Training sessions for partner organizations



Partners help ensure that information reaches communities quickly and accurately.

(Introduce the one-page "How You Can Help")



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HR1 Engagement Communication Channels

Direct to Customer

- Call center support, direct mailers
- SMS and email communications
- Official member notices

Paid Media

- TV, radio, newspaper ads, display ads, and billboards among others

Digital Content

- Website updates and online resources
- Social media outreach (including multilingual content)

Community-Based

- In-person outreach events
- Community partners and CHWs
- Provider and MCO communication channels



TURQUOISE CLAIMS

JOHN PADILLA
SYSTEMS BUREAU

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READY. SET. BILL!



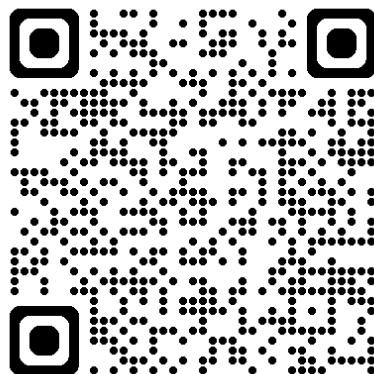
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OVERVIEW

The NM Health Care Authority (HCA) launched **Turquoise Claims**, the Medicaid claims management system on **March 23rd**

- The new Turquoise Claims system will comply with federal requirements.
- Providers will only need to sign in one time through the [YES.NM.GOV](https://www.yes.nm.gov) website, the one-stop shop for all provider tools, to access the Provider/PED Enrollment system, learning management system (LMS), and Turquoise Claims.
- If you don't already have a YES.NM.GOV account you will be required to create one. Use the QR code below for instructions on how to create a new account: [YesNM-Account-Creation-Instructions](#)



OVERVIEW

WHAT'S NEW?

Turquoise Claims adds new features, including:

- **Custom Templates** for routine services to match an organization's billing needs.
- **A user-friendly portal** with security levels for inquiries and claim submissions by employees within an organization.
- **Real-time claim status and member eligibility inquiries** to ensure easy access to the latest information.

WHAT TO EXPECT?

The transition is designed to be smooth with only minimal impact. Here's what you can expect:

Fee-for-service claims submissions:

Electronic => Submit them directly through the YES.NM.GOV website.

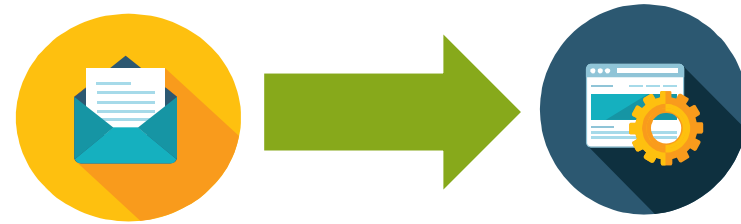
Paper => These will go to a new mailing address, which we'll share before launch so you're fully prepared.

Electronic Data Interchange (EDI) => No process change! You'll continue submitting them through your clearinghouse just like today.



MOVING AWAY FROM PAPER CLAIMS

Here are some benefits about why right now is the time to switch from submitting paper claims to electronic claims, using our new system



- **Efficient & Speedy**
- **Cost-effective & Accurate**
- **Enhanced Security**
- **Improved Tracking & Reporting**
- **Environmental Impact**





CHIEF MEDICAL OFFICER UPDATES

KEENAN RYAN, PharmD, PhC, MPH
ACTING CHIEF MEDICAL OFFICER

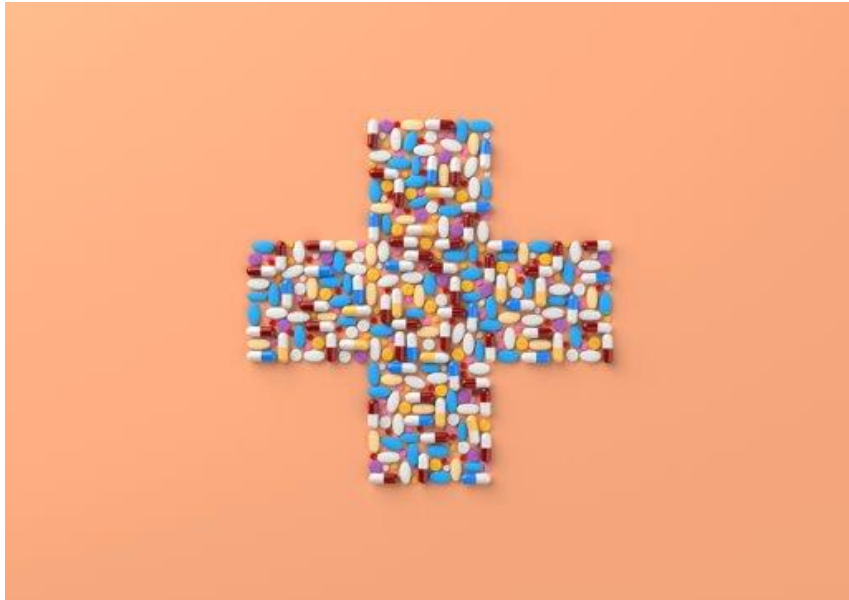
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ORDERING AND REFERRING PROVIDERS

- 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



- Go live of Preferred Drug List (PDL)
Delayed until **July 1st, 2026**
 - Gives space for CMdS go-live and allows MCOs more time to configure their systems
- July 1st will be a soft launch, medications not denied at pharmacy counter
 - Soft launch anticipated for at least 6 months



CLINICAL BENEFIT REVIEW COMMITTEE

- The Clinical Benefit Review Committee (CBRC) was established for the purpose of reviewing services, procedures and medications for possible addition/expansion of Medicaid coverage.
 - Recommendations for approval do not guarantee coverage, as additions are subject to budget availability and director approval.
- Committee is run by the University of New Mexico Center for Health Policy and members of the committee comprise clinical staff from: MAD, BHSD, DOH, OSI
- Last meeting held 4/7/26 and reviewed Topical oxygen therapies, Percutaneous Electrical Nerve Field Stimulation (PENFS), and Gozellix for PSMA-PET imaging
- To submit an item for review, please send your request, or information, to MAD.CBRC@hca.nm.gov.





BEHAVIORAL HEALTH ASSESSMENT AND FEASIBILITY STUDY

ALANNA DANCIS, DNP, CNP, RN
ACTING MEDICAID DIRECTOR

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BACKGROUND

- The New Mexico Legislature appropriated funding during the 2025 regular session for a comprehensive Behavioral Health Assessment and Feasibility Study in [House Bill 2](#).
- Through a competitive [procurement process](#), Manatt Health Strategies was [selected](#) by the Health Care Authority (HCA) for its expertise in behavioral health services, Medicaid policy, financing strategies, and data analyses. Manatt partnered with Milliman to provide health care actuarial services and Kauffman and Associates, Inc., which specializes in culturally grounded research and evaluation.
- As directed by the legislature, the study examined the “merits, feasibility, costs and likely enrollment in a proposed new Medicaid waiver for people with serious mental illness or substance dependency leading to regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services,” as part of a broader examination of the strengths and gaps in New Mexico's behavioral health and brain injury delivery systems.



SCOPE OF STUDY

- Examined strengths and gaps in New Mexico’s current behavioral health landscape.
- Identified opportunities to strengthen Medicaid and state-funded services and supports for New Mexicans with serious mental illness (SMI), severe emotional disturbance (SED), substance use disorders (SUD), and brain injuries (BI).
- Identified whether a new Medicaid waiver is needed for people with SMI, SED, SUD, or BI or if other federal authorities should be explored to address identified needs.

What is meant by “Medicaid waiver” and “other federal authorities” ?

Medicaid has different ways for states to get permission from the federal government to offer new services or try out new programs. These permissions are called “federal authorities.” One way is a Medicaid waiver. A waiver lets a state skip or “waive” certain standard Medicaid rules. Some services can only be offered through a waiver, while others can be offered through other types of federal approvals.



SCOPE OF STUDY - CONTINUED



A comprehensive inventory and assessment of all Medicaid and state-funded BH, brain injury, and housing services



A review of gaps and barriers and recommendations to improve care for people with serious mental illness (SMI), severe emotional disturbance (SED), SUD, and brain injury



Focused discussions on priority populations, including children and youth, individuals with brain injuries, and other high-need populations living with complex behavioral health conditions



Analysis of the potential role of a Medicaid waiver—or alternative federal authorities—to improve the State's BH and brain injury systems of care



Assessment of the feasibility of securing federal authority to implement the recommendations, along with strategies for phasing them in over time



METHODOLOGY

Review of New Mexico Policies and Guidance

- New Mexico's Medicaid State Plan
- Medicaid waivers
- Managed care and provider manuals
- Non-Medicaid fee schedule
- Brain Injury Services Fund program manual
- Block grants
- Housing program policies
- Other sources

Data Analysis

- Analyzed utilization and cost of Medicaid and State-funded services

Stakeholder Engagement

- 16 interviews with providers, advocacy organizations, managed care organizations (MCOs), and other interested parties
- 7 interviews with individuals and families who access BH and brain services across New Mexico
- 16 interviews with HCA subject matter experts
- 26 written public comments received
- 3 public listening sessions with 254 total attendees—one for individuals, family members, and caregivers (45 attendees); one for providers and stakeholders (170 attendees); and one for tribal partners (39 attendees)

Recommendations Also Informed By

- Review of federal law, regulations, guidance and recent actions
- Best practices emerging from other states
- Review of literature and clinical evidence, including
 - SAMHSA's "good and modern" framework for a behavioral health system¹
 - ASAM's continuum for SUD treatment and withdrawal management²

1. SAMHSA. (2011). *Description of a Good and Modern Addictions and Mental Health Service System*. U.S. Department of Health and Human Services.

2. ASAM. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 4th ed., American Society of Addiction Medicine, 2023.



OUTCOMES

Core Study Findings. New Mexico covers a robust set of Behavioral Health services, but there are barriers to accessing them. The state's central challenge is not a lack of federal authority, but the need to **strengthen** and **align** various BH and re-entry initiatives, **build on the state's existing platform**, and **increase access to already-covered services**.

COVERED

- A full range of mental health and SUD services
- Crisis response services
- Programs like Linkages and the Set Aside/Special Needs Housing Program
- Community Benefit program

RECENT IMPROVEMENTS

- Certified Community Behavioral Health Clinics
- Mobile crisis teams
- Services for people before they leave incarceration
- Higher provider payment rates

Barriers. Behavioral Health providers in rural and frontier areas. Individuals don't qualify for services. Not enough supportive housing. Individuals with Brain Injuries not always identified or connected to services. Some important services are not available to individuals without Medicaid.



OUTCOMES - CONTINUED

- **Priority Recommendations.** To build on its strengths and address gaps in the current system – especially for the approximately **1% of the Medicaid population with complex BH issues and/or brain injury** – the state could consider six major strategies:
 1. Increase access to **already-covered BH and brain injury services**
 2. Leverage existing initiatives to **expand permanent supportive housing and transitional housing**
 3. Streamline and strengthen **navigational supports**
 4. Expand **community-based services** for people with complex BH conditions and/or brain injury, including a potential 1915(i) State Plan Amendment
 5. Adopt **tailored strategies** for people with brain injury, children and youth, individuals requiring nursing home placement, and individuals with substance use disorder (SUD)
 6. Strengthen the **foundational elements** of the BH system such as the BH workforce
- **Does New Mexico Need a Waiver?** Manatt Health **does not recommend a major new Medicaid waiver**. Instead, **after gaining a few years of experience with SB 3 implementation, the state should consider using a 1915(i) State Plan Amendment if still needed** to address gaps in home and community-based services for at-risk populations

The report recommends sequencing and phasing-in changes because **New Mexico already has significant initiatives underway** and is facing **new fiscal and administrative burdens due to H.R. 1**



RESOURCES

- Final report was completed at the start of the January 2026 legislative session and was publicly available on [HCA's website](#) January 23, 2026.
- Access:
 - [Final Report](#)
 - [Stakeholder Summary](#)
 - Provider and Stakeholder Listening Session [Notice](#) and [Presentation](#)
 - Individual, Family Member and Caregiver Listening Session [Notice](#) and [Presentation](#)
 - Tribal Partner Listening Session [Notice](#) and [Presentation](#)





TRADITIONAL HEALTH CARE PRACTICES

PHARON MORGAN
MAD TRIBAL LIASION

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TRADITIONAL HEALTH CARE PRACTICES

- October 2024 - CMS approved Medicaid coverage of Traditional Health Care Practices in four states (Arizona, California, New Mexico, and Oregon) in the 1115 Waiver.
- Oct. 1, 2025 – effective date of new benefit
- Billing guidance posted on THCP web page: [Traditional Health Care Practices – New Mexico Health Care Authority](#)
- [NM-THCP-Provider-Toolit 260211.pdf](#)

Department Overview

- Office of the Secretary
- Divisions
- Native Americans**
- Native American Liaison
- Native American Technical Advisory Committee
- Traditional Health Care Practices**

Traditional Health Care Practices

Reimbursing for Traditional Health Care Practices

New Mexico is one of the first states to receive federal authority under its [1115 Waiver Demonstration program](#) to reimburse Tribes, Nations, and Pueblos for delivery of traditional health care services to Native Americans. By honoring cultural practices, New Mexico Medicaid is expanding access to care for Native Americans.

The Medical Assistance Division has convened a workgroup to design the benefit, slated to launch in October 2025.

The Tribes, Nations and Pueblos may choose to participate if they wish but are not required to participate. As of 2025, the Navajo Nation has expressed interest in reimbursing providers for traditional health care practices and Medicaid is working with Traditional Healers and facilities to determine how to bill for services.

Traditional health care practice reimbursement members who seek services at Indian Health Indian Organizations are not included.

What This Means for Native Health

- **Expanded Medicaid coverage** determines their definition of behavioral health entailed when delivered through
- **Flexibility in setting** "four walls" requirements



QUESTIONS/ADVICE



NEW BUSINESS

MAC PRIORITIES

MAC PRIORITIES

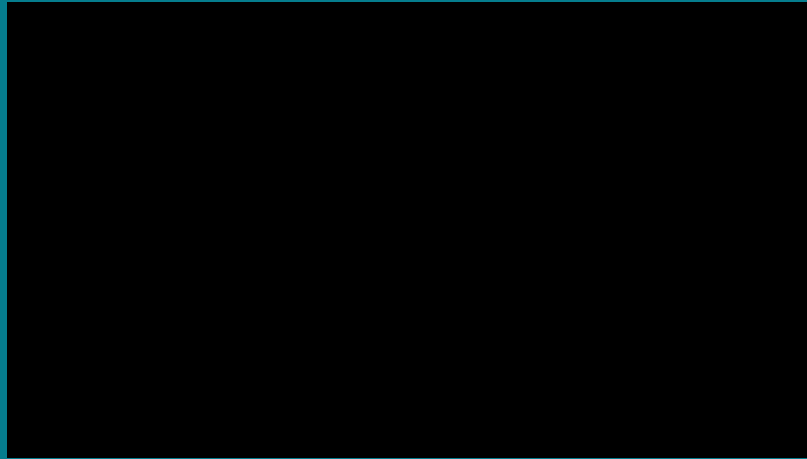
Medicaid Advisory Committee	Requirements	Questions
<p style="text-align: center;">Purpose/scope</p>	<p>1902(a)(4) of the Act, requires each state to have a public MAC and BAC. The BAC is made up of current and former Medicaid members, their families, and caregivers. The MAC consists of advocacy groups, community organizations, health care providers, managed care plans, related state agencies, in addition to Beneficiary Advisory Council members. These groups symbiotically give the State Medicaid agency advice on policy and how the Medicaid program is run.</p>	
	<p>The Medicaid Advisory Committee (MAC) must include:</p> <p>BAC Representation</p> <ul style="list-style-type: none"> • July 9, 2025 – July 9, 2026: At least 10% of members from the BAC • July 10, 2026 – July 10, 2027: At least 20% from the BAC • After July 10, 2027: At least 25% from the BAC <p>Other Members (at least <u>one</u> from each group):</p> <ul style="list-style-type: none"> • Consumer advocacy or community organizations serving Medicaid members • Clinical providers or administrators familiar with Medicaid patients’ needs (primary care, specialty care, long-term care) • Medicaid health plans or health plan associations (if applicable) • Other state agencies serving Medicaid members (non-voting) — e.g., foster care, mental health, public health, aging services, or eligibility agencies 	<p>Is our current membership makeup in line with the requirement?</p> <p>Is the group size and composition conducive to advisement?</p>
	<p>(i) Annual report. The MAC, with support from the State, must submit an annual report describing its activities, topics discussed, and recommendations. The State must review the report and include responses to the recommended actions. The State agency must then—</p>	<p>Does our current method of providing information consider MAC/BAC member wants?</p>
	<p>(1) Provide MAC members with final review of the report;</p> <p>(2) Ensure that the annual report of the MAC includes a section describing the activities, topics discussed, and recommendations of the BAC, as well as the State's responses to the recommendations; and</p> <p>(3) Post the report to the State's website. States have 2 years from July 9, 2024, to finalize the first annual MAC report. After the report has been finalized, States will have 30 days to post the annual report.</p> <p style="text-align: right;">(42 CFR § 431.12)</p>	<p>Annual report is due by July 9, 2026</p>



PUBLIC COMMENT

*WHEN SPEAKING, BE SURE TO **STATE YOUR NAME AND ORGANIZATION** FOR THE RECORD.
LIMIT COMMENTS TO **2 MINUTES**

PUBLIC COMMENT



*WHEN SPEAKING, BE SURE TO **STATE YOUR NAME AND ORGANIZATION** FOR THE RECORD.
LIMIT COMMENTS TO **2 MINUTES**

CLOSING

LARRY MARTINEZ, MAC CHAIRPERSON



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