



**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

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## **Medicaid Advisory Committee (MAC) Quarterly Meeting Minutes**

**Date: Monday, May 4, 2026, 1:00 pm – 3:00 pm**

### **Attendance**

**23 MAC Members & 1 BAC Co-Chair in Attendance (online or in-person):** Andrew Peterson, Abuko Estrada (proxy for Arika E. Sánchez), Bruce Gilbert, Amy Corbin (BAC Co-Chair), Julie Sanchez (In for Cabinet Secretary Emily Kaltenbach), Cynthia Cisneros, Kristen Dellinger (proxy for Elizabeth Hamilton), Jim Jackson (proxy for Gary Housepian), Gina Deblassie, Jeremiah Jedd Raney, Kurt Rager, Larry Martinez (MAC Chairperson), Laurence Shandler, Maggie McCowen, Meggin Lorrino, Nancy Smith-Leslie, Ruby Ann Esquibel, Trey LaFleur, Vicente Vargas, Yvette Ramirez Ammerman, Lex Garcia, Anthony Yepa, and Rick Madden

**7 MAC Members Not in Attendance:** Debbie Armstrong, Gabriel Parra, Joseph Sanchez, Olivia Sloan, Rodney McNease, Troy Clark, and Nancy Rodriguez (MAC Vice-Chair)

**30 HCA Staff (online or in-person):** La Don Woodson, Zachary Larry, Tristin Maroney, Keenan Ryan, Alanna Dancis, LaRisa Rodges, Kresta Opperman, Erica Cerno, Nick Boukas, Jennifer Zwally, Kristen Borderswood, Deanne Tapia, Erica Leyba, Jeanette Gurule, Rayna Fargus, Lori Pena, Christie Guinn, Jarel LaPan Hill, Alexis Montoya, Melanie Buenviaje, Derek Pino, Victoria M Sanchez, Charles Canada, Tallie Tolan, John Padilla, Jeanelle Romero, Miriam Rivera, Pharon Morgan, Lorrina Rivera, Havana Maisano,

**46 Guests and 2 call-in (online or in-person):** Jessica Spittler, Maria Elena, Jeremiah Raney, Dennis Plummer, Darcie Robran-Marquez, Elise Maughan, Olivia Emerick, Lori Howarth, Amy Jenkins, Justin Allen, Sergio M-Concis, Dominic Griego, Mike Sullivan, Justin McCormick, Alexandria MacDonald, Jason Smith, Jordan Doll, Michelle R Gutierrez, Jennifer Turrietta, Anna Horner, Lex Garcia, Naomi Gaspard, Kristin Doellinger, Satriana Shanae, Alison Pauk, Debbie Rochford, Eric Chenier, Amber Grewal, Micehlle Padilla, Natalie Rose, Jolene Martinez, Michelle Boehler, Angie Adinmais, Monica Otero, Molly Chavez, Glenda L Rivera, Javier Benavidez, Gayton Brenna, Paula Williams, Patricia Romero, Jody Harris, Winter Torres, Jeremy Lihte, Ellen Pine, and Jim Jackson

## Meeting Overview

### Call to Order

Chair Larry Martinez called the meeting to order shortly after 1:00 PM and welcomed members, staff, stakeholders, and members of the public participating both virtually and in person.

### Opening Remarks

Ladon provided opening remarks regarding the New Mexico Health Care Authority's (HCA) mission and vision, emphasizing the agency's commitment to helping New Mexicans attain their highest level of health through whole-person care, equity, innovative technology, and data-driven decision-making.

### Land Acknowledgement

Zachary Larry delivered the land acknowledgement, recognizing the ancestral lands of the Pueblo, Apache, and Navajo Nations, and acknowledging the historical and intergenerational trauma experienced by tribal communities due to colonization, genocide, and assimilation.

### Meeting Protocols

Ladon reviewed meeting protocols, including:

- Questions should be reserved for designated presentation periods;
- Participants should identify themselves and their organizations before speaking; and
- Public comment would be held at the end of the meeting with a two-minute limit per speaker.

### Roll Call

### Approval of Agenda

Discussion occurred regarding the addition of the medically frail screening process to the agenda. Due to time constraints, members agreed to revisit the issue during New Business and consider formation of a subcommittee to further review implementation concerns.

**Motion:** Approve the agenda as presented.

**Moved by:** Jim Jackson

**Seconded by:** Trey Lafleur

**Vote:** Motion carried unanimously.

### Approval of Previous Meeting Minutes

The committee reviewed the November 3, 2025 and February 2, 2026 meeting minutes.

**Motion:** Approve both sets of meeting minutes.

**Moved by:** Yvette Ammerman

**Seconded by:** Abuko Estrada

**Vote:** Motion carried unanimously.

## Agenda Item: Keep Your Benefits NM Campaign Update

**Presenter:** Heidi Capriotti, Deputy Director of Communications, Innovation and Strategic Planning

Heidi Capriotti provided an overview of the statewide “Keep Your Benefits NM” communications campaign related to upcoming Medicaid changes associated with HR1 implementation.

### Key Updates Included:

- The campaign builds on the previous “Renew NM” public health emergency unwinding campaign;
- Medicaid work requirements for certain adult populations are scheduled to begin January 1, 2027;
- Six-month Medicaid redeterminations are expected to resume after March 31.

# 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

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

### Communication Timeline

**Spring–Summer 2026**

- Early awareness messaging
- Partner engagement and training
- Public education begins

**Late 2026**

- Increased outreach as Medicaid changes approach
- Expanded digital and community messaging

**2027**

- Work requirement compliance support
- Continued community outreach

### Communication Channels

#### Digital Outreach

- Social media campaigns
- Trusted messengers
- Website resource hub
- Email updates

#### Traditional Media


- Press briefings and news coverage
- Public service announcements
- Billboards
- TV and radio ads

#### Community Distribution

- Partner toolkits
- Flyers and posters
- Community events and outreach

#### Direct Education

- Community partner briefings
- Community outreach events



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Investing for tomorrow. delivering today.

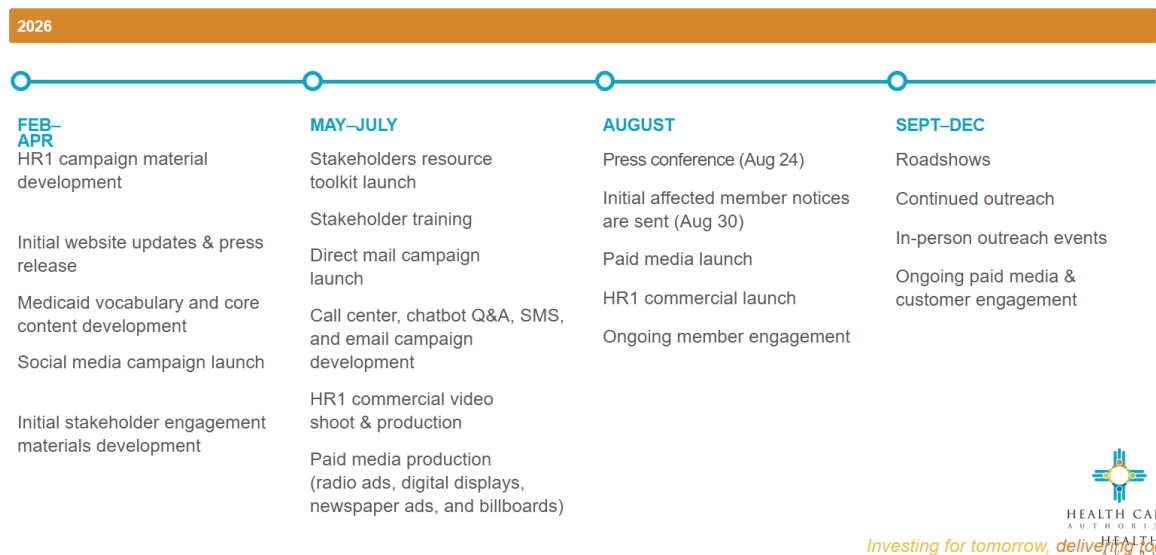
### Communication Strategies Include:

- Social media outreach using trusted community messengers;
- Website resources and provider toolkits;
- Community outreach events in approximately 15 communities statewide;
- Television, radio, billboards, public service announcements, and print media;
- Outreach through providers, managed care organizations, tribal partners, and community organizations.

## Stakeholder Engagement Efforts Included:

- Native American Technical Advisory Council (NATAC);
- Beneficiary Advisory Council (BAC);
- Tribal leadership groups;
- Provider organizations; and
- Community partners, including the Kellogg Foundation and food banks.

## HR1 Engagement Timeline



## Discussion Highlights

Committee members discussed:

- The importance of trusted community-based messengers;
- Coordination with BeWellNM and managed care organizations;
- Potential communication challenges during an election year;
- The importance of plain-language messaging;
- Continued use of turquoise envelopes for outreach efforts; and
- Clarification regarding continuous Medicaid coverage for children from birth through age six.

## Agenda Item: Turquoise Claims Update

**Presenter:** John Padilla, Systems Bureau Chief

John Padilla provided an update regarding implementation of the Turquoise Claims system, which launched on March 23, 2026.

- The new Turquoise Claims system will comply with federal requirements.
- Providers will only need to sign in one time through the 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 (link can be accessed in the PowerPoint).

### Key Updates Included:

- Transition to a new claims portal through YES.NM.GOV;
- Centralized provider login credentials;
- Updated electronic claims submission processes; and
- Revised paper claims routing through the HCA CASA mailroom.

## 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.



Padilla emphasized continued efforts to encourage providers to transition from paper claims to electronic submissions to improve efficiency and accuracy.

## **Discussion Highlights**

Members discussed:

- Broker and stakeholder access limitations within the portal;
- Concerns involving provider level-of-care data;
- Ongoing troubleshooting efforts; and
- Technical assistance needs for providers and stakeholders.

Padilla encouraged stakeholders experiencing technical issues to contact him directly for follow-up and support.

## **Agenda Item: Chief Medical Officer Updates**

**Presenter:** Keenan Ryan, Acting Chief Medical Officer

Keenan Ryan discussed preferred drug list, clinical benefit review committee, and upcoming federal Medicaid provider enrollment requirements for ordering and referring providers.

## **Key Updates Included:**

- Beginning July 1, 2026, claims may deny if ordering or referring providers are not enrolled in New Mexico Medicaid;
- Federal compliance and oversight efforts are increasing nationally; and
- HCA has conducted outreach efforts to assist providers with enrollment compliance.

## **Discussion Highlights**

Committee members discussed:

- Concerns involving out-of-state and specialty providers;
- Potential impacts on access to care;
- Outreach efforts to approximately 3,000 potentially affected providers; and
- Coordination with residency programs, tribal partners, and managed care organizations to minimize care disruptions.

## 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

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## 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](mailto:MAD.CBRC@hca.nm.gov).

Keenan emphasized HCA's ongoing efforts to support provider enrollment compliance while minimizing impacts to Medicaid members.

### **Agenda Item: Behavioral Health Assessment and Feasibility Study**

**Presenter:** Alanna Dancis, Acting Medicaid Director

Alanna Dancis presented updates regarding the Behavioral Health Assessment and Feasibility Study, including ongoing review of Medicaid behavioral health utilization data and planning efforts related to service delivery, system improvements, and future behavioral health investments.

### **Key Updates Included:**

- Review and analysis of Medicaid behavioral health utilization data;
- Assessment of behavioral health services currently funded through fee-for-service Medicaid;

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- Identification of potential service gaps, overlap in funding, and opportunities for improved coordination;
- Evaluation of future behavioral health system planning and implementation considerations; and
- Ongoing collaboration with stakeholders and community partners to inform assessment activities and recommendations.

## 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**



## Discussion Highlights

Committee members and stakeholders discussed:

- Concerns regarding the quality and availability of Medicaid utilization data;
- The importance of using utilization data to guide future behavioral health funding and service planning decisions;
- Questions regarding whether existing Medicaid fee-for-service services are already addressing identified behavioral health needs;
- The need to avoid duplication of services and funding efforts;
- Anticipated timelines for completion and public availability of assessment findings;
- The importance of transparency in how data will inform future policy decisions; and
- The need for continued stakeholder engagement and collaboration throughout the assessment and planning process.

Stakeholders encouraged HCA to maintain ongoing communication with providers, advocacy organizations, community groups, advisory councils, and individuals with lived experience as planning and implementation efforts continue.

Public commenters emphasized the importance of transparency, timely communication, and ensuring that behavioral health planning efforts are informed by both accurate utilization data and community input.

Discussion also included the importance of culturally responsive behavioral health services, including consideration of traditional healing practices, peer support models, and community-based approaches to care. Members and stakeholders emphasized the need for behavioral health system planning to reflect the needs of Tribal, rural, and underserved communities across New Mexico.

## 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](#)

## Agenda Item: Traditional Health Care Practices

**Presenter:** Pharon Morgan, Tribal Liaison, Medical Assistance Division

- 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](#)

Questions: Reach out to Pharon Morgan ([pharon.morgan@hca.nm.gov](mailto:pharon.morgan@hca.nm.gov))

## New Business

# MAC PRIORITIES

Medicaid Advisory Committee	Requirements	Questions
<b>Purpose/scope</b>	1902(a)(4) of the Act, requires each state to have a public MAC and BAC. <b>The BAC</b> is made up of current and former Medicaid members, their families, and caregivers. <b>The MAC</b> consists of <b>advocacy groups, community organizations, health care providers, managed care plans, related state agencies, in addition to Beneficiary Advisory Council members.</b> These groups symbiotically give the State Medicaid agency advice on policy and how the Medicaid program is run.	
	The Medicaid Advisory Committee (MAC) must include: <b>BAC Representation</b> <ul style="list-style-type: none"> <li>• July 9, 2025 – July 9, 2026: At least 10% of members from the BAC</li> <li>• July 10, 2026 – July 10, 2027: At least 20% from the BAC</li> <li>• After July 10, 2027: At least 25% from the BAC</li> </ul> <b>Other Members (at least one from each group):</b> <ul style="list-style-type: none"> <li>• Consumer advocacy or community organizations serving Medicaid members</li> <li>• Clinical providers or administrators familiar with Medicaid patients’ needs (primary care, specialty care, long-term care)</li> <li>• Medicaid health plans or health plan associations (if applicable)</li> <li>• Other state agencies serving Medicaid members (non-voting) — e.g., foster care, mental health, public health, aging services, or eligibility agencies</li> </ul>	<p><b>Is our current membership makeup in line with the requirement?</b></p> <p><b>Is the group size and composition conducive to advisement?</b></p>
	<ol style="list-style-type: none"> <li><b>Annual report.</b> 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—</li> <li>Provide MAC members with final review of the report;</li> </ol> <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 <b>2 years from July 9, 2024</b>, 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><b>Does our current method of providing information consider MAC/BAC member wants?</b></p> <p><b>Annual report is due by July 9, 2026</b></p>

## MAC and BAC Coordination

Discussion centered on coordination between the Medicaid Advisory Committee (MAC) and the Beneficiary Advisory Council (BAC). Leadership emphasized that the BAC and MAC function as “sister groups,” with the BAC providing beneficiary perspectives that inform MAC discussions and recommendations.

The Chair proposed distributing an interest survey to MAC members to identify individuals interested in serving on joint committees and subcommittees alongside BAC members. Members agreed this approach would help expedite committee formation and encourage broader participation.

Staff indicated surveys would be distributed within the week, with responses requested within approximately one week.

## **Bylaws Committee Discussion**

The Chair revisited earlier discussion regarding formation of a bylaws committee to review and update governance processes related to the MAC and BAC structure.

Discussion included:

- Updating committee bylaws and application procedures;
- Aligning committee processes with current CMS requirements; and
- Clarifying membership and nomination procedures.

HCA staff noted that MAC nominations are temporarily paused while bylaws and application procedures are updated.

## **HR1 / Medicaid Work Requirements Discussion**

### **Medical Frailty Screening Instrument**

Jim Jackson (Disability Rights New Mexico) raised concerns regarding the proposed medically frail screening instrument intended to determine exemptions from Medicaid work reporting requirements.

HCA staff clarified:

- A draft screening tool had already been released for public comment;
- The formal public comment deadline had passed on April 24, 2026; and
- Federal implementation timelines significantly limit opportunities for broader review.

Despite the compressed timeline, HCA staff expressed interest in continuing stakeholder engagement and feedback opportunities moving forward.

### **ICD-10 Exemption Code List**

HCA staff further explained that:

- The long-term goal is to identify exempt individuals automatically through Medicaid claims history whenever possible;
- The screening tool is intended primarily as a supplemental process when exemptions are not captured through claims data; and
- HCA is currently circulating an ICD-10 code list intended to identify individuals exempt from work requirements.

Members and stakeholders with clinical expertise were encouraged to review and provide feedback on the ICD-10 exemption list.

## **Proposal for HR1 Subcommittee**

Additional discussion focused on establishing a subcommittee dedicated to broader HR1 implementation issues.

Members discussed that the subcommittee could:

- Review HR1 implementation concerns;
- Provide recommendations to both MAC and HCA;
- Include beneficiary, clinical, organizational, and community perspectives; and
- Meet between regularly scheduled MAC meetings to provide more timely feedback.

The Chair encouraged inclusion of BAC members to ensure beneficiary perspectives are represented. Several members volunteered interest in participating, and staff confirmed that a formal survey would be distributed to solicit additional participation.

### **Public Comment**

#### **Jeremy Light – New Mexico Leaders in Recovery / Behavioral Health Planning Council**

Jeremy Light raised questions regarding:

- Availability and quality of Medicaid utilization data related to SB3 and behavioral health planning efforts;
- How data will inform decisions regarding services currently funded through fee-for-service Medicaid; and
- Anticipated timelines for release and accessibility of the data.

Mr. Light also inquired about the status of Behavioral Health Planning Council representation on the MAC following the retirement of a prior representative.

HCA staff responded that:

- Membership nominations are temporarily paused while bylaws and application procedures are updated; and
- Interested individuals may continue participating as members of the public until the nomination process resumes.

#### **Ellen Pine – Disability Coalition**

Ellen Pine expressed appreciation for HCA's willingness to revisit issues related to level-of-care determinations and referenced prior workgroup efforts conducted before the COVID-19 pandemic.

Ms. Pine also expressed concern regarding the reduced frequency and duration of MAC meetings, noting that significant Medicaid policy changes are occurring while overall committee discussion time has decreased.

She encouraged HCA to:

- Expand meeting opportunities;

- Increase substantive Medicaid policy discussions; and
- Utilize MAC more actively as an advisory body during HR1 implementation.

### **Jim Jackson – Disability Rights New Mexico**

Jim Jackson encouraged HCA to proactively identify upcoming Medicaid policy and implementation issues for MAC review so the committee can effectively fulfill its advisory role.

He emphasized the importance of providing MAC with greater visibility into future policy developments, particularly related to HR1 implementation.

### **Abuko Estrada – Center on Law and Poverty**

Abuko Estrada thanked HCA for participating in a recent stakeholder training hosted in partnership with community organizations.

Mr. Estrada emphasized the importance of continued collaboration between HCA, community groups, advocates, providers, and consumers throughout HR1 implementation and encouraged HCA to continue proactively soliciting stakeholder feedback.

### **Announcements and Closing Remarks**

The Chair announced that Nancy Rodriguez was unable to attend due to a family health matter but would continue to play an important role in the bylaws committee.

The Chair thanked:

- HCA staff, including Alana and Heidi, for their presentations and information shared during the meeting;
- Staff support members Ladon and Zachary for administrative support and coordination; and
- Committee members, stakeholders, and members of the public for their participation and engagement.

HCA staff confirmed that presentation slides are available online and will also be distributed electronically.

### **Action Items**

- Staff to distribute interest surveys for:
  - HR1 implementation subcommittee participation; and
  - Bylaws committee participation.
- HCA staff to circulate the ICD-10 exemption code list for stakeholder review and feedback.
- Subcommittee meetings to be scheduled prior to the next MAC meeting.
- Updated bylaws and nomination/application processes to be developed and presented.

- Presentation slides to remain available online and distributed electronically.

### **Adjournment**

A motion to adjourn was made by Rick Madden and seconded by Abuko Estrada.

The motion carried unanimously by voice vote.

The meeting adjourned approximately five minutes after the scheduled end time.