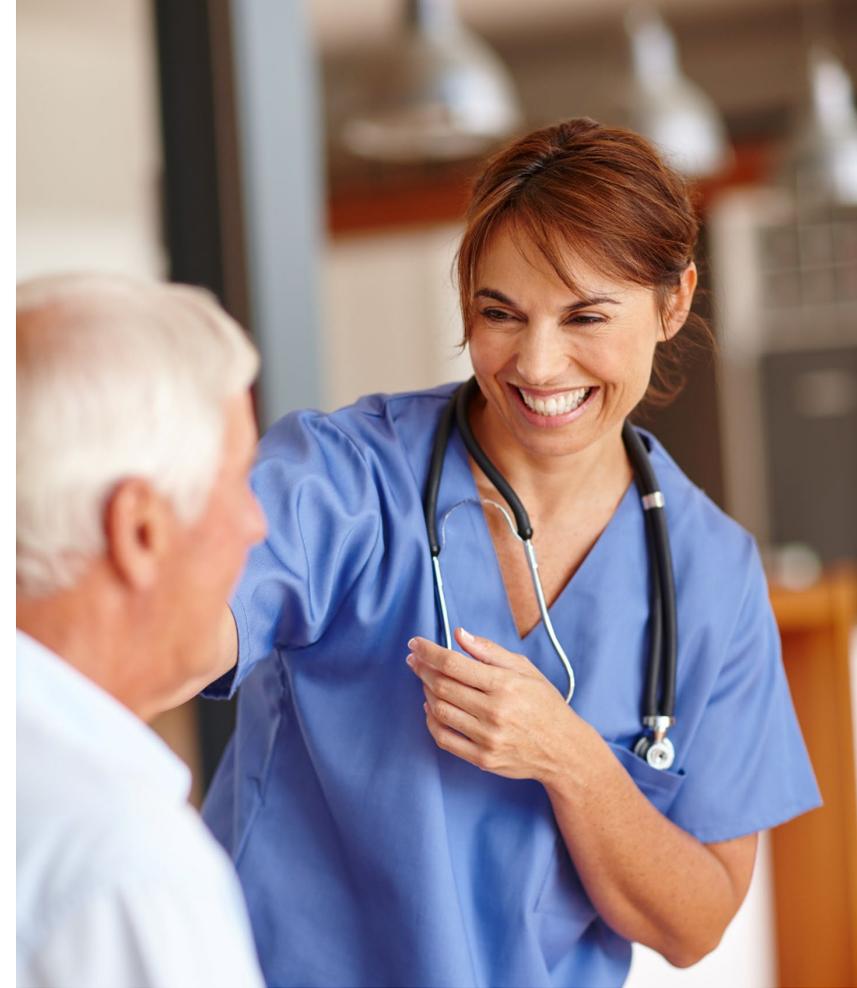




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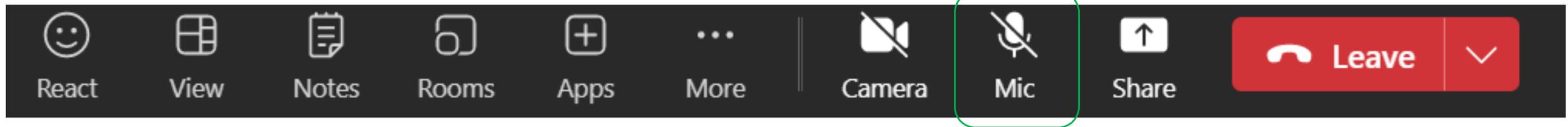
## NATIVE AMERICAN TECHNICAL ADVISORY COMMITTEE

MARCH 16, 2026  
9AM-11AM

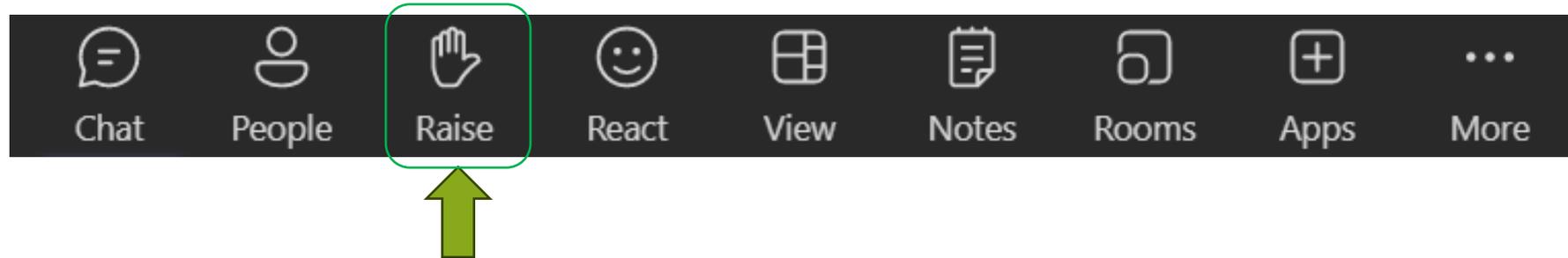
*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# HOUSEKEEPING TIPS:

- Participants, please mute all background noise and microphones
- To turn on your microphone during a meeting, select MIC



- To raise your hand, click on Raise. Click the hand again to lower your hand



- One person speaks at a time
- Use the chat or Q/A features to ask questions or share comments respectfully
- Be mindful of time and allow space for others to participate

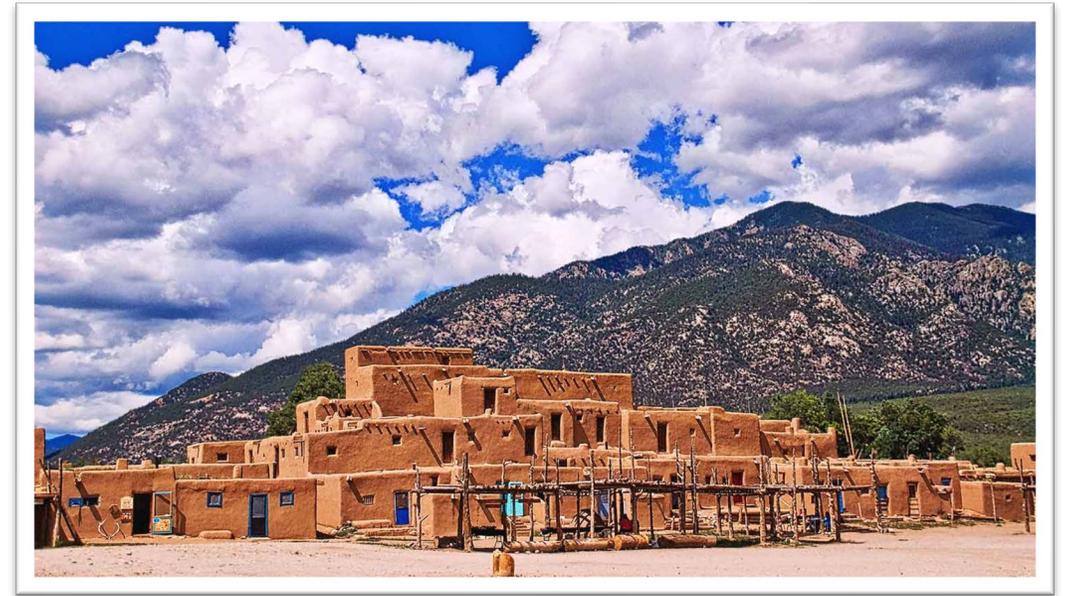


# BEFORE WE START...

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.**

**Learn more:** About Taos Pueblo at [Taospueblo.com](https://www.taospueblo.com)



*A cloudy morning looking over Taos Pueblo*  
Photo provided by [elpueblolodge.com](https://elpueblolodge.com)





HEALTH CARE  
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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.*

## 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.

# NATAC

## What is NATAC?

- Tribal leaders, members (appointed by affiliated tribe) to discuss and consult on New Mexico Medicaid and other Health Care Authority divisions as it relates to the health, welfare, and safety of Tribes, Nations and Pueblos.

## What is the goal of NATAC?

- To build meaningful partnership that improves health outcomes of members of Tribes, Nations and Pueblos.

## What is the purpose of NATAC?

- To inform Medicaid policy and programmatic decision-making for program improvements, hold meaningful tribal stakeholder engagement, and implement continuous quality improvements within HCA and state agencies for tribal members.



# AGENDA

Time	Presentation	Presenter	
9:00AM-9:20AM	<ul style="list-style-type: none"> <li>Welcome/Housekeeping</li> <li>Land Acknowledgement</li> <li>Introduction-Tribal Liaison</li> </ul>	<ul style="list-style-type: none"> <li>Traditional Blessing of meeting</li> <li>HCA Vision/Mission/Goals</li> <li>Purpose/Goals of NATAAC</li> </ul>	<b>Pharon Morgan</b> , Tribal Liaison, Health Care Authority-Medical Assistance Division
9:20AM-9:40AM	<b>Welcome &amp; Director updates</b> <ul style="list-style-type: none"> <li>HR 1 Updates</li> <li>Exclusion from Medicaid Work requirements</li> </ul>	<ul style="list-style-type: none"> <li>Turquoise Claim Updates</li> <li>Discussion</li> </ul>	<b>Alanna Dancis</b> , DNP, CNP, RN-Interim Medicaid Director of NM Health Care Authority <b>Heidi Capriotti</b> -Deputy Director- Communications & Innovations of NM Health Care Authority
9:40AM-10:05AM	<b>Pharmacy Updates</b> <ul style="list-style-type: none"> <li>Ordering, Referring Provider Issues</li> </ul>	<ul style="list-style-type: none"> <li>Preferred Drug list updates with discussion</li> </ul>	<b>Keenan Ryan</b> , PharmD, PhC, MPH- Interim Chief Medical Officer of NM Health Care Authority
10:05AM-10:30AM	<b>Income Support Division updates</b> <ul style="list-style-type: none"> <li>SNAP Employment and Training</li> </ul>		<b>Diego Romero</b> , SNAP E&T Staff manager, Income Support Division
10:30AM-10:50AM	<b>JUST Health Plus Program</b>		<b>Elena Sanchez</b> , Lead Healthcare Program Coordinator, Justice Services of NM Health Care Authority
10:50AM-11:00AM	<b>Rural Health Care Delivery Fund (RHCDF)</b> <b>Rural Health Transformation Program updates (RHTP)</b> Discussion		<b>Amy Alexander</b> , MPH-Manager, Rural Health Care Delivery Fund of NM Health Care Authority <b>Heidi Capriotti</b> , Medicaid Deputy Director
11:00AM-11:10AM	<b>Traditional Health Care Practice</b> <ul style="list-style-type: none"> <li>Provider Toolkits</li> </ul>		<b>Pharon Morgan</b> , Tribal Liaison-MAD of NM Health Care Authority
11:10AM-11:20AM	<b>Community Health Worker Benefit</b> <ul style="list-style-type: none"> <li>Updates</li> </ul>		<b>Christopher Bartsch</b> , Nurse Auditor & Program Manager for Community Health Worker Benefit of NM Health Care Authority
<b>Questions/Concerns/Adjournment</b>			



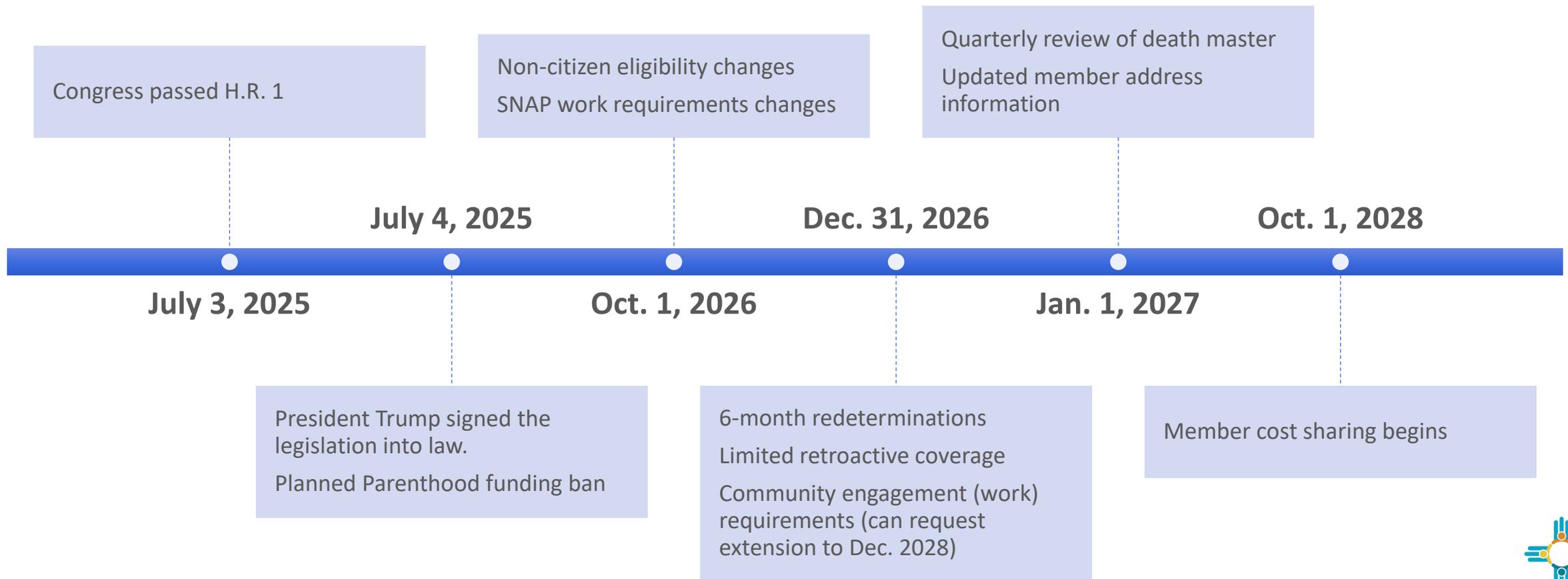
# MEDICAID DIRECTOR WELCOME

ALANNA DANCIS, DNP, CNP, RN

# LEGISLATIVE UPDATES

- SB1: Interstate Medical Licensure Compact
- HB50: Interstate Social Work Licensure Compact
- HB38: Wheelchair Insurance Coverage
- HB156: Repeal Special Session Vaccine Laws
- SB20: Prior Authorization Prescription Drugs
- SB101: Health Care Delivery & Access Act Repeal
- HB2





# REQUIRED IMPLEMENTATION TIMELINE

Category	Item	Effective	Prog Impact	Admin Impact	Enactment	12/31/2025	10/1/2026	1/1/2027	10/1/2027	1/1/2028	10/1/2028	1/1/2029
Provider Payments	Cease federal payments to entities providing abortions	Enactment	Low	Low								
Provider Payments	Rural Health Transformation Program -- submit state application	12/31/2025	High	High								
Expansion Adults	Refinance emergency services from 90% FMAP to regular FMAP	10/1/2026	Low	Low								
Reduce Coverage	Change definition of qualified alien - exclude multiple groups	10/1/2026	Medium	High								
Reduce Coverage	Reduce retroactive coverage - from 3 months to 1 of 2 months	1/1/2027	Low	Medium								
Expansion Adults	Eligibility redeterminations - 12 months to 6 months	1/1/2027	High	High								
Expansion Adults	Community engagement - monthly check on redetermination	1/1/2027	High	High								
Other Changes	Reducing duplicate enrollment - process and MCO contracts	1/1/2027	Low	Medium								
Provider Payments	Provider taxes - phase down hold harmless threshold	10/1/2027	High	High								
Provider Payments	Change to waiver of uniform tax requirements - up to 3 year transition	Enactment	Medium	Low								
Provider Payments	State Directed Payments - phase down current payments	1/1/2028	High	High								
Other Changes	Disenroll deceased individuals - quarterly review of master file	1/1/2028	Low	Low								
Other Changes	Disenroll deceased providers - quarterly review of master file	10/1/2028	Low	Low								
Other Changes	Standalone HCBS waiver option - non-institutional level of care	10/1/2028	Low	Low								
Expansion Adults	Implement cost sharing requirements for Expansion Adults	10/1/2028	Medium	High								
Other Changes	Reduce payments if error rate >3% - based on audits	10/1/2029	Low	Low								



# NATIVE AMERICAN EXEMPTIONS

- Community Engagement
- 6-month renewals
- Cost sharing at IHS, tribal, or urban Indian facilities
- Not going to reverify tribal affiliation at renewals



# HR1 UPDATES: COMMUNICATIONS

- Statewide marketing campaign in development
  - Summer launch
  - Radio, tv, out of home, social media, provider toolkit

ASK OF NATAC: How to best reach your tribe?

ASK of NATAC: What terminology to use: “Community engagement” or “Work Requirements”

**Keep Your Benefits NM!**



# QUESTIONS/ADVICE



# TURQUOISE CLAIMS

LORRINA RIVERA, ASSISTANT DEPUTY DIRECTOR

# READY. SET. BILL!



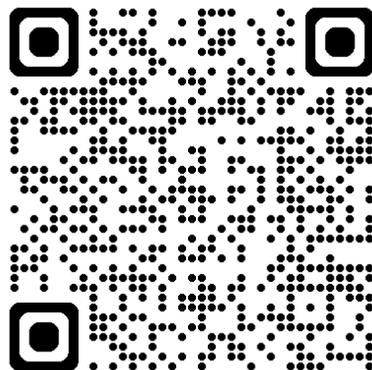
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# OVERVIEW

The NM Health Care Authority (HCA) will launch **Turquoise Claims**, the Medicaid claims management system on **March 23<sup>rd</sup> at 7:00 PM MT.**

- 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.yesnm.gov) website, the one-stop shop for all provider tools, to access the Provider/PED Enrollment system, learning management system (LMS), and Turquoise Claims.
- After launch, the NM Medicaid Provider Web Portal will no longer be accessible.
- 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](#)



# TURQUOISE CLAIMS LAUNCH MARCH 23

- In person demo held in Gallup February 26<sup>th</sup> with deputy cabinet secretary Kathy Slater Huff
- IHS demo held March 11<sup>th</sup> during the monthly Conduent technical assistance meeting



# 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.

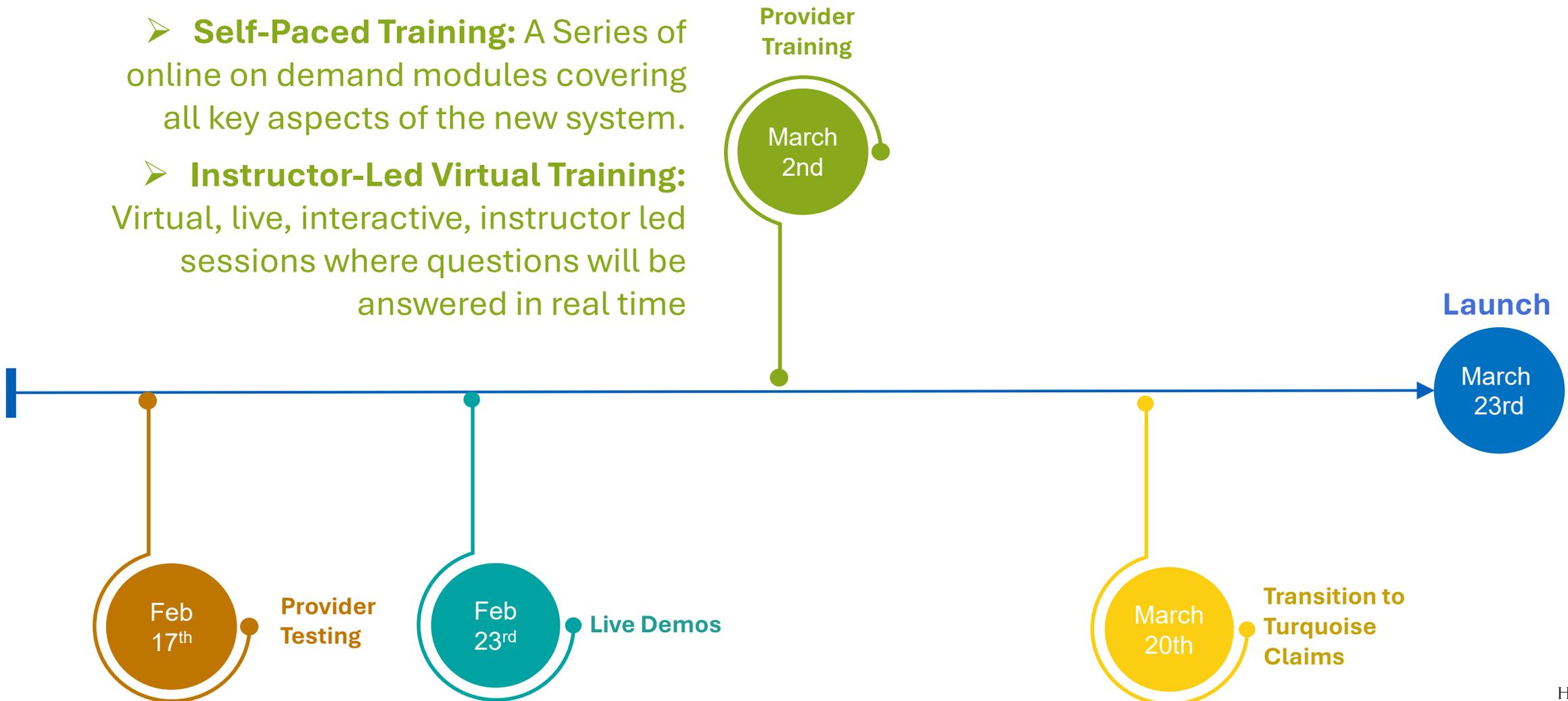
**Electronic Data Interchange (EDI)** => No process change! You'll continue submitting them through your clearinghouse just like today.



# TIMELINE TO LAUNCH

Milestones to ensure a smooth transition to **Turquoise Claims**:

- **Self-Paced Training:** A Series of online on demand modules covering all key aspects of the new system.
- **Instructor-Led Virtual Training:** Virtual, live, interactive, instructor led sessions where questions will be answered in real time



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# TIMELINE TO LAUNCH

Milestones to ensure a smooth transition to **Turquoise Claims**:

- There will be approximately **72 hours of downtime** during the transition to Turquoise Claims **starting Friday, 3/20 at 5 PM until Monday, 3/23 at 7 PM.**
  - During this time, the NM Medicaid Provider Portal will be in **Inquiry Mode** only.
  - The Provider Portal will **not be accessible for claims submissions**, but it will be available for claims and eligibility inquiries.
- There will be **no interruption to the claims' payment schedule** and **no changes to how funding is received.**

Transition to  
Turquoise  
Claims



March  
20th

Launch:

March  
23rd

Feb  
17<sup>th</sup>

Provider  
Testing

Feb  
23<sup>rd</sup>

Live Demos

March  
2<sup>nd</sup>

Provider  
Training

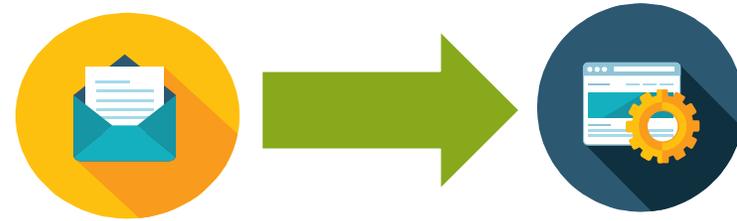


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# MOVING AWAY FROM PAPER CLAIMS

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**



# HOW TO PREPARE FOR LAUNCH

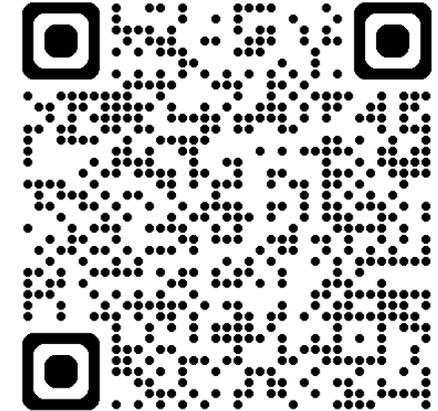
## Remittance Advices

- Fee For Service (FFS) Providers may access and download Remittance Advices (RA) on the **current** New Mexico Medicaid Web Portal until Turquoise Claims launches on March 23rd.
  - Final RAs MUST be downloaded prior to 7:00 PM
  - **New RAs for claims paid *after* March 27th** will be available in Turquoise Claims.

## Prior Authorizations

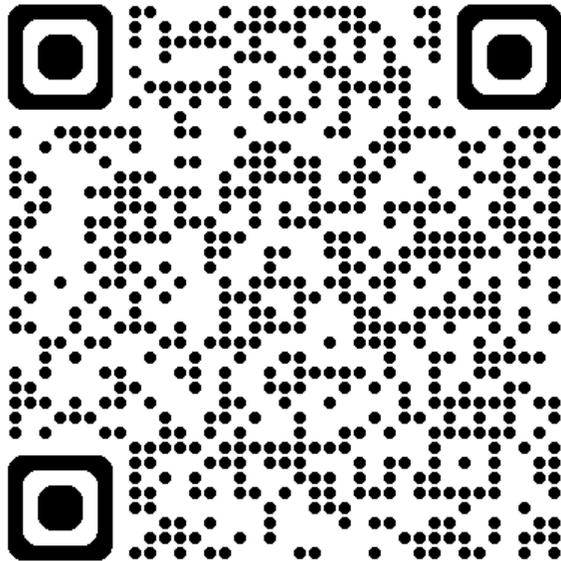
- FFS providers must also access the **current** New Mexico Medicaid Web Portal to **download their final Prior Authorization (PA) Reports before the 7:00 PM cutover.**
  - Providers will be able to do inquiries and see history, but no PA report will be available in Turquoise Claims at launch.
- If you have trouble downloading your RAs or PAs, please contact CCSC at 800-299-7304, 7:00 AM – 7:00 PM M-F.

To ensure you're ready for launch, please create your YES.NM.GOV account in advance: [YesNM-Account-Creation-Instructions.pdf](#)



# TURQUOISE CLAIMS WEB PAGE

The Turquoise Claims web page on the HCA website: <https://www.hca.nm.gov/turquoise-claims/>, has the most current information that has been released regarding the new system.



<b>Providers Overview</b>	<b>Turquoise Claims</b>
Communications to Providers	<b>Say Hello to the Turquoise Claims System</b>
<b>Turquoise Claims</b>	<b>Turquoise Claims launches on March 23, 2026! Sign up for Training Today!</b>
Provider & PED Enrollment System	To help you prepare, we're offering both live, instructor-led training sessions and self-paced, computer-based training. For more information and sign-up instructions, click here: <a href="#">Turquoise Claims Launches March 23 – Sign Up for Training Today!</a>
Critical Incident Reporting	
Fee for Service	The New Mexico Health Care Authority (HCA) and Medical Assistance Division (MAD) will be launching <b>Turquoise Claims</b> , a new Medicaid claims management system which will go-live on March 23, 2026.
Pharmacy	
Manuals and Guides	Turquoise Claims will replace the current Medicaid claims management system (Omnicaid) and the NM Medicaid Provider Web Portal. You will find Turquoise Claims on the <a href="https://www.yes.nm.gov">YES.NM.GOV</a> website and log in just like you do today to access the Provider/PED Enrollment system.
New Mexico Administrative Code Program Rules and Billing	
Native Americans	YES.NM.GOV will be your one-stop shop for all your provider needs.
Presumptive Eligibility Determiners	<b><i>One Piece of a Larger Project to Update Medicaid Systems</i></b>
Sites of Interest	Turquoise Claims is just one piece of a large project to update every aspect of the New Mexico Medicaid enterprise system. This module will streamline our ability to manage and oversee all claims processing, improve efficiency, and increase accuracy of billing and payments to comply with federal guidelines.
ABA (Applied Behavior Analysis) Provider Information	





# CHIEF MEDICAL OFFICER

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/](http://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



# QUESTIONS/ADVICE



# SNAP EMPLOYMENT & TRAINING

DIEGO ROMERO, SNAP E&T STAFF MANAGER, INCOME  
SUPPORT DIVISION

# SNAP E&T TEAM

Diego Romero – SNAP E&T Staff Manager, New Mexico Health Care Authority

Karen Griffin – SNAP E&T Coordinator, New Mexico Health Care Authority

Jimmy Rodriguez – SNAP E&T Coordinator, New Mexico Health Care Authority

Danica Aguilar – Sr. Business Operations Analyst, New Mexico Health Care Authority

Sarah Martinez – Sr. Business Operations Analyst, New Mexico Health Care Authority



# SNAP E&T VISION

The State of New Mexico SNAP Employment and Training (E&T) program envisions a place where minimizing barriers leads to promoting equity, diversity, accessibility, and inclusion to promote economic self-sufficiency to create hope and build better futures for citizens of New Mexico and future generations.

The mission is to ensure New Mexicans attain their highest level of health by providing whole person cost effective accessible and high-quality safety net services.



# SNAP E&T GOALS FOR PARTICIPANTS



Help the citizens of New Mexico gain employable skills



Provide access to training, education, case management & support services while reducing barriers



Help the citizens of New Mexico become self sufficient by becoming employed



# WHO CAN PARTICIPATE

Those Between the ages of 16 and 64: Ages 16-17 must be head of household

Physically and Mentally Fit

Have not applied for or is receiving General Assistance, Social Security Income (SSI), Disability Insurance (RSDI) Disability or other disability benefits

Have not applied for or is receiving Unemployment Compensation Benefits

Have not applied for or is receiving Temporary Assistance for Needy Families (TANF)



## CURRENT SERVICE PROVIDER: EQUUS

**Programs offered through SNAP E&T, virtually and in person are:**

1. Job Search Training Program
2. Job Retention



CURRENT PROVIDER:  
CENTRAL NEW MEXICO COMMUNITY COLLEGE (CNM)

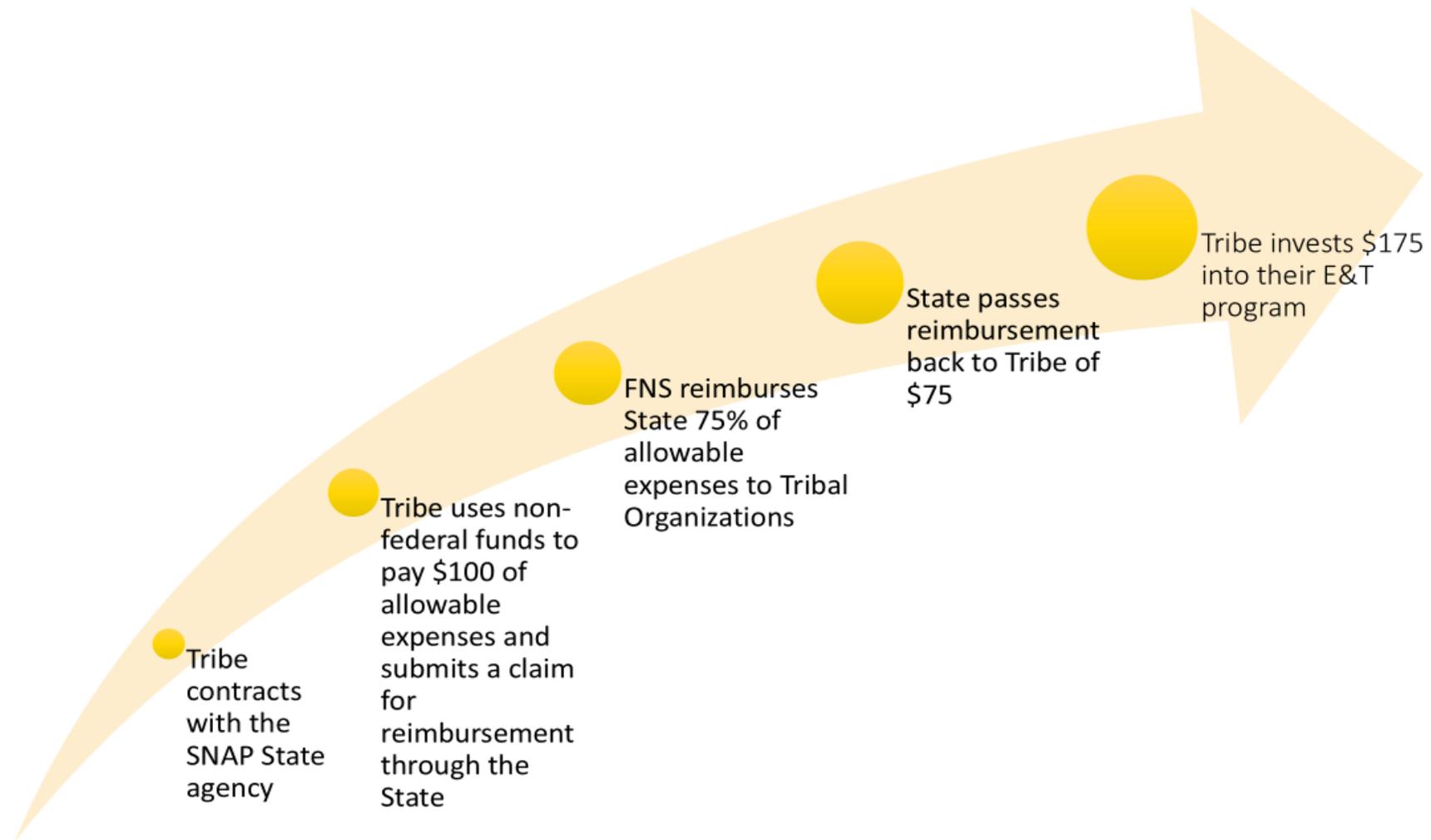
## **Educational Programs**

**The components that are offered virtually in person through E&T are:**

1. English Language Acquisition
2. High School Equivalent Education Programs
3. Career and Technical Education



# 75% REIMBURSEMENTS FOR TRIBES



# QUESTIONS/ADVICE

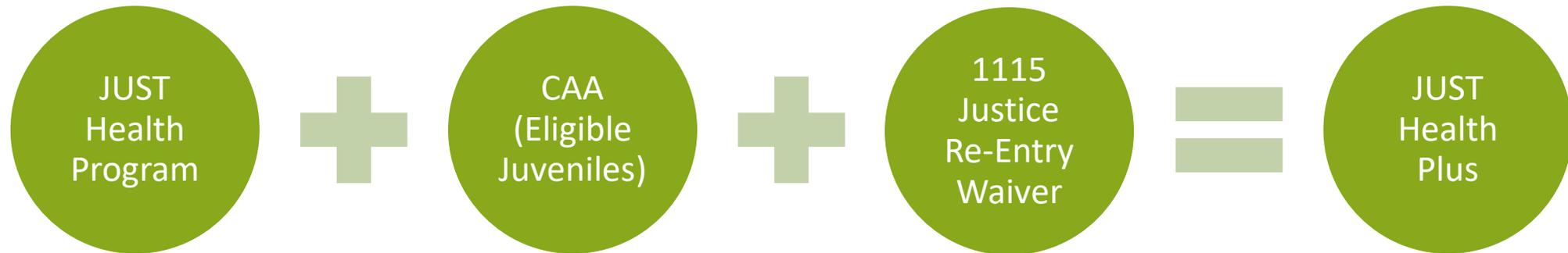


# JUST HEALTH PLUS PROGRAM

JEANELLE ROMERO

COMMUNICATION AND EDUCATION BUREAU CHIEF

# WHAT IS JUST HEALTH PLUS?



Look for more information on the  
Justice Initiative web page

[www.hca.nm.gov/justice-initiatives/](http://www.hca.nm.gov/justice-initiatives/)

JUST HEALTH  
**PLUS**



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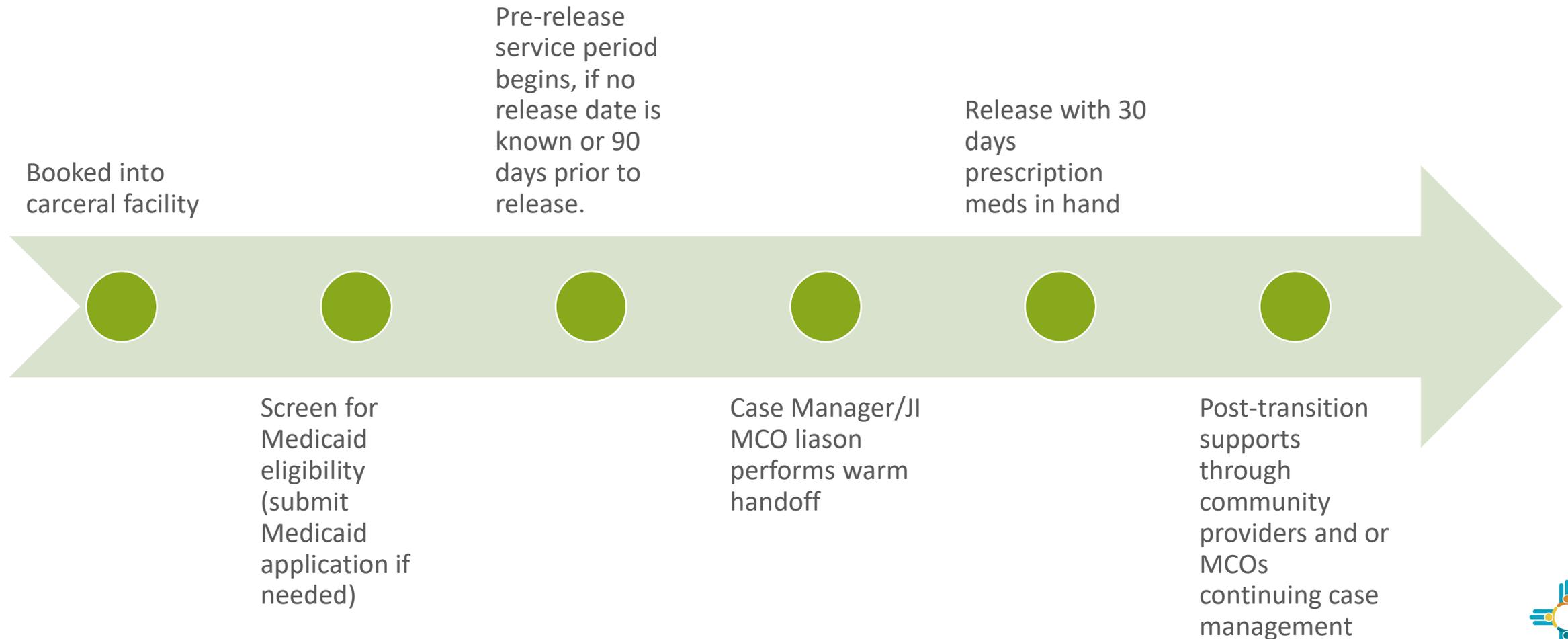
# SERVICES FOR ELIGIBLE JUVENILES

## If your facility has adjudicated, eligible juveniles:

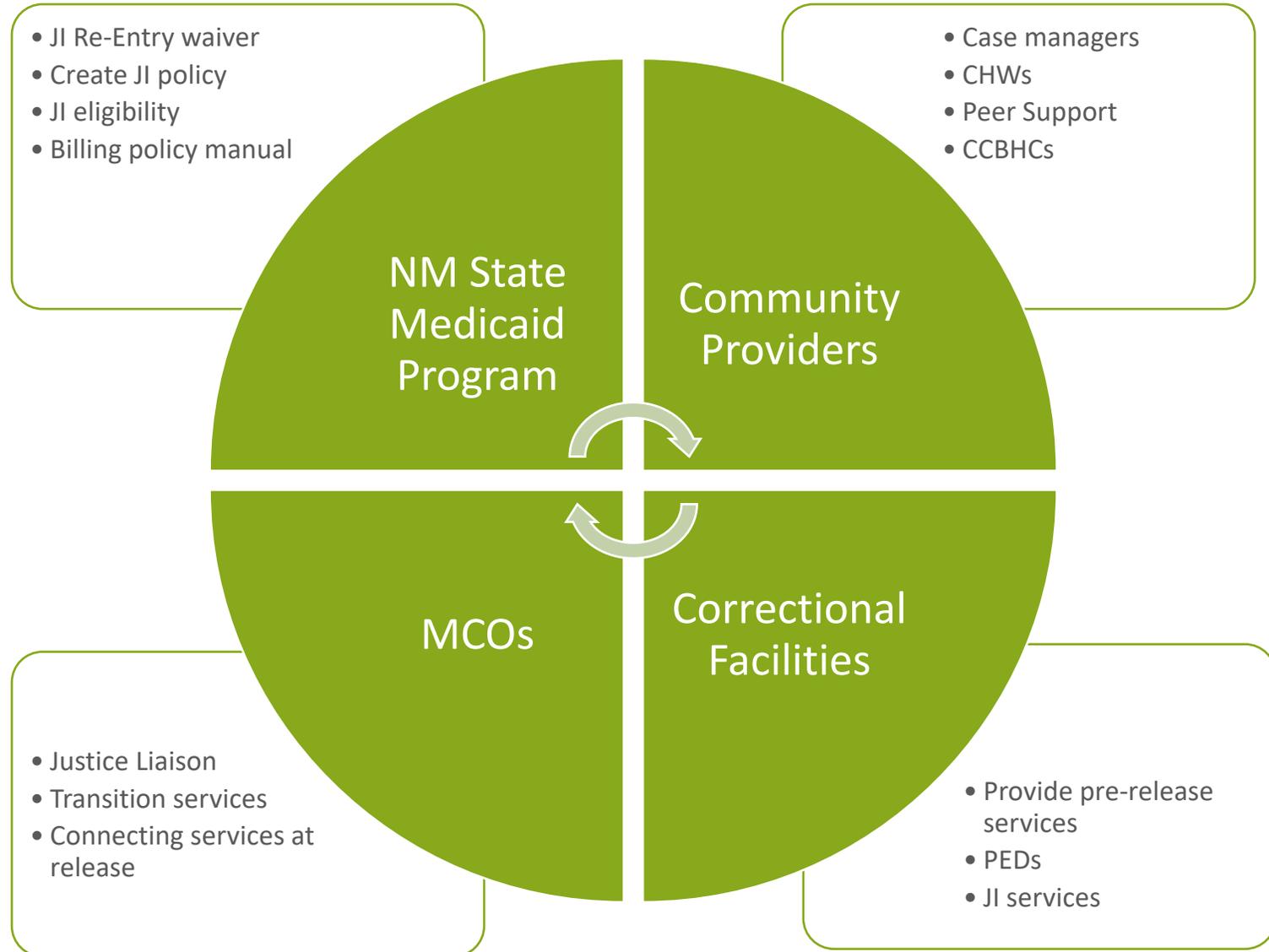
- **Consolidated and Appropriations Act (CAA) CMS Requirement**
- **Certain Medicaid-eligible juveniles are eligible for pre- and post-release services:**
  - Targeted Case Management (30 days pre- and post-release)
  - Screening and Diagnostics (30 days pre-release)
- **Eligible juveniles include those who are (1) Medicaid eligible, (2) adjudicated, and (3) under 21 or under 26 in the former foster care Medicaid eligibility category.**
  - Only applicable for youth who are within 30 days of release to the community.
- **These requirements apply regardless of a facility's participation in JUST Health Plus; however, participating in JUST Health Plus will help a correctional facility satisfy the requirements.**
- **Applicable facilities (if they have eligible juveniles as described above):**
  - CYFD: In progress
  - NMCD: In progress
  - Counties: In progress for Cohort 1 facilities; HCA will work with other counties individually
- **Flexibilities, if needed:**
  - Provide the services but not bill Medicaid.
  - Services that cannot be provided pre-release may be provided post-release; HCA will work with facilities to determine feasibility.



# JUSTICE INVOLVED RE-ENTRY FRAMEWORK



# PARTNERS INVOLVED IN RE-ENTRY SERVICES



# JUSTICE RE-ENTRY DELIVERY SYSTEM

## FEE-FOR-SERVICE (FFS)

- Pre-release services rendered will be billed FFS
- Enrolled Medicaid providers bill Medicaid directly for services rendered to members
- JI Provider & billing manual  
[New-Mexico-Justice-Involved-Demonstration-Policy-and-Billing-Manual-Final-HCA .pdf](#)
- **Coming soon – Summer 2026**
  - New provider type for correctional facility providers.
  - Bill fee for service

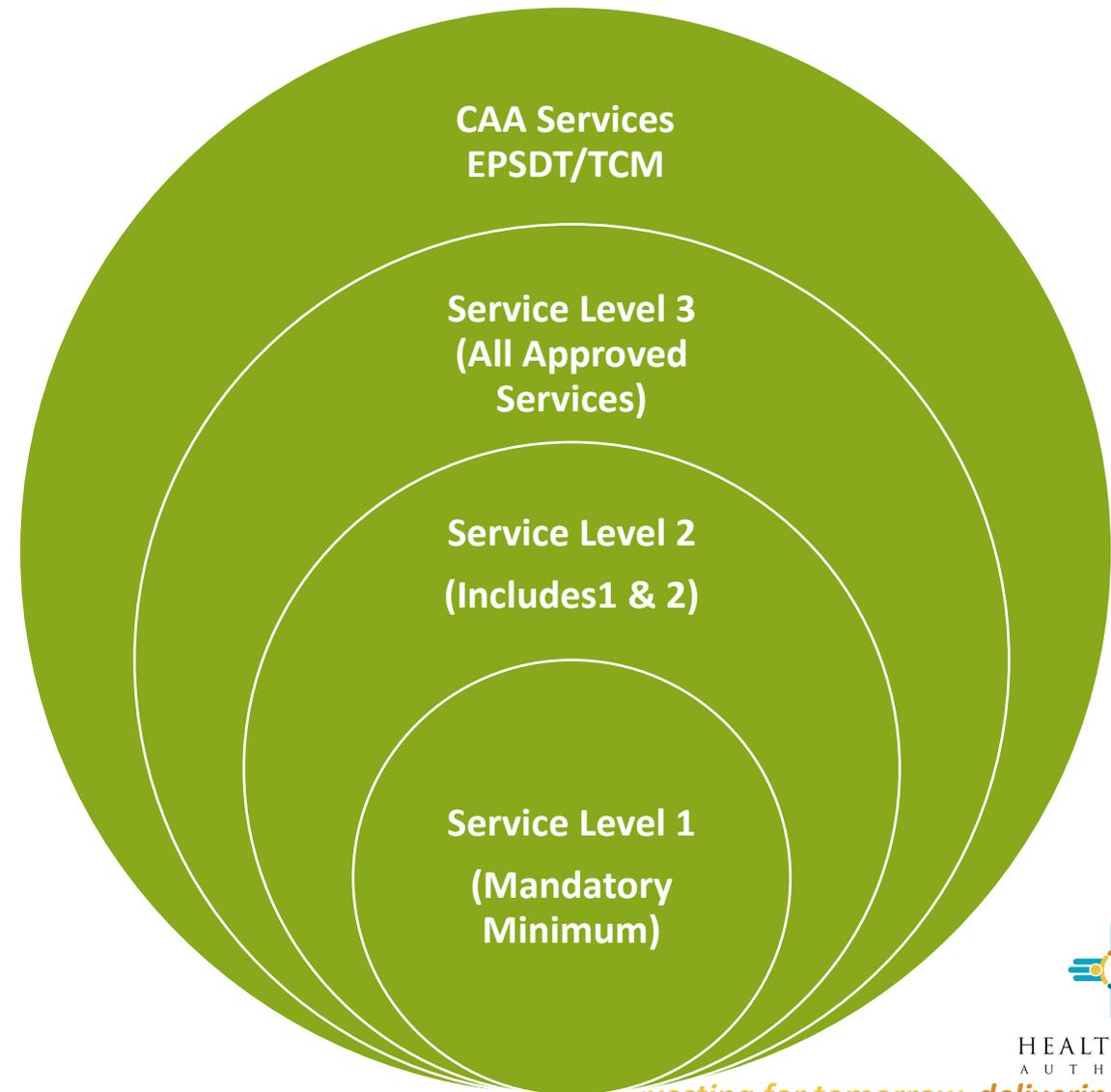
## MANAGED CARE

- (MCOs) Managed Care organizations are health plans that provide care to Medicaid eligible members.
- Health plans emphasis is on care coordination, fiscal responsibility, and innovative payment structures via capitation.
- Medicaid members pick a health plan to provide their services.
- Providers bill the health plan for services rendered



# NEW MEXICO'S JI IMPLEMENTATION STRATEGY

- **Facilities can phase-in “Service Levels”**
  - Statewide phase-in, for example: Mandatory services initially and remaining services phased-in based on state budget authorization.
  - Based on individual facility readiness, for example: NM could allow facilities to opt-in to service levels beyond the mandatory services.
  - Note: Facilities who have CAA eligible participants can add CAA Service benefits to the service level your facility is approved to provide.



# CORRECTIONAL FACILITY PROVIDER

Service Level Tier 1	Service Level Tier 2	Service Level Tier 3	CAA	CAA + Service Level Tier 1	CAA +Service Level 2
<ul style="list-style-type: none"> <li>• Case Management</li> <li>• MAT</li> <li>• 30 days prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• MAT</li> <li>• 30 days prescription</li> <li>• Hepatitis C Diagnostic and Treatment Services</li> <li>• Peer Supports</li> <li>• Community Health worker (CHW) Services</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• MAT</li> <li>• 30 days prescription</li> <li>• Hepatitis C Diagnostic and Treatment Services</li> <li>• Peer Supports</li> <li>• Community Health worker (CHW) Services</li> <li>• Prescribed Drugs</li> <li>• Medical Equipment and Supplies</li> <li>• Physical and Behavioral Health Clinical Consultation</li> <li>• Family Planning Services</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Case management</li> <li>• EPSDT Dignostic Services</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Case management</li> <li>• EPSDT Dignostic Services</li> <li>• Case Management</li> <li>• MAT</li> <li>• 30 days perscription</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Case management</li> <li>• EPSDT Dignostic Services</li> <li>• Case Management</li> <li>• MAT</li> <li>• 30 days prescription</li> <li>• Hepatitis C Diagnostic and Treatment Services</li> <li>• Peer Supports</li> <li>• Community Health worker (CHW) Services</li> </ul>

Mandatory

90 Days

90 Days

90 Days

30 Days

90 Days

90 Days



# STATUS OF JUST HEALTH PLUS NMCD PILOT COHORT

## Three NMCD facilities are part of the pilot that started July 1, 2025:

- Central NM Correctional Facility
- Western NM Correctional Facility
- Springer Correctional Center

## The JUST Health Plus pilot facilities are approved to cover the following services (Service Level Two):

- Medication Assisted Treatment (MAT)
- Thirty Days of Medications Upon Release
- Hepatitis C Diagnostic and Treatment Services
- Case Management (CM)
- Certified Peer Support Worker Services
- Community Health Worker Services



HCA received federal approval to bill for certain pre-release services for eligible juveniles. Children, Youth and Families Department(CYFD) and HCA have been coordinating on the following.....

CYFD can begin billing Medicaid at two facilities, as soon as systems are ready:

- Youth Development and Diagnostic Center
- John Paul Taylor Center

Services in the first stage of implementation include:

- Targeted Case Management
- EPSDT Screenings and Diagnostics

The second stage of implementation for CYFD will include 1115 Demonstration Service Level Two Services.

- Contingent on assessment of CYFD readiness and HCA systems readiness.



# STATUS OF JUST HEALTH PLUS

## COUNTY DETENTION CENTERS — COHORT ONE

County Detention Center	Status	Estimated Go-Live Date
Bernalillo County Metropolitan Detention Center	Intent to Participate: Submitted. Pre-Readiness & Capacity Budget Application: Submitted.	April–June 2026
Valencia County Detention Center	Intent to Participate: Submitted. Pre-Readiness & Capacity Budget Application: Submitted.	April–June 2026
Santa Fe County Detention Center	Intent to Participate: Submitted. Pre-Readiness: Submitted.	April–June 2026
Socorro County Detention Center	Intent to Participate: Submitted. Pre-Readiness & Capacity Budget Application: Submitted.	April–June 2026
Bernalillo County Youth Services Center	Intent to Participate: Submitted.	April–June 2026

- **Status of Cohort One:**

- On January 7, 2026, County Cohort One facilities submitted pre-readiness materials to support planning for program implementation and identifying capacity-building needs related to services for justice-involved individuals.
- HCA is currently reviewing materials and will meet with each county facility to discuss their submission and proposed budget for capacity funding.
- JUST Health Plus contracts are in development



# ESTIMATED FUTURE 1115 PHASE-IN

## TIMELINE

- Based on current legislative budget appropriations, HCA projects this phase-in schedule for facilities operating at Service Level Two:



- Central NM Correctional facility
- Western NM Correctional facility
- Springer NM Correctional facility

- Bernalillo Metropolitan CDC
- Bernalillo Juvenile CDC
- Santa Fe CDC
- Valencia CDC
- Socorro CDC

- Tribal correctional facilities onboard opportunities
- Specific timeline dependent on state and facility readiness
- Dependent on continuing budget availability



# NEXT STAKEHOLDER MEETING

## Next JUST Health Plus Quarterly Stakeholder Meeting

WHEN: April 16, 2026, 12:00 p.m.

WHERE: Online (Zoom)

Register in advance for this meeting:

<https://bit.ly/4jDUy3o>



# QUESTIONS/ADVICE



# RURAL HEALTH CARE DELIVERY FUND

AMY ALEXANDER, MPH

MANAGER, RURAL HEALTH CARE DELIVERY FUND

# BACKGROUND



“We created this fund because rural health care providers were struggling to keep their doors open, let alone expand,” said Lujan Grisham. “These awards will help meet a pressing need for care in rural communities that have gone too long without adequate services.”

Governor Michelle Lujan Grisham

- The RHCDF was established by SB7 in 2023 to provide funds that defray start-up costs and operating losses for Medicaid-enrolled providers and facilities delivering new or expanded health care services in rural counties across New Mexico.
- Funding is allocated through a competitive process and is subject to statutory, contractual, and reporting requirements to ensure appropriate use of public funds.
- Currently three funded cohorts: FY24-26, FY25-27, and primary care projects running from FY26-27.
- Application for FY27-29 is now open and is focused on stabilization instead of expansion.



# RURAL HEALTH CARE DELIVERY FUND TEAM

AMY ALEXANDER, MPH  
Program Manager



KORI NOVAK, PHD, MBA  
Partnerships Manager



SHELBY DANILOWICZ  
Project Manager



HALA REEDER  
Strategic Data Analyst



HUGO IRIBARREN  
Financial Analyst



TRICIA OCHOA  
Financial Analyst



SELENA RODRIGUEZ  
Grant Analyst



To contact RHCDF Team email: [hca.rhcdf@hca.nm.gov](mailto:hca.rhcdf@hca.nm.gov)



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# WHAT WE DO

## BEYOND THE MONEY

- Check in regularly to track progress, challenges, and strategy
- Hold office hours for general support and invoicing assistance
- Review quarterly reports and track program data
- Process invoices to ensure timely payments
- Facilitate quarterly Learning Collaboratives for shared learning
- Offer technical assistance webinars as needed
- Conduct site visits for on-the-ground support



# RHCDF IS CURRENTLY SUPPORTING 80 PROJECTS

## TOTAL OUTCOMES TO DATE



Patient Encounters To Date



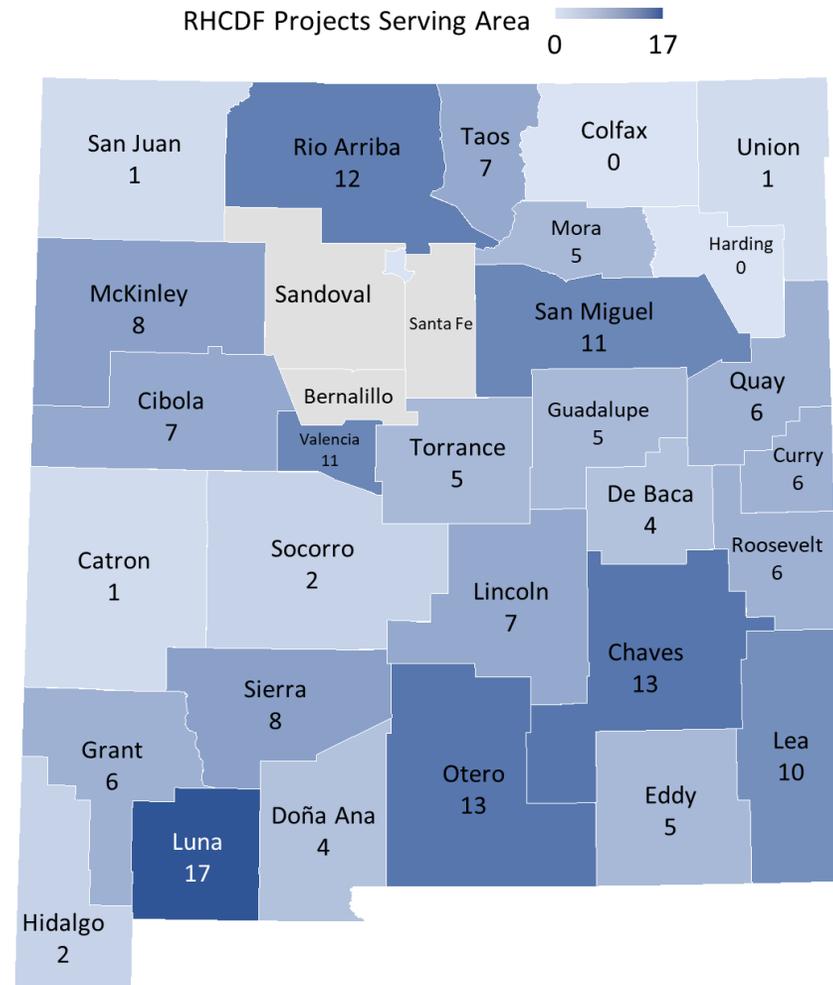
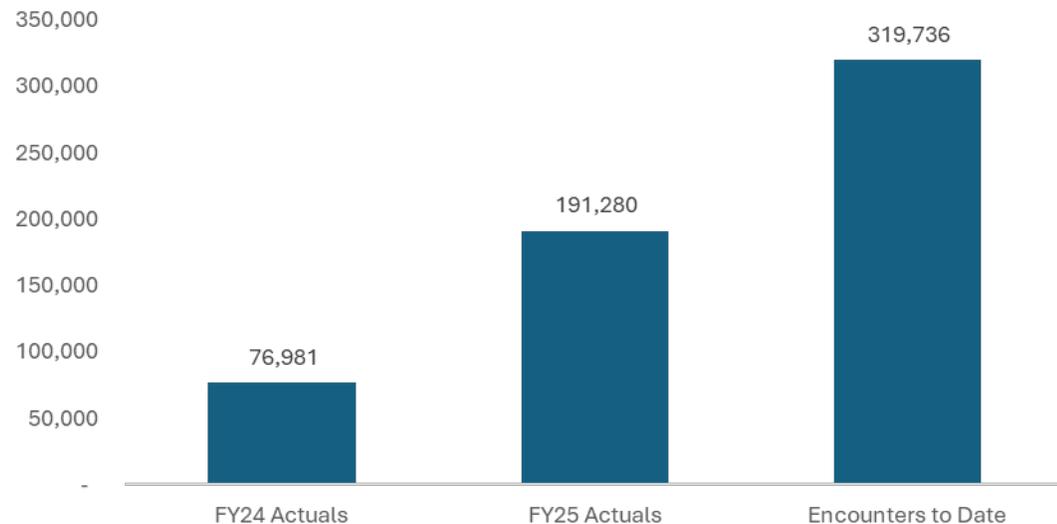
Individuals Served To Date



New Hires of Full-Time Health Workers To Date

## NUMBER OF PROJECTS BY COUNTY

## TOTAL ENCOUNTERS BY FISCAL YEAR



# TESTIMONIALS

“This funding is not just a lifeline for individuals—it is a **cornerstone for building stronger rural communities**. It has allowed agencies like ours to bring our expertise to these areas and work alongside residents to create meaningful, lasting change.”

“Thanks to this program, we’ve been able to provide thousands of visits to patients in rural communities — many of whom would otherwise face significant barriers to timely medical care. Time and again, our patients share how thankful they are to **be seen within days instead of waiting six months** to a year to see a primary care provider.”

“We are deeply grateful for this funding, which **has enhanced our infrastructure, workforce,** and ability to provide high-quality, sustainable care.”

“RHCD funding facilitated hiring **five new providers**, adding case management, diabetes management, and integrated behavioral health services, and allowed a non-profit health center to care for over ten thousand patients.”

“This opportunity will **decrease barriers** to care that our patients must face regarding travel and resources to make appointments.”

“This funding allows us to provide **essential healthcare services** to the residents of Lea County, ensuring that our community has access to comprehensive and timely primary care. The RHCDF enables us to address the specific needs of our rural population, improve health outcomes, and enhance the overall well-being of our community.”



# STABILIZATION FUNDING FY27-29

## NEXT FUNDING CYCLE BEGINS AUGUST

- \$50 million in funding available
- For stabilization of existing rural health care services
- Covers losses and costs that are necessary to maintain service delivery
- Includes facilities and providers in health professional shortage areas (HPSAs) and tribally operated health care facilities

## MEDICAID

- RHCDF requires all recipients to be currently Enrolled as a Medicaid Provider who is actively serving Medicaid recipients and provide services eligible for Medicaid reimbursement.
- This funding cycle is also requiring participation in New Mexico Medicaid's Presumptive Eligibility (PE) program.

**Online Application Opened TODAY:**

<https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/>



# TECHNICAL ASSISTANCE WEBINARS

## OVERVIEW AND APPLICATION GUIDANCE

- March 17th 12:00-1:00pm



## BUILDING A STRONG BUDGET AND WORKPLAN

- March 20th 12:00-1:00pm



# Better Health in Rural New Mexico: Helping Clinics. Helping People. Increasing Access to Care.

## Rural Health Care Delivery Fund (State Funded)

- **What it is:** A state fund created by the New Mexico legislature to help rural doctors and clinics right now.
- **What it does:** Funds rural clinics and hospitals to remain open and or add new services.
- **What it helps:** Rural clinics and hospitals start new services or keep important services going, improving access to care in communities that need it most.
- **Who it helps:** Both New Mexico medical professionals and rural communities.
- **Simple goal:** Give local rural clinics money now to grow or stay open.

## Rural Health Transformation Program (Federally Funded)

- **What it is:** A partnership between New Mexico and the federal government to improve rural health for the long term.
- **What it does:** Funds big changes like better technology (telehealth), nurse training, and keeping hospitals open.
- **What it helps:** Improve health outcomes and use better tools to treat patients in your town.
- **Who it helps:** Everyone living in rural New Mexico communities.
- **Simple goal:** Making rural health even better in the future.

**Why this matters:** Two ways we are working to make sure New Mexicans get the care they need, no matter where they live.

# TRADITIONAL HEALTH CARE PRACTICES

PHARON MORGAN  
MAD TRIBAL LIAISON

# 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 facilitators to determine how to bill for services.

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

**What This Means for Native Health Care Members**

- **Expanded Medicaid coverage** – determines their definition of behavioral health entities when delivered through traditional healers.
- **Flexibility in setting** – “four walls” requirement.



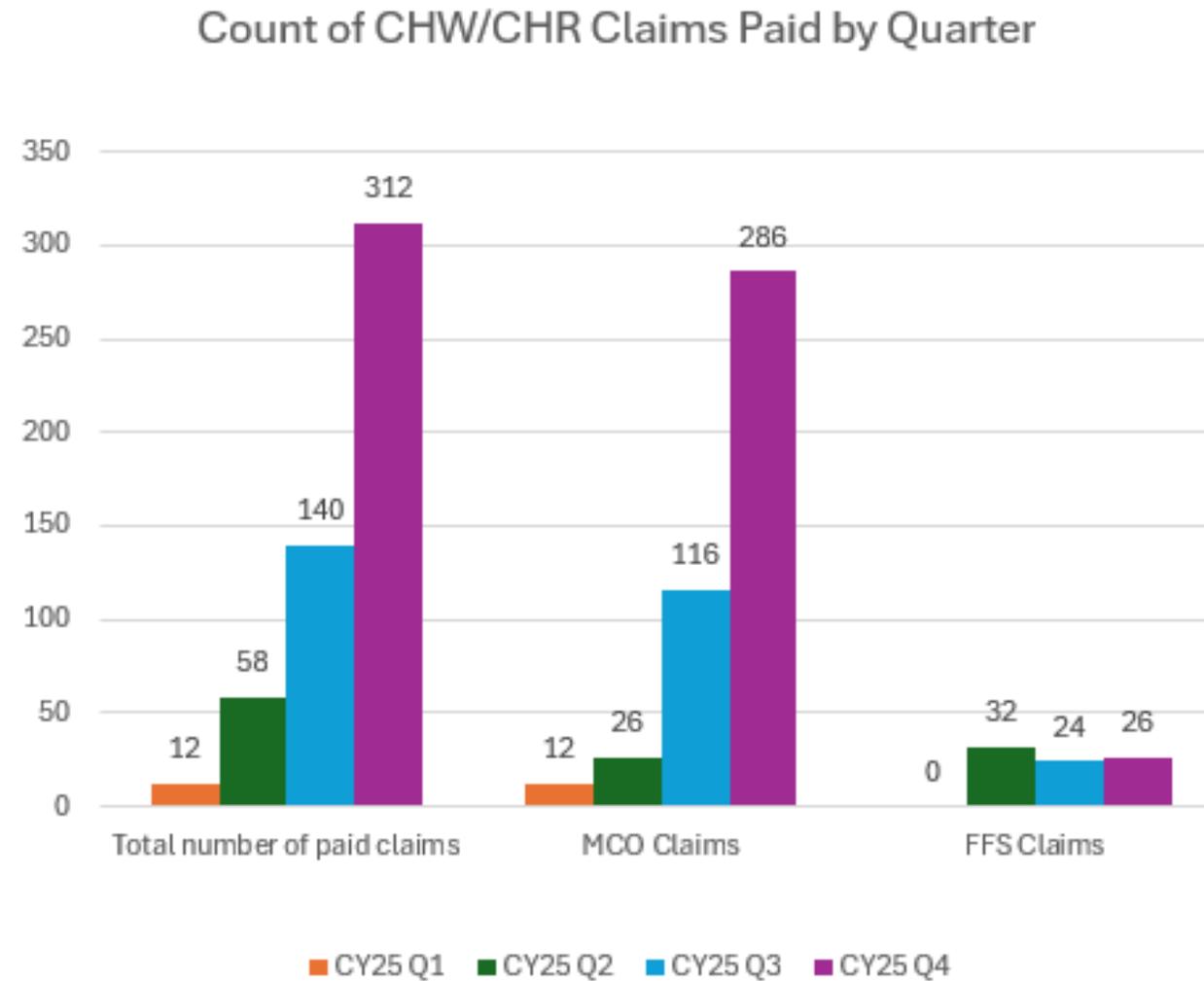
# QUESTIONS/ADVICE



# CHR/CHWS

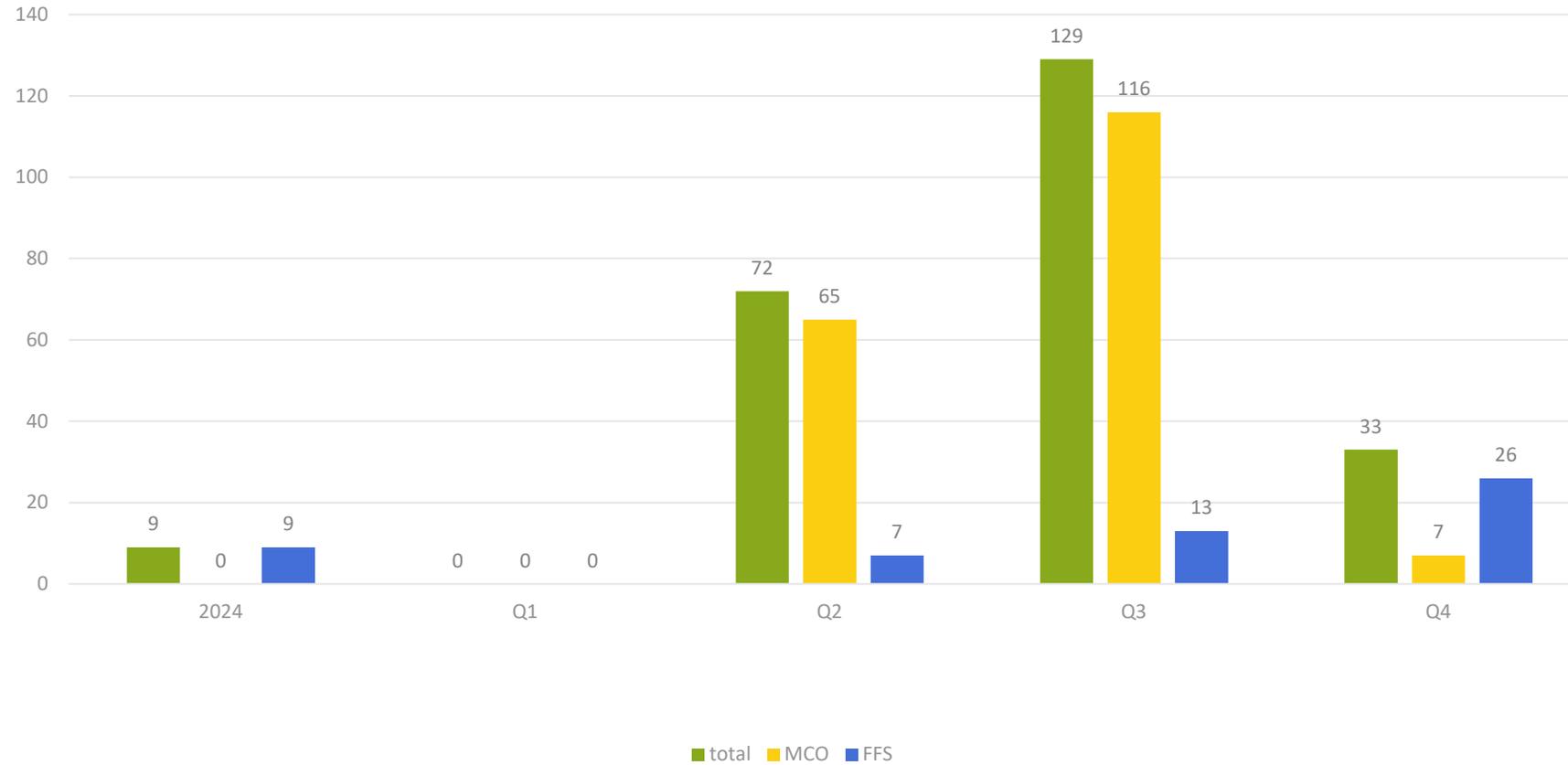
CHRISTOPHER BARTSCH, NURSE AUDITOR & PROGRAM  
MANAGER FOR COMMUNITY HEALTH WORKER BENEFIT

# CLAIMS ACTIVITY



# CLAIMS ACTIVITY

## Denied Claims



# CHW/CHR ENROLLMENT

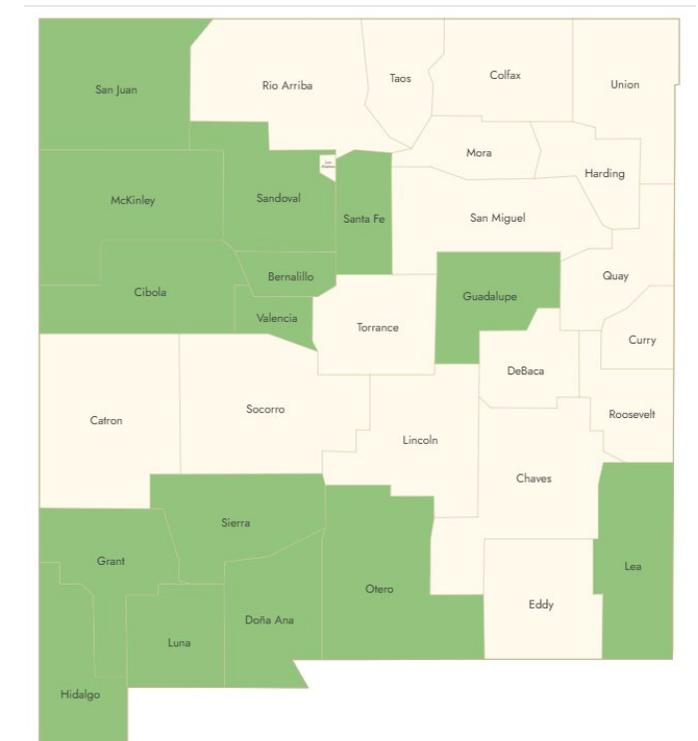
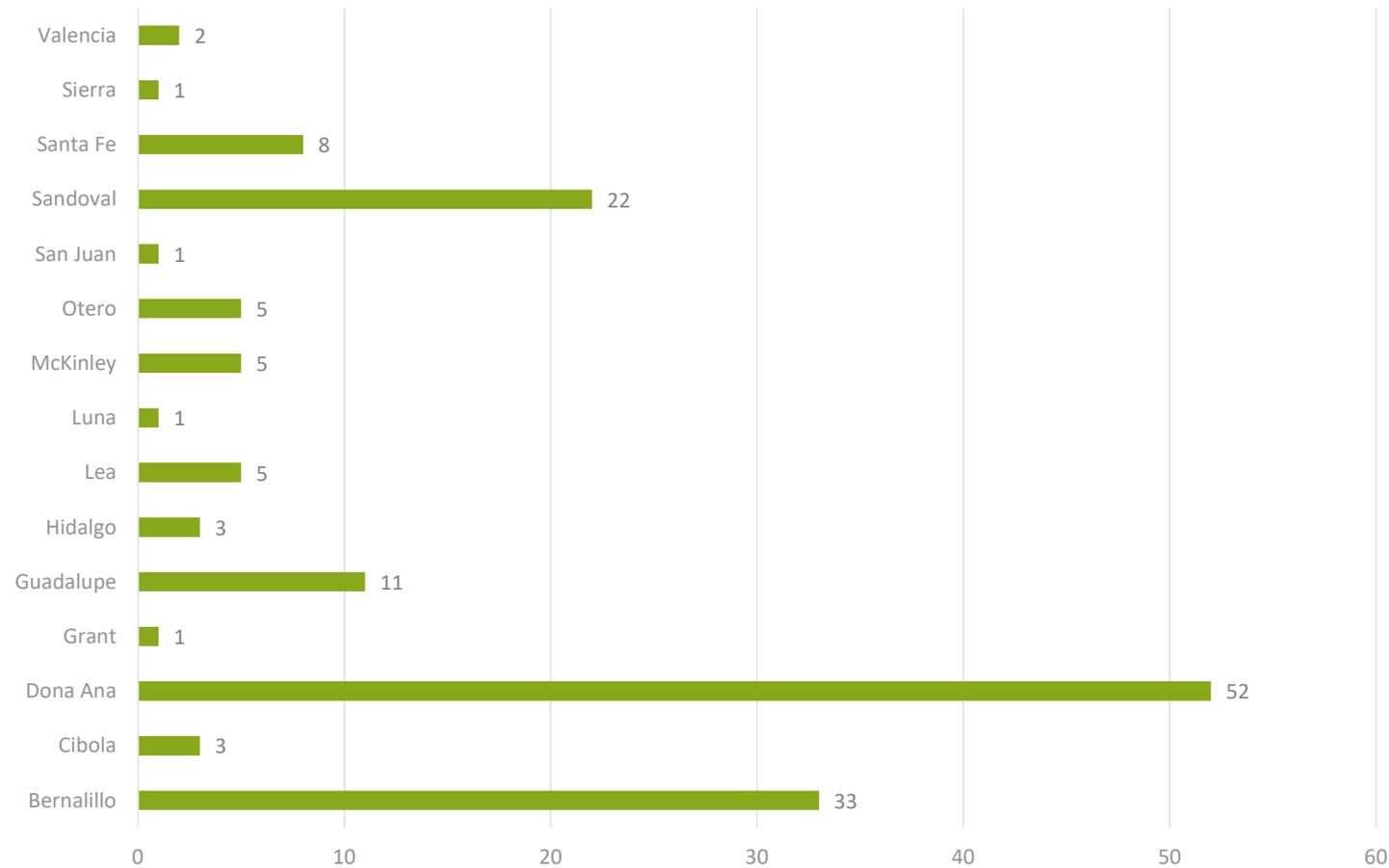
	FFS only	MCO/FFS
2024	0	24
CY25 Q1	2	7
CY25 Q2	5	19
CY25 Q3	14	33
CY 25 Q4	6	15
2026	4	24
	31	122
<b>Total number of CHW/CHR enrolled</b>		<b>153</b>

The numbers listed for each quarter represent the number of newly enrolled CHW/CHR with the number at bottom in green being the total per type with the grand total in the bottom right corner



# CHW/CHR ENROLLMENT BY COUNTY

## Count of CHW/CHR by County



# OPEN DISCUSSION

*Investing for tomorrow, delivering today.*

# NEXT MEETING

## Native American Technical Advisory Committee (NATAC)



- Feedback survey
- Call for formal NATAC members
- Future meeting settings:
  - Virtual/In-person meeting
  - Site visits: Tribe, Nations, Pueblo?
  - June 15, 9-11 a.m.
  - Oct. 19, 9-11 a.m.
  - Dec. 14 (one week early due to holiday), 9-11 a.m.

Pharon Morgan

Tribal Liaison, Medical Assistance Division of NM  
Health Care Authority

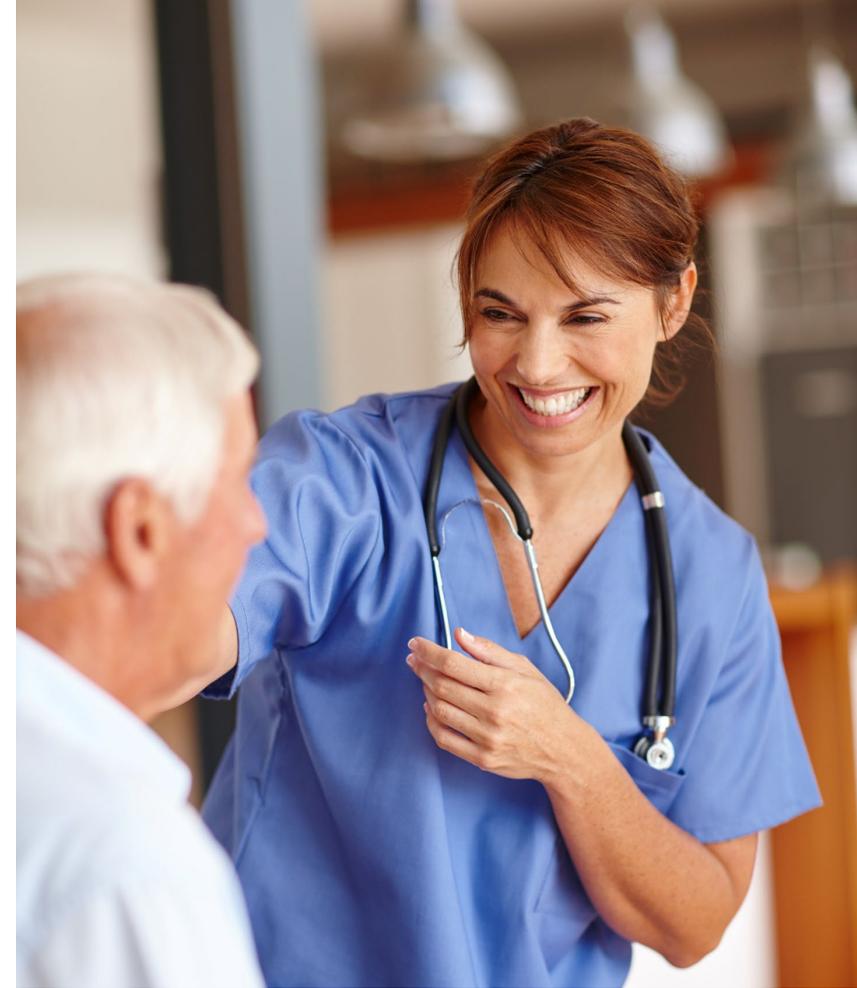
Email: [pharon.morgan@hca.nm.gov](mailto:pharon.morgan@hca.nm.gov)

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