



Native American Technical Advisory Committee (NATAC) Quarterly Meeting Minutes

Date: Monday, March 16, 2026, 9:00 a.m.-11:30 a.m., virtual on Teams

NATAC Members
Leonard Montoya (Ohkay Owingeh Pueblo); Breana Yamutewa (Zuni Pueblo); Arcenio Charleston (Navajo Nation); Anthony Yepa, Lena Gachupin (Santo Doming Pueblo); Emily Haozous (Picuris Pueblo); Jenelle Roybal, Governor; Angela Geffre, Yvette Herrera, (Zia Pueblo); April Ruben (Unverified)
HCA, IAD, IAD, DOH members
Pharon, Morgan, HCA; Heidi, Capriotti, HCA; Iris, Reano, DOH; Carlos, Ulibarri, HCA; Jimmy J, Rodriguez, HCA; La Don, Woodson, HCA; Sergio, Marquez, HCA; Zachary, Larry, HCA; Kristen A, Borderswood, HCA; Jessica, Moriarty, (Principle Consulting), HCA; Chastity, Sandoval, HCA; Vanessa, Skrehot, HCA; Tamara, Espinoza, IAD; Keenan, Ryan, HCA; Garrett, Briggs, IAD; Jeanelle, Romero, C, HCA; Amy, Alexander, HCA; Kaski, Suzuki, HCA; Janet, Johnson, DOH; Alanna, Dancis, HCA; Derek, Pino, HCA; Lisa, Howley, HCA; Mario, Portillo, HCA; Christopher, Bartsch, HCA; Kresta, Opperman, HCA
Indian Health Service/Tribal 638 Members
Charlene, Nelson (IHS/ALB/AO)
MCO Members
Bonnie Vallo (BCBS); Shelly M Begay, (UHC); Sharilyn, Roanhorse-Aguilar (Molina Health Care); Scott Atole, (Presbyterian)
Artificial Intelligent (AI)
Michelle's Notetaker (Otter.ai) (Unverified); Lucas's Notetaker (Otter.ai) (Unverified)
Agenda
<ul style="list-style-type: none"> Meeting called to order: 9:02 a.m. Welcome address/Housekeeping/Blessing of meeting/Purpose of NATAC
Medicaid Director updates <ul style="list-style-type: none"> Summary of NM Bills (located page 4) HR1 Updates: Starting Oct 1, 2026, people who are unlawfully present in the US will be ineligible for Medicaid benefits. Jan 1, 2027, income eligibility redetermined every 6 months rather than 12 months. Work requirements for able-bodied adults for 80 hrs/month to maintain their medicaid benefits; Native Americans are exempt from changes; requires self-attestation of tribal affiliations at renewal. HCA will launch communication campaign summer of 2026, focus on work requirements and other available exemptions. State awarded \$211M in Rural Health Transformation grant. Request for NATAC input on communications messaging and outreach avenue.

Responses: Suggest using “work requirement” for stronger importance, use plain language is better, use flyers/advertising/radio/social media and include New Mexico Southern Colorado CHR association and health councils.

Anthony

Turquoise Claims: Jessica Moriatry, HCA Contractor

- Turquoise Claims launches March 23, 2026, at 7:00PM (MT).
- Comply with the federal requirements and providers will only need to sign in once YES.NM.GOV for registration
- One stop tool for all providers; it includes current PED and provider enrollment system and learning management system, so forth.
- After the launch the NM Medicaid Provider web portal will be no longer accessible.
- In-person live demos begin in Gallup on the 26th with Deputy Cabinet Secretary Kathy Slater. IHS was given a demo on March 11th, 2026. Each session is 2hrs.

Income Support Division update: Jimmy Rodriguez, SNAP Employment & Training Program

- SNAP work requirements help New Mexicans become self-sufficient by becoming employed, it helps participant gain skills, find work, move them forward with self-sufficiency, while reducing barriers by matching which fits with the resources they need to be successful as they prepare and gain employment and enter the workforce in New Mexico. Emphasized who is eligible and participation requirements.
- EQUUS workforce solutions. Offers training and work preparation for participants of the job search training program to gain skills. A 90-day program for participant to receive employment while on the program. ISD offers new components: work experience, updated internships and supervised job search training these start April 1.
- With Central New Mexico Community College (CNM). ELA, HSC and Career Technical Education components and case management in their programs. Participant who enroll with ENT program do receive access to food pantries and other daily service to help them get through everyday life while attending their courses.
- Tribes contracts with the SNAP state agency on an administrative level to help establish their own E&T program
- ISD will reimburse tribes 75% to administer programs on the reservations.
- ISD requests tribal consultation to further address this new program.

JUST Health Plus: Jeanelle Romero, Communication and Education Bureau Chief

- 1115 waiver to reimburse for Medicaid covered services 90-days prior to release from jails or prisons. Prepare people for successful transition into their communities and help population live their healthiest lives, reduce recidivism while improving health

outcomes for incarcerated individuals; support substance use disorder and recovery. Target infectious disease like Hepatitis; stabilize and treat other conditions before a person release so they can reenter their community as healthy as possible

- HCA will reach out to each facility to assist the facility in identifying if you facility has CAA population. Any eligible facilities can bill; any facility who has this population in their correctional facility can participate in the program. CMS allows that if the facility does not provide the services and does not want to bill Medicaid, the facility can submit a flexibility OR if the facility cannot be provided, pre-released, they may be provided post-release and HCA will work with the facility to determine that feasibility.
- See HCA website: [Justice Initiatives – New Mexico Health Care Authority](#)
- Program has pilot with NMCD facilities and County in Bernalillo Metro CDC, Bernalillo Juvenile CDC, Santa Fe CDC, Valencia CDC, Socorro CDC.

Question from Lena re: BH services for youth. Jeanelle Romero will contact her to discuss.

Rural Health Care Delivery Fund: Amy Alexander

- Established through Senate Bill 7 (2023) to provide funds that defray startup costs and operating losses for Medicaid and rural provider and facilities delivering new or expanded healthcare services in rural counties across New Mexico. Grant was very competitive and ensure appropriate use of public funds. Currently have 3 cohorts: 24 to 26 year; Fiscal 25 to 27 primary care project, and this year 26. Accepting new applications (open now), for initial 3 years from fiscal year 27 to 29. \$15 billion in funding available. This period will focus on stabilization instead of expansion. Requires all recipients to be currently enrolled as a Medicaid provider, and actively serving Medicaid recipients and to provide services that are eligible for Medicaid reimbursement. Also must participate as a PED.

Question from Randall re: Rural Health Transformation Program. Will be addressed at next NATAC meeting.

Traditional Health Care Practices: Pharon Morgan

- Oct 2024, CMS approved Medicaid coverage of Traditional Health Care practices in 4 states AZ, CA, OR and NM in the 1115 waiver. Launched Oct 1, 2025 as a new Medicaid benefit. Provider toolkit, Letter of direction, guidelines are on the HCA website.

Certified Health Worker Providers: Christopher Bartsch

- Provided a high level of claim submission trends from MCOs, FFS units. Division is looking at claims for timely filing within Medicaid. Provider has 90 days from the date of services to actually get that claim in. If there is something to correct the claim, you can do so, within the 90day period. Enrolled CHR/CHW a total of 24, it keeps going up.

Summary of New Mexico Bills:

SB 1: A law designed to make it faster and easier for doctors to get licensed across multiple states. It allows New Mexico to join a multi-state agreement. Currently 40 states are participating.

How does the compact work? Before SB1 a physician would apply separately to each state; submit paperwork, go through verifications and wait months to receive approval. Under this compact, a doctor with a valid license in one member state can get expedited license in other member states. Centralized verification process with individual licenses in participating states. (Not national license).

New Mexico pass SB1 to combat doctor (MD/DO) shortages in rural areas, increase telemedicine and cross-state care. Again, we still must have them create a YesNM account.

HB 50: As to what SB1 does for doctors; this does for Social Workers.

Again, these two bills combat the shortage these two main professions in New Mexico are experiencing. HCA is working to implement these changes. We should be able to provide an update this year.

HB 38: requires health insurance plans in New Mexico to provide stronger, more consistent coverage for wheelchair and similar equipment's.

Requires coverage for wheelchairs, including specialized activity chairs (used for sports, exercise, or mobility beyond basic daily use); treats wheelchair devices similarly to other major medical benefits.

This new law sets several important rules on insurers:

- No strict dollar caps
 - Plans cannot impose separate annual or lifetime limits on wheelchair coverage
 - Coverage must be part of overall medical benefits
- Equal treatment with other care
 - Coverage must be no more restrictive than other medical/surgical benefits
 - Cost-sharing (copays, etc.) cannot be harsher than for other treatments
- Medically necessary standard
 - Coverage must be based on medical necessity, like Medicare standards
 - Cannot deny coverage just because a person has a disability
- Replacement and repairs covered
 - Insurance must cover replacement or repairs of wheelchairs and parts
 - Cannot deny replacement based on useful lifetime limits if a doctor says its needed
- Access to providers

- Plan must offer access to multiple equipment providers
- If not available on-the-network, insurers must cover out-of-network providers

HB156: Repeal special session vaccine law

Cancels certain upcoming vaccine policy changes before they will take effect. This does not create new vaccine mandates. Instead, it removes parts of a previous law to preserve flexibility, maintain vaccine access, and ensure coverage continues smoothly here.

SB20: Prior Authorization Prescription drugs

A New Mexico law that limits how insurance companies can require prior authorization for certain medications, especially for serious conditions.

Key changes in the law:

- No PA for certain serious conditions: Insurance companies cannot require PA or “step therapy” (trying cheaper drugs first) for medications used to treat: Cancer, Autoimmune disease, rare diseases,
- Faster approval when required: When PA is still used:
 - Standard request must be decided quickly
 - ER cases must be handled within 24hrs.
- Limits on repeat approvals (chronic meds)
 - For chronic maintenance drugs (long-term medications like for diabetes, asthmas, etc.)
 - Once approved, insurers cannot require reauthorization more than once every 3 years
 - Exceptions include:
 - Safety issues
 - Drug removes from market
 - New generic/biosimilar becomes available
- Applies to insurers and pharmacy benefit managers
 - The law applies not just to insurance companies, but also to:
 - Pharmacy Benefit Managers (PBM): These are the companies that manage prescription drug coverage behind the scenes

SB101: Health Care Delivery & Access Act Repeal

The title sounds confusing, yet it does not repeal the health care program. Instead, it removes a future expiration (sunset) of that program, effectively keeping it in place permanently.

This sunset would have ended the program in 2030; yet by removing the bill it keeps the program running indefinitely unless lawmakers change it later.

It removes the program’s expiration date, ensuring that a key hospital funding system continues long-term in New Mexico