



HEALTH CARE
AUTHORITY



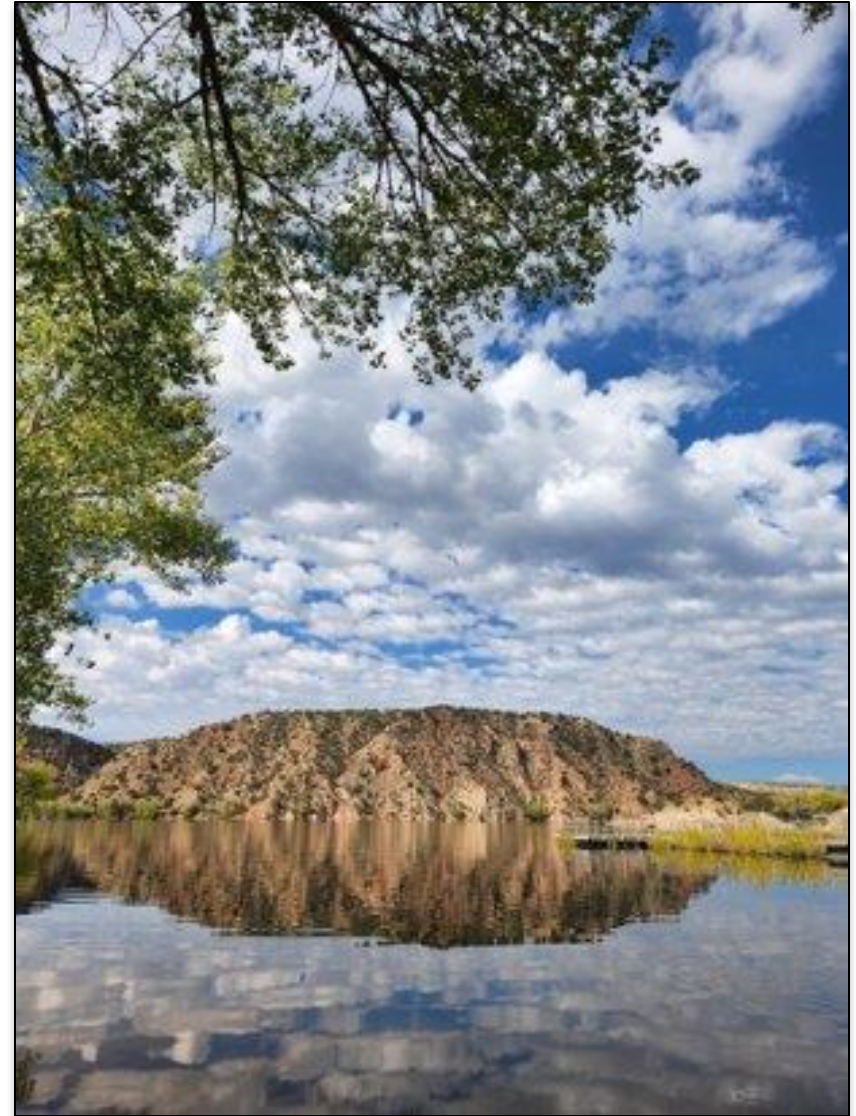
MEDICAL ASSISTANCE DIVISION
MEDICAID ADVISORY COMMITTEE
MAY 5TH, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded 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 State of New Mexico.



*A cloudy morning looking over Santa Cruz Lake.
Photo taken by HCA employee Jessica Gomez*



HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

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.



FY25 MEDICAID PROGRAM GOALS

BUILD THE BEST TEAM IN STATE GOVERNMENT

1. Build Medicaid workforce capacity and skills to better serve New Mexicans who rely on Medicaid; bring staffing level commensurate with national Medicaid programs with similar Fee for Service populations.

ACHIEVE HEALTH EQUITY

2. Increase member access to care through developing a statewide system of Whole-Person Integrated Health Care that promotes better health outcomes for New Mexicans.
3. Implement Program Oversight and Accountability within Medicaid that improve health equity and access to care for New Mexicans.
4. Increase stakeholder engagement and involvement in health care delivery decisions to create innovative policies and be responsive to the needs of providers and patients in New Mexico.

LEVERAGE PARTNERSHIPS

5. Incentivize and support the New Mexico healthcare provider workforce to increase participation in Medicaid and meet the needs of New Mexicans.



MEETING AGENDA AND APPROVAL

LARRY MARTINEZ; MEDICAID ADVISORY COMMITTEE CHAIRPERSON

MEETING AGENDA AND APPROVAL

1. Welcome
2. Introductions
3. Meeting Protocols
4. Meeting Agenda and Approval
5. Medicaid Director Welcome
6. Legislative Session Impact and Recap
7. Behavioral Health Services Division: SB3 Run-through
8. Quarterly Budget Update
9. House Bill 2 Budget
10. Federal Climate Impacts
11. Waiver Updates: Justice Initiatives
12. Waiver Updates: CAA
13. Waiver Updates: Food as Medicine
14. Waiver Updates: Medical Respite
15. Closed Loop Referral System
16. Preferred Drug List
17. Clinical Benefit Review Committee
18. Turquoise Care Rewards
19. Beneficiary Advisory Council: Status
20. Medicaid Advisory Committee Administrative Update
21. Subcommittee Warmup
22. Financial Update
23. Public Comment
24. Meeting Adjournment



MEDICAID DIRECTOR WELCOME

DANA FLANNERY, MEDICAID DIRECTOR



KRISTIE BROOKS JOINS HCA

Welcome Kristie!

Kristie will lead the implementation of Senate Bill 3 and report to Director Flannery.

CAREER:

- Health care executive with more than two decades of experience in behavioral health, addiction treatment, public health policy, and strategic program development.
- Served as the regional director for the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Region 6, which includes New Mexico, Texas, Oklahoma, Arkansas, Louisiana, and 68 federally recognized tribes.



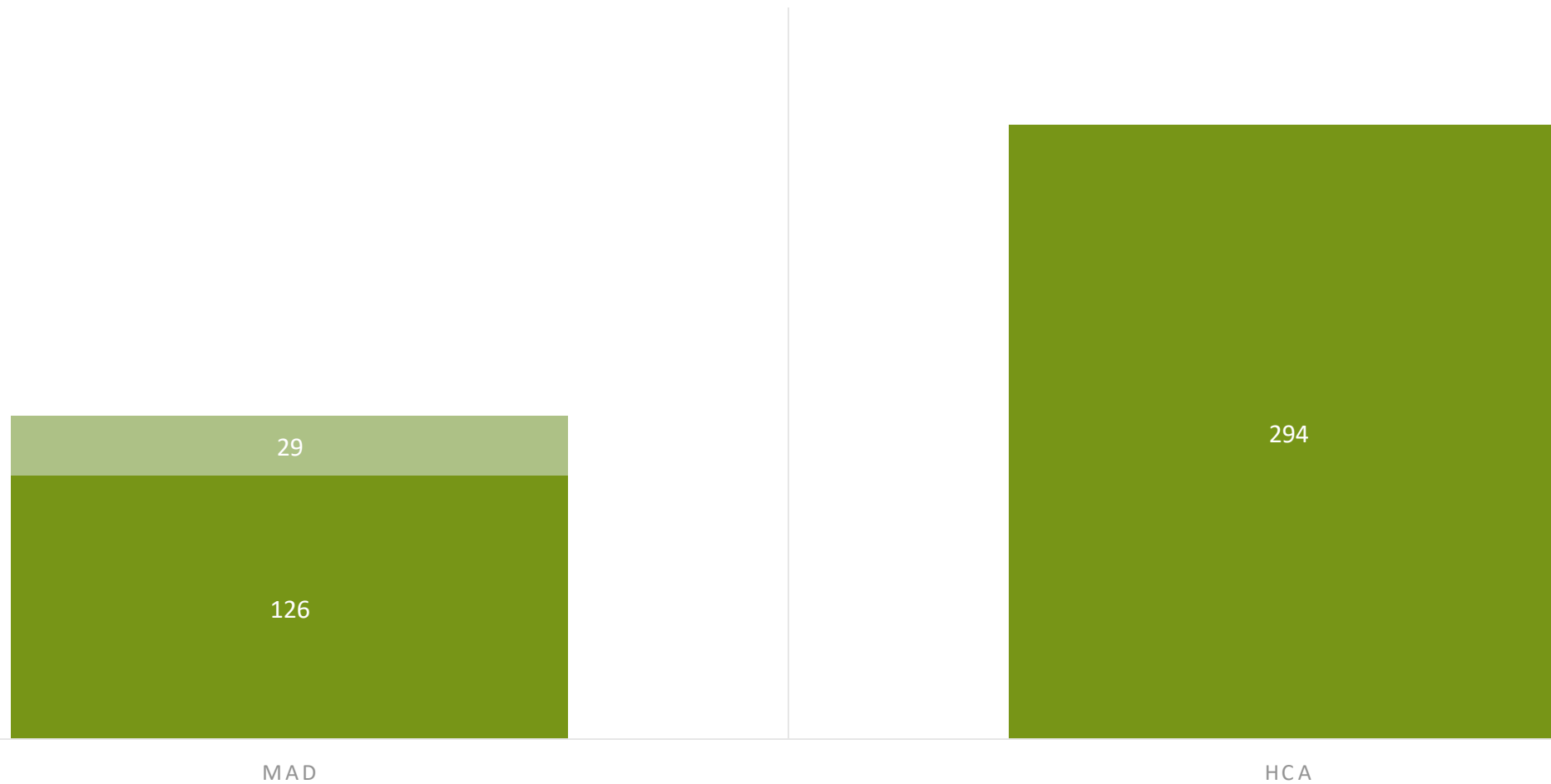
LEGISLATIVE SESSION RECAP

DANA FLANNERY, MEDICAID DIRECTOR



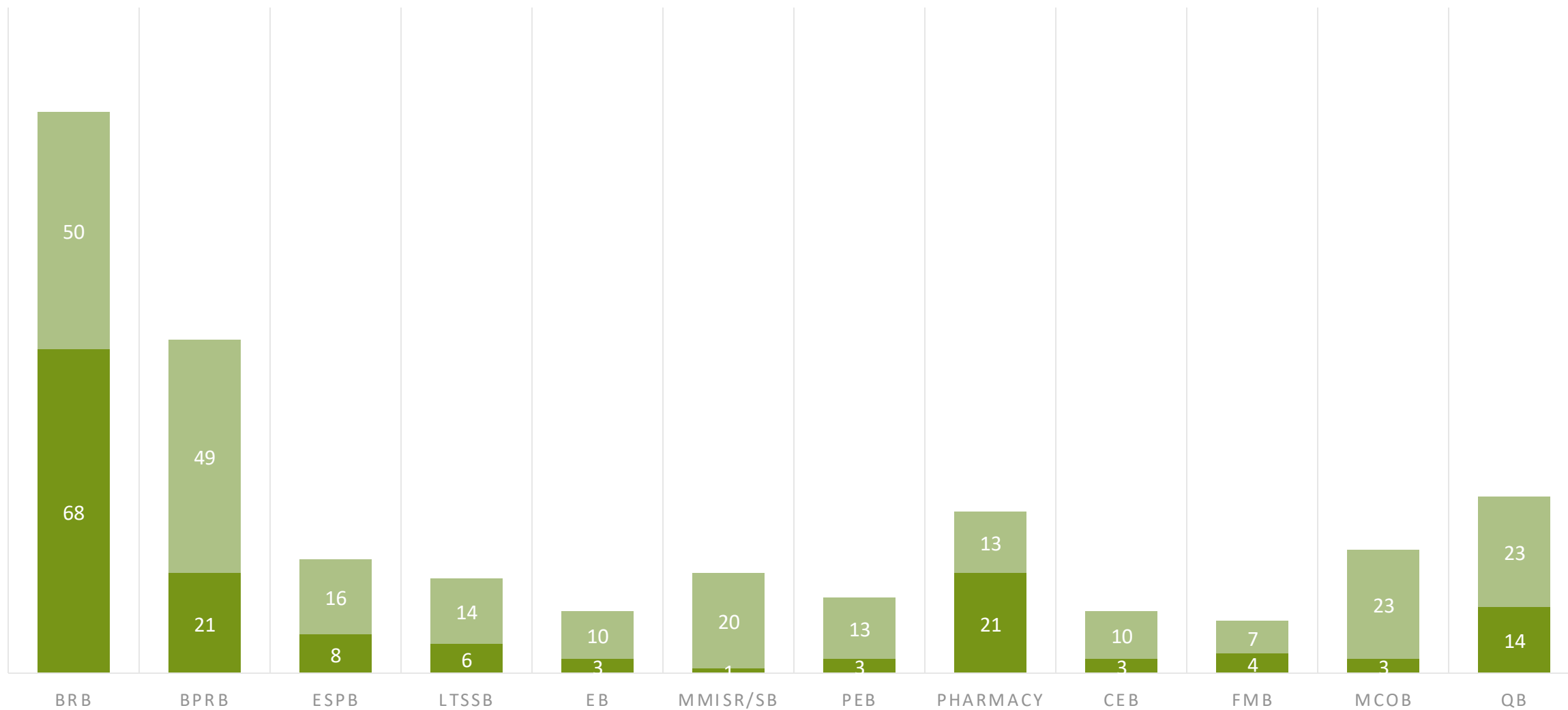
AGENCY LEG OVERVIEW

■ Lead Reviewer ■ Additional Reviewer



BUREAU LEG REVIEW

■ Lead Reviewer ■ Additional Reviewer



LEGISLATIVE SESSION RECAP

Chartered, no MAD impact or needed action

HB 117

Death Certificate
By Physicians
Assistants

No MAD impact

HB 214

Doula
Credentialing &
Access Act

Initial
Credentials
with DOH

SB 88

Medicaid Trust
Fund & State
Supported Fund

No initial MAD
work

SB 219

Medical
Psilocybin Act

No MAD impact



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LEGISLATIVE SESSION RECAP

Chartered and action from MAD needed

HB 56

Medicaid
Reimbursement
for Birthing
Centers

HB 171

Pharmacy
Custodial Care
Facilities

HB 357

Mia Via Waver
Program Provider
Gross Receipt

SB 39

Add Classes to
Prior Authorization
Drugs

SB 42

Comprehensive
Addiction and
Recovery Program

SB 249

Health Care
Provider Gross
Receipts



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SENATE BILL 3 RUN-THROUGH

JACQUELINE NIELSEN; BHSD DEPUTY DIRECTOR

SENATE BILL 3: BEHAVIORAL HEALTH REFORM & INVESTMENT ACT

SB3 takes a regional approach to behavioral health care.

- Each region, established by the Administrative Office of the Courts, will identify up to **5 behavioral health priorities** and request funding to implement a four-year plan.
- Local organizations, healthcare agencies, and government officials will work together to support the expansion of behavioral health services.

Key Initiatives and First-Steps:

- Strengthen key partner relations and begin strategic planning, incorporating regional plans.
- Establish roles, responsibilities, policies and procedures for a new **Behavioral Health Executive Committee**.
- Establishment of a universal credentialing system to be utilized by all MCO's.
- 988 and 911 coordination to integrate systems for improved crisis and emergency response.
- Develop regional finance and evaluation mechanism.



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QUARTERLY BUDGET UPDATE

ELISA WALKER-MORAN, MEDICAID CHIEF FINANCIAL OFFICER



FY24, FY25 & FY26 BUDGET OVERVIEW

ENROLLMENT PROJECTIONS

- Uncertain recession / Labor Force Participation
- Uncertain Medicaid eligibility policy
- More stable member enrollment
- Maintenance of slow Trend growth FY 25 & FY 26



MEDICAID-CHIP ENROLLMENT

- Enrollment data - March 2024 Data Member Eligibility Reports, Managed Care Rosters
- **March 2025 Projection 844,968 (358,901 under age 21, 42% of total Medicaid / CHIP population)**
 - **Benchmarks: Feb 2020 822,443; March 2023 peak 1,001,604)**
 - March projection is about 16% below peak and 3% above pre-phe
 - March projection is about **40% NM population. (20% US population, [A fifth of Americans are on Medicaid. Some of them have no idea. • Stateline](#))**
- **Updated HCA eligibility website reports 829,000**
- **Post-PHE disenrollments (2023-2024) driven by procedural closures**
 - HCA enrollment stabilizers
 - selected re-enrollment of procedurally closed if FPL <= 100%, effective 4/1/2023
 - time extensions for renewals
 - continuous eligibility of children under age 6, effective 1/1/2024
 - Reinstatement of 21,000 children
 - Approximately 45% return rate following post-PHE closures (1-9 month lag)



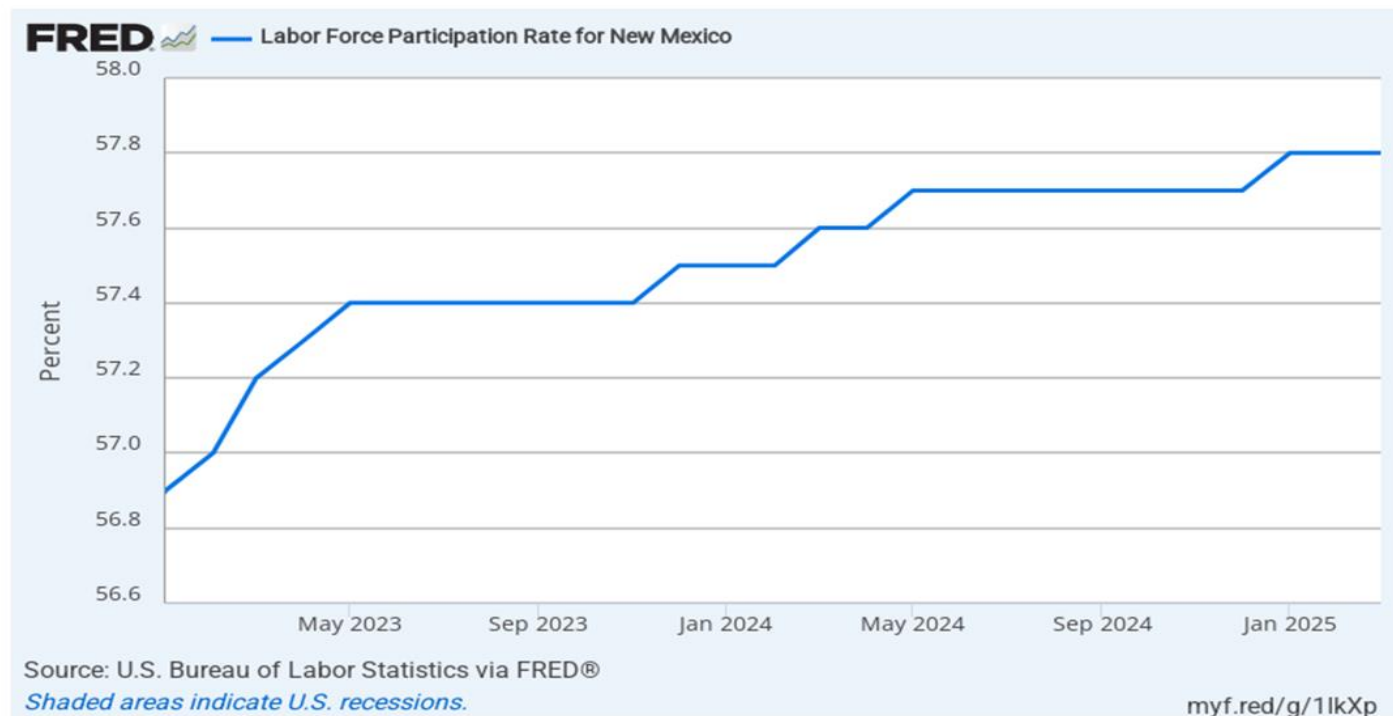
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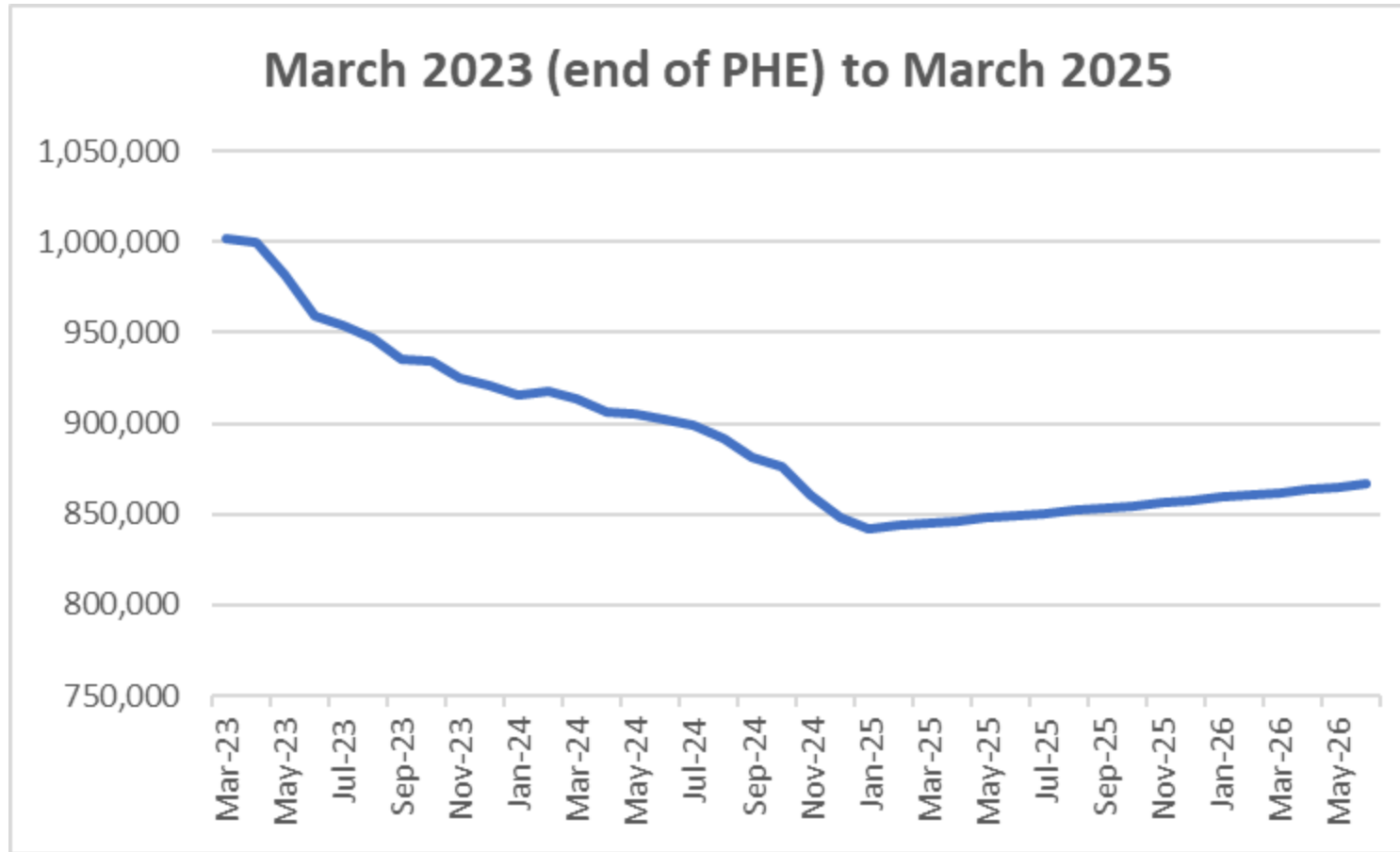
UNCERTAINTY IN LABOR FORCE PARTICIPATION

- Workforce participation has edged upward over the past two years... a total of 1%.
- Workforce participation remains within 2-tenths of a percent of Pre-PHE rate ~ 58%
- Uncertainty over workforce participation requirements for Medicaid benefits
- Uncertainty over recessionary economy



MEDICAID-CHIP ENROLLMENT

- Trending towards more stable Medicaid/CHIP Enrollment



MEDICAID-CHIP ENROLLMENT

- From **913,687** 12 months ago, to our March 2025 projection of **844,968** (**−68,719 members**)

March 2025 projection

- 1% annual trend growth (FFS and MCO programs).



TOTAL POPULATION: SFY 2024-2026

STATE OF NEW MEXICO
HEALTH CARE AUTHORITY
Medical Assistance Division

Medicaid Enrollment Projection for FY2024-FY2026

		Medicaid Base Population & CHIP						Medicaid Expansion (FFS & MCO)		All Medicaid & CHIP				
		Full Benefit		Partial Benefit			Estimated Total Base Population (D+E+F+G)			Estimated (H+J)	Change from Prior Projection	Month over Month Change	Change to Pre- PHE (Feb 20).	% Change to Pre- PHE
				Family Planning	QMBs	SLIMBs & QI1s								
Month-Year		Reported ¹	Estimated ²	Estimated ¹	Estimated ¹	Estimated ¹		Reported ¹	Estimated ²					
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
SFY 2024	Jul-23	560,395	560,395	43,644	37,142	14,218	655,399	298,364	298,364	953,763	(22)	(5,529)	118,323	14.2%
	Aug-23	555,011	555,011	44,704	36,427	14,471	650,613	296,239	296,239	946,852	(23)	(6,911)	111,412	13.3%
	Sep-23	546,292	546,292	45,950	35,764	14,707	642,713	292,256	292,256	934,969	(21)	(11,883)	99,529	11.9%
	Oct-23	544,353	544,353	48,542	35,220	15,208	643,323	291,330	291,330	934,653	(21)	(316)	99,213	11.9%
	Nov-23	534,551	534,551	49,821	34,941	15,417	634,730	290,670	290,670	925,400	(24)	(9,253)	89,960	10.8%
	Dec-23	530,368	530,368	50,054	34,883	15,678	630,983	289,472	289,472	920,455	(26)	(4,945)	85,015	10.2%
	Jan-24	524,856	524,856	49,655	35,090	15,782	625,383	290,289	290,289	915,672	(27)	(4,783)	80,232	9.6%
	Feb-24	523,884	523,884	50,382	35,176	16,150	625,592	291,639	291,639	917,231	(7)	1,559	81,791	9.8%
	Mar-24	520,898	520,898	50,206	35,395	16,455	622,954	290,733	290,733	913,687	117	(3,544)	78,247	9.4%
	Apr-24	512,326	512,326	48,663	35,994	16,371	613,354	293,223	293,223	906,577	257	(7,110)	71,137	8.5%
May-24	510,240	510,240	49,415	36,095	16,485	612,235	293,121	293,121	905,356	309	(1,221)	69,916	8.4%	
Jun-24	507,155	507,155	50,780	36,055	16,694	610,684	291,295	291,295	901,979	348	(3,377)	66,539	8.0%	
SFY 2025	Jul-24	505,872	505,872	50,225	36,074	16,849	609,020	290,223	290,223	899,243	462	(2,736)	63,803	7.6%
	Aug-24	502,896	502,896	51,060	36,047	16,987	606,990	284,919	284,919	891,909	(2,211)	(7,334)	56,469	6.8%
	Sep-24	496,915	496,915	51,900	35,790	17,021	601,626	279,453	279,453	881,079	(8,404)	(10,830)	45,639	5.5%
	Oct-24	469,647	469,647	52,701	56,285	17,400	596,033	279,229	280,016	876,049	(8,821)	(5,030)	40,609	4.9%
	Nov-24	461,012	461,012	53,295	56,310	17,492	588,109	270,995	272,065	860,174	(20,107)	(15,875)	24,734	3.0%
	Dec-24	452,420	452,420	54,066	56,227	17,701	580,414	265,103	267,520	847,934	(26,021)	(12,240)	12,494	1.5%
	Jan-25	446,703	446,703	54,733	56,456	17,741	575,633	263,438	266,525	842,158	(33,253)	(5,776)	6,718	0.8%
	Feb-25	449,569	449,569	54,953	56,715	17,781	579,018	260,081	264,544	843,562	(33,309)	1,404	8,122	1.0%
	Mar-25		455,505	55,174	56,975	17,821	585,476		259,492	844,968	(33,364)	1,406	9,528	1.1%
	Apr-25		456,332	55,396	57,237	17,861	586,826		259,550	846,376	(33,420)	1,408	10,936	1.3%
May-25		456,699	55,618	57,499	17,902	587,718		260,069	847,786	(33,476)	1,411	12,346	1.5%	
Jun-25		457,477	55,842	57,763	17,942	589,023		260,176	849,199	(33,531)	1,413	13,759	1.6%	
SFY 2026	Jul-25		457,253	56,291	58,028	17,982	589,554		261,060	850,615	(33,587)	1,415	15,175	1.8%
	Aug-25		457,851	56,743	58,294	18,023	590,912		261,121	852,032	(33,643)	1,418	16,592	2.0%
	Sep-25		457,710	57,199	58,562	18,064	591,535		261,918	853,452	(33,699)	1,420	18,012	2.2%
	Oct-25		458,440	57,659	58,830	18,104	593,034		261,841	854,875	(33,755)	1,422	19,435	2.3%
	Nov-25		458,604	58,123	59,100	18,145	593,972		262,327	856,300	(33,812)	1,425	20,860	2.5%
	Dec-25		459,784	58,590	59,371	18,186	595,931		261,796	857,727	(33,868)	1,427	22,287	2.7%
	Jan-26		459,695	59,061	59,644	18,227	596,627		262,530	859,156	(33,924)	1,430	23,716	2.8%
	Feb-26		460,125	59,536	59,917	18,268	597,846		262,742	860,588	(33,981)	1,432	25,148	3.0%
	Mar-26		460,820	60,014	60,192	18,309	599,336		262,687	862,023	(34,038)	1,434	26,583	3.2%
	Apr-26		461,163	60,497	60,468	18,351	600,479		262,981	863,459	(34,094)	1,437	28,019	3.4%
May-26		461,813	60,983	60,746	18,392	601,934		262,965	864,898	(34,151)	1,439	29,458	3.5%	
Jun-26		462,254	61,474	61,024	18,433	603,185		263,155	866,340	(34,208)	1,441	30,900	3.7%	

Updated: 4/18/2025

Base Pops. 585,476 March 2025
(575,633 Jan. 2025, **1.7% chg.**)

Full Benefit: 455,505 March 2025
(446,703 Jan. 2025, **1.9% chg.**)

Partial Benefit: 129,970 March 2025
(128,930 Jan. 2025, **0.8% chg.**)

Medicaid Exp: 259,492 March 2025
(266,525 Jan. 2025, **-2.6% chg.**)

Total: 844,968 March 2025
(842,158 Jan. 2025, **1.0% chg**)



CHILDREN (<21 YRS OLD): SFY 2024- 2026

STATE OF NEW MEXICO
HEALTH CARE AUTHORITY
Medical Assistance Division

Medicaid Children Enrollment Projection for SFY 2024-2026 (under 21 years old)

Month-Year		Reported	Estimated	Change from Prior Projection	Month over Month change	Change to Pre-PHE (Feb 20).	% Change to Pre-PHE
A	B	C	D	E	F	G	H
SFY 2024	Jul-23	381,394	381,394	(22)	(835)	24,126	5.7%
	Aug-23	381,090	381,090	(24)	(304)	23,822	5.7%
	Sep-23	378,729	378,729	(22)	(2,361)	21,461	5.0%
	Oct-23	379,234	379,234	(23)	505	21,966	5.1%
	Nov-23	377,504	377,504	(23)	(1,730)	20,236	4.7%
	Dec-23	377,244	377,244	(25)	(260)	19,976	4.6%
	Jan-24	377,242	377,242	(25)	(2)	19,974	4.6%
	Feb-24	378,343	378,343	(6)	1,101	21,075	4.9%
	Mar-24	378,308	378,308	30	(35)	21,040	4.9%
	Apr-24	377,714	377,714	91	(594)	20,446	4.7%
	May-24	377,390	377,390	124	(324)	20,122	4.6%
	Jun-24	376,358	376,358	149	(1,032)	19,090	4.3%
SFY 2025	Jul-24	376,203	376,203	201	(155)	18,935	4.3%
	Aug-24	374,619	374,619	243	(1,584)	17,351	3.9%
	Sep-24	371,493	371,493	(884)	(3,126)	14,225	3.0%
	Oct-24	369,947	370,347	(42)	(1,146)	13,079	2.7%
	Nov-24	364,361	366,361	(2,050)	(3,986)	49,331	1.6%
	Dec-24	358,789	362,789	(3,655)	(3,572)	49,413	0.6%
	Jan-25	355,132	361,132	(5,923)	(1,657)	49,496	0.1%
	Feb-25	350,453	358,453	(9,214)	(2,679)	49,578	-0.6%
	Mar-25		358,901	(9,379)	448	49,661	-0.5%
	Apr-25		359,350	(9,544)	449	49,744	-0.4%
	May-25		359,799	(9,709)	449	49,826	-0.2%
	Jun-25		360,249	(9,876)	450	49,909	-0.1%
SFY 2026	Jul-25		360,699	(10,042)	450	49,993	0.0%
	Aug-25		361,150	(10,209)	451	50,076	0.1%
	Sep-25		361,601	(10,377)	451	50,159	0.3%
	Oct-25		362,053	(10,545)	452	50,243	0.4%
	Nov-25		362,506	(10,713)	453	5,238	0.5%
	Dec-25		362,959	(10,882)	453	5,691	0.6%
	Jan-26		363,413	(11,051)	454	6,145	0.8%
	Feb-26		363,867	(11,221)	454	6,599	0.9%
	Mar-26		364,322	(11,391)	455	7,054	1.0%
	Apr-26		364,777	(11,562)	455	7,509	1.1%
	May-26		365,233	(11,733)	456	7,965	1.3%
	Jun-26		365,690	(11,905)	457	8,422	1.4%

Updated 4/18/2025

January 2024: 361,132

March 2025: 358,901
(-1.0% chg.)



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MANAGED CARE MEMBERS: SFY 2024-2026

STATE OF NEW MEXICO
HEALTH CARE AUTHORITY
Medical Assistance Division

Medicaid Enrollment Projection for FY2024-FY2026

		Estimated Member Months In Centennial Care Managed Care Organizations (CC MCO)														
		Physical Health			Long Term Supports and Services			Medicaid Expansion			Total CC MCO					
				Change from			Change from			Change from			Change	Month over	Change to	% Change to
Month-Year		(Prior)	(Current)	Prior	(Prior)	(Current)	Prior	(Prior)	(Current)	Prior	(Prior)	(Current)	from Prior	Month Change	Pre-PHE (Feb 20).	Pre-PHE
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
SFY 2024	Jul-23	460,743	460,689	(54)	52,694	52,742	48	266,024	266,004	(20)	779,461	779,435	(26)	(13,552)	101,220	14.9%
	Aug-23	452,677	452,616	(61)	52,431	52,480	49	265,012	264,991	(21)	770,120	770,087	(33)	(9,348)	91,872	13.5%
	Sep-23	442,612	442,548	(64)	52,186	52,235	49	261,231	261,211	(20)	756,029	755,994	(35)	(14,093)	77,779	11.5%
	Oct-23	440,568	440,497	(71)	52,016	52,063	47	260,674	260,646	(28)	753,258	753,206	(52)	(2,788)	74,991	11.1%
	Nov-23	430,864	430,781	(83)	51,559	51,608	49	260,448	260,419	(29)	742,871	742,808	(63)	(10,398)	64,593	9.5%
	Dec-23	426,139	426,047	(92)	51,252	51,305	53	259,814	259,777	(37)	737,205	737,129	(76)	(5,679)	58,914	8.7%
	Jan-24	419,394	419,293	(101)	50,848	50,906	58	261,088	261,043	(45)	731,330	731,242	(88)	(5,887)	53,027	7.8%
	Feb-24	418,840	418,733	(107)	50,526	50,582	56	262,957	262,902	(55)	732,323	732,217	(106)	975	54,002	8.0%
	Mar-24	415,963	415,858	(105)	50,246	50,308	62	262,743	262,679	(64)	728,952	728,845	(107)	(3,372)	50,630	7.5%
	Apr-24	408,134	408,000	(134)	49,701	49,728	27	265,561	265,488	(73)	723,396	723,216	(180)	(5,629)	45,001	6.6%
May-24	406,589	406,431	(158)	49,533	49,619	86	265,963	265,881	(82)	722,085	721,931	(154)	(1,285)	43,716	6.4%	
Jun-24	404,395	404,127	(268)	49,507	49,589	82	264,227	264,108	(119)	718,129	717,824	(305)	(4,107)	39,609	5.8%	
Total MM		5,126,918	5,125,620	(1,298)	612,499	613,165	666	3,155,742	3,155,149	-593	8,895,159	8,893,934	-1,225			
SFY 2025	Jul-24	422,232	421,438	(794)	49,590	49,600	10	263,847	263,339	(508)	735,669	734,377	(1,292)	16,553	56,162	8.3%
	Aug-24	421,087	419,428	(1,659)	49,672	49,645	(27)	259,788	258,616	(1,172)	730,547	727,689	(2,858)	(6,688)	49,474	7.3%
	Sep-24	416,939	414,540	(2,399)	49,755	49,487	(268)	255,386	253,931	(1,455)	722,080	717,958	(4,122)	(9,731)	39,743	5.9%
	Oct-24	414,288	411,618	(2,670)	48,838	48,903	65	255,605	254,138	(1,467)	718,731	714,659	(4,072)	(3,299)	36,444	5.4%
	Nov-24	407,338	404,714	(2,624)	48,169	48,849	680	248,523	246,599	(1,924)	704,030	700,162	(3,868)	(14,497)	21,947	3.2%
	Dec-24	397,488	398,443	955	48,000	48,804	804	238,042	241,521	3,479	683,530	688,768	5,238	(11,394)	10,553	1.6%
	Jan-25	397,819	398,124	305	48,080	48,931	851	238,240	240,644	2,404	684,139	687,699	3,560	(1,069)	9,484	1.4%
	Feb-25	398,151	400,586	2,435	48,160	48,711	551	238,439	238,544	105	684,749	687,841	3,091	142	9,626	1.4%
	Mar-25	398,483	396,936	(1,547)	48,240	48,444	204	238,638	233,822	(4,816)	685,360	679,202	(6,158)	(8,639)	987	0.1%
	Apr-25	398,815	397,267	(1,548)	48,320	48,484	164	238,836	234,017	(4,820)	685,971	679,768	(6,203)	566	1,553	0.2%
May-25	399,147	397,598	(1,549)	48,401	48,525	124	239,035	234,212	(4,824)	686,583	680,334	(6,249)	566	2,119	0.3%	
Jun-25	399,480	397,929	(1,550)	48,482	48,565	84	239,235	234,407	(4,828)	687,196	680,901	(6,294)	567	2,686	0.4%	
Total MM		4,871,266	4,858,620	(12,646)	583,705	586,948	3,243	2,953,615	2,933,790	-19,825	8,408,586	8,379,358	-29,227			
SFY 2026	Jul-25	399,812	398,261	(1,552)	48,562	48,606	43	239,434	234,602	(4,832)	687,809	681,469	(6,340)	567	3,254	0.5%
	Aug-25	400,146	398,593	(1,553)	48,643	48,646	3	239,634	234,798	(4,836)	688,423	682,037	(6,386)	568	3,822	0.6%
	Sep-25	400,479	398,925	(1,554)	48,724	48,687	(38)	239,833	234,994	(4,840)	689,037	682,605	(6,432)	568	4,390	0.6%
	Oct-25	400,813	399,257	(1,556)	48,806	48,727	(78)	240,033	235,189	(4,844)	689,652	683,174	(6,478)	569	4,959	0.7%
	Nov-25	401,147	399,590	(1,557)	48,887	48,768	(119)	240,233	235,385	(4,848)	690,267	683,743	(6,524)	569	5,528	0.8%
	Dec-25	401,481	399,923	(1,558)	48,968	48,809	(160)	240,433	235,582	(4,852)	690,883	684,313	(6,570)	570	6,098	0.9%
	Jan-26	401,816	400,256	(1,559)	49,050	48,849	(201)	240,634	235,778	(4,856)	691,499	684,883	(6,616)	570	6,668	1.0%
	Feb-26	402,151	400,590	(1,561)	49,132	48,890	(242)	240,834	235,974	(4,860)	692,117	685,454	(6,663)	571	7,239	1.1%
	Mar-26	402,486	400,924	(1,562)	49,214	48,931	(283)	241,035	236,171	(4,864)	692,734	686,025	(6,709)	571	7,810	1.2%
	Apr-26	402,821	401,258	(1,563)	49,296	48,971	(324)	241,236	236,368	(4,868)	693,353	686,597	(6,756)	572	8,382	1.2%
May-26	403,157	401,592	(1,565)	49,378	49,012	(366)	241,437	236,565	(4,872)	693,971	687,169	(6,802)	572	8,954	1.3%	
Jun-26	403,493	401,927	(1,566)	49,460	49,053	(407)	241,638	236,762	(4,876)	694,591	687,742	(6,849)	573	9,527	1.4%	
Total MM		4,819,801	4,801,095	(18,706)	588,120	585,949	-2,171	2,886,414	2,828,168	-58,247	8,294,335	8,215,211	-79,124			

Updated: 4/18/2025

MCO Population:
679,202 March 2025;
(687,699 Jan 2025, **-1.2% chg.**)

PH: 396,936 March 2025
(398,124 Jan 2025, **-0.3%**)

LTSS: 48,444 March 2025
(48,931 Jan 2025, **-1.0%**)

OAG: 233,822 March 2025
(240,644 Jan 2025, **-2.8%**)



MEDICAID BUDGET UPDATE: EXPENDITURES

- The estimated expenditures in FY24 are \$9.2 billion
- The estimated expenditures in FY25 are \$10.6 billion
- The estimated expenditures in FY26 are \$11.5 billion

Budget Projection – Expenditures (\$000s)	FY2024	FY2025	FY2026
Fee-For-Service	1,059,739	952,306	959,962
DD & MF Traditional, and Mi Via Waivers	727,741	886,412	1,047,497
Turquoise Care MCO	6,993,027	6,942,462	7,266,664
Medicare	260,435	277,739	299,732
Other	173,692	1,544,409	1,906,620
Total Projection (3/31/25)	9,214,635	10,603,328	11,480,475
Prior Projection (12/31/24)	9,248,860	10,956,687	11,654,564
Change from Prior	(34,226)	(353,359)	(174,089)

FY25 HDAA, ASPP new

*The current quarterly budget projection is updated with data through March 31, 2025.

** Consolidated Appropriations Act, 2023, Section 5131 provides transition phase-down for the temporary FMAP increase of 6.2% in effect during the PHE. The quarterly transitioning recognizes 6.2% in Q/E March 2023; 5.0% in Q/E June 2023; 2.5% in Q/E Sept 2023; and 1.5% in Q/E Dec 2023.



MEDICAID BUDGET UPDATE: REVENUES

28

- The estimated state revenue surplus in FY24 is \$36.1 million
- The estimated state revenue surplus in FY25 is \$20.5 million
- The estimated state revenue surplus in FY26 is \$25.1 million

Budget Projection – Revenues (\$000s)	FY2024	FY2025	FY2026
Federal Revenues	7,285,019	8,249,346	8,931,541
All State Revenues	1,971,103	2,381,196	2,524,591
Operating Transfers In	416,904	751,504	962,270
<i>Less: Unknown Revenue – collection HB2 Appropriation</i>			(54,405)
Total Operating Transfers In	416,904	751,504	907,865
Other Revenues	140,568	138,826	155,378
General Fund Need	1,413,631	1,490,866	1,461,347
Appropriation	1,428,400	1,511,403	1,486,408
GF to support HIPS from HCAF	21,300	-	30,000
State Revenue Surplus/(Shortfall)	36,070	20,537	25,061
Change from Prior	(58,592)	2,477	77,696

Add. FMAP:
FY24: 2.5% Q1 FY24:
1.5% Q2
FY25: 0%
FY26: 0%

FY26: \$54.4M is
unknown revenue

Health Insurance
Premium Surtax,
Health Care
Affordability Fund

FY24-25: \$120M
audit finding.
\$??? MCO risk
corridor.



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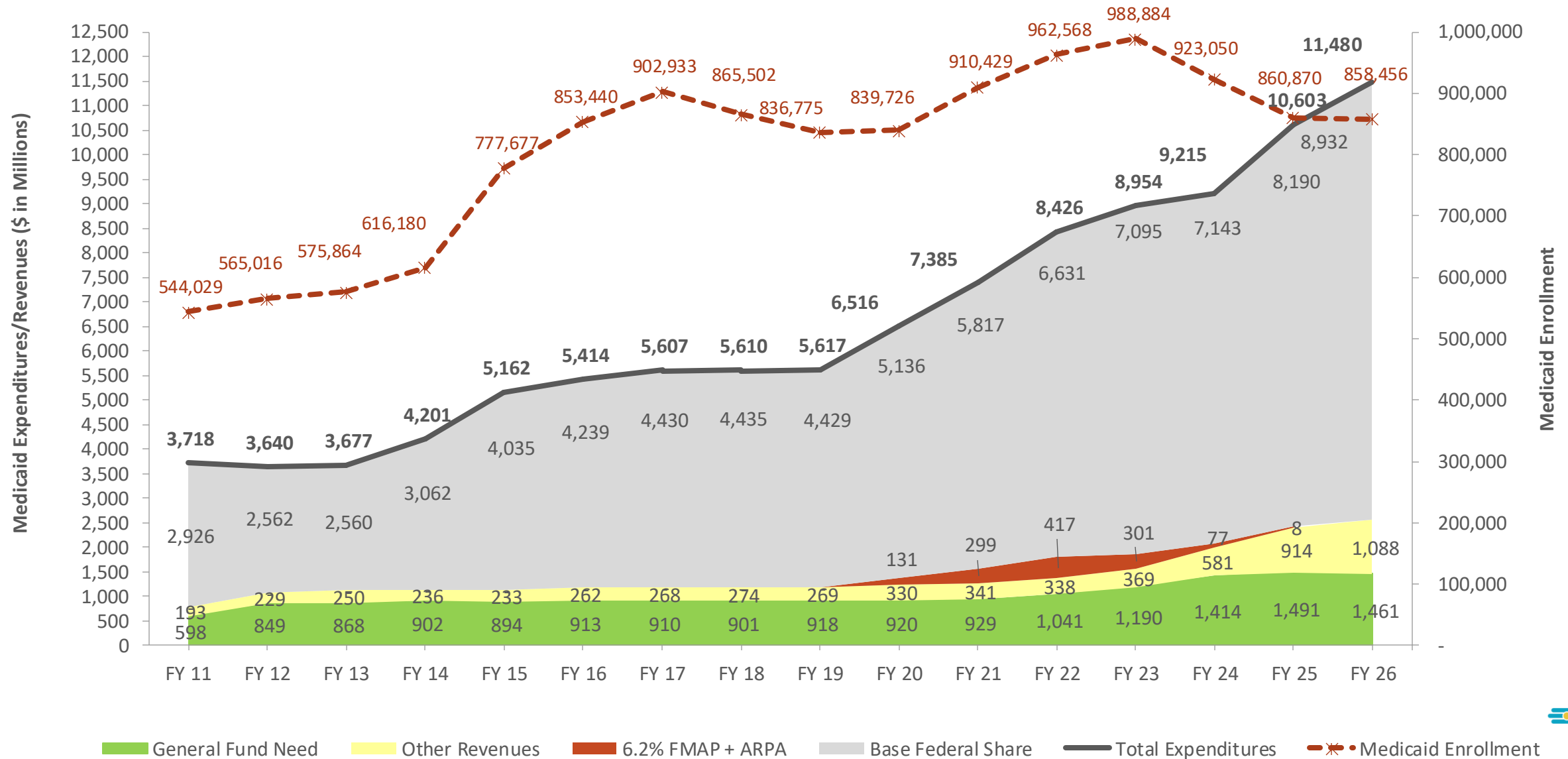
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FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM

30

Total Medicaid Enrollment, Expenditures and Revenues



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ADDITIONAL REVENUE FROM ADDITIONAL FMAP (ESTIMATED AND REPORTED)

ESTIMATED (\$000s) (State Fiscal Year)	SFY2020	SFY2021	SFY2022	SFY2023	SFY2024	SFY2025	TOTAL REVENUE
Estimated additional Federal Funds from additional FMAP (6.2%, 5.0%, 2.5%, 1.5%) (date of service)	140,889	284,701	318,229	310,954	44,567	-	1,099,340
CMS 64 REPORTED (\$000s) (Federal Fiscal Year)	FFY2020	FFY2021	FFY2022	FFY2023	FFY2024	FFY2025	TOTAL REVENUE
CMS 64 Reported (As of 12/31/24) Federal Funds from 6.2% (date of payment)	206,116	291,544	340,965	265,143	88	(2,239)	1,101,617

* SFY Estimated with 6.2% FMAP through Q/E March 2024. Consolidated Appropriations Act, 2023, Section 5131 provides transition phase-down with 5.0% in Q/E June 2023; 2.5% in Q/E Sept 2023; and 1.5% in Q/E Dec 2023.

* CMS 64 Reported (As of 12/31/24) based on date of payment and includes all date of service years.



HOUSE BILL 2 BUDGET

ELISA WALKER-MORAN, MEDICAID CHIEF FINANCIAL OFFICER



FY2026 EXPANSIONS

1115 Programs: full implementation, Implementation began in FY2025. Annual funding provided in FY26, FY27 & FY28. (“HB language”)	General Fund per year
Section 9, Government Results and Opportunity Fund (GRO fund)	FY26, FY27, FY28
“To provide medical respite for the homeless.”	3,605.3
“For food for women with high-risk pregnancies and people on the community benefit.”	4,758.7
“For medical services for incarcerated persons up to ninety days prior to release, including case management, medication-assisted treatment, thirty-day supply of prescription drugs and other medical services.”	5,925.4
Section 5, non-recurring funding in FY26 only	FY26
“For capacity building for the criminal justice medicaid waiver initiative.”	4,973.4
“For startup costs to build capacity for housing providers for people experiencing homelessness and to build capacity for medical services for people involved with the criminal justice system.” *	8,129.4

*While the agency noted the need and requested monies for food capacity building, the language in HB2 does not permit monies for food as written.



FY2026 EXPANSIONS

Recurring Expansion Items in FY2026 Budget (becomes part of the base in FY27)	General Fund
HCBS rate increases (Impacts DOH projection)	-
Medicaid Behavioral Health Services/rates (non-medicare equivalents)	5,799.5
Program for All Inclusive Care for the Elderly (PACE) (75% AWOP)	5,299.3 5,300.0
Assisted Living Facilities (ALF)	4,999.6 2,500.0
Nursing Facility Rebasing: ½ in FY26 (not in request). Will request 2 nd ½ in FY27	9,000.0
Total Expansion Items	16,098.4 22,599.5

Pending approval of the 1/1/2025 Medicare rate increases from CMS which puts those rate increases at risk and any future rate increase approvals at risk.



FEDERAL CLIMATE IMPACTS

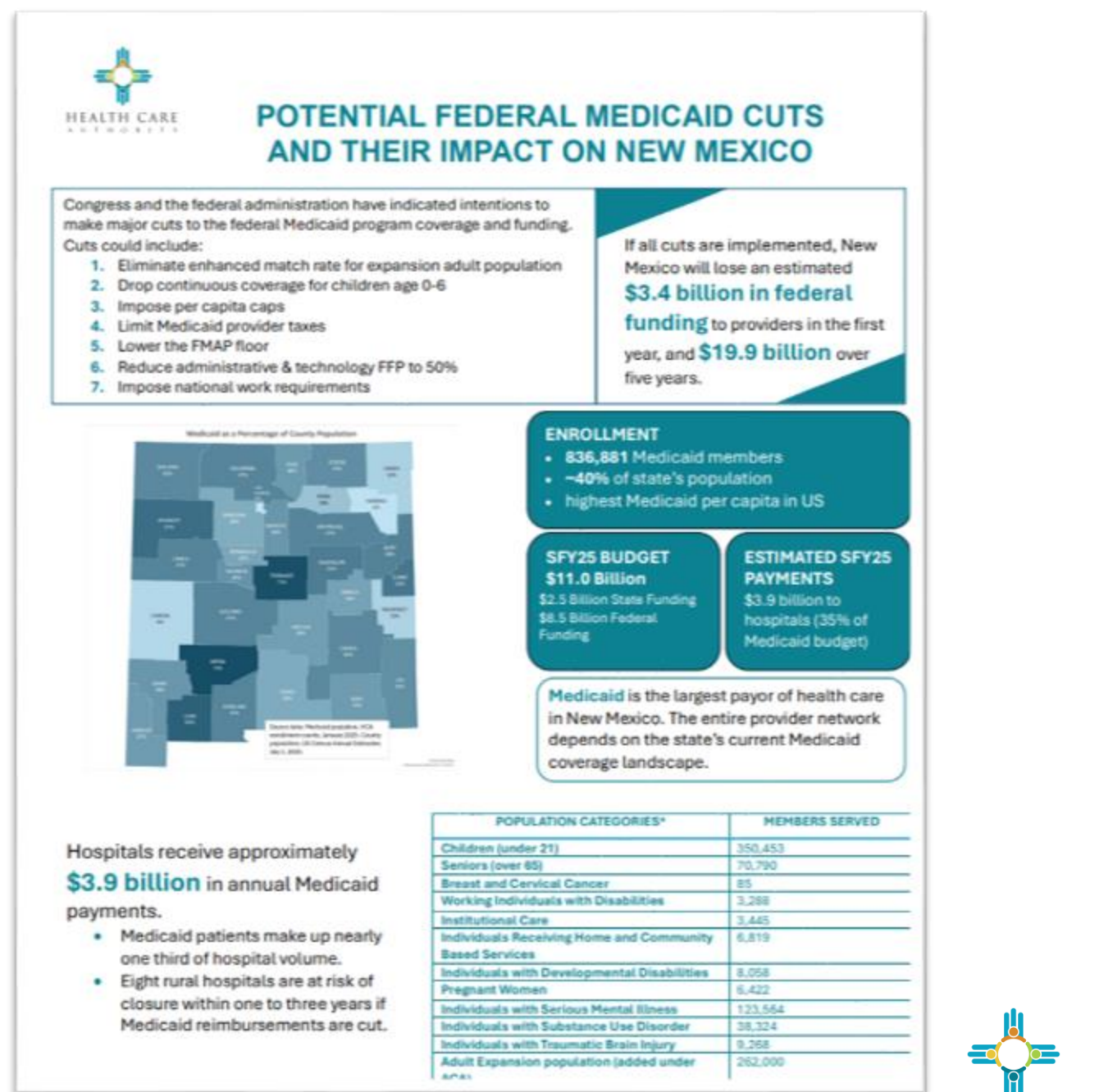
DANA FLANNERY; MEDICAID DIRECTOR



FEDERAL CLIMATE IMPACTS

Federal Cuts Fiscal Impact Analysis posted on [Studies and Analyses web page](https://www.hca.nm.gov/studies-and-analyses/). ([direct link](https://www.hca.nm.gov/studies-and-analyses/))

<https://www.hca.nm.gov/studies-and-analyses/>



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WAIVER UPDATE: JUSTICE INITIATIVE

JEANELLE ROMERO, BUREAU CHIEF (CEB)



JUSTICE INVOLVED POPULATION (2020 CENSUS)

NEW MEXICO STATISTICS

NM Population*	2,117,522
NM Medicaid Population**	838,153
Total incarcerated average daily population (ADP) ***	11,246
NMCD (11 facilities)	5, 573
County adult detention centers (26 facilities)	5,484
State CYFD Juvenile Justice (2 facilities)	100
County Juvenile detention centers (4 facilities)	89

*2020 US Census Data [NEW MEXICO: 2020 Census](#)

**Feb. 2025 population data from HCA Score Card [New Mexico Human Services Department - Social Impact](#)

***Reported by NMCD, CYFD, and NM Association of Counties



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JUSTICE RE-ENTRY WAIVER **APPROVAL**

- Removes the inmate exclusion **to allow Medicaid to pay for select pre-release services**
- Outlines parameters for pre-release services, including a **minimum set of 3 pre-release services that must be offered:**
 1. Care Management,
 2. Medication Assisted Treatment (MAT),
 3. 30-day supply of medication upon release.
- New Mexico is approved to coverage **additional services,** such as HCV treatment.
- Allows coverage for a period **up to 90 days** immediately prior to the individual's expected release date.
- Offers optional **start-up funds** for planning and capacity building.
- Requires **implementation plan, readiness assessment and financial reinvestments.**



CAA REQUIREMENTS FOR JUSTICE INVOLVED YOUTH

Consolidated Appropriations Act (CAA) Services for Incarcerated Youth

Mandatory services begin Jan. 1, 2025 for eligible juveniles in public institutions up to age 21, and former foster care youth up to age 26

REQUIRED (5121):

- Targeted Case Management 30 days pre-release through 30 days post-release
- EPSDT screening and diagnostics 30 days pre-release or as soon as feasible immediately post-release (i.e., within one week)
- Applies to eligible juveniles **post-adjudication**, regardless of carceral facility

OPTIONAL (5122): Allows NM to cover full Medicaid benefits for pre-adjudicated eligible juveniles



JUSTICE RE-ENTRY WAIVER MILESTONES

New Mexico Justice Reentry Demonstration Milestones and Goals



Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated

Goal: Ensure eligible individuals are enrolled in Medicaid and receive re-entry services prior to release



Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community

Goal: Ensure medication and medical resource continuity upon reentry



Milestone 3: Promoting continuity of care

Goal: Strengthen community-based supports to prevent costly and avoidable emergency department visits or inpatient hospitalizations.



Milestone 4: Connecting to services available post-release to meet the needs of the reentering population

Goal: Improve the physical and behavioral health of individuals upon community reentry

Goal: Reduce recidivism

Goal: Decrease the number of formerly incarcerated individuals who face housing insecurity



Milestone 5: Ensuring cross-system collaboration

Goal: Assist counties with implementation of the program and educate on Medicaid billing,

Goal: Partner with additional jail and county detention centers



ALIGNMENT OF CAA & 1115 JUSTICE RE-ENTRY

Program Begins	Who	When	What	Why
	Eligible Population	Period	Services	
CAA January 2025	Medicaid eligible juvenile age up to 21	30 days Pre-Release 30 days Post Release	<ul style="list-style-type: none"> • EPSDT • Targeted Case Management (TCM) 	To facilitate successful care transitions, improving the physical and behavioral health of individuals upon community reentry; reduce recidivism; decreasing the number of formerly incarcerated individuals struggling with homelessness or housing insecurities and strengthening community-based supports
	Former Foster Care up to age 26			
1115 Reentry Services Summer 2025	Medicaid eligible clients full Medicaid benefits *	30 -90 days Pre-Release	<ul style="list-style-type: none"> • Enhanced care management and coordination • Medication Assisted Treatment (MAT) • 30-day supply of medications as appropriate upon release** 	

* Except for limited benefit populations such as family planning and Emergency Services for non-citizen, all Medicaid and CHIP eligible beneficiaries will be covered

**Additional services subject to budget availability.

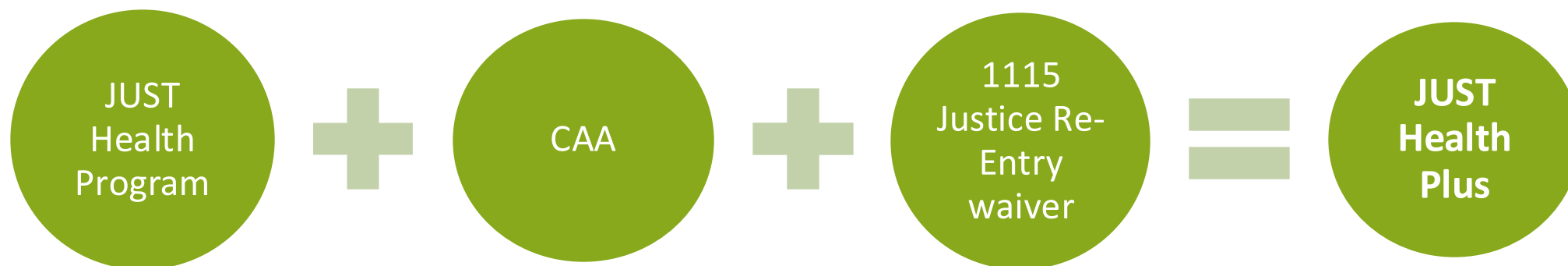


JI SERVICE LEVELS AND DEFINITIONS

Service Level 1 (Mandatory Minium)	Service Level 2 (Includes 1 & 2)	Service Level 3 (All Approved Services)
<ul style="list-style-type: none"> •Medication Assisted Treatment (MAT) •Thirty Days of medications upon Release •Re-entry Case Management 	<ul style="list-style-type: none"> •Medication Assisted Treatment (MAT) •Thirty Days of medications upon Release •Re-entry Case Management •Hepatitis C Diagnostic and Treatment Services •Peer Supports •CHW Services 	<ul style="list-style-type: none"> •Medication Assisted Treatment (MAT) •Thirty Days of medications upon Release •Re-entry Case Management •Hepatitis C Diagnostic and Treatment Services •Peer Supports •CHW Services •Diagnostic Services, incl. Laboratory and Radiology •Prescribed Drugs •Medical Equipment and Supplies •Physical and Behavioral Health Clinical Consultation •Family Planning Services



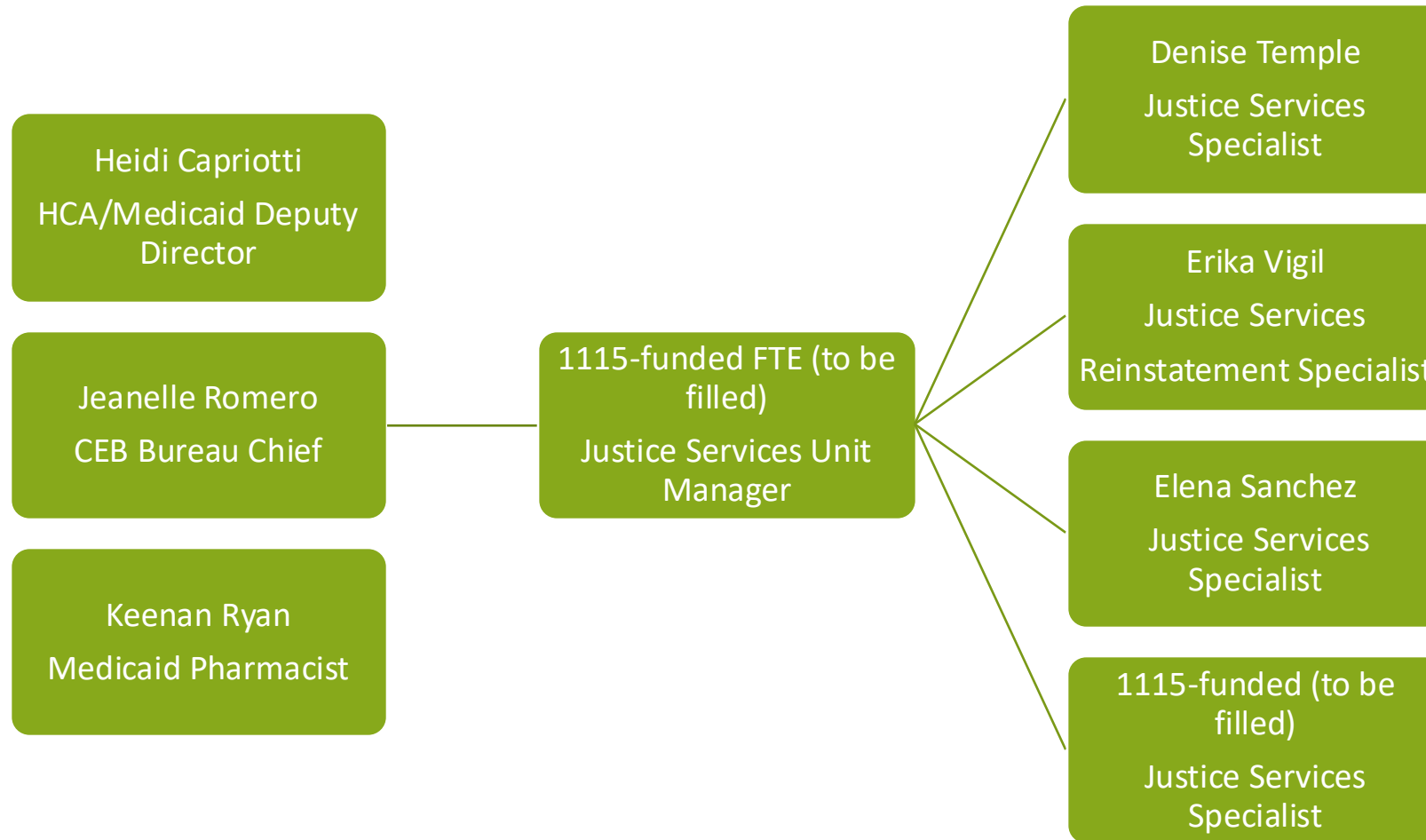
JUST HEALTH PLUS



Info and Frequently Asked Questions on the
[Justice Initiatives web page](#)



MEET OUR TEAM



The Justice Services unit, within the Communications and Education Bureau, will implement the 1115 and CAA programs.



IMPLEMENTATION STRATEGY BEGINS SUMMER 2025

Phase-in approach starting with 3 NMCD facilities:

Three NMDC facilities, based on readiness:

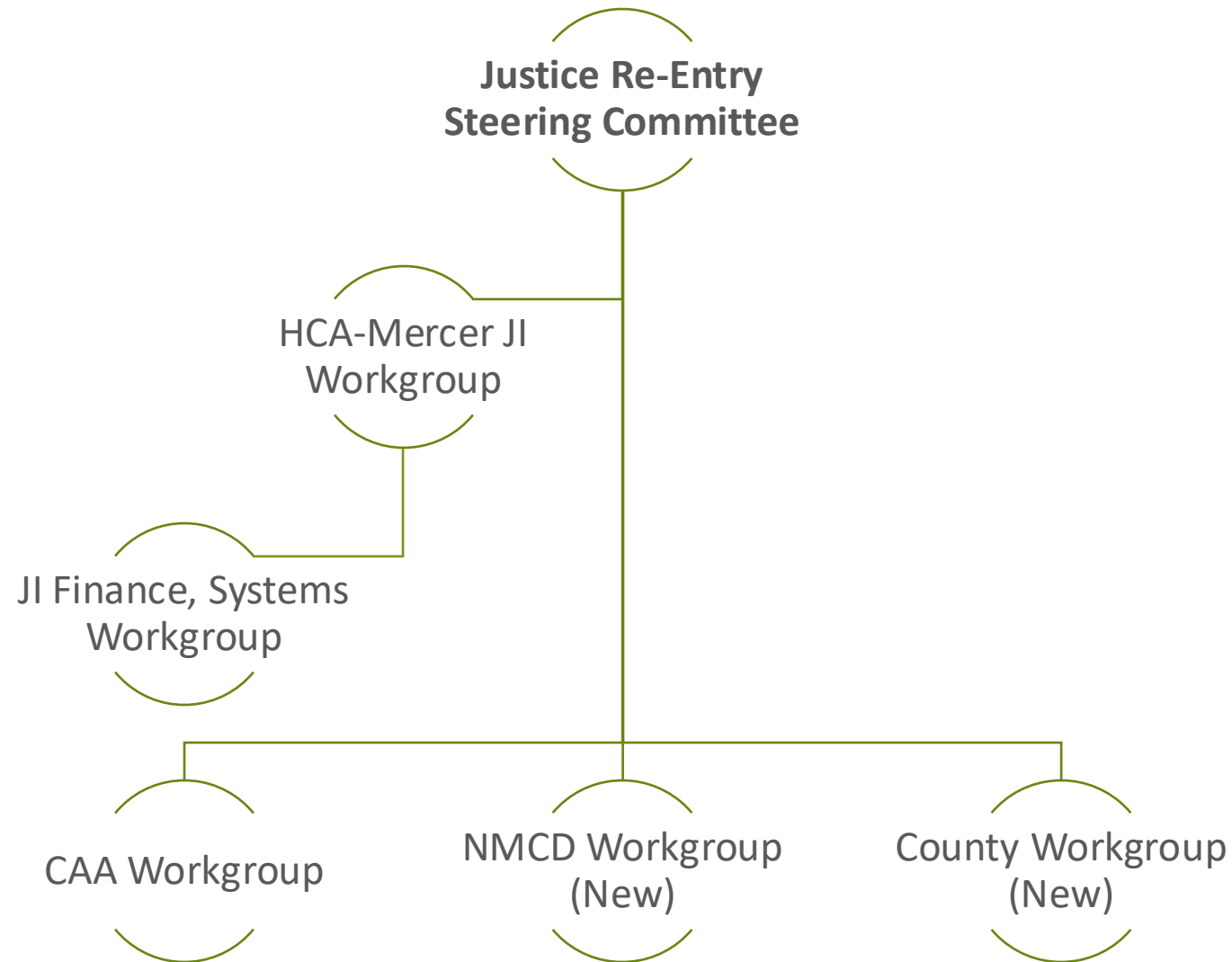
- Central NM Correctional facility
- Western NM Correctional facility (women's facility)
- Springer NM Correctional facility

Phase One: prison facilities start tier 1 and 2 services

- Medication Assisted Treatment
- Thirty Days of Medications upon Release
- Re-entry Case Management
- Hepatitis C Diagnostic and Treatment Services
- Peer Supports
- CHW Services



JUSTICE INVOLVED TRACKS AND WORKGROUPS



PROGRESS TO DATE

Completed:

- ✓ 1115 Waiver Justice Reentry Implementation Plan submitted to CMS 11/22/24, approved Jan. 2025
- ✓ 1115 Waiver Justice Reentry Reinvestment Plan submitted to CMS 12/13/24 for approval
- ✓ CAA Planning Grant application submitted 11/26/24, awarded Jan. 2025
- ✓ Ongoing stakeholder meetings scheduled quarterly, posted on [Community Presentations web page](#)
- ✓ Opened and closed public comment on
 - ✓ CAA reimbursement methodology SPA
 - ✓ CAA Services SPA for Targeted Case Management and SPA
- ✓ Submitted CAA SPA to CMS, 3/28/25
- ✓ Enrolled CYFD JJ as Medicaid provider

In Progress:

- ☐ Hire 1115-funded FTE; hire CAA grant funded FTE
- ☐ Design 1115 capacity funding requirements, distribution, and monitoring
- ☐ Explore whether incarcerated peers can provide services
- ☐ Complete facility readiness assessment planning
- ☐ Make HCA Medicaid Enterprise System changes
- ☐ Update New Mexico Register and New Mexico Administrative Code (NMAC) and other policies
- ☐ Create Justice Policy & Billing Manual
- ☐ Enroll NMCC and counties as Medicaid providers



NEXT STAKEHOLDER MEETING & FEEDBACK

Next JUST Health Plus quarterly stakeholder meeting

WHEN: June 26, noon to 2:00 p.m.

WHERE: Online (Zoom)

Register in advance for this meeting:

bit.ly/JUSTHealthPlusJune



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WAIVER UPDATE: FOOD AS MEDICINE

ALANNA DANCIS, CHIEF MEDICAL OFFICER



1115 WAIVER PROGRAMS APPROVED

All are subject to state budget availability

New Program	Service to be Added	Potential Impact	Potential Start Date
Home delivered meals for Agency-Based Community Benefit	Up to two home delivered meals per day	Approx. 23,900 members	July 2025
Medical Respite	Pilot program to provide up to 6 months temporary shelter for members at risk of homelessness leaving hospital post-surgery	300	January 2025
Nutrition and Food as Medicine	Home delivered meals to members who are pregnant and at risk of co-occurring conditions	29,000	July 2025
Justice Re-entry Health Care Services (youth & adults)	At minimum, enhanced care management and coordination, Medication Assisted Treatment (MAT), 30-day supply of medications	~1,0830 individuals per month	July 2025
Traditional Health Care Practices	Medicaid reimbursement to providers of traditional healing services at participating facilities	TBD	TBD



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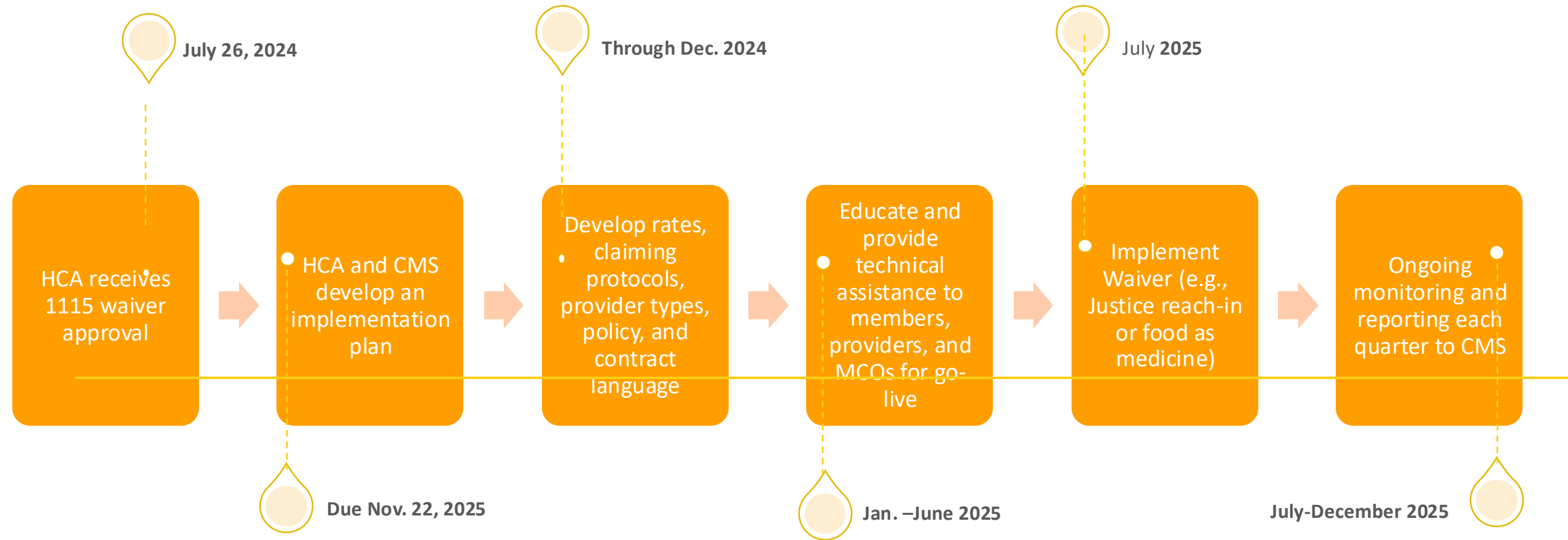
FOOD AS MEDICINE DETAILS



- Inclusion Criteria
 - Pregnant individuals and up to two months postpartum WITH
 - Any type of diabetes (type I, type II, gestational)
 - Disabled and elderly Community Benefit (CB) members in care coordination level 2
- Two meals per day
 - Prepared meals
 - Food boxes
 - Up to 2 medically tailored home delivered meals per day for CB
- Process for receipt
 - Screening for HRSN by provider, care coordinator or food bank
 - Prescription from a provider
 - For CB-MCO comprehensive needs assessment
- Stakeholder Involvement
 - Friday meeting series, next meeting May 9, 11:00am



WAIVER IMPLEMENTATION TIMELINE



WAIVER UPDATE: MEDICAL RESPITE

ALANNA DANCIS, CHIEF MEDICAL OFFICER



MEDICAL RESPITE

- **Payment methodology approved 4/25/2025**
- **Pilot site(s)**
 - Albuquerque Healthcare for the Homeless
 - UNM Hospital
 - Gibson Health Hub
- **Clinical Criteria**
 - Discharged from a hospital, able to do own activities of daily living
 - Maximum of 180 days
 - Includes room and board and rounding
- **Services**
 - Provider rounding
 - Food
 - Nursing services
 - Care coordination, CHW, wraparound services
 - Locked areas for medications
- **Launch**



INTERMISSION

10 MIN STRETCH/RESTROOM BREAK

CLOSED-LOOP REFERRAL SYSTEM

ROBERTO MARTINEZ, CLRS PROGRAM MANAGER



The Challenge

Finding social and health resources and services in New Mexico can be frustrating and time-consuming, leading to unmet social needs and poor health outcomes.

- Assumptions:
 - In addition to standing up a CLRS, which can help us track gaps at the local level and with granularity, we need to invest in the development of social services where these are lacking.
 - Integration of social into traditional healthcare settings is paramount.



The Solution

A CLRS is an **ecosystem** of multidisciplinary network partners that use a shared language, resource database, and integrated technology platforms to deliver health related social services. This ecosystem is poised to receive and accountably deliver diversified funding.



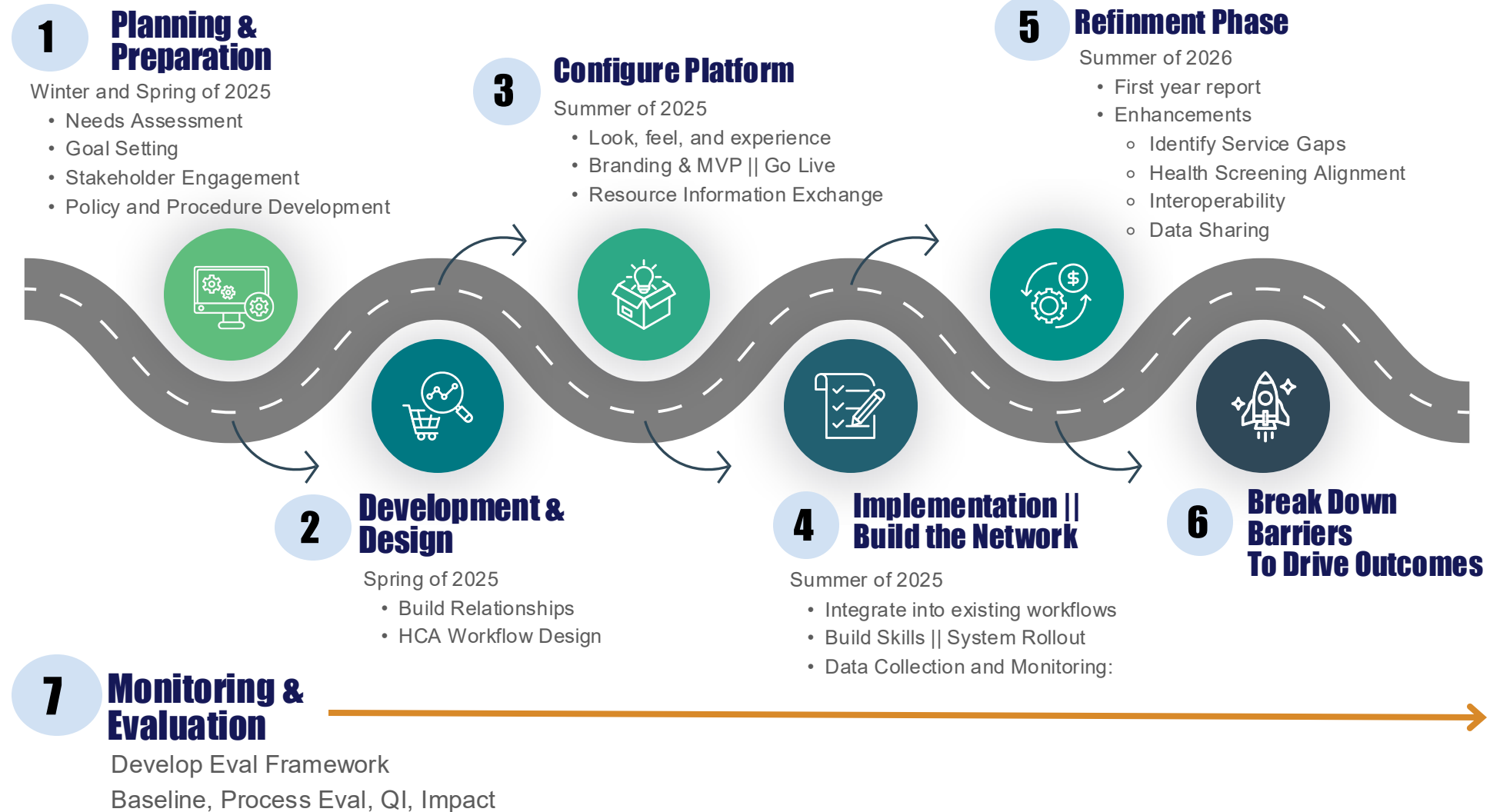
Vision & Mission

Vision || All people in New Mexico live in communities with equitable access to the conditions they need to thrive

Mission || Strengthen the coordination of care and inform solutions for resource gaps for those in need by connecting people, service organizations, and community partners more quickly and more effectively – resulting in a healthier, more equitable community for all.



IMPLEMENTATION ROADMAP



2025

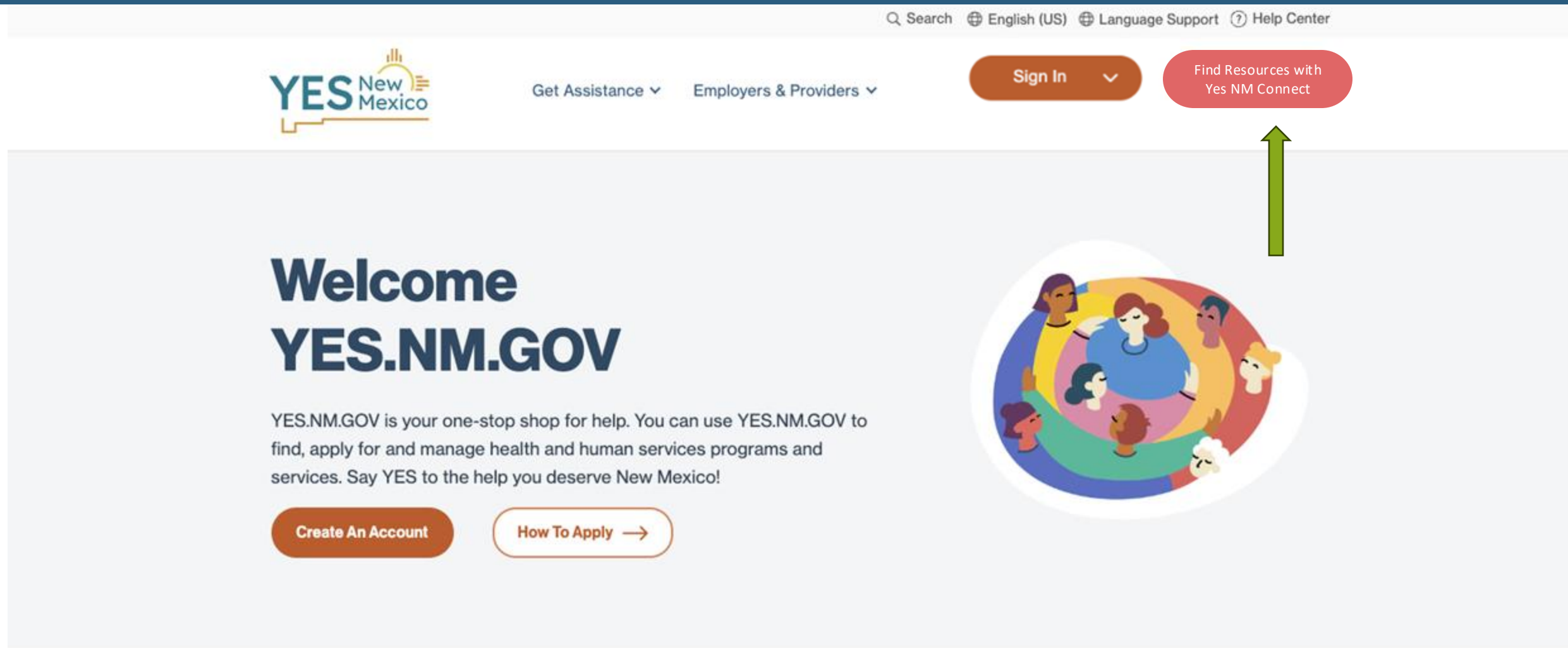
2026



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YESNMCONNECT will be an enhancement to YesNM powered by the FindHelp platform

A screenshot of the YES.NM.GOV website. The top navigation bar includes a search icon, "Search", "English (US)", "Language Support", and "Help Center". Below this is the YES New Mexico logo, followed by "Get Assistance" and "Employers & Providers" with dropdown arrows. To the right are "Sign In" and "Find Resources with Yes NM Connect" buttons. A green arrow points from the "Find Resources with Yes NM Connect" button down to a circular illustration of diverse people. The main content area has a large "Welcome YES.NM.GOV" heading, a paragraph about the website's purpose, and "Create An Account" and "How To Apply" buttons.

Q Search English (US) Language Support ? Help Center

YES New Mexico

Get Assistance ▼ Employers & Providers ▼

Sign In ▼

Find Resources with Yes NM Connect

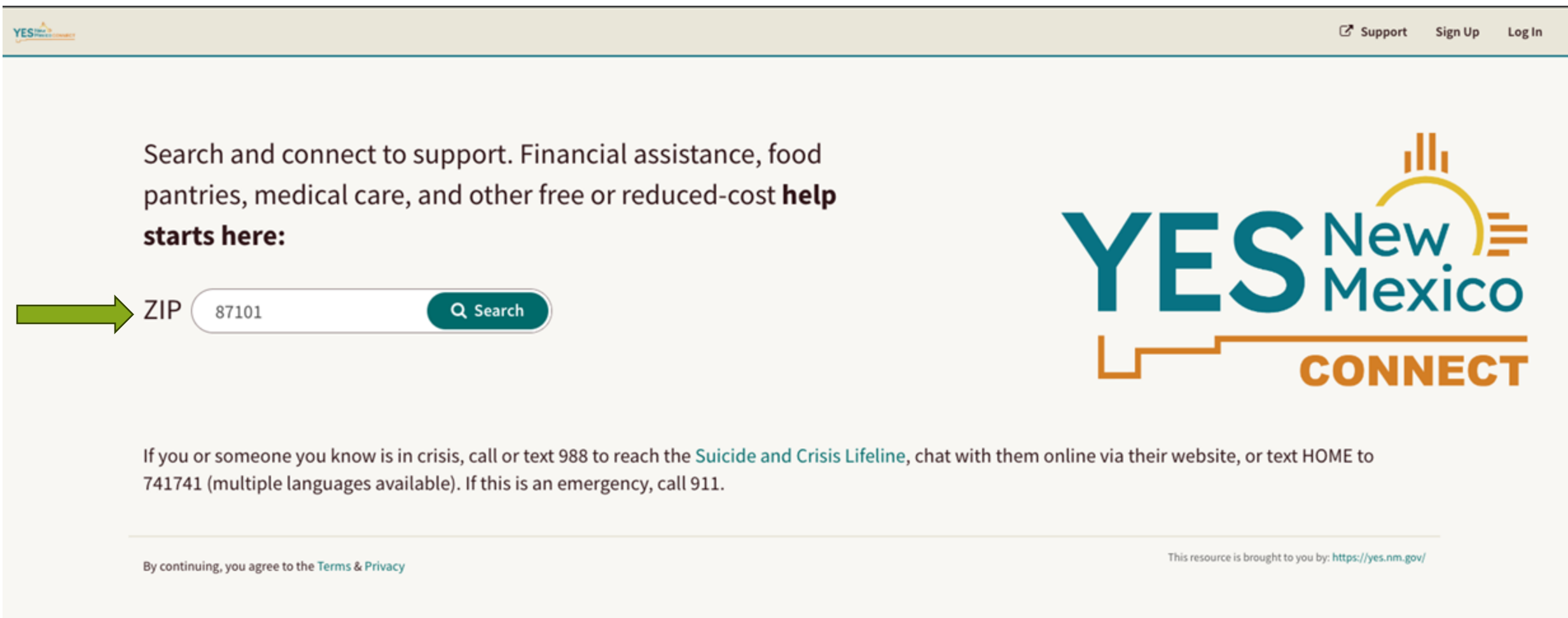
Welcome YES.NM.GOV

YES.NM.GOV is your one-stop shop for help. You can use YES.NM.GOV to find, apply for and manage health and human services programs and services. Say YES to the help you deserve New Mexico!

Create An Account

How To Apply →

Our clients will be directed to this site, where they can enter their zip code and find resources.

A screenshot of the YES New Mexico CONNECT website. The header includes the YES New Mexico CONNECT logo on the left and links for Support, Sign Up, and Log In on the right. The main content area features a search prompt: "Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:". Below this is a search form with a green arrow pointing to a "ZIP" label, a text input field containing "87101", and a "Search" button. To the right of the search form is a large YES New Mexico CONNECT logo. At the bottom, there is a paragraph about crisis resources and a footer with terms and privacy links, and a note about the resource source.

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**

ZIP

If you or someone you know is in crisis, call or text 988 to reach the [Suicide and Crisis Lifeline](#), chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

By continuing, you agree to the [Terms & Privacy](#)

This resource is brought to you by: <https://yes.nm.gov/>

PREFERRED DRUG LIST

KEENAN RYAN; DIRECTOR OF PHARMACY

EQUITABLE ACCESS TO MEDICATIONS REMAINS A CHALLENGE

- Approval rates for among MCO for medications remains highly variable (28.3-42.3%)
 - Despite a largely identical provider network
 - All MCOs have the same broad requirements for coverage (i.e. one from every class)
- Provider prescribing practice can be influenced by a variety of factors
 - Historical practice
 - Interactions with pharmaceutical industry
 - Patient preference (i.e. direct to consumer advertising)





MEDICAID'S ROLE IS TO BALANCE PATIENT/PROVIDER AUTONOMY AND
PROMOTE BEST PRACTICE/COST EFFECTIVE CARE

A PREFERRED DRUG LIST IS THE STATE'S MOST EFFECTIVE TOOL TO MAINTAIN THIS BALANCE

INVESTING FOR TOMORROW, DELIVERING TODAY.

WHAT IS A PREFERRED DRUG LIST?

- A preferred drug list (PDL) is a select list of drugs organized by therapeutic category / drug class.
- Within each drug class are preferred and non-preferred drugs.
 - Preferred drugs generally do not require prior authorization for use
 - Non-preferred status does not prohibit a prescriber from obtaining the medication if medically necessary
 - A preferred drug list is not exhaustive



WHAT IS A PREFERRED DRUG LIST?

- Decisions for preferred status is made based on clinical benefit before considering cost
- A Pharmacy & Therapeutics (P&T) committee evaluate agents for addition
 - P&T committee usually encompasses a group of community providers who review medications for possible addition to the PDL
- By creating a PDL the state would be able to solicit better pricing (in the form of rebates) for preferred medications from manufacturers.
 - Often states enter an interstate purchasing collaborative to maximize purchasing power



STATE OF THE NATION

- For Fee-for-Service Medicaid
 - 45 states and the District of Columbia have a PDL
 - New Mexico does not currently have a PDL
- For managed care Medicaid
 - 12 states have a PDL for all classes
 - 8 states have a PDL for some classes
 - 5 states have pharmacy carved out of managed care (all pharmacy service provided by FFS)



STAKEHOLDER IMPACT: MEMBERS/PRESCRIBERS

MEMBERS

- Members on Medicaid do not have a copay for medications
- Initial change to PDL may require members to seek a prior authorization to remain on specific classes of medication
 - State can limit this with aggressive “legacy” exceptions
- Members will know what medications are covered regardless of plan
 - Can switch between plans without worrying about differences in formularies
- Increased agency for members due more active state role in oversight

PRESCRIBERS

- Implementation of a PDL expected to decrease workload overall once aligned across the state
 - Unified criteria for medication classes for roughly 50% of the state's population
 - Easier to chose the preferred agent up front by provider and less paperwork going forward
- May be some initial work as prescribers transition members to preferred agents



PREFERRED DRUG LIST

- Deadline for to submit proposal to the state
 - Common vendors used for PDLs include Magellan/Prime therapeutics, Gainwell, but open to all interested parties
- Request has a high emphasis on engagement with current stakeholders and minimizing disruptions to patients and providers



CLINICAL BENEFIT REVIEW COMMITTEE

ALANNA DANCIS, CHIEF MEDICAL OFFICER



CLINICAL BENEFIT REVIEW COMMITTEE

- The Clinical Benefit Review Committee (CBRC) was established in 2025 for the purpose of reviewing services, procedures and medications for possible addition/expansion of Medicaid coverage.
- <https://www.hca.nm.gov/clinical-benefit-review-committee/>
- Meets quarterly
- Initial meeting April 14th



BAC / MAC MEMBERSHIP NEXT STEPS

JOSHUA NELSON; STRATEGIC OPERATIONS MANAGER

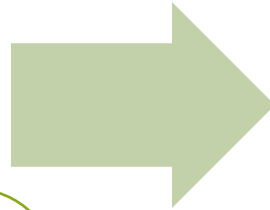


BAC ROADMAP

Next Steps

Phase 3 (May – July 8, 2025)

- Announce BAC membership and first BAC meeting date; post-meeting cadence, location, timing on website
- Train staff on community engagement best practices & meeting facilitation
- Host first official MAC and BAC meetings
- Update BAC bylaws together with members



Phase 4 (July 9, 2025 – July 11, 2027)

- Continue to hold MAC and BAC meetings
- Finalize first annual report by July 9, 2026
- Increase MAC/BAC crossover to 20% (July 10, 2026-July 10, 2027)
- Finalize second annual report by July 9, 2027
- Increase MAC/BAC crossover to 25% (starting July 11, 2027)



2025 MAC MEMBERSHIP

- MAC Membership:
 - Current members select term length
 - Submit Application
- New MAC Members:
 - Application is [now live](#).
 - Need MAC subcommittee to review.
 - Make recommendations to HCA
- June 1 – Deadline for MAC/BAC applications
 - Subcommittee Review Applications make selections.
- Late June – Confirm new MAC/BAC members
- July 1st – New Bylaws in place in accordance to CMS guidelines.
- Form MAC Subcommittee to address membership of both MAC and BAC applicants.
 - Subcommittee will review applicants
 - Make recommendation for HCA
 - Meet bi-annually for membership considerations.



MAC/BAC BYLAW REVISION

MAC Bylaws Revisions:

- **Meeting Scheduling Flexibility:** Adjusted language to allow meeting dates to vary within each quarter.
- **In-Person and Remote Access:** Clarified language to support both in-person attendance and remote access.
- **Work Topics:** Defined work topics based on Federal Guidance.
- **Membership Requirements:** Updated MAC membership specifications in alignment with Federal Guidance.
- **Extended Member Terms:** Changed MAC member term length from one year to three years.
- **Consecutive Memberships:** Removed consecutive memberships; members must observe a one-year break between terms as per Federal Guidance.
- **Subcommittee Structure:** Established three standing subcommittees focused on Benefits, Reimbursements, and Budget.
- **Appendix Update:** Revised appendix to reflect the current Federal Ruling (42 CFR 431.12).

BAC Bylaws Creation:

The BAC Bylaws were mostly created off of the MAC Bylaws with edits to:

- **Representation:** Who we hope represent the New Mexico Beneficiaries
- **Regular Meeting:** Guidance around when the BAC will meet based on Federal Guidance



PUBLIC COMMENT



HEALTH CARE
AUTHORITY



QUESTIONS & COMMENTS

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