

HEALTH CARE AUTHORITY



NATIVE AMERICAN TECHNICAL ADVISORY COMMITTEE (NATAC)

JUNE 15, 2026

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 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



A cloudy morning looking over Taos Pueblo
Photo provided by elpueblolodge.com

HEALTH CARE AUTHORITY

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.

AGENDA

Time	Presentation	Presenter(s):
9:00AM-9:20AM	• Welcome/Opening Prayer • Land Acknowledgement • Introduction of NATAC Committee Members (Newest Member) • Purpose/Goals of NATAC Committee	**Pharon Morgan**, *Tribal Liaison*, NM HCA MAD

9:20AM-9:30AM	**Native American enrollment data in New Mexico**
	  • General overview
	  • Medicaid/MCO enrollment
	• Q/A
		Pharon Morgan, *Tribal Liaison*, NM HCA MAD

9:30AM-9:40AM	**Welcome & Director updates** • Q/A	**Alanna Dancis**, DNP, CNP, RN-*Interim Medicaid Director of NM HCA*
9:40AM-9:55AM	**Pharmacy updates** • Q/A	**Keenan Ryan,** PharmD, PhC, MPH-*Interim Chief Medical Officer of NM HCA*
9:55AM-10:10AM	**Primay Care Payment Reform Value-Based Payment (PCPR VBP)** • Q/A	**Trisstin Maroney**, M.D. Innovation Program Manager
10:10AM-10:30AM	**Rural Health Transformation Program (RHTP)** • Q/A	**Elisa Wrede,** *Rural Health Director (Acting), Office of the Secretary*
10:45AM-10:50AM	• Open Discussion • Next Meeting	**Pharon Morgan**, *Tribal Liaison NM HCA MAD*

NATIVE AMERICAN ADVISORY COMMITTEE (NATAC)

What is NATAC?	What is the goal of NATAC?	What is the purpose of NATAC?	Participating Tribes, Nations and Pueblos:
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.	To build meaningful partnership that improves health outcomes of members of Tribes, Nations, and Pueblos.	To inform Medicaid policy and programmatic decision-making for program improvements, hold meaningful tribal stakeholders engagement, and implement continuous quality improvements within HCA and state agencies for tribal members.	• Laguna Pueblo • Nambe Pueblo • Ohkay Owingeh • Picuris Pueblo • San Felipe Pueblo • San Illdefonso Pueblo • Santa Clara Pueblo • Santo Domingo Pueblo • Navajo Nation • Ft. Sill Apache Tribe • Jicarilla Apache Nation • Mescalero Apache Tribe • Zia Pueblo (New)



NATIVE AMERICAN ENROLLMENT DATA IN NEW MEXICO

Pharon Morgan
HCA MAD Tribal Liaison

Native American Population in New Mexico

Demographic Overview & County Distribution Trends (2020–2024)

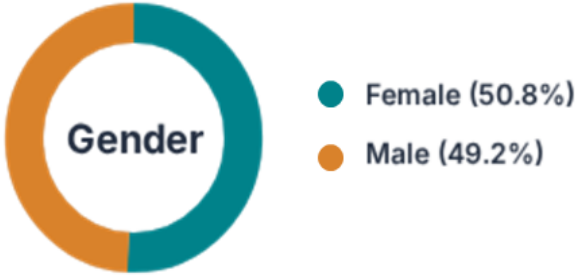
5-Year Population Trend

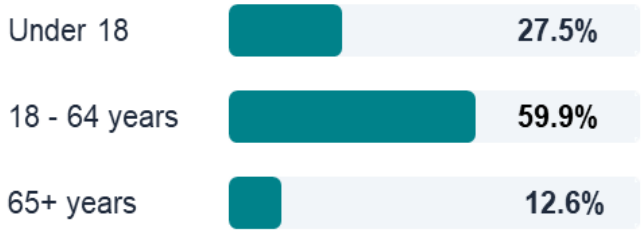
Estimated Statewide Headcount (2020 – 2024)



Demographic Profile

Gender & Age Distribution

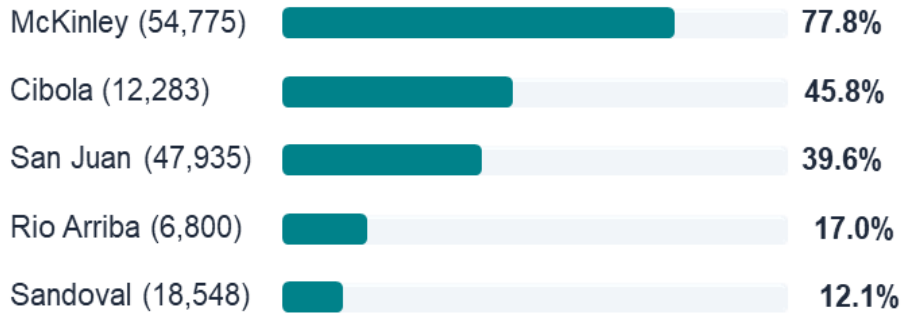




County Population Rank

As % of total county population

HIGHEST CONCENTRATION (TOP 5)



LOWEST CONCENTRATION (BOTTOM 5)



Source: U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2024 Annual Resident Population Estimates (2020–2024). National Institute on Minority Health and Health Disparities (NIMHD) HDPulse, U.S. Census Bureau ACS 5-Year Estimates (2020–2024).

NATIVE AMERICAN ENROLLMENT DATA

HEALTH CARE AUTHORITY

Showing data from 05/2021 to 04/2026

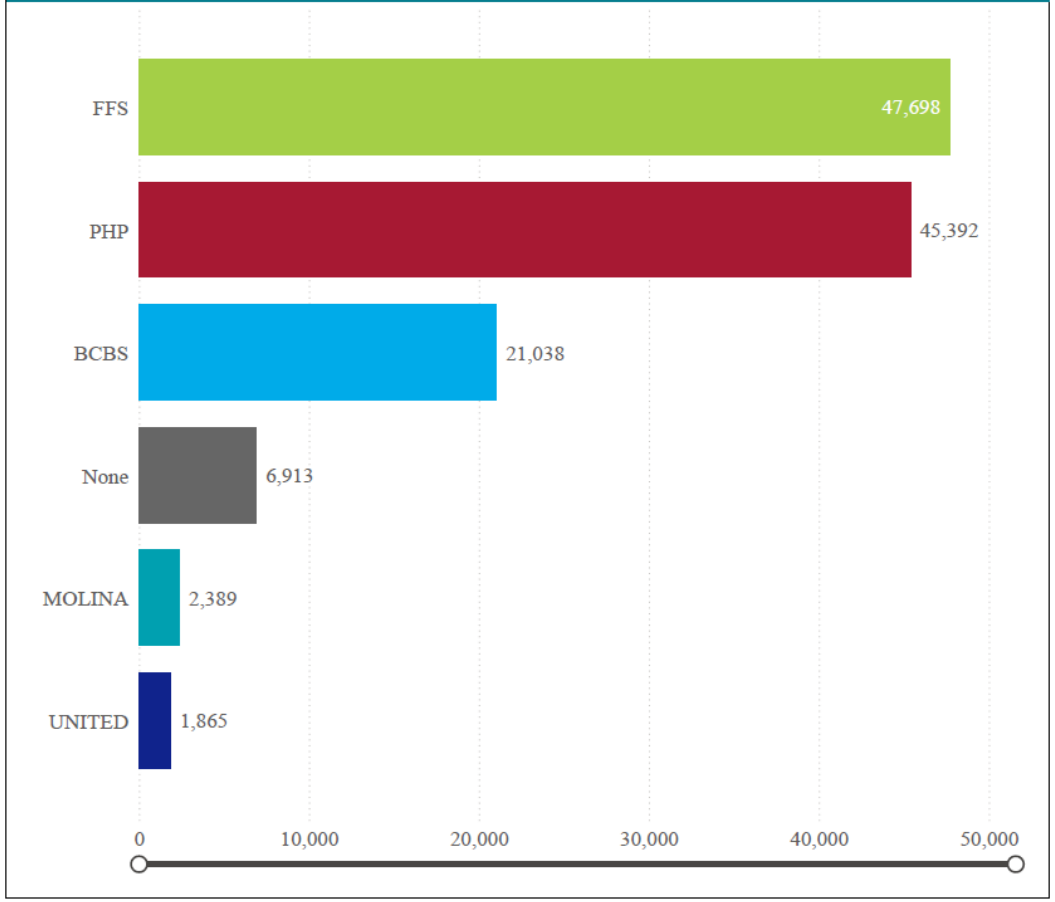
See Notes for details

Home | Map | Filter

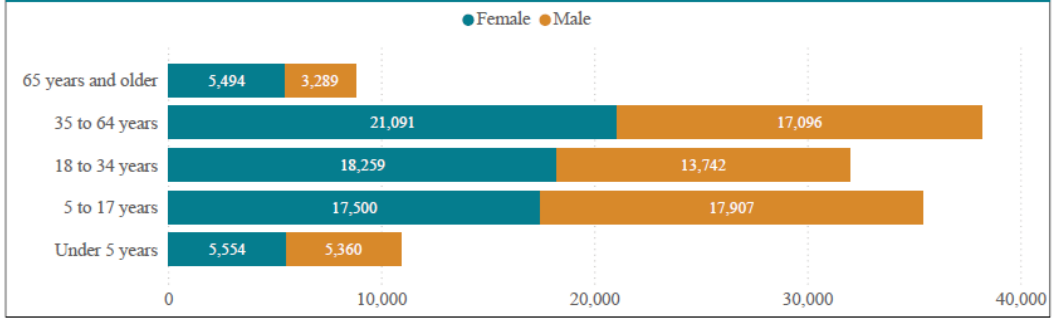
5/27/2026 10:13:58 AM
Refresh Date

Native Americans - Total Enrolled: 125,295

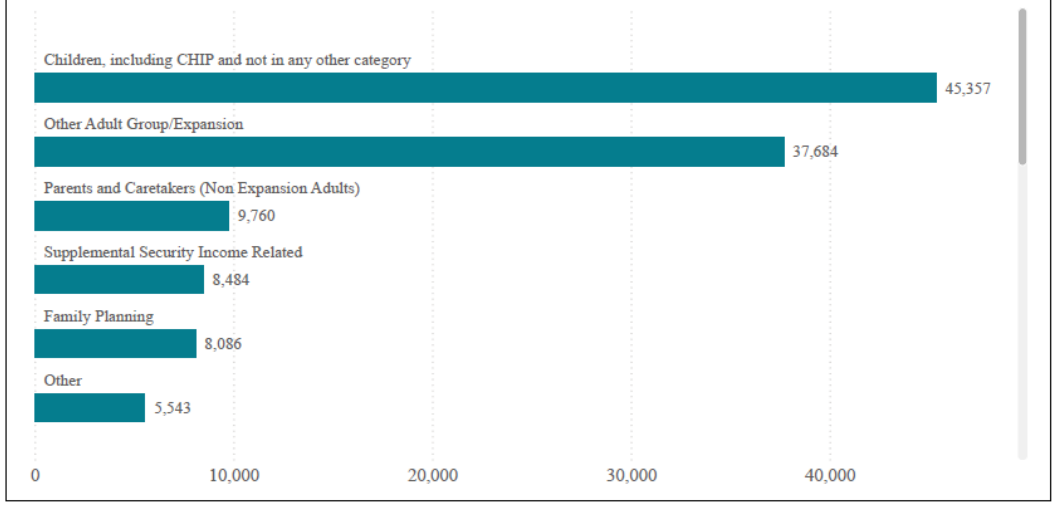
Native American Enrollment by MCO for Month: 04/2026



Native American Enrollment by Age and Gender for Month: 04/2026



Native American Enrollment by Category of Eligibility for Month: 04/2026



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

10 THINGS TO KNOW ABOUT MEDICAID IN NEW MEXICO

1. 
As of April 2026, NM Medicaid covers 808,617 individuals, approx. 38% of the state's population.

2. 
NM Medicaid covers 4 in 7 children in the state, and 70% of the newly-born (under 1 yr). They stay covered continuously from birth until their 6th birthday.

3. 
7 in 10 nursing home residents are enrolled in NM Medicaid. Medicaid is also the primary coverage source for individuals with disabilities in New Mexico.

4. Approx. 5% of members are "dually eligible" – enrolled in both Medicare and NM Medicaid. Medicaid also pays co-pays and premiums for low-income Medicare beneficiaries.

5. NM Medicaid programs are improving health outcomes and quality of care. For example, in 2024, the number of child Well Child Visits in first 30 months of life was higher than the national average.

6. Per capita spending per member is lower in NM ($8,869) than the national average ($9,090).

7. NM Medicaid is a federal and state partnership, with approx. 70% federal financial participation and 30% state share

8. For every $1 in State general fund spent on Medicaid, NM gets $3.75 from the federal government.

9. Approx. 82% of members are enrolled with contracted health plan, but Native Americans have the choice to join a health plan or see any Medicaid provider.

10. Federal Medicaid rules are changing. Fewer lawfully present non-citizens will be covered after Oct. 1, 2026, and work or activity rules begin for adults ages 19-64 on Jan. 1, 2027. Learn more at www.hca.nm.gov/medicaidchanges/

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

DIRECTOR DANCIS' 2026 PRIORITIES

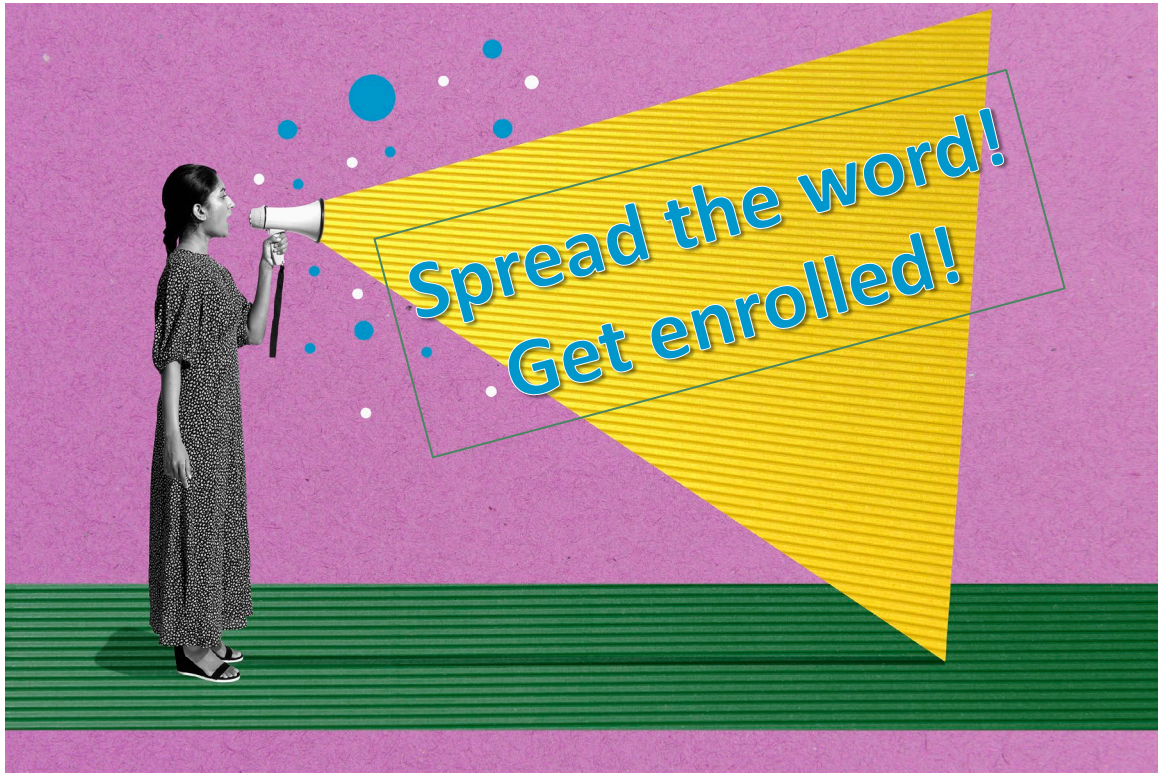
1. Implement HR1 with the least amount of member disruption and hire 32 staff.
2. Strengthen program integrity to protect New Mexico members and providers.
3. Finish open projects.

HCA INITIATIVES & TRIBAL ENGAGEMENT

INITIATIVES AND ENGAGEMENT	DESCRIPTION
Quarterly Native American Technical Advisory Committee	Only 12 tribes, nations and pueblos currently participate. MAD is looking for participation from Acoma, Cochiti, Isleta, Jemez, Pojoaque, Sandia, Santa Ana, Taos, Tesuque, Zuni and Ute Mountain
Traditional health care practices (THCP) reimbursement	Launched Oct. 1, 2025 for participating tribes, nations, and pueblos to be reimbursed for referrals through IHS and 638 facilities.
Value-added services through Managed Care	THCP may be offered as a value-added service to managed care members.
Food is Medicine for Pregnant Individuals and Long-Term Care members	Effective July 1, 2025 Home delivery, medically tailored foods for Pregnant women with any diabetes diagnosis.
Certified Community Behavioral Health Clinics (CCBHCs)	5 additional facilities to onboard in 2026: **Mental Health Resources** – Curry County **New Mexico Solutions** – Bernalillo County **Presbyterian Medical Services –** Santa Fe and Rio Arriba Counties **Guidance Center of Lea County -** Lea County **La Clinica de Familia –** Doña Ana County

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/



QUESTIONS/ADVICE



PRIMARY CARE PAYMENT REFORM VALUE-BASED PAYMENT (PCPR VBP)

Trisstin Maroney, M.D.
Interagency Primary Care Lead

NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

GOALS

Health Equity



Develop and drive investments in health equity to improve the health of New Mexicans.

Payment Strategies



Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Health Technology

Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Workforce Sustainability



Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

PRIMARY CARE PAYMENT REFORM (PCPR) VALUE-BASED PAYMENT (VBP) PROGRAM BACKGROUND

The PCPR VBP Program is a key part of expanding healthcare service delivery and Medicaid payment reform in New Mexico. The New Mexico Health Care Authority (HCA) has partnered and collaborated with New Mexicans to create a payment reform specific to the needs of New Mexico with the aim of providing high quality, equitable primary care to all New Mexicans, incentivizing primary care providers to improve the health of patients and quality of services.

FUNDING MECHANISM AND PAYMENT ARRANGEMENT

The program is funded through general funds allocation and a Medicaid Managed Care State Directed Payment (SDP) arrangement to promote increased access to care and improved quality outcomes for Medicaid beneficiaries. Through this payment arrangement, the Turquoise Care managed care organizations (MCOs) make specific incentive payments to participating healthcare providers as a separate payment, as directed by HCA.

Source: PCPR program description document

GOALS



- Incentivize primary care providers to improve or maintain quality of care and health outcomes for patients.
- Increase access to services for Medicaid beneficiaries.
- Achieve better value for Medicaid funds spent on care.
- Advance whole-person, integrated care by strengthening behavioral health integration, improving care coordination, and promoting interoperability across systems of care.
- Align with the objectives of the Primary Care Council in the areas of health equity, workforce sustainability, and health technology.

UNIFIED VBP PROGRAMS
e.g., PCPR state directed payment

- State directs, designs, and administers a single value-based payment (VBP) program for a provider type

- Statewide, standardized, aligned, integrated, coordinated, and stakeholder-informed

MCO VALUE-BASED CONTRACTING
Individual MCO-provider contracts

- VBP arrangements between MCOs and providers, delegated to Managed Care Organizations

- Details and provider arrangements are generally opaque to the State

Aligned and working together to support the State's Medicaid Quality Strategy

PARTICIPATING IN THE PCPR VBP PROGRAM

MINIMUM REQUIREMENTS FOR PROGRAM ELIGIBILITY

- Medicaid Certified
- Meet qualification criteria as a primary care provider
- Execute contracts/agreements
- Submit required data to Data Intermediary and meet data completeness standards
- Have Medicaid utilization during the measurement quarter to be eligible for payment



PARTICIPATING PROVIDER DEFINITION

- Tax Identification Number (TIN) + National Provider Identifier (NPI) combination

"PRIMARY CARE SERVICES" IN THE PROGRAM

- Turquoise Care definition

REGISTER FOR THE PROGRAM ONLINE AND UTILIZE THE WEB APPLICATION

QUARTERLY PERFORMANCE MEASUREMENT REQUIREMENTS

Data Collection and Submission

Participating providers collect data and submit it to Net Health through the program web application

- Third Next Available Appointment (TNAA)
- Patient Visits
- Patient Experience of Care Survey

Structural Measure Requirements

Participating providers attest in the program web application to meeting or not meeting specific, auditable performance requirements

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Quality Improvement (QI) Process
- Use of Certified EHR Technology (CEHRT) and Interoperability

ASSESSING PERFORMANCE ON QUALITY MEASURES & LINKING PERFORMANCE TO PAYMENT

After the close of each performance quarter, participating provider performance is assessed, performance is linked to payment, and payment amounts are calculated.

1. The total funds available each quarter are determined by HCA and its actuarial vendor. The size of the uniform percentage increase is determined by the Data Intermediary based on total funds available.

2. Participating provider performance is based on meeting each measure's requirements. To receive the uniform percentage increase, **providers must meet all measurement criteria.**

3. A participating provider's total payment is calculated by applying the uniform percentage increase to the total of the participating provider's eligible claims for primary care services.

*Total of Eligible Claims * Uniform Percentage Increase = Total Quality Payment*

CURRENT STATE OF THE VBP PROGRAM

Funding Mechanism & Payment Arrangement

- Funded through general funds allocation and a Medicaid Managed Care State Directed Payment (SDP) arrangement

  Fee Schedule Requirements (uniform percentage increase) type

- Through this payment arrangement, the Turquoise Care MCOs make specific incentive payments to participating healthcare providers as a separate payment, as directed by HCA.
- Performance measure requirements are based on data submission (TNAA, patient visits) and meeting requirements for structural measures (SBIRT, Patient Experience of Care, Quality Improvement Process, CEHRT Implementation & Interoperability).

Participating providers (practices)

Provider Variation:

- Number of locations
- Geographic distribution
- Service mix
- Patient populations
- Medicaid claims volume
- Readiness

DESIRED STATE OF THE VBP PROGRAM

Funding Mechanism & Payment Arrangement

- Funded through general funds allocation and a Medicaid Managed Care State Directed Payment (SDP) arrangement

  Value-Based Payment (VBP) type

- Through this payment arrangement, the Turquoise Care MCOs make specific incentive payments to participating healthcare providers as a separate payment, as directed by HCA.
- Performance measures are quality measures (clinical and utilization).

What's Needed

Meet CMS requirements for "a performance-based VBP initiative SDP":

- Performance measures
- Quality assessment methodology
- Methodology for linking performance to payment
- Payment calculation methodology
- Ongoing evaluation of the program

TRIBAL LISTENING SESSIONS FOR PCPR



In-Person Workshops:

These sessions are designed to support practices in succeeding in the PCPR VBP Program. This quarter, we are offering three half-day sessions that will follow the same agenda; please choose a single session that works best for you, your practice, and your patients!

📍 Las Cruces: Tuesday, June 16, 2026 | *8:00 a.m.-12:00 p.m.* at La Clínica de Familia, 385 Calle de Alegra, Las Cruces, New Mexico

📍 Albuquerque: Wednesday, June 17, 2026 | *8:00 a.m -12:00 p.m.* or *1:00 p.m.- 5:00 p.m.* at New Mexico Health Care Authority, 5700 Pasadena Ave. NE, Albuquerque, New Mexico

👉 Register here: PCPR VBP Program- Spring Workshops Tickets, Multiple dates | Eventbrite

Space is limited, so we encourage you to register soon!

For more information and to join our contact list for regular updates, visit https://www.hca.nm.gov/primary-care-council/primary-care-payment-reform/

QUESTIONS/ADVICE

RURAL HEALTH TRANSFORMATION PROGRAM (RHTP)

Elisa Wrede, Acting Rural Health Director

Overview of the New Mexico RHT Program

- The New Mexico Rural Health Transformation (RHT) Program is a **five-year federal initiative** designed to strengthen rural health delivery across the state
- New Mexico was awarded **$211,484,740.89 for Year 1** (13th highest award nationally)
- Led by the New Mexico Health Care Authority (HCA)
- Focused on access to care, workforce, sustainability, and data to improve health outcomes across rural, frontier, and tribal communities
- Delivered through **five RHT Program initiatives**

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $211,484,740.89 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

RHT Program At A Glance

Program Overview

- Anticipated $1B+ federal investment over five years
- Led by the New Mexico Health Care Authority
- Focused on strengthening rural, frontier, and tribal health systems
- Designed to improve access, workforce stability, financial sustainability, and data infrastructure

Program Design Principles

- Phased implementation over five years
- Federal compliance and fiscal integrity
- Structured stakeholder engagement
- Sustainability beyond grant funding

Desired Community Impact

Communities access specialty, maternal, and chronic care closer to home, reducing travel and wait times

More locally trained and retained health care workers support consistent, culturally responsive care

Communities design and implement programs that address their most pressing health needs

Clinics and hospitals receive support to remain financially stable and open

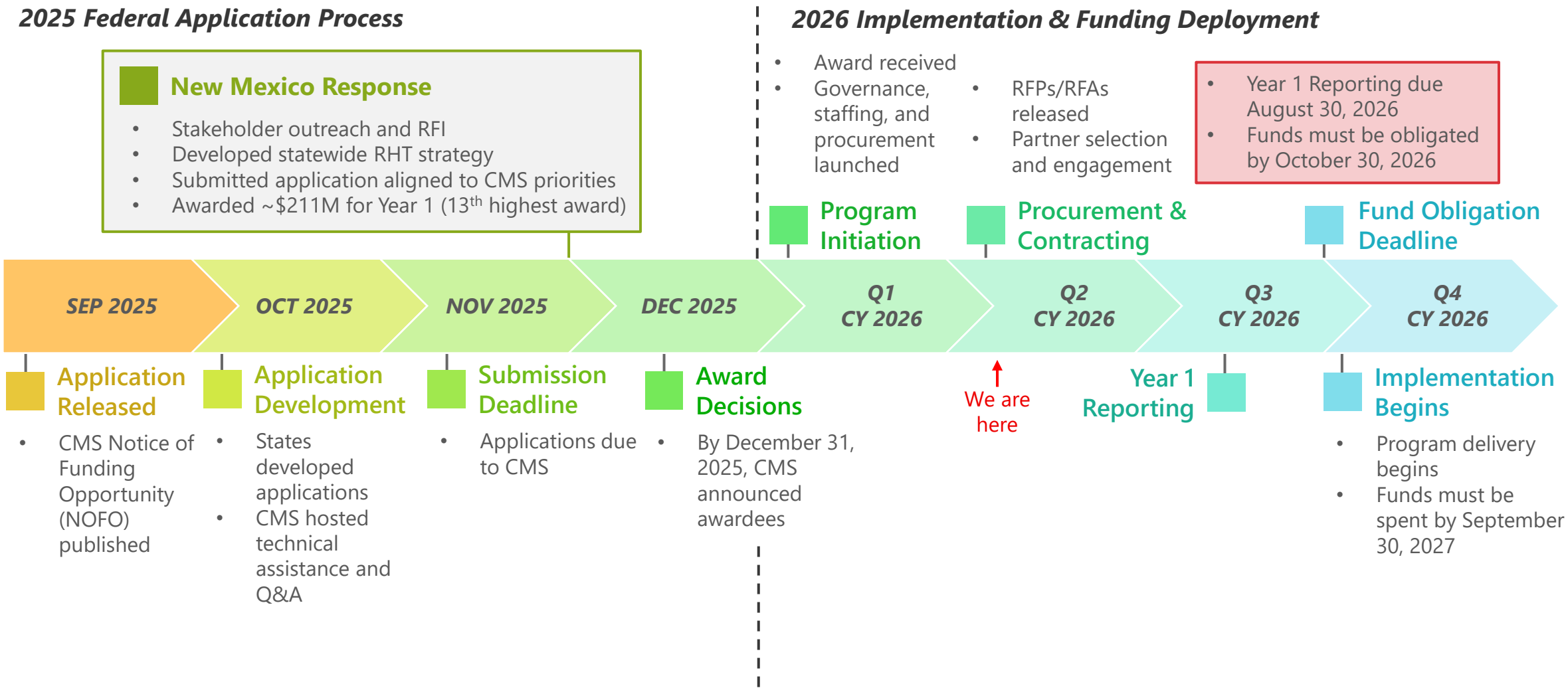
Shared data helps communities target investments, plan ahead, and improve care coordination

Five Strategic Initiatives

1. **Healthy Horizons** – Expand specialty care, maternal health, chronic disease management, and digital health access
2. **Rooted in New Mexico** – Build and retain a rural health workforce pipeline
3. **Rural Health Innovation Fund** – Fund community-driven rural health solutions
4. **Bridge to Resilience** – Provide technical assistance services and sustainability support to rural providers
5. **Rural Health Data Hub** – Strengthen analytics, transparency, and predictive planning

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $211,484,740.89 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

From Federal Opportunity to Funding Deployment



How to Get Involved

Stay Connected

Visit the RHT Program webpage at https://www.hca.nm.gov/rht

Join Engagement Opportunities

Participate in updates, webinars, and stakeholder sessions. Join the RHT Program mailing list by visiting https://forms.monday.com/forms/8e030d1aba2d00bf39f496544cea29ae?r=use1

Apply for Funding

Access funding opportunities as they become available by visiting https://nmhca-rhtp.submittable.com/submit

Apply for the Stakeholder Advisory Committee

The application for the Stakeholder Advisory Committee will be available June 30, 2026.

QUESTIONS/ADVICE

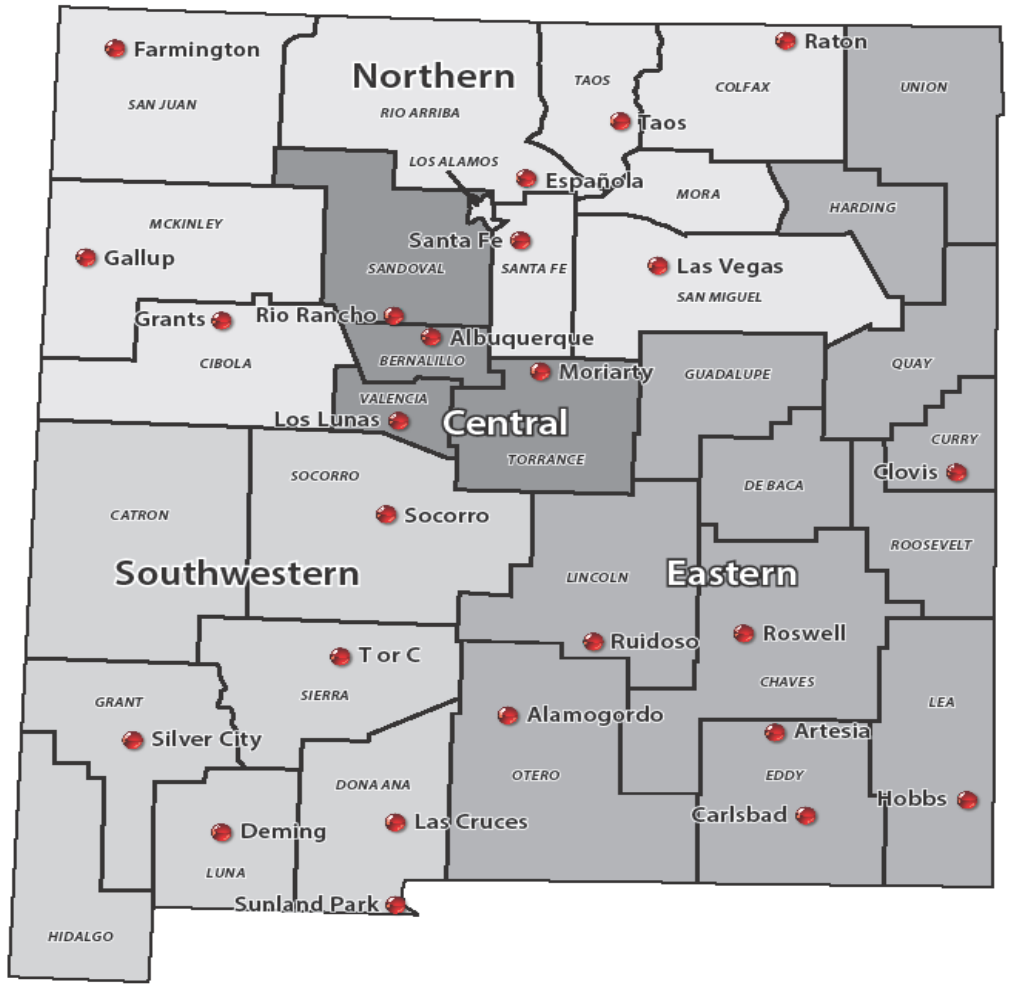
DEPARTMENT OF WORKFORCE SOLUTIONS

MICHELLE VELARDE, DSW
OPERATIONS DIVISION DIRECTOR

WHO WE ARE

The New Mexico Department of Workforce Solutions(NMDWS). It's our mission to *Educate, Empower, Employ, and Enforce.* Our Goal is to be business-driven department, understanding the needs of employers with a focus on the employability of all New Mexicans; to be an integral part of all economic development and education initiatives; to be efficient and responsive to the diverse needs of New Mexico's employers and workforce; and to be a "gateway" to employment.

24-AMERICA'S JOB CENTERS: LIFELINE TO THE COMMUNITY



America's Job Center NEW MEXICO

Local one stops established to provide a variety of workforce development programs & services

- America's Job Center New Mexico Location
- Central Area Workforce Development Board
- Eastern Area Workforce Development Board
- Southwestern Area Workforce Development Board
- Northern Area Workforce Development Board

EMPLOYMENT SERVICES DIVISION -AT A GLANCE

- Federal Programs
  - Rapid Response (RR)
  - Re-employment Services and Eligibility Assessment (RESEA)
  - Work Opportunity Tax Credit (WOTC)
  - Temporary Assistance for Needy Families TANF Training
  - Apprenticeship
  - Veteran Services
  - Migrant Seasonal Farmworkers

- Statewide Initiatives
  - Step Up Child Support (Child Support Income Division)
  - Housing Stability thru Employment
  - SNAP/Medicaid
  - Be Pro Be Proud: Careers in trades, Youth Exploration

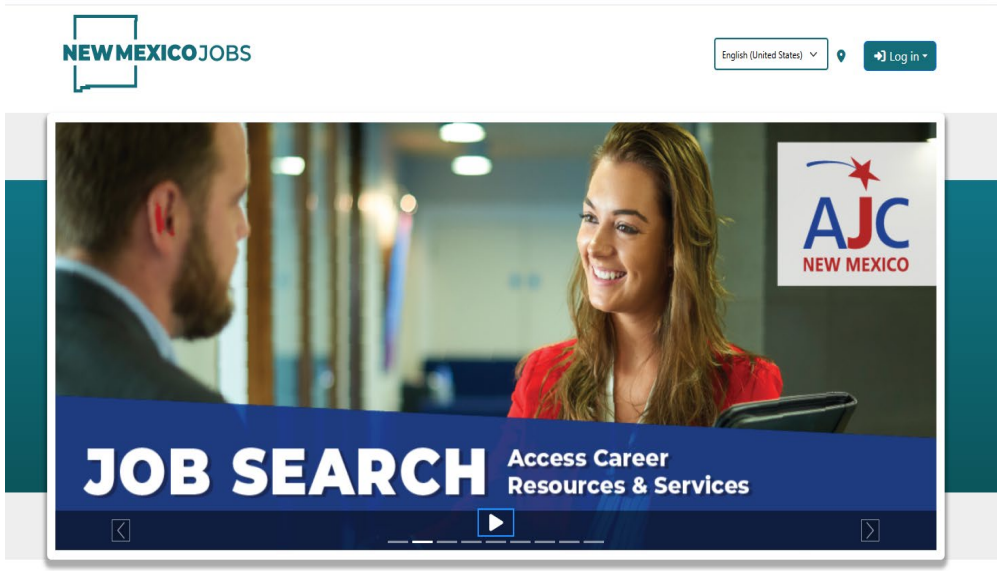


PRE-APPRENTICESHIP OPPORTUNITY PROGRAM

  - Pre Apprenticeship

JOBSEEKER CAREER SERVICES

- One on One Career Assistance
- Assistance with Resume Writing
- Assist with Interviewing Techniques
- Referrals to partner programs
- Referrals to jobs, resources and volunteer opportunities



www.jobs.state.nm.us

Office Resources Available

- Computers
- Fax Machines
- Telephone
- Copy Machine
- Skills Workshops

VETERAN CAREER SERVICES

- **Priority of service is the right of an eligible "covered" person to be given priority of service over an eligible "non-covered" person in obtaining employment training and placement services.**



- Job postings are held for 24 hours so that veterans can be first to apply before civilians.
- Employers who hire a Veteran can be entitled to a work tax credit.
- Veterans who have significant barriers to employment are referred to a Veteran Representative

Veteran status no longer grants an automatic exemption from SNAP work requirements, though totally disabled veterans generally remain exempt from Medicaid work rules.

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TRAINING OPPORTUNITIES

- Training may be provided to youth (16-24), adults, and dislocated workers seeking assistance in one of the following:
  - Occupational Skills Training (ITA)
  - On-the-Job Training (OJT)
  - Work Experience and Internships
  - Transitional Jobs
  - Incumbent Worker Trainings
  - Skills upgrading and retraining
  - Entrepreneurial Trainings

- Support Services may also be provided when enrolled in a training:
  - Transportation
  - Tools/Equipment
  - Uniforms
  - Exams
  - Books

TRIBAL LIAISON-ROSINA ESPINOZA



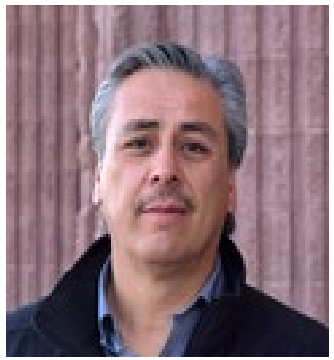
- Rosina Espinoza serves as the WIOA Youth Program Coordinator and Tribal Liaison for New Mexico Department of Workforce Solutions (NMDWS), a role she began in November 2024. In this dual capacity, she supports youth workforce initiatives while strengthening relationships with Tribal communities across the state. Rosina brings a wealth of experience from her previous roles at the Children, Youth, and Families Department (CYFD), the Department of Health (DOH), and the Health Care Authority (HCA).

- Mobile: (505) 250-1753
  Email: rosina.espinoza@dws.nm.gov

EMPLOYMENT SERVICES DIVISION DIRECTORS

WALDY SALAZAR-**PROGRAMS** DIVISION DIRECTOR

- Waldy.Salazar@dws.nm.gov
- 505-231-2876



MICHELLE VELARDE-**OPERATIONS** DIV. DIRECTOR

- Michelle.Velarde@dws.nm.gov
- 505-841-8325



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

NEXT MEETING

- Feedback Survey
- NATAC members
- Future meeting setting:
  - Virtual/In-person meeting
  - Site visits: Tribe, Nation, Pueblo?

[Native American Technical Advisory Committee – New Mexico Health Care Authority]

Quartely NATAC Meeting	Date	Time	Location
~~Q1~~	~~Monday, March 16, 2026~~	~~9am-11am~~	~~Virtural~~
~~Q2~~	~~Monday, June 15, 2026~~	~~9am-11am~~	~~Virtural~~
Q3	**Monday, September 21, 2026**	**9am-11am**	**TBA**
Q4	Monday, December 14, 2026	9am-11am	TBA

CONTACT:

Pharon Morgan
Tribal Liaison, Health Care Authority Medical Assistance Division
Email: pharon.morgan@hca.nm.gov
Phone: 505-469-6877



HEALTH CARE
AUTHORITY



THANK-YOU

INVESTING FOR TOMORROW, DELIVERING TODAY.