

HEALTH CARE AUTHORITY



HCA FY28 BUDGET REQUEST:
DIVISION OF HEALTH IMPROVEMENT, INCOME SUPPORT DIVISION & PROGRAM SUPPORT
LEGISLATIVE FINANCE COMMITTEE – NOVEMBER 16, 2026

KARI ARMIJO, HCA SECRETARY
NIKI KOZLOWSKI, ISD DIRECTOR; NANCY LASTER, DHI DIRECTOR; PAULA MORGAN, ITD DIRECTOR; RICHARD MONTOYA, ACTING ASD DIRECTOR

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

- HCA FY28 Budget Request:
  - Division of Health Improvement

    (DHI – P520)
  - Income Support Division

    (ISD – P525)
  - Program Support (P522)
    - Information Technology Division



Kari Armijo
HCA Secretary
505-249-8773
Kari.Armijo@hca.nm.gov



Niki Kozlowski
ISD Director
505-450-1213
Niki.kozlowski@hca.nm.gov



Nancy Laster
DHI Director
505-618-0264
Nancy.Laster@hca.nm.gov



Paula Morgan
ITD Director
505-231-7892
Paula.Morgan@hca.nm.gov



Richard Montoya
ASD Acting Director
505-709-5777
Richard.Montoya@hca.nm.gov

ABOUT THE HEALTH CARE AUTHORITY

Our mission, vision, and goals

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 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.



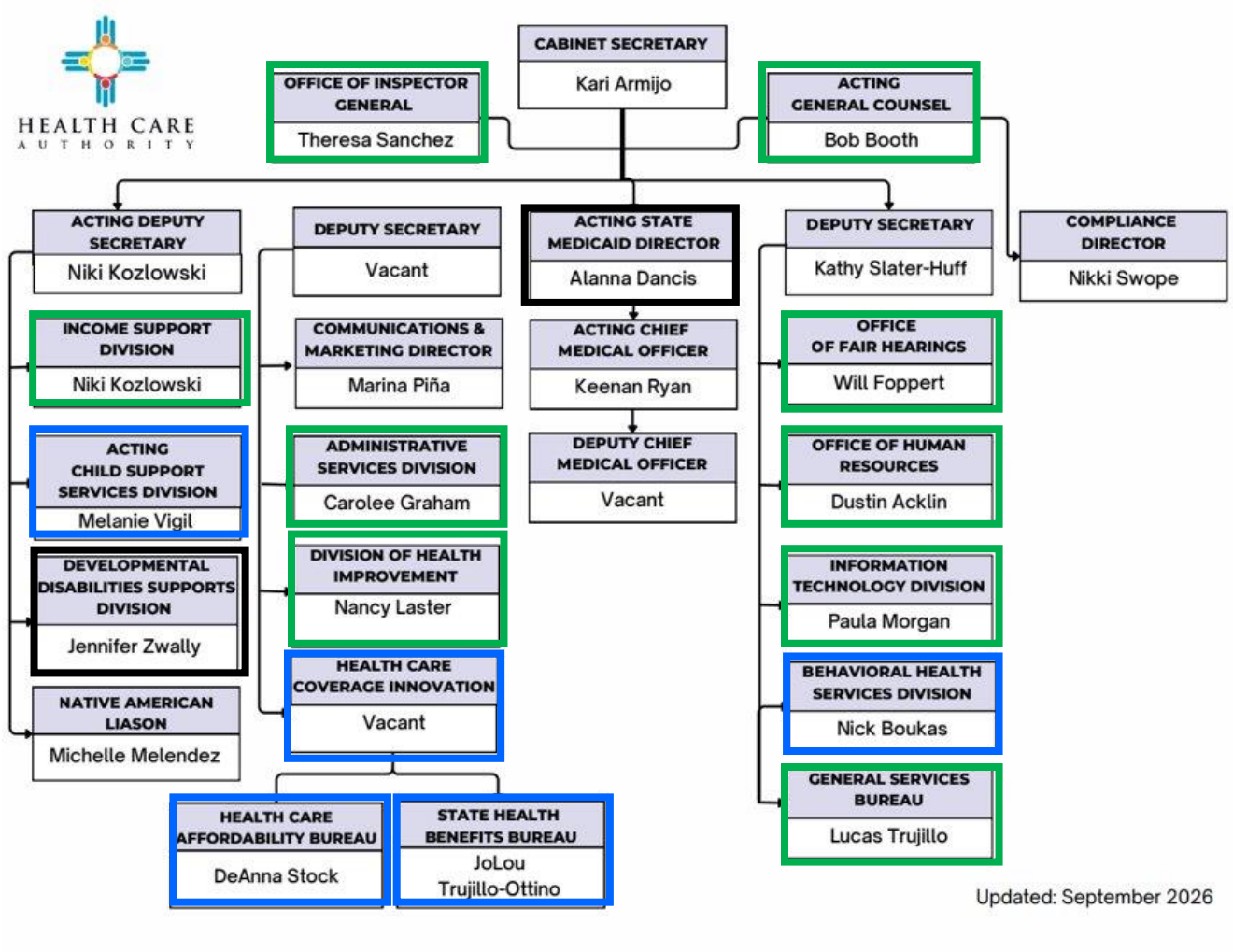
IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

HCA ORGANIZATIONAL OVERVIEW

- FY 28 Budget Request hearings:
  - **September** – Child Support Services Division & Behavioral Health Services Division
  - **October** – Health Care Affordability Fund & State Health Benefits
  - **November** – Income Support Division, Division of Health Improvement & Program Support (includes Information Technology Division)
  - **December** – Medicaid & Developmental Disabilities Supports Division
- The HCA has:
  - Eight program divisions
  - 2,146 filled FTE (8% funded vacancy rate)
  - 58 field offices across New Mexico
  - 866,881 unique/unduplicated customers (41% of New Mexicans)



DHI, ISD & PROGRAM SUPPORT ACCOMPLISHMENTS

Division of Health Improvement

- Successfully transitioned licensing and certification functions from CYFD to HCA effective July 1.
- For the 4th consecutive year, reached 90% for timely responses to abuse, neglect and exploitation reports.
- Updated Home Health Licensing regulations, allowing care to be provided beyond 100 miles from the provider's home office – addressing a barrier for rural access to care.
- Successfully implemented the CARA transition (2025 SB42)to HCA, including new responsibilities for oversight of hospitals.

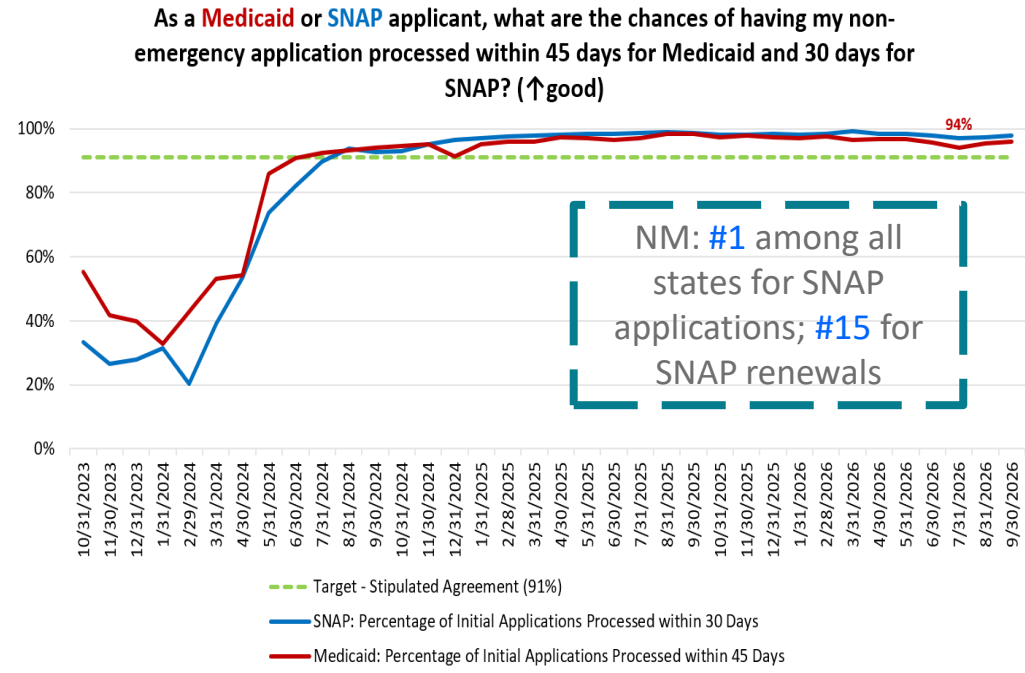
Income Support Division

- National SNAP performance: Ranked #1 in application timeliness and #15 in recertification timeliness by the federal government.
- Amid a federal government shutdown, ISD swiftly executed an unprecedented state-led funding solution to issue $30 million to 232,138 SNAP households, ensuring that New Mexicans maintained access to food.
- Invested $5.3 million in chip-card technology, with statewide implementation planned for April 2027.
- Issued $32.4M in summer food benefits to 270,367 New Mexico children.
- Delivered Disaster SNAP (D-SNAP) in Doña Ana and Lincoln counties following emergency flooding; D-SNAP issuance planned for San Juan and Cibola counties.

Program Support

- Completed the Medicaid Management Information System Replacement (MMISR) project – the largest and most complex IT project in NM history.
- Implemented new executive and program-level data dashboards, including new data dashboards for LFC.
- Completed significant IT changes in preparation for H.R.1, including preparation to launch a Next-Generation data verification hub in December.
- Met the federal deadline to obligate $211.4M for NM's Rural Health Transformation Project (RHTP); received another $211M for Year 2.
- Coordinated the health and human services disaster emergency response for flood-impacted areas, including food, shelter, behavioral health, and interagency support.

Medicaid & SNAP Application Timeliness



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

DIVISION OF HEALTH IMPROVEMENT (DHI) FY28 REQUEST

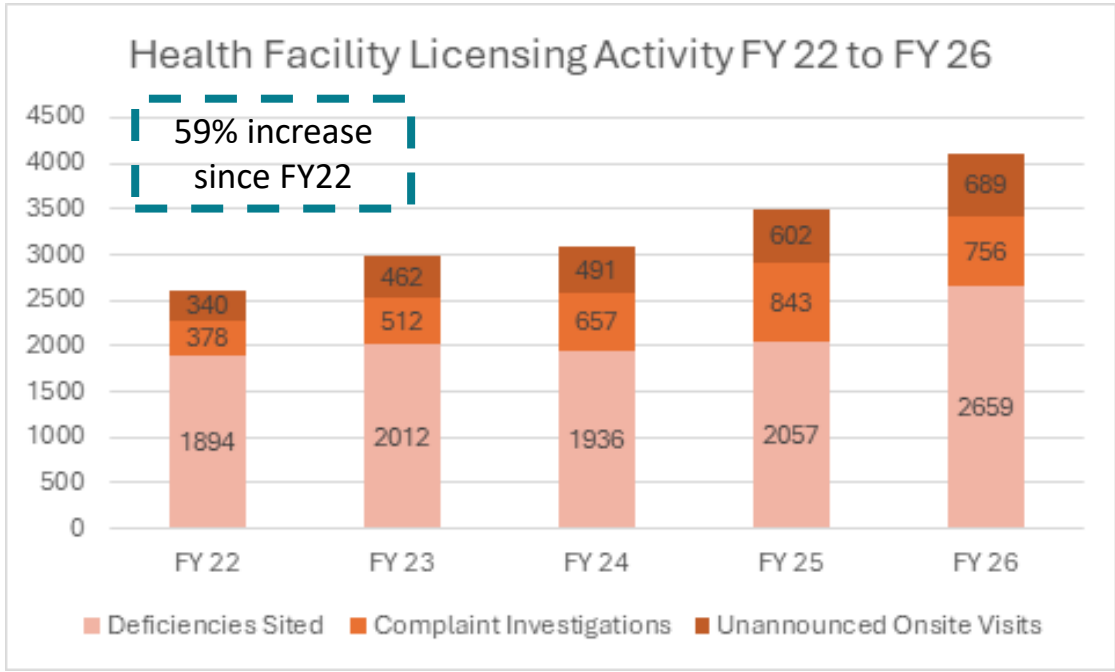
DIVISION OF HEALTH IMPROVEMENT (DHI) FY28 BUDGET REQUEST

Agency Briefing Sheet		(in thousands)									
AGENCY	BU										
HCA - Division of Health Improvement	63000	FY26 ACTUALS	FY27 OPBUD	FY28 REQUEST	Base Inc.	% Base Inc.	Expansion Inc.	% Exp. Inc.	TOTAL FY28 REQUEST	TOTAL $ Diff. FY27-28	TOTAL % Diff. FY27-28	Notes
	General Fund	$11,955.6	$15,172.3	$15,298.2	$125.9	0.8%	$0.0	0.0%	$15,298.2	$125.9	0.8%	
	Federal/Other Funds	$15,820.4	$23,688.5	$23,825.2	$136.7	0.6%	$0.0	0.0%	$23,825.2	$136.7	0.6%	
	GRAND TOTAL	$27,776.0	$38,860.8	$39,123.4	$262.6	0.7%	$0.0	0.0%	$39,123.4	$262.6	0.7%	
	200-PS & EB	$19,714.9	$25,074.6	$25,312.5	$237.9	0.9%	$0.0	0.0%	$25,312.5	$237.9	0.9%	
	300 - Contracts	$2,628.4	$6,640.7	$6,640.7	$0.0	0.0%	$0.0	0.0%	$6,640.7	$0.0	0.0%	
	400 - Other	$5,432.7	$7,145.5	$7,170.2	$24.7	0.3%	$0.0	0.0%	$7,170.2	$24.7	0.3%	
	500 - Other Financing Uses	$0.0	$0.0	$0.0	$0.0	0.0%	$0.0	0.0%	$0.0	$0.0	0.0%	
	GRAND TOTAL	$27,776.0	$38,860.8	$39,123.4	$262.6	0.7%	$0.0	0.0%	$39,123.4	$262.6	0.7%	
	Authorized FTE	197	222	222	0	0.00%	0	0%	222	0	0.00%	
	Budgeted FTE	190	205	205								
	# vacant positions as of 6/30/26	17										
	Vacancy rate based on budget	8.9%										

- *DHI FY28 total base request is $39,123.4: $125.9 GF (0.8% GF increase) over FY27*
  - Net increase is requested for costs related to FY28 published rates from the General Services Department (GSD) and Department of Information Technology (DOIT)
  - DHI is maintaining a 0.51% funded vacancy rate

FY28 DIVISION OF HEALTH IMPROVEMENT BASE REQUEST SUPPORTS EXPECTED WORKLOAD AND CARA OVERSIGHT

- DHI's base budget allows the division to meet increasing workload across health care facility licensing, survey and oversight. →
- Base budget continues to support 10 FTE added last year to meet legislative priorities, especially 2025 SB42: DHI is main oversight authority for ensuring hospital compliance.
  - 2023 LFC evaluation found NM hospitals under-identify substance-exposed newborns by up to 40%.
  - DHI has established the following oversight activities for 38 hospitals and birthing centers:
    - Audits of policies and procedures.
    - Audits of staff training materials and staff education records.
    - Patient chart reviews for use (and accuracy) of screening and assessments.
    - When substance exposure is identified, validation that action was taken as required (e.g. Plan of Safe Care (POSC) initiated, CYFD referral).
    - POSC chart reviews and audits (POSC annual average: 1,200).
    - Technical assistance and training for non-compliant facilities.
    - Corrective action plan development and monitoring.
  - Since HCA CARA launch on July 1, 2026, 74% of hospitals have been surveyed on CARA requirements and 65 deficiencies have been cited.



ACC: Ambulatory Surgery Centers, Diagnostic & Treatment Facilities, End Stage Renal Disease Facilities, Free Standing Birth Centers, Hospital Clinic, Home Health Agency, Hospice, Hospital – Acute Care, Limited Services, Special Hospital, Critical Access Hospitals Infirmary Rural Emergency Hospital Limited Diagnostic Treatment Facilities, Rural Health Clinic, Adult Behavioral Health Facilities: Community Mental Health Centers, Crisis Triage Centers

INCOME SUPPORT DIVISION (ISD) FY28 REQUEST

INCOME SUPPORT DIVISION (ISD) FY28 BUDGET REQUEST

Agency Briefing Sheet		(in thousands)									
AGENCY	BU										
HCA- Income Support	63000	FY26 ACTUALS	FY27 OPBUD	FY28 REQUEST	Base Inc.	% Base Inc.	Expansion Inc.	% Exp. Inc.	TOTAL FY28 REQUEST	TOTAL $ Diff. FY27-28	TOTAL % Diff. FY27-28	Notes
	General Fund	$93,054.0	$132,775.2	$146,846.5	$14,071.3	10.6%	$0.0	0.0%	$146,846.5	$14,071.3	10.6%	
	Federal/Other Funds	$1,288,029.7	$1,415,635.9	$1,411,873.3	($3,762.6)	-0.3%	$0.0	0.0%	$1,411,873.3	($3,762.6)	-0.3%	
	GRAND TOTAL	$1,381,083.7	$1,548,411.1	$1,558,719.8	$10,308.7	0.7%	$0.0	0.0%	$1,558,719.9	$10,308.7	0.7%	
	200-PS & EB	$84,012.4	$100,766.2	$101,919.1	$1,152.9	1.1%	$0.0	0.0%	$101,919.1	$1,152.9	1.1%	
	300 - Contracts	$95,378.3	$85,786.0	$93,862.9	$8,076.9	9.4%	$0.0	0.0%	$93,862.9	$8,076.9	9.4%	
	400 - Other	$1,201,693.0	$1,361,858.9	$1,362,937.8	$1,078.9	0.1%	$0.0	0.0%	$1,362,937.8	$1,078.9	0.1%	
	500 - Other Financing Uses	$0.0	$0.0	$0.0	$0.0	0.0%	$0.0	0.0%	$0.0	$0.0	0.0%	
	GRAND TOTAL	$1,381,083.7	$1,548,411.1	$1,558,719.8	$10,308.7	0.7%	$0.0	0.0%	$1,558,719.8	$10,308.7	0.7%	
	Authorized FTE	1162	1163	1163	0	0.00%	0	0%	1163	0	0.00%	
	Budgeted FTE	1026	1030									
	# vacant positions as of 6/30/25	76	0									
	Vacancy rate based on budget	7.4%										

- *ISD FY28 total base request is $1,558,719.8: $14,071.3 (10.6% GF increase) over FY27. Main drivers:*
  - Full year of decreased federal match rate for SNAP administration (H.R.1) - $6.7M
  - Shift of funding for food banks from non-recurring to recurring to protect essential food support for New Mexicans - $5M
  - H.R.1 staff and related administrative costs built into the base to sustain program delivery and meet federal requirements
- ISD's current funded vacancy rate is 14%; 78 new funded FTE were added as part of the 2025 First Special Session – projected vacancy rate below 9% by year-end

FY28 ISD BASE BUDGET SUPPORTS WORKLOAD ASSOCIATED WITH H.R.1

H.R. 1 impacts SNAP and Medicaid beneficiaries in different ways, and at different times. The below provides an overview of the major policy changes resulting from H.R. 1.

Eligibility Changes

25,000 New Mexicans

SNAP Work or Activity Rules Change

January 1, 2026

*Adults receiving SNAP may have to complete **80 work or activity hours** within a month to retain their benefits.*

2,350 New Mexicans

Medicaid Lawfully Present Immigrant Eligibility Change

October 1, 2026

*Some lawfully present immigrants **no longer qualify for federally funded, full-benefit coverage.***

89,000 New Mexicans

Medicaid Work or Activity Rules Change

January 1, 2027

*Most adults ages 19–64 in the Adult Medicaid category must complete **80 qualifying work or activity hours** to receive coverage.*

**Native Americans are exempt from work or activity rules*

Medicaid Timeline Changes on January 1, 2027

225,000 New Mexicans

Renewals

- For most adults: **12 months** → **6 months**
- Customers who are already enrolled in Adult Medicaid as of January 1, 2027 will keep their current renewal date

**Native Americans keep a 12-month renewal schedule.*

5,648 New Mexicans

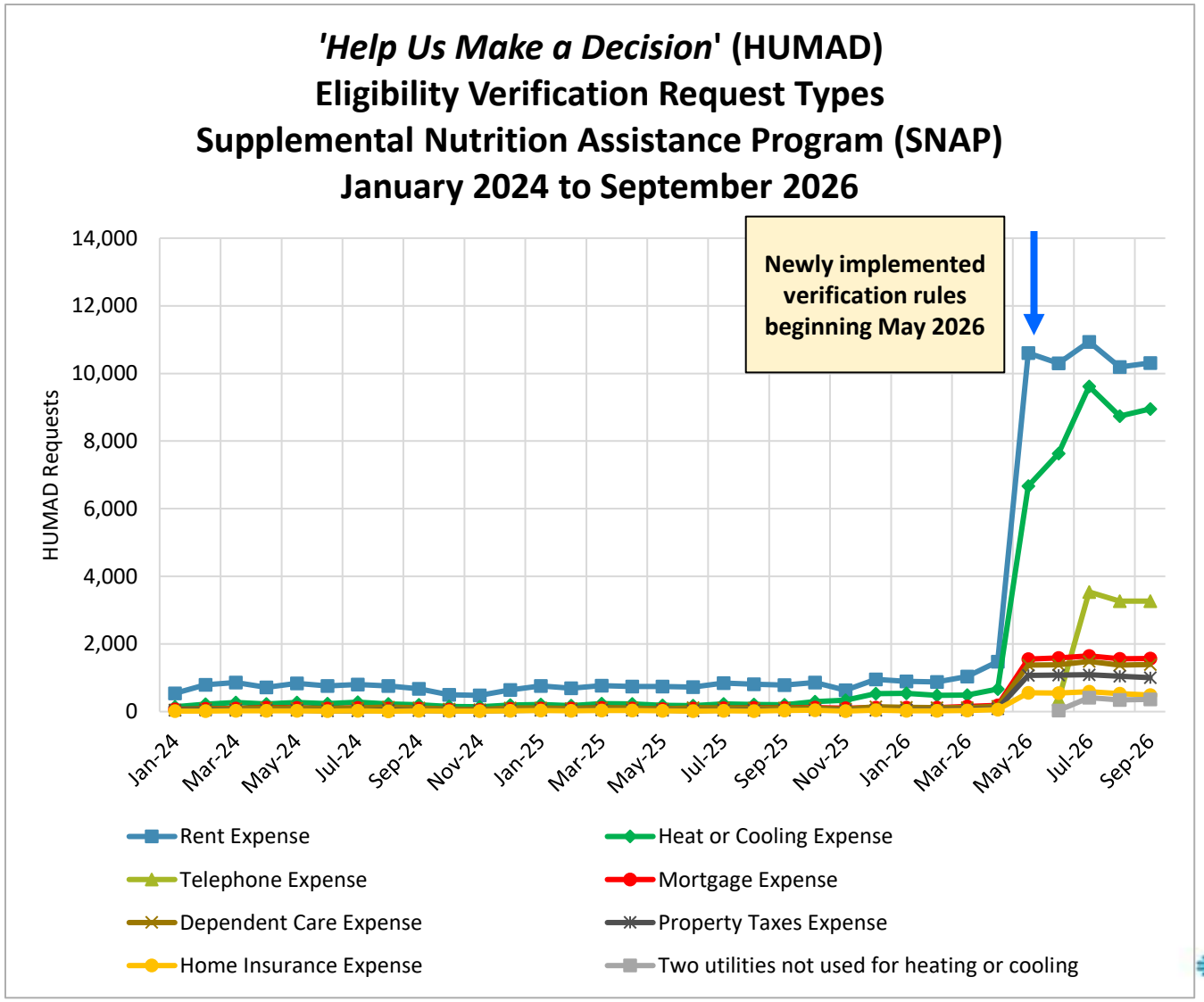
Retroactive Coverage

- Most adults aged 19–64: **3 months** → **1 month**
- Older adults and people with disabilities: **3 months** → **2 months**

EARLY INDICATORS OF SIGNIFICANT WORKFLOW IMPACTS FROM H.R. 1

The H.R.1 rule changes have created significant administrative burden for both customers and the HCA:

- **81% increase** in eligibility verifications due to required household expense documentation from customers
- **16x increase** in customer verification submittals for SNAP deductible expenses, including rent, utilities, mortgage, telephone and dependent care.
- **January 2027 risk:** Medicaid eligibility requirements are expected to create similar increases creating significant strain on frontline workers and HCA's customer service response.



Source: Income Support Division. ASPEN Database. Eligibility Dashboard.

PROGRAM SUPPORT
FY28 REQUEST

PROGRAM SUPPORT FY28 BUDGET REQUEST

Agency Briefing Sheet		(in thousands)										
AGENCY	BU											
HCA- Program Support	63000	FY26 ACTUALS	FY27 OPBUD	FY28 REQUEST	Base Inc.	% Base Inc.	Expansion Inc.	% Exp. Inc.	TOTAL FY28 REQUEST	TOTAL $ Diff. FY27-28	TOTAL % Diff. FY27-28	Notes
	General Fund	$8,602.9	$11,188.5	$11,684.6	$496.1	4.4%	$0.0	0.0%	$11,684.6	$496.1	4.4%	
	Federal/Other Funds	$22,854.2	$25,308.8	$24,382.6	($926.2)	-3.7%	$0.0	0.0%	$24,382.6	($926.2)	-3.7%	
	GRAND TOTAL	$31,457.1	$36,497.3	$36,067.2	($430.1)	-1.2%	$0.0	0.0%	$36,067.2	($430.1)	-1.2%	
	200-PS & EB	$25,320.2	$27,024.8	$26,734.4	($290.4)	-1.1%	$0.0	0.0%	$26,734.4	($290.4)	-1.1%	
	300 - Contracts	$1,740.5	$5,850.0	$5,700.3	($149.7)	-2.6%	$0.0	0.0%	$5,700.3	($149.7)	-2.6%	
	400 - Other	$4,033.1	$3,622.5	$3,632.5	$10.0	0.3%	$0.0	0.0%	$3,632.5	$10.0	0.3%	
	500 - Other Financing Uses	$0.0	$0.0	$0.0	$0.0	0.0%	$0.0	0.0%	$0.0	$0.0	0.0%	
	GRAND TOTAL	$31,093.8	$36,497.3	$36,067.2	($430.1)	-1.2%	$0.0	0.0%	$36,067.2	($430.1)	-1.2%	
	Authorized FTE	240	240	245	5	0.00%	0	0%	245	5	0.00%	
	Budgeted FTE	180		180								
	# vacant positions as of 6/18/26	26		48								
	Vacancy rate based on budget	26.7%										

- *Program Support FY28 total base request (excluding the Information Technology Division) $36,067.2: $496.1 (4.4% GF increase) over FY27. Main drivers:*
  - Full year of decreased federal match rate for SNAP administration (H.R.1)
  - Shift of funding to move five staff from Program Support to Medicaid for Program Integrity
  - Cost of DOIT and GSD published rates

FY28 PROGRAM SUPPORT BUDGET SUPPORTS ACCOUNTABILITY, PROGRAM INTEGRITY, AND FINANCIAL INTEGRITY AT HCA

OFFICE OF FAIR HEARINGS

- 100% compliance found in 2026 federal Recipient Integrity and Fair Hearings Management Evaluation Review
- 6,199 Fair Hearings registered in SFY2026 across 17 categories of appeal
- 9.2% increase in hearing requests in SFY2027 Q1 compared to SFY 2026 Q1
- 66.1 day average time for disposition issuance after Fair Hearing request for SFY2026

OFFICE OF HUMAN RESOURCES

- Successfully implemented new hiring and onboarding processes and had the second most hires (280) in state government for the first quarter of FY27.
- Pay alignment and appropriate placement for the agency and has resulted in over 1,500 salary adjustments for staff in multiple divisions.

OFFICE OF THE INSPECTOR GENERAL

- Completion of federal audit in May of 2026 with no findings or deficiencies
- Reinstituted audit charter, first internal audit schedule to be complete Jan 2027
- Increased complaint and referral processing efficiency by 28%
- New Inspector General developing annual work plan for 2027 with proposed new Key Performance Indicators

ADMINISTRATIVE SERVICES

- Successfully managed a total base operating budget of over $15 billion, encompassing ten programmatic divisions, four of which were new to the agency in SFY25
- Completed FY25 audit timely, successfully resolving all three prior year findings
- Resolved longstanding deficiencies in State Health Benefits and the Division of Health Improvement within first year of establishing the HCA.

INFORMATION TECHNOLOGY DIVISION (ITD)
FY28 REQUEST

INFORMATION TECHNOLOGY DIVISION (ITD) FY28 BUDGET REQUEST

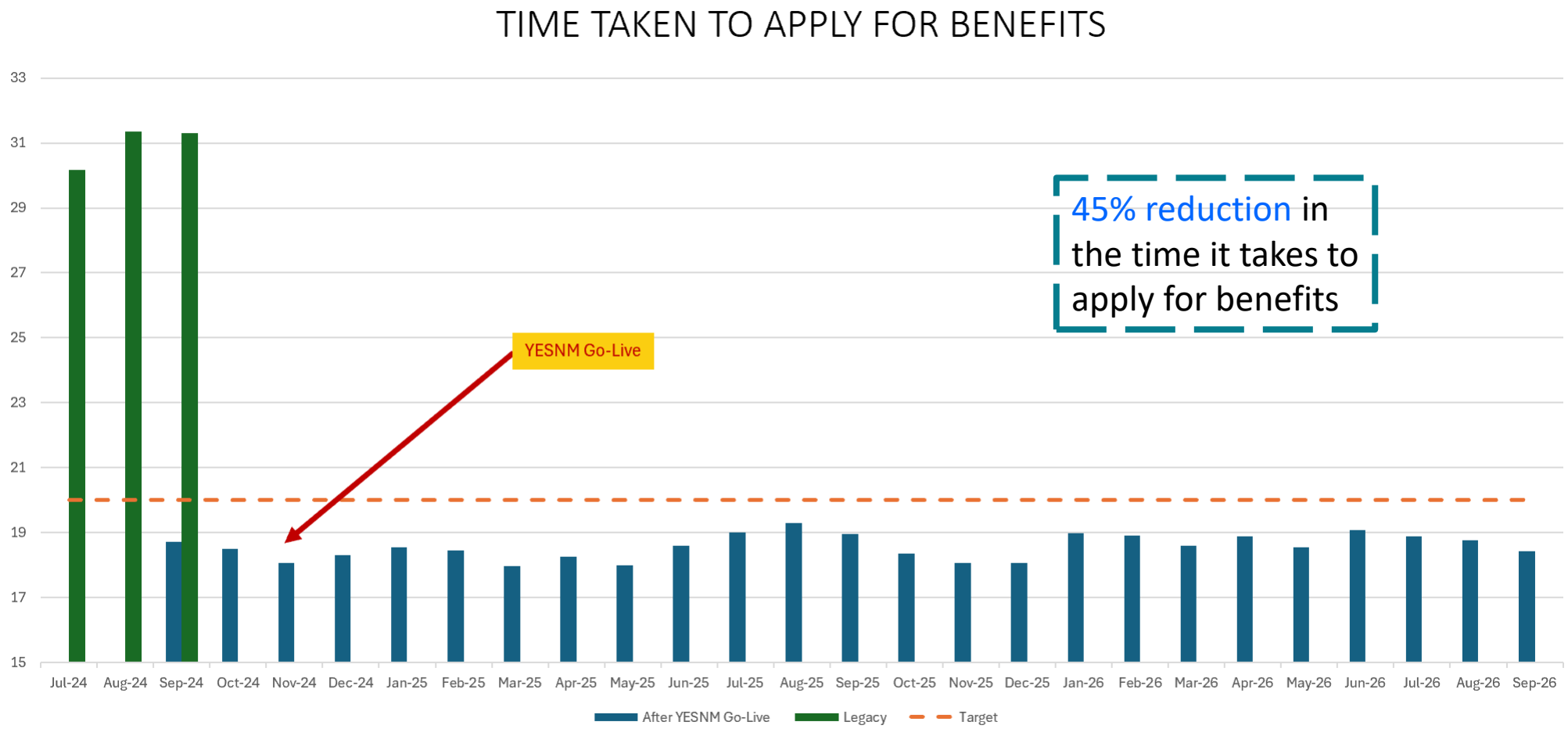
Agency Briefing Sheet (in thousands)

AGENCY	BU	FY26 ACTUALS	FY27 OPBUD	FY28 REQUEST	Base Inc.	% Base Inc.	Expansion Inc.	% Exp. Inc.	TOTAL FY28 REQUEST	TOTAL $ Diff. FY27-28	TOTAL % Diff. FY27-28	Notes
HCA- ITD												
	General Fund	$29,307.0	$42,574.9	$49,503.8	$6,928.9	16.3%	$4,956.0	11.6%	$54,459.8	$11,884.9	27.9%	
	Federal/Other Funds	$44,257.5	$46,930.9	$48,554.3	$1,623.4	3.5%	$6,844.0	14.6%	$55,398.3	$8,467.4	18.0%	
	GRAND TOTAL	$73,564.5	$89,505.8	$98,058.1	$8,552.3	9.6%	$11,800.0	13.2%	$109,858.1	$20,352.3	22.7%	
	200-PS & EB	$11,516.0	$14,379.8	$14,494.8	$115.0	0.8%	$0.0	0.0%	$14,494.8	$115.0	0.8%	
	300 - Contracts	$42,499.0	$55,540.8	$61,464.8	$5,924.0	10.7%	$11,800.0	21.2%	$73,264.8	$17,724.0	31.9%	
	400 - Other	$19,549.5	$19,585.2	$22,098.5	$2,513.3	12.8%	$0.0	0.0%	$22,098.5	$2,513.3	12.8%	
	500 - Other Financing Uses	$0.0	$0.0	$0.0	$0.0	#DIV/0!	$0.0	#DIV/0!	$0.0	$0.0	#DIV/0!	
	GRAND TOTAL	$73,564.5	$89,505.8	$98,058.1	$8,552.3	9.6%	$11,800.0	13.2%	$109,858.1	$20,352.3	22.7%	
	Authorized FTE	105	105	105	0	0.00%	0	0%	105	0	0.00%	
	Budgeted FTE	82										
	# vacant positions as of 6/17/26	24										
	Vacancy rate based on budget	29.3%										

- *The Information Technology Division FY28 total base request is $109,858.1: $11,884.9 (27.9% GF increase) over FY27. Main drivers:*
  - Full year of decreased federal match rate for SNAP administration (H.R.1) - $3,547.9
  - Increased costs for IT system maintenance and operations - $2,148.0
  - System enhancements and maintenance and operations for H.R.1 - $4,956.0

FY28 BUDGET SUPPORTS INNOVATION, CUSTOMER SERVICE & ACCESS TO DATA AND INFORMATION

Of minutes required to **complete** application (on average)



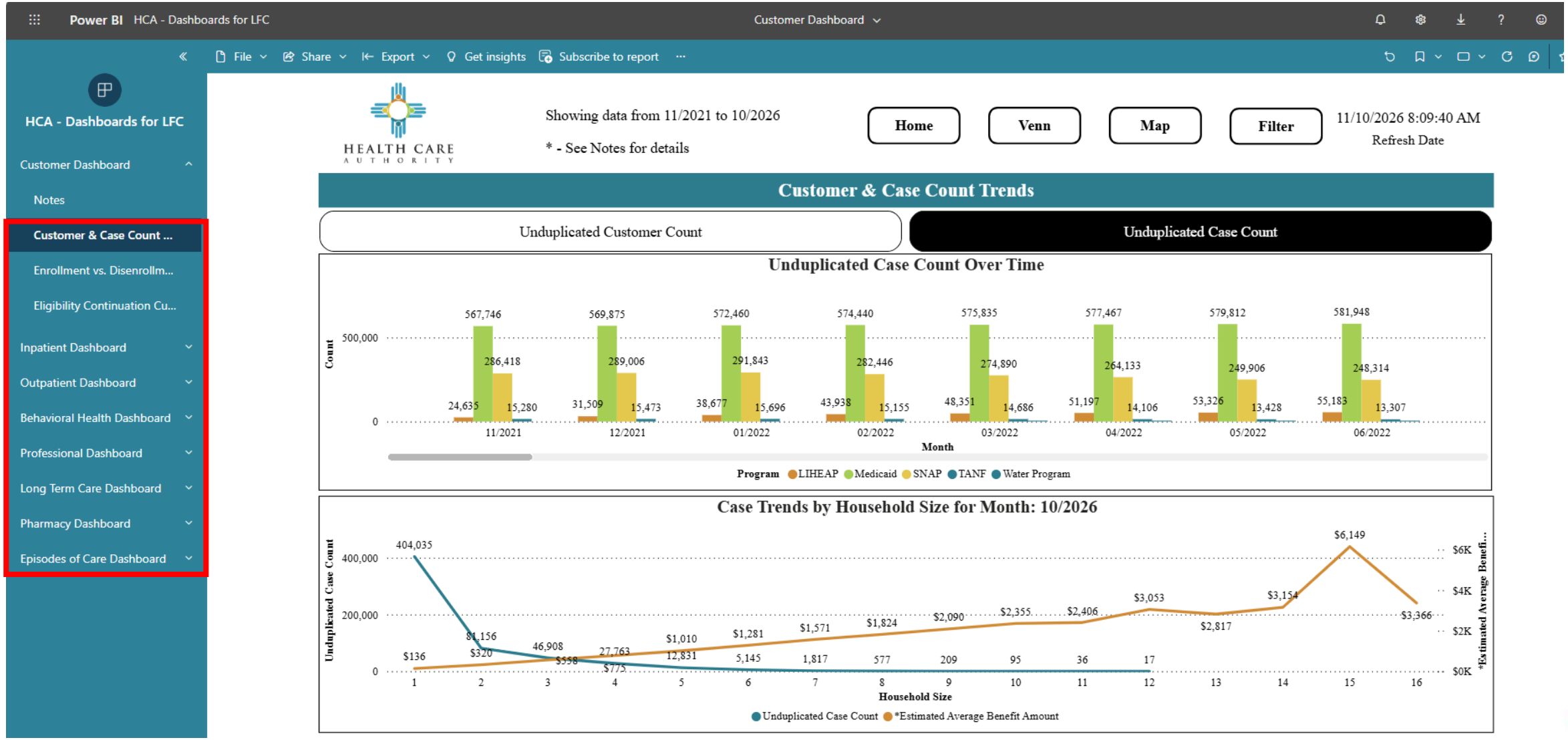
Updated Monthly Source: Monthly AFB Analytics | Salesforce

Source File: Operational Report Workbooks from 06-09.2026

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

DATA & INFORMATION – CUSTOM DASHBOARDS FOR LFC



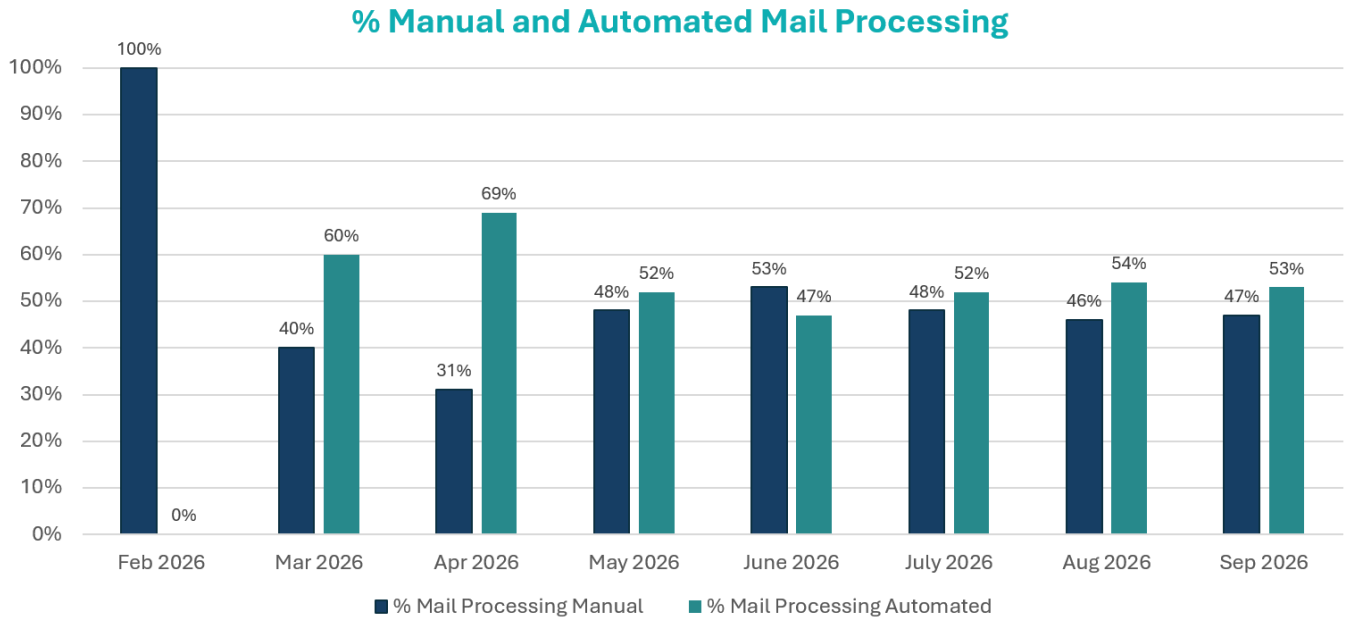
HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

HCA IS RECEIVING NATIONAL RECOGNITION FOR INNOVATION AND TECHNOLOGY DELIVERY

- **National Recognition for Technology Solutions**
  - **2021 Center for Digital Government GOVX**
    - State Government Experience: Consolidated Customer Service Center (CCSC) – Human Centered Design, Virtual Agents, and Robotic Processing Automation
  - **2025 Center for Digital Government GOVX**
    - State Government Experience: Unified Portal (YesNM.gov) and Consolidated Customer Service Center (CCSC)
  - **2026 American Public Human Services Association/IT Solutions Management for Human Services (APHSA/ISM)**
    - Intelligent Document Processing: Transforming the Mailroom
    - Collaboration Across Boundaries: Casa Medicaid – The Neighborhood that Medicaid Built
  - **2026 Center for Public Sector AI 50 Award**
    - From Paper to Predictive: The Intelligent Mailroom Transformation project
  - **2026 Center for Civic Futures 2026 AI in Action Awards**
    - AI for the Government Workforce: Intelligent Document Processing Initiative

Intelligent Document Processing has Reduced Manual Mailroom Workload by more than 50%



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

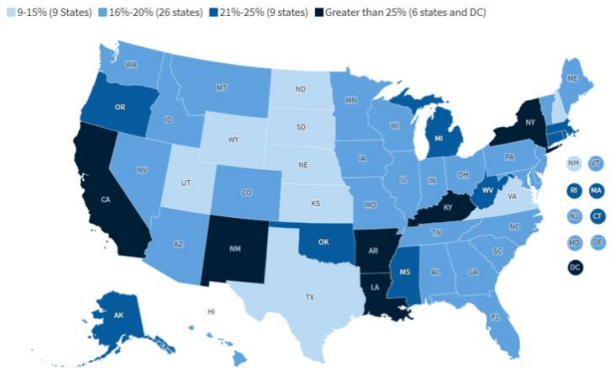
KEY TAKEAWAYS: DHI, ISD, PROGRAM SUPPORT & ITD FY8 BUDGET REQUESTS

FY28 base increase optimizes General Funds and replaces lost Federal Funds to:

1. Focus on patient safety, quality of care, and facility oversight (DHI)
2. Maintain customer service delivery while anticipating H.R.1 workload (ISD)
3. Increase food support for New Mexicans (ISD)
4. Support innovation, data analytics, and improved access to HCA services and information (ITD)
5. Assure the integrity and accountability of the HCA in serving 41 percent of New Mexicans (Program Support)

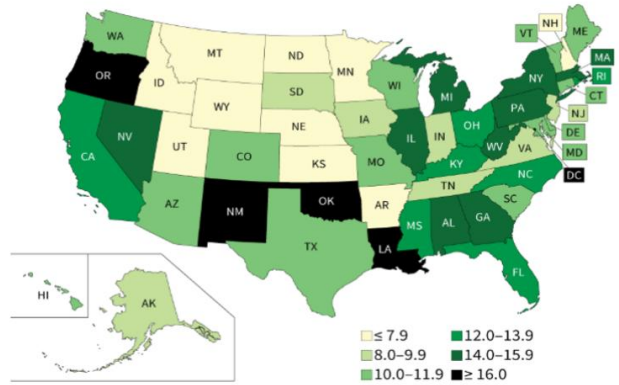
The HCA serves 864,470 New Mexicans, about 41% of the state's population

Federal changes related to H.R.1 will have an outsize impact on New Mexico's health care and safety-net systems



Medicaid Enrollment by Percent of Population (2024) – **NM 33.1%**

Source: Kaiser Family Foundation - https://www.kff.org/interactive/medicaid-state-fact-sheets/



SNAP Enrollment by Percent of Population (2024) – **NM 21.9%**

Source: USDA Economic Research Service https://www.ers.usda.gov/data-products/chart-gallery/chart-detail?chartId=55416#:~:text=In%20fiscal%20year%202023%2C%20the,between%208%20and%2016%20percent

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.



HEALTH CARE
AUTHORITY



QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

APPENDIX

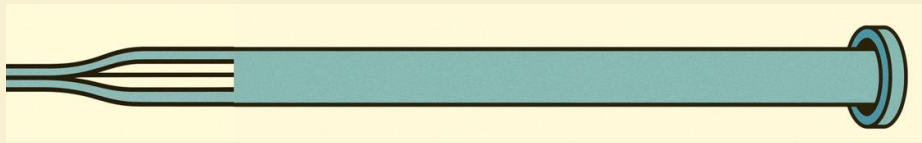
Before MMISR



Upgrade



After MMISR



- Benefit renewal applications were abandoned
- Multiple login ID's, multiple passwords.
- Multiple Customer Phone Numbers with multiple Health & Human Services agencies
- Not able to access other communications channels.
- Simple reports based on provider type, specialty, enrollment status, location could not be run.
- Original NM Medicaid Portal: Hard to navigate, confusing, and cumbersome.
- Duplicate entry of information in multiple systems required.
- Manual screening of provider applications and noncompliance with provisions with the ACA.
- Customers only received mailed notices to a physical or mailing address
- Customers have to visit a state office to apply for benefits or complete an application and mail it into a local Income Support Division office
- Providers who submit paper claims require staff to manually key the claims information into a system

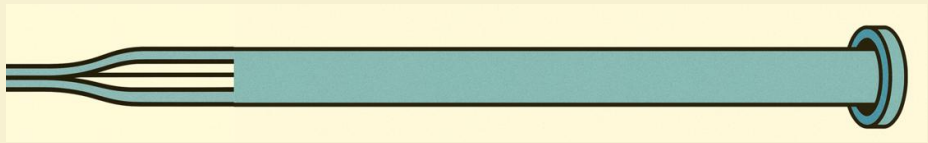
- 98% benefit renewals start/finish without being abandoned.
- Single sign-on across multiple systems.
- CCSC = One-Stop Shop with 1 number for customers and 1 number for providers.
- Introduced multiple channels and automation – chat, text, email, push notifications
- Streamlined reporting directly from the data source of truth, with dashboards and inquiries.
- New Portal: Streamlined, user friendly, intuitive, with multiple help options.
- All systems act as one – completely integrated and sharing common data.
- Provider Screening is automated screening module that matches, scores, and links information from thousands of Medicaid industry sources, creating a 360-degree view of the provider, including history.
- Customer can login to their YESNM Portal Account and view/download notices & tax forms (1095's) via PDF
- Customers can apply for benefits via a mobile phone and upload photos of documentation needed
- Providers who submit paper claims have their claims scanned and routed through Intelligent Document Processing (IDP) software which reads and automates the extraction of the claims information into the Turquoise Claims system

Before MMISR



Upgrade

After MMISR

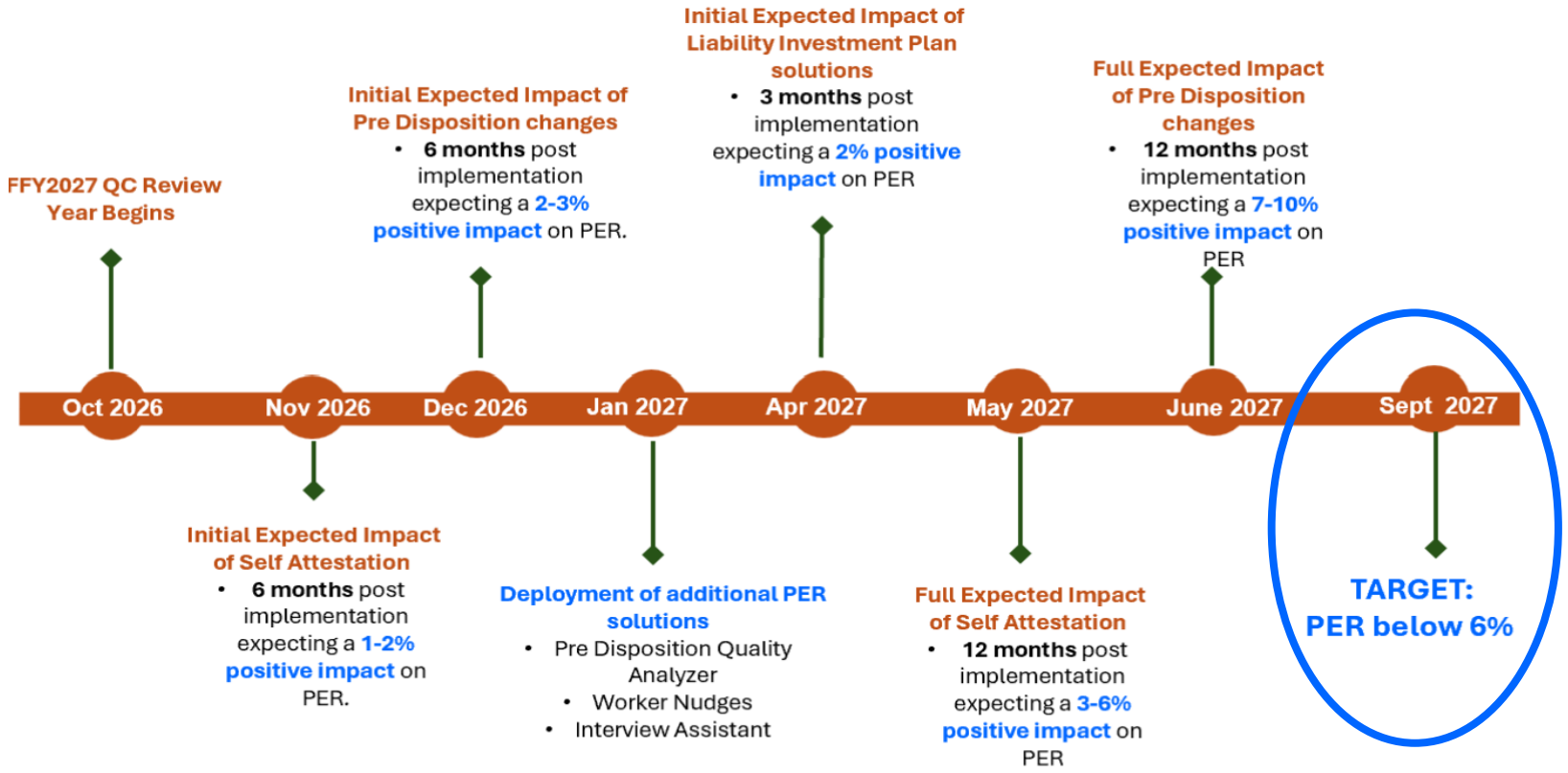


- Providers had to input and submit the same claims type information for each individual claim even if they had numerous claims of the same type.
- Providers who needed a status of their latest claim submission had to call the CCSC customer service center to inquire on the status of a claim
- User access to legacy claims system required a minimum of 5 days with a memo directive from HCA to the vendor to manage
- Legacy claims system compliant with only NIST 800 security standards
- Processing of paper-based forms and claims with either zero or very limited Optical Character Recognition (OCR) technology making in completely manual process
- Data exchange between systems within agencies and programs handled only via a batch file interface directly between system A and system B
- Data from various health and human services programs siloed and not aggregated or integrated and did not present a true view of New Mexico data
- 50% federal match rate available for all Medicaid systems

- Providers can now create templates for billing their most common claims types making it easier and faster to generate new claims by reusing previously entered data.
- Providers get real-time claim status on any claims submitted via checking the claim within the Turquoise Claims system
- User access to Turquoise claims system granted by HCA directly within same day
- Cloud hosted solution compliant with FEDRAMP, NIST800 and CMS' ARCAMPE security standards
- Intelligent document processing shared service software available for any paper-based documents across any Health and Human Services (HHS) agency with ever-increasing rates of automation
- System Integration Platform (live since September 2024) allows for real-time API transactions AND interface files from system A routed to system B, C, D, E, etc. to any partner system that needs the same data
- 8+ dashboards available to HCA users: Member months, Inpatient, Outpatient, Professional, Long-term Care, Pharmacy, Behavioral Health, Provider Network Adequacy, Income Support and Customer 360
- 75% federal match rate for the Medicaid Enterprise System (MES) modules once CMS certifies the module, reducing the amount of NM state general fund required

LOWERING THE SNAP PAYMENT ERROR RATE REMAINS A KEY HCA FOCUS

- Operational Enhancements executed at HCA:
  - **July 2025** – Monthly targeted training series for caseworkers based on PER root causes
  - **January 2026** – Added predictive analytics and an updated case review process to identify high-dollar trends and support caseworker training to reduce errors
  - **March 2026** – System enhancements including flags to identify likely errors prior to case approval
  - **May 2026** – Revised verification standards to require documentation instead of self-attestation of certain SNAP deductions
  - **June 2026** – Customer education campaign to ensure that customers report information correctly
  - **June 2026** – Pre-disposition case reviews on SNAP benefits of $450 or more
  - **August 2026** – Staff error rate trending: Leadership performance dashboards with ability to stratify by employee and office location
  - **September 2026** – Launch of worker scorecards
  - **January 2027** – Pre-disposition quality analytical tool; automated worker nudges; interview assistant tool for workers



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.