HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Kathy Slater-Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

MEMO
TO: Medicaid Providers
RE: Immigrant Medicaid Changes for Full Benefit Members
DATE: 9/29/26

PROVIDERS: MEDICAID CHANGES FOR SOME IMMIGRANTS START OCTOBER 1, 2026

As of October 1, 2026, some lawfully present immigrants who are currently enrolled in Medicaid will no longer be eligible for federal Medicaid coverage. Immigrants who are enrolled in full-benefit Medicaid as of September 30, 2026, will be able to continue their coverage through a program funded by the state and offered through BeWell, New Mexico's Health Insurance Marketplace. This coverage begins October 1, 2026. Members who have partial Medicaid benefits like Family Planning services, Medicare Savings Program (MSP) or Medicare will continue to receive those services. Providers will be reimbursed by the Health Care Authority (HCA) using state funding.

See the following topics in this memo:

- Who is affected by these federal Medicaid changes,
- New Mexico's approach to continuing coverage, and
- How to confirm eligibility and file claims.

Visit www.hca.nm.gov/medicaidchanges to learn more about the Medicaid changes. Download English and Spanish flyers about the changes for immigrants in the Medicaid Provider Toolkit located at www.keepyourbenefitsNM.com. If you have more questions, call HCA at 1-800-283-4465.

Frequently Asked Questions

Who is Affected by these Changes

1. Who will lose Medicaid on October 1?
    a. Some lawfully present immigrants who are currently enrolled in Medicaid will lose coverage. This includes refugees, asylees, victims of trafficking, humanitarian parolees, and other immigrants.

2. Do any immigrants get to keep Medicaid coverage?
    a. Yes, five (5) groups of immigrant populations will still be eligible for federal Medicaid. These include: lawful permanent residents (may need to meet a 5-year waiting period), Cuban Haitian Entrants, Citizens of the Compact of Free-Associated States (COFA), children under the age of 21 (who reside here lawfully), and pregnant individuals (who reside here lawfully).These include lawful permanent residents (may need to meet a 5-year waiting period), Cuban Haitian Entrants, Citizens of the Compact of Free-Associated States (COFA), children under the age of 21 (who reside here lawfully), and pregnant individuals (who reside here lawfully).
3. How many immigrants will lose Medicaid coverage?
    a. Approximately 2,350 full-benefit Medicaid members and long-term service members will lose Medicaid coverage and have the option of coverage from BeWell. Some of these members receive partial Medicaid benefits, like Family Planning and Medicare premium assistance. They are not eligible for BeWell health plans but will continue to have services paid for by the HCA.

New Mexico's Approach to Continuing Coverage

4. How is New Mexico helping immigrants who lose Medicaid on October 1, 2026?
    a. Most immigrants who lost Medicaid coverage on October 1 will be eligible for health care coverage from BeWell. Partial-benefit Medicaid members are not eligible for BeWell coverage, but the HCA will continue to cover their services with state funding. Partial-benefit Medicaid members are not eligible for BeWell coverage but the HCA will continue to cover their services with state funding. These members should have received a Medicaid denial letter from the HCA that outlines next steps.
5. Will immigrants who lose Medicaid automatically be enrolled in BeWell coverage?
    a. Some immigrants were able to be automatically enrolled in coverage through BeWell. Eligible individuals were sent a letter and a text message from HCA to contact BeWell to confirm enrollment. We encourage members to contact BeWell at (833) 862-3935 to confirm enrollment.

6. Do immigrants with long-term care services (who are in a nursing facility or in the Community Benefit program) need to do anything to stay covered?
    a. Yes, members in nursing facilities and those who receive services at home in the Community Benefit program will also need to take action and contact BeWell to confirm enrollment. Their main health care needs, like prescriptions and primary care visits, will be covered by their BeWell health insurance. HCA will continue to cover their home or nursing facility services. Long-term Services and Supports (LTSS) providers are working with the HCA to continue these services.
7. Do immigrants on Medicaid's Family Planning coverage need to do anything to stay covered?
    a. Immigrants on Medicaid Family Planning are not eligible for BeWell coverage, but they will not lose access to services. They can continue to get family planning services. HCA will pay providers directly.
8. Do immigrants who receive Medicare payment assistance need to do anything to stay covered?
    a. Immigrants who receive Medicare payment assistance are not eligible for BeWell coverage, whether they had full-benefit or partial-benefit Medicaid prior to October 1. HCA will continue to pay their Medicare Part B premium until January 2027. After January 2027, these immigrants will no longer be eligible for Medicare. Once their Medicare coverage ends, they can apply for health insurance through BeWell. Confirming Eligibility and Filing Claims
9. How will providers know what type of coverage someone has?
    a. BeWell members will have an insurance card from their chosen carrier that will indicate they have coverage. If a Provider has a question about coverage for a BeWell member, please call the carrier listed on the insurance card.
    a. HCA will issue a card to Family Planning members with their state coverage information. Members may not receive this card by Oct. 1 but they can still see a health care provider even if they do not have the card yet. The provider can find the member's eligibility in the Turquoise Claims provider portal. The member is eligible if there is a new span created with the current COE that reflects the benefit package with a Begin Date of 10/01/2026 and an End Date

of 06/30/2027, and the "closure reason" code is N-19, then the member is eligible. The provider can call HCA for help at 1-800-283-4465.

10. How will providers file claims?

b. Providers will file claims for BeWell members using the consumer's health insurance card, as they would for any other consumer with private health insurance.

c. Providers will file claims for Family Planning members through the Turquoise Claims portal as a Fee for Service (FFS) claim. For Provider questions, please call the HCA Provider line at 1-800-299-7304 to speak to an agent Monday – Friday 7:00 a.m. to 5:00 p.m. MST.

d. For more information on how to become a provider with the HCA. please visit this site on the HCA website.

Providers Overview – New Mexico Health Care Authority

e. Providers of LTSS services will be contracted directly by HCA and will file for reimbursement via a manual invoicing process.