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1. Purpose of This Guide

This guide establishes a consistent vocabulary and language framework for communicating Medicaid HR1 changes across all audiences (members, stakeholders, and internal teams). It supports member-facing communications, partner and provider communications, and internal, policy, and legislative materials.

Use this guide to:

- Provide clear, consistent, and accurate language,
- Reduce confusion across communications,
- Align messaging across HCA, partners, and stakeholders, and
- Support members in understanding what actions they may need to take

This document is an initial framework of a vocabulary system that will continue to expand as operational workflows are finalized.

2. How to Use This Guide

Each term is organized by concept and evaluated across three audiences:

- Member-facing,
- Partner-facing,

- Policy / Internal

Each developed term includes:

- Concept
- Preferred language by audience
- Plain-language meaning
- Example of use
- Key guidance

Use this guide to select the standard, approved language for the correct audience, maintain consistency across communications, and translate technical and policy language into clear member-facing language.

3. Why This Vocabulary Matters

Medicaid HR1 communications will be created, reviewed, and repeated by multiple groups, including HCA teams, partner organizations, MCOs, providers, community messengers, and internal policy staff. Without a clear vocabulary framework, terms can shift from one communication to the next, creating confusion for members and inconsistency across channels.

This vocabulary guide is intended to create a common language system that can be used across communications, stakeholder review, and future content development.

It is designed to help HCA balance three needs within each concept:

- Member-friendly language that is clear, direct, and actionable
- Operational clarity
- Legal and policy accuracy

This work is foundational. It affects not only current communications, but also future website content, notices, partner materials, scripts, FAQs, and other communications that must remain aligned.

4. Language Principles

- **Translate policy language into member language.** Introduce “Work or Activity Rules” and “work or activity requirements” as the federal rule, and “activity hours” as how to comply with the requirements. Use “activity hours (like working, volunteering, or going to school)” for member-facing actions.
- **Use clear, action-based language.** Keep Records of Your Activity Hours; Provide Proof of Your Activity Hours; Update Your Contact Information. When possible, opt for first-person sentence structure.

Choose “your information,” “your benefits,” “your coverage,” “your Medicaid,” “your renewal,” or “your application.”

- **Prefer clarity over technical wording.** Use exempt, not exception; use health plan, not MCO; use proof, not verification.
- **Teach key terms when needed.** Introduce terms like Qualifying Activities when they will appear in partner or policy materials and explain them clearly.
- **Separate different concepts clearly.** Short-Term Hardship = individual situation. County Exemption or Exempt Area = location-based rule.
- **Use formal terms intentionally.** Use Notice of Action when communication is formal and requires attention or action.
- **Use some terms sparingly.** For example, use “case” sparingly in member-facing communications.
- **Keep legal and crosswalk terms in the guide but flag them clearly.** Include legal terms but identify when they are not recommended for member-facing use.

5. Framework Structure

The vocabulary framework is organized by key concept areas that reflect how Medicaid HR1 policies are communicated, understood, and applied across members, partners, and internal teams.

Key Concept Framework

- Program and system terms
- Work and activity requirement terms
- Exemption, exclusion, and hardship terms
- Reporting and proof terms
- Renewal, application, and eligibility terms
- Notices, letters, and required actions
- Operational action and access terms
- Partner and delivery system terms
- Technical and legal crosswalk terms
- Crosswalk / not recommended terms

6. Developed Vocabulary (Initial Set)

The following initial set illustrates how vocabulary will be structured, defined, and applied across audiences. This represents a portion of the full vocabulary framework.

Term 1: Work or Activity Rules (Use in headers and titles)

Concept: Federal rule requiring some adults to complete 80 hours each month of work or activities to maintain Medicaid eligibility.

Preferred Language:

- **Member-facing:** Introduce work or activity rules and explain what activities that meet those requirements
- **Partner-facing:** Work or Activity Rules
- **Policy / Internal:** Work Requirements

Plain-Language Meaning: Federal rules require some adults to report work, volunteer, or school hours to keep their Medicaid benefits.

Example of Use: “Work or Activity Rules”

Key Guidance: Introduce once, then use “work or activity rules” or “activity hours.”

Term 2: Work or Activity Requirements (use in body content)

Concept: Federal rule requiring some adults ages 19-64 to complete 80 hours each month of work or activities to maintain Medicaid eligibility.

Preferred Language:

- **Member-facing:** Introduce work or activity requirements and explain what activities meet those requirements
- **Partner-facing:** Work or activity requirements
- **Policy / Internal:** Work Requirements

Plain-Language Meaning: Federal rules require some adults to report work, volunteer, or school hours to keep their Medicaid benefits.

Example of Use: “Some adults may need to complete work or activity requirements, so keep track of all your activity hours that meet these requirements.”

Key Guidance: Introduce once, then translate to “activity hours.”

Term 3: Activity Hours

Concept: Member-facing term for required activities.

Preferred Language:

- **Member-facing:** Activity hours meet the work or activity requirements
- **Partner-facing:** Work and activity requirements means that members need to track their activity hours
- **Policy / Internal:** Work Reporting Requirements

Plain-Language Meaning: Activity hours are the 80 hours of work, school, training, or volunteer hours some adults may need to complete in a month to meet the work and activity requirements to keep their Medicaid benefits.

Example of Use: “You may need to complete activity hours to keep your Medicaid.”

Key Guidance: Use for all member-facing communications.

Term 4: Medicaid Renewal (redetermination/recertification)

Concept: Eligibility review process.

Preferred Language:

- **Member-facing:** Medicaid Renewal
- **Partner-facing:** Medicaid Renewal
- **Policy / Internal:** Renewal/recertification/redetermination (used interchangeably)

Plain-Language Meaning: Medicaid checks if you still qualify.

Example of Use: “Some adults need to renew their Medicaid every 6 months.”

Key Guidance: Avoid “redetermination” or “recertification” in member communications.

Term 5: Exempt / Exemption

Concept: The rule does not apply.

Preferred Language:

- **Member-facing:** Exempt or Exemption
- **Partner-facing:** Exempt or Exemption
- **Policy / Internal:** Exempt or Exemption (CMS uses “exclusions and exemptions”)

Plain-Language Meaning: If you are exempt, the work or activity requirements do not apply to you.

Example of Use: “You may be exempt from reporting activity hours.”

Key Guidance: Use instead of “exception.”

Term 6: Exception, Exclusion

Concept: Legal or policy terms.

Preferred Language:

- **Member-facing:** Do not use as a core member-facing term.
- **Partner-facing:** Use sparingly; prefer Exempt / Exemption
- **Policy/ Internal:** Use sparingly; prefer Exempt / Exemption

Plain-Language Meaning: A technical term used in policy and law.

Example of Use: Replace with “exempt” or “exemption” in member materials.

Key Guidance: Do not use in member-facing communications.

Term 7: Short-term hardship

Concept: Temporary individual situation that involves hospitalization or other approved temporary hardship.

Preferred Language:

- **Member-facing:** Short-term hardship
- **Partner-facing:** Short-term hardship
- **Policy / Internal:** Short-term hardship

Plain-Language Meaning: A temporary situation that exempts someone from the work or activity rules.

Example of Use: “You may qualify for a short-term hardship if you are in the hospital.”

Key Guidance: Use only for approved individual hardship situations.

Term 8: County Exemption / Exempt Area

Concept: Location-based rule.

Preferred Language:

- **Member-facing:** Exempt County / Exempt Area
- **Partner-facing:** County Exemption / Exempt Area
- **Policy / Internal:** County Exemption / Area Exemption

Plain-Language Meaning: If you live in certain areas, the activity rule may not apply.

Example of Use: “If you live in this county, the rule may not apply.”

Key Guidance: Do not describe county exemptions as a hardship.

Term 9: Activity Hours

Concept: The activities that count toward meeting 80 hours of work or activity requirements

Preferred Language:

- **Member-facing:** Use with explanation of approved activities (work, volunteer, be enrolled in school at least half-time); include that hours from different activities can be combined to total 80 hours
- **Partner-facing:** Activity Hours
- **Policy / Internal:** Activity Hours

Plain-Language Meaning: Complete 80 activity hours in a month to keep your benefits.

Example of Use: “These may include work, volunteering, training, or going to school at least half-time.”

“Hours from different activities can be combined to total 80 hours in a month.”

Key Guidance: Always explain with examples.

Term 10: Qualifying Month

Concept: Timing rule used during application or renewal to determine whether member meets work requirements.

Preferred Language:

- **Member-facing:** Do not use this term in member communications
- **Partner-facing:** Qualifying Month
- **Policy / Internal:** Qualifying Month

Plain-Language Meaning: The month Medicaid uses to verify eligibility (at application or renewal)

Examples of Use (for members): “In the month before you first apply for Medicaid, you may need to complete 80 activity hours to meet the work or activity rules.”

“At your renewal, you may need to complete 80 hours of work or activity requirements in *any one month* since your last renewal.”

Key Guidance: Always clarify timing for eligibility and renewals.

Term 11: Proof

Concept: Documentation of compliance

Preferred Language:

- **Member-facing:** Proof
- **Partner-facing:** Proof or Verification
- **Policy / Internal:** Verification

Plain-Language Meaning: Documents Medicaid may ask you to show.

Example of Use: “You may need to send proof.”

Key Guidance: Use instead of verification for members.

Term 12: Verification

Concept: Confirmation process.

Preferred Language:

- **Member-facing:** Do not use as the main member term
- **Partner-facing:** Verification
- **Policy / Internal:** Verification

Plain-Language Meaning: Medicaid confirms information.

Example of Use: “If Medicaid cannot verify your information, you may need to send proof.”

Key Guidance: Translate to “proof” for members.

Term 13: Keep Records of Your Activity Hours

Concept: Importance of Member record keeping.

Preferred Language:

- **Member-facing:** Keep records of your activity hours so that you meet work or activity requirements
- **Partner-facing:** Keep records of activity hours
- **Policy / Internal:** Maintain documentation of compliance

Plain-Language Meaning: Save records of activity hours in case proof is needed.

Example of Use: “Keep records of your activity hours.”

Key Guidance: Do not imply monthly reporting.

Term 14: Provide Proof of Your Activity Hours

Concept: Member proof action.

Preferred Language:

- **Member-facing:** Provide proof of your activity hours
- **Partner-facing:** Provide proof of completing work or activity requirements
- **Policy / Internal:** Submit proof of compliance with work or activity requirements

Plain-Language Meaning: During your Medicaid renewal period, you may need to send proof of the activity hours you completed.

When you apply for Medicaid, you may need to provide proof of the activity hours you completed in the month prior to your application.

Example of Use: “You may need to provide proof of your activity hours.”

Key Guidance: Do not imply routine reporting.

Term 15: Update Your Contact Information

Concept: Member action.

Preferred Language:

- **Member-facing:** Update your contact information
- **Partner-facing:** Update contact information
- **Policy / Internal:** Update contact information

Plain-Language Meaning: Keep your address, phone, and email current.

Example of Use: “Update your contact information so you receive notices from Medicaid.”

Key Guidance: Use consistently.

Term 16: Letter or Notice

Concept: Medicaid communications.

Preferred Language:

- **Member-facing:** Letter or notice [of 30-day compliance period; of renewal, of denial]
- **Partner-facing:** Letter or notice
- **Policy / Internal:** Notice; correspondence

Plain-Language Meaning: Information Medicaid sends to you.

Example of Use: “Read every letter or notice.”

Key Guidance: Use as the default communication term.

Term 17: Notice of Action

Concept: Formal notice. Used when it is the actual document or when formal action language is needed.

Preferred Language:

- **Member-facing:** Notice of Action
- **Partner-facing:** Notice of Action
- **Policy / Internal:** Notice of Case Action (NOCA)

Plain-Language Meaning: An official notice about a decision.

Example of Use: “If you receive a Notice of Action, it is important that you read it and respond right away to keep your benefits.”

Key Guidance: Use when action is required.

Term 18: Health Plan

Concept: Member-facing term.

Preferred Language:

- **Member-facing:** Health Plan
- **Partner-facing:** Health Plan / MCO
- **Policy / Internal:** Health Plan / MCO

Plain-Language Meaning: The organization that provides your health care.

Example of Use: “You will choose a health plan to provide your health care.”

Key Guidance: Use instead of MCO for members.

Term 19: Managed Care Organization (MCO)

Concept: Technical term.

Preferred Language:

- **Member-facing:** Use “health plan” after explanation. (MCO is used on the TC enrollment letters from ASPEN)
- **Partner-facing:** Health Plan / MCO
- **Policy / Internal:** Managed Care Organization (MCO)

Plain-Language Meaning: A technical term for a health plan.

Example of Use: “Turquoise Care members choose a health plan, also called a Managed Care Organization or MCO.”

Key Guidance: Generally, translate for members as health plan.

Term 20: Countable Income

Concept: Income Medicaid counts.

Preferred Language:

- **Member-facing:** Use sparingly; explain in plain language
- **Partner-facing:** Countable Income
- **Policy / Internal:** Countable Income

Plain-Language Meaning: Income Medicaid uses to determine your eligibility.

Example of Use: “You may meet this rule if you have at least \$580 in income in a month.”

Key Guidance: Avoid technical explanation for members.

Term 21: MAGI (Modified Adjusted Gross Income)

Concept: Income verification method.

Preferred Language:

- **Member-facing:** Do not use as the main member term; Removed from Sept. 1 member notification
- **Partner-facing:** MAGI or Modified Adjusted Gross Income
- **Policy / Internal:** MAGI or Modified Adjusted Gross Income

Plain-Language Meaning: Income method used by Medicaid to verify eligibility.

Example of Use: “Medicaid uses MAGI, or Modified Adjusted Gross Income, to determine income eligibility for many adults.”

Key Guidance: Translate for members.

Term 22: Income Rule (\$580)

Concept: Income requirement that excludes adults from work requirements.

Preferred Language:

- **Member-facing:** Have at least \$580 in income in a month
- **Partner-facing:** Have at least \$580 in a month or meet the \$580 income standard
- **Policy / Internal:** Monthly countable income of at least \$580 (earned or unearned)

Plain-Language Meaning: You may meet this rule if you have at least \$580 in income in a month.

Example of Use: “You may meet this rule if you have at least \$580 in income in a month.”

Key Guidance: Avoid “earn” or “make” for member-facing language.

Term 23: New Mexico Medicaid / Turquoise Care

Concept: Program name.

Preferred Language:

- **Member-facing:** New Mexico Medicaid / Turquoise Care
- **Partner-facing:** Medicaid / Turquoise Care
- **Policy / Internal:** Medicaid

Plain-Language Meaning: New Mexico Medicaid is your health care. Most people with Medicaid have a Turquoise Care health plan.

Example of Use: “Medicaid, also called Turquoise Care, ...”

Key Guidance: Introduce both terms early.

7. Terms Not Recommended for Member-Facing Use

Use the following substitutions or guidance in member-facing communications:

- **Exception** -> Exempt / Exemption
- **Excluded / Exclusion** -> Explain directly or use Exempt when accurate
- **Community Engagement Requirements** -> Work or Activity Rules / Work or activity requirements / Activity Hours
- **Community Engagement Hours** -> Activity Hours
- **ABAWD** -> Do not use
- **Able-bodied adults** -> Do not use
- **MCO** -> Health Plan
- **Verification** -> Proof
- **Correspondence** -> Letter / Notice

8. Expanded Medicaid HR1 Vocabulary Framework (Full Scope)

This working vocabulary framework reflects the full scope of terms currently in development. Definitions, examples, and usage guidance will continue to be expanded as the complete guide is finalized.

8.1 Program and System Terms

- Medicaid
- Turquoise Care
- Medicaid benefits
- Health Care Coverage
- Health insurance program
- Health plan
- Managed Care Organization (MCO)
- HCA (Health Care Authority)
- YES.NM.gov
- Local Income Support Division office

8.2 Work or Activity Rules Terms

- Work or Activity Rules
 - Work or Activity Requirements
 - Activity Hours
 - work requirements
 - Qualifying Activities
 - Qualifying Month
 - Countable Income
 - Have at least \$580 in income in a month
 - Work Program
 - School (at least half-time)
 - Job Training
 - Volunteering
 - Community Service
 - Approved Work Programs
 - Seasonal Worker
-

8.3 Exemption, Exclusion, and Hardship Terms

- Exempt
- Exemption
- Exception
- Exclusion
- Excluded
- Excluded Group
- Excluded Status
- Short-Term Hardship
- Hardship Exemption
- Good Cause Exception
- Good Cause Exemption
- Medically Frail
- Caregiver
- Foster Youth
- Former Foster Youth
- Pregnancy
- Postpartum
- Disability
- Medicare
- Incarcerated
- Recently Released
- Federal Emergency Declaration
- High Unemployment Rate
- County Exemption
- Exempt Area

8.4 Reporting and Proof Terms

- Proof
- Verification
- Keep Records
- Records You Should Keep
- Keep Records of Your Activity Hours
- Provide Proof of Your Activity Hours
- Upload Documents
- Pay Stubs
- School Forms

- Volunteer Logs
 - Report Changes
 - Update Your Contact Information
-

8.5 Renewal, Application, and Eligibility Terms

- Medicaid Renewal
 - Redetermination
 - Recertification
 - Apply
 - Application
 - First-Time Applicant
 - Current Member
 - 6-Month Renewal
 - Eligibility
 - Still Qualify
 - Reapply
 - Denied
 - Disenrolled
 - Lose Coverage
 - Retroactive Medicaid
-

8.6 Notices, Letters, and Required Actions

- Important Information in the Mail
 - Important Medicaid Mail
 - Letter
 - Notice
 - Notice of Action
 - Renewal Form
 - Respond on Time
 - Deadline
 - Missing Information
 - Turquoise envelope
-

8.7 Operational Action and Access Terms

- Call HCA
- Visit your local office

- In Person
 - Choose a Health Plan
 - Online
 - Contact Your Health Plan
 - Chat
 - Mail in your information
 - Visit YES.NM.gov
 - Mail in your form
-

8.8 Partner and Delivery System Terms

- Health Plan
 - Eligibility Worker
 - Managed Care Organization (MCO)
 - Case Worker
 - Provider
 - Community Partner
 - Care Manager
 - Community Health Worker
 - Influencer
 - Medicaid Partner
-

8.9 Technical and Legal Crosswalk Terms

- Community Engagement Requirements
 - Work and Community Engagement Requirements
 - MAGI (Modified Adjusted Gross Income)
 - MAGI Household
 - Countable Income
 - Income Methodology
 - Compliance
 - Noncompliance
 - 30-Day Notice
-

8.10 Crosswalk / Not Recommended Terms

- Community Engagement Requirements
- Community Engagement Hours
- ABAWD

- Able-bodied adults
 - Good Cause Exception (member-facing)
 - Legal Documents
 - Correspondence
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9. Terms Pending Operational Finalization

- Upload workflow and member upload instructions
 - Renewal timing details
 - County lists
 - Notice naming
 - Verification timing
-

10. Next Steps

This document is an initial framework and developed sample of the full guide. Next phases include expanding definitions across all terms, aligning vocabulary with finalized operational workflows, applying the framework across communications, and supporting stakeholder alignment.