TITLE: An Action Relating to Health, Education and Human Services and Naabik'íyáti’ Committee; Requesting that the Governor of the State of New Mexico and New Mexico Human Services Department collaborate with the Naat'aanii Development Corporation to secure all necessary approvals for expeditiously launching the Naat'aanii Development Corporation – Molina Healthcare, Inc. Indian Managed Care Entity; Supporting passive enrollment for the Naat'aanii Development Corporation – Molina Healthcare, Inc Managed Care Program

Date posted: November 27, 2019 at 2:11pm

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DATE: November 25, 2019

TITLE OF RESOLUTION: An action relating to health, education and human services and Naabik'íyááti' committees; requesting that the Governor of the State of New Mexico and New Mexico Human Services Department collaborate with the Naat' Aanii Development Corporation to secure all necessary approvals for expeditiously launching the Naat' Aanii Development Corporation – Molina Healthcare, Inc. Indian Managed Care Entity; supporting passive enrollment for the Naat' Aanii Development Corporation – Molina Healthcare, Inc Managed Care Program

PURPOSE: This resolution, if approved, will request the State of New Mexico to issue all necessary approvals to the Naat' Aanii Development Corporation – Molina Healthcare, Inc. to launch an Indian Managed Care Entity utilizing a passive enrollment system.

This written summary does not address recommended amendments as may be provided by the standing committee. The Office of Legislative Counsel requests each committee member to review the proposed resolution in detail.
PROPOSED STANDING COMMITTEE RESOLUTION

24th NAVAJO NATION COUNCIL—First Year, 2019

INTRODUCED BY

Primary Sponsor

TRACKING NO. 0367-19

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI' COMMITTEES; REQUESTING THAT THE GOVERNOR OF THE STATE OF NEW MEXICO AND NEW MEXICO HUMAN SERVICES DEPARTMENT COLLABORATE WITH THE NAAT'AAHII DEVELOPMENT CORPORATION TO SECURE ALL NECESSARY APPROVALS FOR EXPEDITIONSLY LAUNCHING THE NAAT'AAHII DEVELOPMENT CORPORATION – MOLINA HEALTHCARE, INC. INDIAN MANAGED CARE ENTITY; SUPPORTING PASSIVE ENROLLMENT FOR THE NAAT'AAHII DEVELOPMENT CORPORATION – MOLINA HEALTHCARE, INC MANAGED CARE PROGRAM

WHEREAS:

A. The Navajo Nation established the Health, Education, and Human Services Committee as a Navajo Nation Council standing committee and as such empowered the Health, Education, and Human Services Committee to establish Navajo Nation policy governing health and social services of the Navajo Nation and its tribal organizations, entities, and enterprises. 2 N.N.C. §§ 400, 401 (B)(1).

B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered the Naabik’íyáti’ Committee to monitor the programs and activities of federal and state departments and to assist
development of programs designed to serve the Navajo people through intergovernmental relationships between the Navajo Nation and such departments. 2 N.N.C. § 700 (A), see 2 N.N.C. § 701 (A)(7).

C. The Navajo Nation has government-to-government relationships with the State of New Mexico and the United States and the sovereign right to establish managed health care services for its members.

D. Medicaid is a health insurance program that serves low-income children and adults, individuals with disabilities, and seniors, including Native Americans and Alaska Natives in all categories. Medicaid is jointly funded by the states and federal government, but administered by the states and within a framework established by federal statutes, regulations and guidance, states can choose how to design aspects of their Medicaid program. Under Section 1115 of the Social Security Act, states may apply for federal permission to implement and test new approaches to administering Medicaid programs.

E. There are approximately 81,000 Medicaid eligible Navajos living in New Mexico who experience a heavier disease burden, including a thirty-one (31%) percent higher mortality rate, than the overall United States rate. This heavier disease burden is buoyed by the socio-economic hurdles Navajos face in accessing the healthcare system, especially physical and behavioral specialty providers, and further exacerbated by the reality that current Medicaid benefit packages do not integrate key components of Navajo culture. As a result, Navajos access care at lower rates and experience worse outcomes when compared to the average Medicaid population.

F. In 2012, pursuant to the reauthorization of the Affordable Care Act and amendment of the Indian Health Care Improvement Act Reauthorization and Extension Act, the United States’ Congress tasked the Centers for Medicare and Medicaid Services (“CMS”) with assessing the feasibility of establishing a Navajo Medicaid Agency within the borders of the Navajo Nation for the express purpose of improving the provision of Medicaid benefits to American Indians and Alaska Natives and their families residing within the Navajo Nation. CMS’s findings determined that such an
approach would be feasible and could provide exponential benefits to underserved Navajos and their families.

G. Recognizing the dire state of the Medicaid eligible Native American and Alaska Native population’s access to healthcare in New Mexico, in 2017, the State’s Medicaid program (Centennial Care 2.0) received a 42 CFR § 1115 Waiver approved by CMS authorizing Centennial Care to (1) collaborate with Indian Managed Care Entities ("IMCE"), including a pilot project with the Navajo Nation or a Navajo Nation entity; and (2) require American Indian and Alaska Native populations within specific zip codes or zones to enroll in a managed care delivery system. 42 CFR § 1115, see also CMS’ Indian Provisions in the Final Medicaid and Children’s Health Insurance Program Managed Care Regulations attached as Exhibit A.

H. A managed care organization ("MCO") is a health care organization that offers managed care health plans to eligible enrollees using a specific provider network and offering specific services and products. An IMCE (Indian Managed Care Entity) is an MCO that is controlled by a Tribe or Tribal Organization and offers health services and products specifically tailored to American Indians and Alaska Natives, as well as specific tribal populations. See Exhibit A, see also Naat’aanii Development Corporation, Passive Enrollment Preserves Diné Choice Navajo Indian Managed Care Entity attached as Exhibit B.

I. The Naat’aanii Development Corporation ("NDC") is a federally-chartered for-profit corporation formed by the Navajo Nation under Section 17 of the Indian Reorganization Act; its Charter was approved by the Secretary of the Interior and ratified by the Navajo Nation Council under Resolution No. CO-69-17 to advance economic development programs and initiatives in markets on and off Navajo Nation lands. Resolution No. CO-69-17 attached as Exhibit C.

J. NDC was the only respondent to the January, 2018 Request for Information commissioned by the state of New Mexico’s Human Services Department ("HSD") soliciting proposals for how an IMCE could be established to address the healthcare needs of American Indians and Alaskan Natives residing within New Mexico’s borders.
K. NDC has subcontracted with Molina Healthcare Inc. to develop an ICME and ensure that the Navajo people are offered a Medicaid managed care program that (a) is dedicated to American Indians and Alaska Natives and their families residing within the Navajo Nation; (b) provides access to quality care; and (c) is tailored to American Indian, specifically Navajo, and Alaska Native health, cultural, and geographical needs.

L. NDC will contract exclusively and directly with HSD as a Medicaid managed care provider, and in partnership with its subcontractor, Molina Healthcare Inc., will offer a culturally competent Medicaid program, compliant with all federal and state statutes, regulations and rules, to eligible Navajos and their families that is sensitive to Navajo, American Indian and Alaska Native healthcare needs.

M. The managed care solution that the NDC-Molina IMCE will bring to eligible American Indians and Alaska Natives residing within the Navajo Nation will (1) better align healthcare value and quality through programs that improve outcomes, like care coordination and utilization management; (2) improve access to care for American Indians and Alaska Natives by emphasizing the role of primary care providers who identify and treat conditions and connect patients with specialists for more complex needs; (3) provide services in a culturally competent manner that are uniquely tailored to the Navajo Nation population and their family members.

N. The NDC-Molina IMCE will first be geographically focused around the Northwest quadrant of New Mexico but will cover members wherever they travel throughout the Navajo Nation including the States of New Mexico, Arizona and Utah and will include all Centennial Care covered benefits including key tribal services currently provided under Centennial Care (traditional healing, tribal care coordinators within IHS facilities, tribal peer specialists, etc.), and will look to develop programs that address key social determinants of health (housing, employment, food insecurity and enhanced transportation) and support health improvement for American Indians and Alaska Natives residing within the Navajo Nation.

O. The NDC-Molina IMCE will also give members access to a comprehensive statewide provider network first in New Mexico and then in Arizona and Utah including
primary care providers, specialists, hospitals, core service agencies, and also enable
American Indians and Alaska Natives to continue to have direct access to Indian
Health Services facilities and providers for their healthcare needs.

P. The access of American Indians and Alaska Natives residing within the Navajo
Nation to all of the benefits of the NDC-Molina managed care program will be
maximized if HSD implements passive enrollments mechanisms to ensure that the
majority of the 81,000 American Indians and Alaska Natives residing within the New
Mexico portion of the Navajo Nation are automatically enrolled in the NDC-Molina
managed care program until they choose to opt out. See Naat’aanii Development
Corporation and Molina Healthcare, New Mexico Indian Managed Care Entity:
Potential Opportunities attached as Exhibit D.

THEREFORE, BE IT RESOLVED:

A. The Navajo Nation hereby urges the Governor of the State of New Mexico and the New
Mexico Human Services Department to collaborate with the Naat’aanii Development
Corporation to expeditiously secure all necessary regulatory approvals, contracts and
infrastructure for launching the Naat’aanii Development Corporation – Molina
Healthcare, Inc. Indian Managed Care Entity and have it fully operational in New
Mexico in the first quarter of 2020 and in Arizona and Utah thereafter.

B. The Navajo Nation hereby also urges the Governor of the State of New Mexico and the
New Mexico Human Services Department to implement passive enrollment
mechanisms that will ensure enrollment of the majority of the 81,000 American Indians
and Alaska Natives residing within the Navajo Nation into the Naat’aanii Development
Corporation – Molina Healthcare, Inc. managed care program.

C. The Navajo Nation hereby further urges the Governor of the State of New Mexico and
the New Mexico Human Services Department to take those steps necessary to ensure
that healthcare decisions can be made collectively by a family unit and that non-
American Indian and non-Alaska Natives family members of an eligible individual be
allowed to enroll in the Naat’aanii Development Corporation – Molina Healthcare, Inc.
managed care program.