

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: _0367-19_____ SPONSOR: Daniel Tso

TITLE: An Action Relating to Health, Education and Human Services and Naabik'iyáti' 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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LEGISLATIVE SUMMARY SHEET

Tracking No. 0367-19

DATE: November 25, 2019

TITLE OF RESOLUTION: 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'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

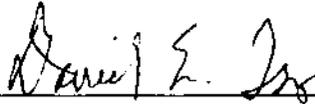
PURPOSE: This resolution, if approved, will request the State of New Mexico to issue all necessary approvals to the Naat'Aanii Development Corporation – Molina Healthcare, Inc. to launch an Indian Managed Care Entity utilizing a passive enrollment system.

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.

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: _____
Posting End Date: 12-02-19
Eligible for Action: 12-03-19

1 PROPOSED STANDING COMMITTEE RESOLUTION
2 24th NAVAJO NATION COUNCIL—First Year, 2019

3 INTRODUCED BY

4 
5 _____

6 Primary Sponsor 

7
8 TRACKING NO. 0367-19

9
10 AN ACTION

11 RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
12 NAABIK'ÍYÁTI' COMMITTEES; REQUESTING THAT THE GOVERNOR
13 OF THE STATE OF NEW MEXICO AND NEW MEXICO HUMAN
14 SERVICES DEPARTMENT COLLABORATE WITH THE NAAT'AANII
15 DEVELOPMENT CORPORATION TO SECURE ALL NECESSARY
16 APPROVALS FOR EXPEDITIOUSLY LAUNCHING THE NAAT'AANII
17 DEVELOPMENT CORPORATION – MOLINA HEALTHCARE, INC.
18 INDIAN MANAGED CARE ENTITY; SUPPORTING PASSIVE
19 ENROLLMENT FOR THE NAAT'AANII DEVELOPMENT CORPORATION
20 – MOLINA HEALTHCARE, INC MANAGED CARE PROGRAM

21
22 WHEREAS:

- 23 A. The Navajo Nation established the Health, Education, and Human Services Committee
24 as a Navajo Nation Council standing committee and as such empowered the Health,
25 Education, and Human Services Committee to establish Navajo Nation policy
26 governing health and social services of the Navajo Nation and its tribal organizations,
27 entities, and enterprises. 2 N.N.C. §§ 400, 401 (B)(1).
- 28 B. The Navajo Nation established the Naabik'iyáti' Committee as a Navajo Nation
29 Council standing committee and as such empowered the Naabik'iyáti' Committee to
30 monitor the programs and activities of federal and state departments and to assist

1 development of programs designed to serve the Navajo people through
2 intergovernmental relationships between the Navajo Nation and such departments. 2
3 N.N.C. § 700 (A), *see* 2 N.N.C. § 701 (A)(7).

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

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

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

23 F. In 2012, pursuant to the reauthorization of the Affordable Care Act and amendment of
24 the Indian Health Care Improvement Act Reauthorization and Extension Act, the
25 United States' Congress tasked the Centers for Medicare and Medicaid Services
26 ("CMS") with assessing the feasibility of establishing a Navajo Medicaid Agency
27 within the borders of the Navajo Nation for the express purpose of improving the
28 provision of Medicaid benefits to American Indians and Alaska Natives and their
29 families residing within the Navajo Nation. CMS's findings determined that such an
30

1 approach would be feasible and could provide exponential benefits to underserved
2 Navajos and their families.

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

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

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

26 J. NDC was the only respondent to the January, 2018 Request for Information
27 commissioned by the state of New Mexico's Human Services Department ("HSD")
28 soliciting proposals for how an IMCE could be established to address the healthcare
29 needs of American Indians and Alaskan Natives residing within New Mexico's
30 borders.

- 1 K. NDC has subcontracted with Molina Healthcare Inc. to develop an ICME and ensure
2 that the Navajo people are offered a Medicaid managed care program that (a) is
3 dedicated to American Indians and Alaska Natives and their families residing within
4 the Navajo Nation; (b) provides access to quality care; and (c) is tailored to American
5 Indian, specifically Navajo, and Alaska Native health, cultural, and geographical
6 needs.
- 7 L. NDC will contract exclusively and directly with HSD as a Medicaid managed care
8 provider, and in partnership with its subcontractor, Molina Healthcare Inc., will offer
9 a culturally competent Medicaid program, compliant with all federal and state
10 statutes, regulations and rules, to eligible Navajos and their families that is sensitive
11 to Navajo, American Indian and Alaska Native healthcare needs.
- 12 M. The managed care solution that the NDC-Molina IMCE will bring to eligible
13 American Indians and Alaska Natives residing within the Navajo Nation will (1)
14 better align healthcare value and quality through programs that improve outcomes,
15 like care coordination and utilization management; (2) improve access to care for
16 American Indians and Alaska Natives by emphasizing the role of primary care
17 providers who identify and treat conditions and connect patients with specialists for
18 more complex needs; (3) provide services in a culturally competent manner that are
19 uniquely tailored to the Navajo Nation population and their family members.
- 20 N. The NDC-Molina IMCE will first be geographically focused around the Northwest
21 quadrant of New Mexico but will cover members wherever they travel throughout the
22 Navajo Nation including the States of New Mexico, Arizona and Utah and will
23 include all Centennial Care covered benefits including key tribal services currently
24 provided under Centennial Care (traditional healing, tribal care coordinators within
25 IHS facilities, tribal peer specialists, etc.), and will look to develop programs that
26 address key social determinants of health (housing, employment, food insecurity and
27 enhanced transportation) and support health improvement for American Indians and
28 Alaska Natives residing within the Navajo Nation.
- 29 O. The NDC-Molina IMCE will also give members access to a comprehensive statewide
30 provider network first in New Mexico and then in Arizona and Utah including

1 primary care providers, specialists, hospitals, core service agencies, and also enable
2 American Indians and Alaska Natives to continue to have direct access to Indian
3 Health Services facilities and providers for their healthcare needs.

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

12
13 **THEREFORE, BE IT RESOLVED:**

- 14 A. The Navajo Nation hereby urges the Governor of the State of New Mexico and the New
15 Mexico Human Services Department to collaborate with the Naat'aanii Development
16 Corporation to expeditiously secure all necessary regulatory approvals, contracts and
17 infrastructure for launching the Naat'aanii Development Corporation – Molina
18 Healthcare, Inc. Indian Managed Care Entity and have it fully operational in New
19 Mexico in the first quarter of 2020 and in Arizona and Utah thereafter.
- 20 B. The Navajo Nation hereby also urges the Governor of the State of New Mexico and the
21 New Mexico Human Services Department to implement passive enrollment
22 mechanisms that will ensure enrollment of the majority of the 81,000 American Indians
23 and Alaska Natives residing within the Navajo Nation into the Naat'aanii Development
24 Corporation – Molina Healthcare, Inc. managed care program.
- 25 C. The Navajo Nation hereby further urges the Governor of the State of New Mexico and
26 the New Mexico Human Services Department to take those steps necessary to ensure
27 that healthcare decisions can be made collectively by a family unit and that non-
28 American Indian and non-Alaska Natives family members of an eligible individual be
29 allowed to enroll in the Naat'aanii Development Corporation – Molina Healthcare, Inc.
30 managed care program.