The New Mexico Naat'aanii IMCE Program
Improving Access & Outcomes for the State's American Indians / Alaska Natives

Project Background

For more than a decade, the Navajo Nation has passionately pursued the implementation of a Navajo Nation administered Medicaid program for its people. A series of state and federal policies over the years have provided prime foundation for this opportunity, particularly in New Mexico. In 2009, Congress passed the American Reinvestment and Recovery Act (ARRA) that amended Medicaid laws to allow for Indian Managed Care Entities (IMCEs) that are controlled by tribes and tribal entities. ARRA also offered American Indian/Alaska Native (AI/AN) enrollees and providers greater protections in Medicaid and CHIP.

In 2012, pursuant to the Affordable Care Act's reauthorization and amendment of the Indian Health Care Improvement Reauthorization and Extension Act, 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 eligible Navajos and their families. The agency's findings determined that such an approach would indeed be feasible and provide benefit to underserved Navajos.

In October 2017, the New Mexico Human Services Department (HSD) held a formal tribal consultation on the Centennial Care 2.0 waiver program at the Institute of American Indian Arts in Santa Fe. Based on the feedback from that tribal consultation, HSD requested permission from CMS to operate an IMCE. CMS approved the State's request to operationalize an IMCE with the approval of the Centennial Care 2.0 Waiver in December 2018, which authorized the State "to collaborate with Indian Managed Care Entities (IMCE) … including a pilot program with the Navajo Nation". New Mexico Governor Michelle Lujan Grisham continues to advance and support the implementation of an IMCE as part of her mission to affirm and uplift tribal self-determination in all aspects of government and to rebuild foundational government-to-government relationships.

The Naat'aanii Development Corporation (NDC) is working to establish the first ever Navajo IMCE pilot project as allowed under New Mexico's approved 1115 waiver. NDC was formed by the Navajo Nation to advance economic development programs and initiatives for the Navajo people through sound business practices on and off Navajo Nation lands. It is organized under the Navajo Nation Corporation Act and further incorporated under Section 17 of the Indian Reorganization Act, with a Charter approved by the Secretary of the Interior and Ratified by the Navajo Nation Council under Resolution No. CO-69-17. Chartered under both Navajo and federal law, NDC has the powers, privileges and immunities granted by both Navajo and federal law.

Building on CMS' approval of a Navajo Nation IMCE, the Naat'aanii Development Corporation (NDC), the New Mexico Governor's Office, and HSD have collaborated to develop a proposed partnership model focused on ensuring that the Navajo people are offered a Medicaid managed care program that: (1) is dedicated to American Indians and Alaska Natives (AI/AN) and their families, particularly the Navajo; (2) provides access to quality care; and (3) is tailored to AI/AN health, cultural, and geographical needs.

Through self-determination, the IMCE will be uniquely qualified to deliver such services to AI/ANs and their families, particularly the Navajo, and to leverage all opportunities and protections allowed under current laws. As an entity created by the Navajo Nation and for the Navajo Nation, NDC is familiar with community-based Navajo providers, vendors, and organizations as well as Navajo healthcare needs and

cultural practices. NDC's connections and expertise provide essential insight into developing the most effective program design. NDC is also committed to investing resources in the Navajo community and to that end is required through their charter to pay dividends to the Nation. Under the proposed operating model, HSD will contract directly with NDC as a Medicaid managed care provider offering a culturally informed Medicaid program to eligible Navajos and their families that is compliant with federal and state Medicaid rules and regulations.

The Challenge

Currently, over 100,000 Navajos live in New Mexico and about three-quarters of this population are eligible for Medicaid. Navajos experience a heavy disease burden with a mortality rate 31 percent higher than the overall U.S. rate. Specifically, Navajos have a higher prevalence of diabetes mellitus, coronary artery disease, obesity, alcoholism, traumatic injury, and cancer than the general population. Long-lasting social and economic pressures have guaranteed that these health disparities persist. Despite their desires and actions to the contrary, healthcare access – particularly to behavioral health and specialty services – remains elusive to many because of geographic, financial, and other barriers. This is further complicated by the fact that current Medicaid benefit packages do not sufficiently 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.

The Opportunity

The State of New Mexico recognizes that the Navajo Nation, including the 75,000 Medicaid eligible individuals living in New Mexico, has a fundamental right to self-determination in all aspects of life, including healthcare delivery. Furthermore, the State recognizes an IMCE as a step toward that right actualized.

Benefits of Managed Care

Currently, most Navajos enrolled with New Mexico Medicaid are in the Fee-For-Service (FFS) program. Although this program provides some medical care for Navajos, FFS is insufficient in addressing the many healthcare concerns and reducing health disparities of the Navajo people. FFS is a volume-based model paying providers for each service rendered. There are few mechanisms for providers to offer services outside of their clinical capabilities even if they wanted to. Providers also have few incentives to improve the quality of care under a system that emphasizes volume over quality and value, which can lead to unnecessary and potentially harmful procedures for the member. In addition, individuals in FFS often lack assistance in navigating a complex healthcare system trying to find the right doctors, access treatment in the most appropriate healthcare settings, find a way to their appointments, and manage their prescriptions. Individuals in FFS typically do not have built in supports to manage their visits and treatment across their many providers, access to overall health needs assessments that evaluate their exposure to medical and social issues, or direct connections to community service providers that supplement their medical care to achieve optimal health outcomes.

In contrast, managed care organizations (MCOs) offer all those services and more. Here are some ways Fee-For-Service and Managed Care differ:

	Managed Care	FFS
Model	MCO is paid a capitation amount for each member and is incentivized to provide preventive care to reduce poor health outcomes; IMCE pays providers	Providers are paid for each service.

	Managed Care	FFS
	and services from this capitation amount.	
Quality	Payment incentives for high performing providers with improved member health outcomes and greater value. MCOs are required to meet quality benchmark levels, publicly report health outcomes and are held to performance standards.	No incentive to improve quality. No systemic measure of quality.
Member Engagement	Constantly exploring ways to get members more engaged in improving their health care through member incentives. Members have access to prevention education and trainings. MCOs also leverage smartphone apps and texting to provide member with a platform to keep track of their health status, set reminders to improve drug adherence, etc.	None. Members are left to navigate the complex health care system without help.
Care Coordination and Management	MCOs are required to monitor and analyze provider visits, prescriptions, and other care utilization to ensure appropriate coordination across their care and follow-up services. Care coordinators help members assess their overall health needs and manage their provider visits, connect with social services, obtain prescriptions.	Member and/or caregiver is responsible for coordinating their own care and treatment options.
Community Engagement and Investment	MCOs support and partner with community-based organizations and local entities to provide members with medical and social services.	None
Value Added Services & Social Determinants of Health	MCOs pay for certain medical and non-medical services that bring value to the member's health that are not offered in the Medicaid program for members – this can include traditional healing, enhanced dental benefits, enhanced transportation, housing, employment supports, and nutritious food programs.	FFS cannot pay for things that are not included in the Medicaid program and directly offered by a Medicaid provider.

The proposed managed care product offered by NDC strives to better align healthcare value and quality through programs that improve outcomes (e.g. care coordination and utilization management). It will improve access to care for the Nation by emphasizing the role of primary care providers, who identify and treat conditions and connect individuals with more complex needs to specialists. The managed care plan also will focus on: 1) detecting and preventing the progression of chronic diseases; 2) coordinating services across the continuum of care, and 3) delivering programs tailored to individual needs. The plan will integrate evidence-based and promising practices from across the country for essential services such as prenatal care, diabetes prevention and management, and prescription drug use, as well as the

latest innovations in addressing social determinants of health (e.g., housing and nutritious food access) to improve healthcare quality and outcomes for the program's enrollees. The program will ensure that members have access to Indian Health Services (IHS) while bringing additional enhancements and access to providers outside of IHS. Examples of enhancements include:

- Enhanced dental benefits,
- Wellness incentives for diabetes and cancer screenings,
- Diabetes food boxes,
- Workforce development and employment counseling services,
- Enhanced transportation services, and
- Free school physicals.

Naat'aanii Managed Care: Key Features

- **Eligible Beneficiaries**: Initially individuals must be AI/AN and eligible for New Mexico's Medicaid program to participate. Individuals must also reside in zip codes located within the Nation. However, they may access services as they travel throughout the state. To ensure that healthcare decisions are collectively made within the family, non-AI/AN family members of an eligible individual may enroll in the Naat'aanii IMCE as well. Like the other health plans in the NM Medicaid program, the IMCE will be configured as a statewide health plan to provide such coverage with a provider network that spans New Mexico.

- **Enrollment**: To recognize fully Navajo Nation self-determination in healthcare for its people, it is proposed that a passive enrollment option be used at the start of the pilot program. Under passive enrollment, individuals who enroll in Medicaid and are determined to be eligible for the IMCE will be enrolled in the program. However, they retain the right to leave the IMCE within a certain period of time. This option reinforces self-determination and treaty obligations between the Navajo Nation, the State of New Mexico, and the Federal Government. Enrollees have additional options to select another MCO during annual open enrollment periods as well. This process is similar to how enrollment currently works for the NM Centennial Care program. An analysis of passive and active enrollment is presented below.

	Passive Enrollment	**Active Enrollment**
Self Determination Methodology	1. Individuals in FFS or newly enrolled into Medicaid and living in the IMCE zip codes would be enrolled at the launch of the IMCE and at the time of any new enrollment. 2. Members may leave the program (and switch back to FFS) after 3 months. 3. During annual open enrollment periods, all members could freely choose any MCO or FFS plan.	1. Every individual who desires to move from FFS to IMCE must contact the Medicaid fiscal agent, Conduent, to change enrollment. 2. Members would be "locked in" and unable to leave (and switch back to FFS) until the next open enrollment period, except for during the first 3 months. 3. During annual open enrollment periods, all members could freely choose any MCO or FFS plan.

Projected IMCE enrollment after 12 months	50,000	10,000
Years to achieve financial viability	0-1	5-10
Marketing Costs	Low	High
Navajo Nation Input	Clear evidence of support of the Navajo Nation	No additional support needed to proceed

- **Benefits** – The program will include all Centennial Care 2.0 covered benefits, including but not limited to: inpatient hospital services, outpatient services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children, long-term services and supports, care coordination, physician services, x-rays, and dental care. The plan will also offer prescriptions, behavioral health, and substance use disorder services.
- The IMCE will integrate key tribal benefits designed in consultation with community members (e.g. traditional healing, tribal care coordinators within IHS facilities, tribal peer specialists, translators, member services representatives, etc.).
- Finally, the program will also develop programs that address social determinants of health (e.g. housing, employment, food insecurity and enhanced transportation). Specifically, the plan will invest in programs that support health improvement for AI/AN such as enhanced dental benefits, wellness incentives for diabetes and cancer screenings, diabetes food boxes, workforce development and employment counseling services, enhanced transportation services, and free school physicals.

- **Provider Network** – Members will have access to the IMCE's comprehensive statewide provider network including primary care providers, specialists, hospitals, Indian Health Service, Tribal Health Providers and Urban Indian Providers (I/T/Us), and core service agencies. Although members must be New Mexico residents, if they are traveling outside of the state they may access some providers in the IMCE network in Arizona, Utah, Colorado, and Texas. Virtual care capabilities (e.g. telehealth) will also be available for members who lack access to transportation and for those living in provider shortage areas. A key aspect of the provider network design is the preservation of access to IHS facilities and providers. Enrollees in the NDC IMCE will be able to access care at their designated IHS facility and Tribal 638s if that is their preferred care provider and will have access to other providers and services outside of those networks via care coordination and transportation assistance.

- **Timely Claims Payments** – The NDC IMCE must remain in compliance with all claims payment standards and timelines required under New Mexico's Medicaid program. The organization also will be subject to the same claims payment accuracy and turnaround time requirements as other MCOs.

- **Care Coordination** – Care coordination is a central component of the NDC IMCE, designed to promote a "right care at the right place and time" approach. This care coordination approach ensures that members are connected to primary care and specialty doctors, community organizations, government services, transportation providers, peer specialists, and more. Furthermore, the NDC IMCE will also engage in care coordination agreements with tribal providers, who will connect with members and coordinate care.

- **Culturally Informed Care** – The NDC IMCE will collaborate to include persons and processes that increase understanding of Navajo culture and integrate it wherever possible into all major components of this managed care program from the benefit design to staffing to healthcare delivery and community engagement. The NDC IMCE will hire, train, and develop qualified Navajo and tribal staff in leadership, provider and operational roles, and will operate with a preference for hiring qualified AI/AN individuals for job openings. Finally, all employee trainings will include Navajo-specific components and the IMCE will be evaluated on culturally informed metrics.

- **Community Reinvestment** – Reinvesting dollars into the Navajo community is key to the success of this program. Resources will be allocated toward initiatives that support workforce development, tribal entrepreneurship, and capacity building. For example, NDC will work with local colleges and universities to support learning opportunities for Navajo language and traditional healing services in order to maintain appropriate services and benefits for members. Additionally, HSD invites feedback on the types of community reinvestment that would most meet the needs of the Nation.

- **Economic Development** – The NDC IMCE will increase employment opportunities for Navajo Nation and New Mexico residents, as qualified Navajos will have the opportunity to fill key positions such as community connectors, tribal liaisons, medical professionals, and administrative staff. The table below highlights additional economic benefits:

Economic Benefit	Description
Improved Quality of Care	A Navajo created IMCE will incorporate specific focus on Navajo health issues and treatment options specific to- and culturally informed by-Navajo traditions.
Job Creation / Employment Opportunities	A Navajo IMCE will promote job creation, and its MCO partners will be expected to hire native employees as well. For instance, employees who speak Navajo and are qualified to work in the communities to link members to services will be essential to the model.
New Services Creation / Tribal Entrepreneurship Opportunities	A Navajo IMCE will create new services such as enhanced transportation services that ensure door to door assistance and traditional healing by supporting programs at local colleges and universities.

Community Reinvestment	The contracting strategy will include specified community reinvestment to the Nation and its healthcare infrastructure. An example may include support for non-profits that assist members with substance abuse recovery and mental health services and supports.

Next Steps: Tribal Consultation

HSD would like to consult with the Navajo Nation about the NDC IMCE, including its benefit design, delivery model, quality measurements, and enrollment methodology. HSD invites the Navajo leadership and community, as well as those from other tribal nations to attend the IMCE tribal consultation scheduled for 1:00 PM on October 9, 2019, at the Gallup Community Service Center: 410 Bataan Veterans St. in Gallup, NM 87305. Feedback and questions related to the project may be directed to Theresa Belanger at theresa.belanger@state.nm.us or Megan Pfeffer at megan.pfeffer@state.nm.us.