# Working with the State to Improve Access to **Alternate Resources**





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# **Objectives**

- Describe how the AAIHS, Navajo Area Indian Health Service (NAIHS), and the State of New Mexico are successfully collaborating.
- Present and discuss the unique IHS-State Medicaid Program partnership as a model for success in accessing and increasing Medicaid as a third-party resource.

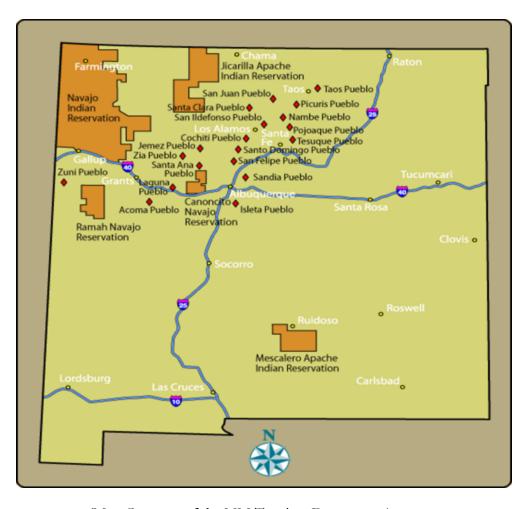
# History of Policy Changes

- Medicaid Fee-For-Service
- Medicaid Reform late 1990s
  - Managed Care (Salud! Program)
- Medicare Modernization Act of 2003
  - Part D
- Deficit Reduction Act of 2005
  - Documentation of Citizenship and Identity

# Why is Collaboration and Partnership Critical to Albuquerque and Navajo Areas?

- \$3 billion IHS National Annual Appropriations
- \$300M (estimated) collected from M/M/P in FY06
- Over \$65M reimbursed to I/T facilities from NM Medicaid
- Medicaid is the largest third-party payor

#### New Mexico Pueblos and Tribes



- 19 Pueblos
- 3 Nations/Tribes

(Map Courtesy of the NM Tourism Department)

# New Mexico Demographics

	New Mexico	Native American
Population	1,819,046	191,475 (10.5% of total population)
Medicaid Enrollment	415,181	75,722 (18.2% of total enrollment)
Medicaid Managed Care Enrollment		86% Opt-Out 14% Managed Care

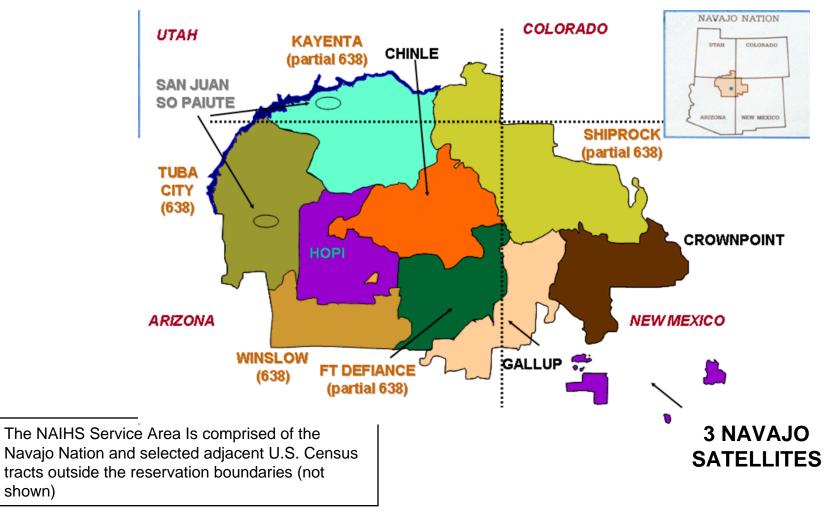
# Albuquerque Area Indian Health Service

- Albuquerque Area
  - Covers 19 Pueblos
  - Mescalero and Jicarilla Apache Tribes
  - Alamo, Pine Hill, and Canoncito Navajo Communities
  - Ute Mountain and Southern Ute Tribes (Colorado)
  - Ysleta Del Sur Pueblo (Texas)
- Health Care Network
  - 4 Hospitals
  - 19 Ambulatory Health Facilities
  - 75,638 Tribal Contracts
  - 2 Urban Health Centers
- User Population
  - 86,500 Annually

### Navajo Area Indian Health Service

- NAIHS Serves Two Tribes
  - Navajo Nation
  - San Juan Southern Paiute Tribe
- Health Care Network
  - 6 Hospitals
  - 7 Health Centers
  - 13 Health Stations
  - 18 Dental Clinics
- User Population
  - 238,515 Annually

#### NAVAJO AREA IHS SERVICE UNITS/638 CONTRACTS



# New Mexico Organizational Structure

- The Human Services Department (HSD) is one of 17 cabinet-level agencies in the Executive Branch.
- Three Program Divisions: Medical Assistance, Income Support, and Child Support Enforcement.
- HSD administers the Medicaid, Temporary Assistance for Needy Families (TANF), child support, food stamps, general assistance, and Insure NM! Programs, and lowincome home energy assistance programs.
- HSD has two Native American Liaisons:
  - Office of the Secretary (since 2004)
  - Medical Asst. Division Office of the Director (since 1999)

# New Mexico Organizational Structure

- The Medicaid program is housed within the Medicaid Assistance Division (MAD).
- Medicaid applications are processed by the county-based Income Support Division offices.
- NM Medicaid Program
  - \$2.5 billion operating budget

- Tribal Issues Subcommittee of the statewide Medicaid Advisory Committee.
  - Includes representatives from Tribes, Pueblos, IHS, state agencies, and other communitybased organizations that serve Native Americans.
- Targeted Outreach
  - Work with the IHS and Tribal Patient Benefit Coordinators at Tribal health fairs, back-toschool events, and other public events.

- IHS and Tribal school, health, and social services staff certified to grant presumptive eligibility for children and pregnant women
- Training
  - Annual billing and reimbursement training for IHS and Tribes
  - Reports at IHS business office meetings

- Division of Regulatory Affairs citizenship requirement and Medicaid
  - Tribal briefing held in August 2006 (also covered TANF and child support changes)
  - Radio and newspaper ads on Medicaid requirements
  - Client, Tribal leaders, and IHS letters
  - HSD agreed to accept IHS FACE Sheet as Level 4 for proof of citizenship

- Certificate of Indian Blood (CIB) can be utilized as proof of identity
- Web Portal created to verify births in NM (only for those births recorded in the state but other state eligibility program staff can use this for people born in NM)
- NM supports using CIB as Level 1 proof of citizenship.

- Outstationed Workers Program
  - Implemented initially in August 2005 in partnership with NAIHS
    - 2006 state legislature appropriated funds for the northwest area of the state, which is predominantly Navajo Nation.
    - 2007 state legislature appropriated additional funds for the Albuquerque Area.
    - August 2007 is the target date to expand to additional sites in the Albuquerque Area.
    - Purpose is to increase enrollment of Native Americans in the Medicaid and Food Stamps programs.

## Focus on IHS and Tribal Programs

- Within MAD, two staff members serve as points-ofcontact for IHS and Tribal programs.
  - -One Native American Liaison in the Director's Office and one Program Manager in the Benefits Bureau.
- Both staff are knowledgeable about the IHS and related federal Medicaid policy and regulation.
- Continual improvements to implement annual OMB rates.
- Development of IHS provider policy.
- Daily technical assistance to IHS and Tribal programs:
  - –Eligibility
  - -Claims
  - -Systems

# Focus on IHS and Tribal Programs

- Policy reviews specific to IHS and Tribal programs
- State Contracts and IHS Liaisons
  - -ACS
  - –Managed Care Organizations (physical and behavioral health)

#### Reasons for Success

- Direct relationship between key contacts at both the state and IHS.
- MAD staff have knowledge of the IHS and are continually learning from other states.
- Questions or topics presented by IHS staff contribute to the delivery of quality care and access for Native Americans.
- Not being afraid to ask the "hard questions."
- Liaison relationship with other staff from other states.
- NM is at the forefront of Medicaid-Indian health policy.

# Reasons for Success (continued)

- Monthly Albuquerque Area RAM meetings
- Quarterly Navajo Area meetings
- Biannual HSD Native American Initiatives Newsletter
- IHS support for New Mexico legislative changes to Medicaid policy
- Collaboration with Indian Health providers and NM Medicaid have resulted in increased Medicaid revenue for Indian Health facilities!

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