



**Pueblo of Jemez Health and Human Services  
Department  
State of New Mexico Centennial Care  
Update  
October 20, 2014**

**PUEBLO of JEMEZ**

The Pueblo of Jemez appreciates this opportunity to provide the Legislative Health and Human Services Committee an update as to its experience with the State's implementation of its Managed Care Program called Centennial Care.

As you may know, the Pueblo of Jemez (POJ) operates its own accredited ambulatory health care center within the pueblo. It is accredited under the Accreditation Association for Ambulatory Health Care (AAAHC), with an additional certification as a Patient Centered Medical Home.

In 2012, the Pueblo of Jemez decided to expand upon its federal mission and opened its doors to non-Indian residents in the surrounding communities. Tribal leadership and a dedicated workforce transformed a former small IHS program into a full-service outpatient healthcare facility.

Leadership recognizes that healthcare is a business whereby tribal facilities compete in the healthcare industry. With that as its focus, the POJ consistently explores and seizes upon opportunities to expand its health care services. For instance, in 2013, the POJ was the only tribe in New Mexico to be awarded a grant by the Health Resources Services Administration as a New Access Point and has now joined the ranks of 1,200 Community Health Centers that serve 22 million poor, uninsured and underinsured across the nation.

As part of its "Centennial Care" plan, the Human Services Department (HSD) proposed a new mandate to require Native Americans (NAs) to enroll in Medicaid managed care plans. This is prohibited by federal law which has special protections for NAs, but HSD sought a waiver of the law from the federal Centers for Medicare and Medicaid Services (CMS). The proposal met with widespread opposition from tribal leaders who cited concerns about access to services, timely payments and culturally competent care.

As a result of our efforts, New Mexico IHS, Tribes and Urban Indian Organization (I/T/Us) won a major victory in 2013 when CMS, the federal government, rejected the state's proposal to make Medicaid managed care mandatory for NAs. However, this decision does not have the force of state or federal law as an exception to mandatory managed care enrollment in NM excludes those individuals who require long-term care services.

Efforts continue today to enact state law to prevent the mandatory enrollment of any NA into a managed care plan and preserving fee for service Medicaid as the default option because of the on-going unresolved issues and frustrations with the State's managed care programs.

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## Enrollment:

Despite CMS' above decision, the State did little to prevent the auto-enrollment of thousands of Native Americans (NAs) on State Coverage Insurance (SCI), thereby ignoring CMS' ruling and tribal sovereignty. Despite assurances that SCI NAs will not be auto-enrolled, I/T/Us soon learned that this was not the case. Thousands of NAs were auto-enrolled and our efforts to opt-out these NAs and/or enroll NAs into fee-for-service have been very difficult.

Xerox continues to improperly inform auto-enrolled patients to go to the local ISD office to opt-out. ISD is not able to opt-out anyone.

For those NAs that were not auto-enrolled and to assure that NAs were enrolled in FFS, the POJ stamped applications with "Native American" and provided copies of Certificate of Indian Blood to ISD offices but those efforts failed to prevent NAs from being enrolled in an MCO.

It takes a lot of time and effort by JHHS staff to correct those who were improperly enrolled into an MCO who 1) did not want to be or 2) shouldn't have been. On average, it takes about three to four months to opt-out when originally requested and with some, we tried multiple paths to get there before elevating it to the State. As of today, some have been resolved but the practice of auto-enrollment continues. Almost 30% of our patients are waiting to be enrolled in FFS. When you apply this percentage to the 25,000 of NAs enrolled in an MCO in NM, it is reasonable to assume that approximately 7,000 NAs are waiting to be switched from an MCO to FFS.

The POJ is not reimbursed for the administrative burden for outreach, enrollment and the countless hours to correct MCO assignments.

To add insult to injury, we learned that MCOs have told our NA patients that they have contracts with all the I/T/Us in NM to entice them to enroll into their plans. This is certainly not an honest statement.

## Reimbursement:

Former Salud! Managed care plans like Amerigroup and Lovelace inappropriately recouped payments from I/T/Us for claims previously paid.

For the POJ, Lovelace inappropriately recouped about \$100,000 in payments from claims dating back to 2010 yet those claims were not paid. (This has since been resolved).

Amerigroup reprocessed its claims dating back to five years and recouped approximately \$20,000 funds from JHHS for claims they believed were duplicate payments for the same day of service. To this day, this remains unresolved.

This is a continuing example of the State failing to do its due diligence and enforcing its own regulations with its current and former MCO contractors.

## Care Coordination for Native Americans Mandatorily Enrolled with MCOs:

We currently have 12 Jemez Tribal members who are long-term care recipients and thus must be enrolled with an MCO. With that, a care coordinator is assigned and required to make routine contact with the patient and complete a health risk assessment. In October 2014, we surveyed these 12 and found the following:

None (zero) knew who their assigned Care Coordinator was after nine months of being enrolled in that MCO.

A Care Coordinator has not contacted 75% of the 12 within the last 12 months.

None knew what levels of care (1, 2 or 3) they were assigned to by their MCO.

In a report to the Legislative Finance Committee, dated 9/24/ 2014, the HSD reported the four "Centennial Care managed care organizations are participating in care coordination programs so New Mexicans get the care they need *when* (emphasis added) they need it." The POJ seriously doubts this claims based on its survey.

Given the experience of our Jemez Tribal members, it is reasonable to assume that other NAs mandatorily enrolled in an MCO are experiencing the same lack of service. Like our 12 Jemez patients we surveyed, we have no doubt that the same circumstances exist for other NAs in NM.

The POJ further concludes that for these 12 Jemez Tribal members, MCOs received, on average \$3,284 per member per month for 12 months or \$472,896. The POJ has maintained constant and reliable contact with our long-term care recipients at no cost to the MCO and State. The POJ does not receive any reimbursement for care coordination from MCOs or FFS.

We understand that FFS does not *currently* reimburse for care coordination services but it is not prohibited. Perhaps a waiver that allows I/T/Us to receive reimbursement for care coordination is in order. Because the State receives 100% matching for services provided at or by an I/T/U, the State can certainly save \$472,896 it is currently paying the MCOs for care coordination for these 12 Jemez patients.

Imagine the savings for the State when and if a waiver is in place for those NAs receiving care coordination services through an I/T/U as opposed to an MCO.

In summary, some provisions have been made by the HSD whereby the Native American Technical Assistance Committee (NATAC) was established to allow for on-going input from tribes. The NATAC meets monthly and is well attended by tribal representatives. However, long-standing larger issues remain unresolved.

The POJ maintains its stance on giving all NAs the choice of enrolling in FFS or an MCO, and we continue to solicit support for permanent legislation. We are also very interested in working with the HSD to develop a waiver that will allow for reimbursement for care coordination under FFS.

Thank you for your time and attention.

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