

Native American Technical Advisory Committee (NATAC)

Minutes for July 21, 2020



Time: Start 1:00pm

End: 3:30 pm

Place: Santa Fe (Go To Meeting)

Chair: Nicole Comeaux, New Mexico Medicaid Director

Committee Members Call In: Megan Pfeffer, Karmela Martinez, Neal Bowen, Kari Armijo, Jean Pino, Lorelei Kellogg, Gwendolyn Waseta, Mary Scott, Iris Reano, Theresa Belanger, Emily Haozous, Lonna Valdez, Rick Vigil, Craig Sandoval, Ezra Bayles, Leonard Montoya, Tina Valencia, Sandra Winfrey, Anthony Yepa, Dave Panana, Monica Vigil, and Eldred Lesansee, Dr. Jill Jim

Absent Members:

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Invocation/Introductions	Former Governor Rick Vigil gave the invocation. Introductions were done	None	All	Completed
II. Review of Minutes	<p>March 3 and March 27, 2020 were reviewed and approved. Former Governor Vigil made a motion to approve the minutes.</p> <p>Follow up on Action Items:</p> <ul style="list-style-type: none"> One MCO provided a copy of their current CHR agreement for MAD to review Theresa reached out to the MCO Tribal liaisons to talk about developing a uniform contract for CHRs Receipt of proof – there is no way to generate the form through YES NM, but MAD can upload the receipt of proof from Aspen and send it to the requestor Survey monkey was sent out July 10, 2020 to develop tactics for the four goals and 13 objectives in the NATAC Strategic Plan 	None		Completed
III. Comments/Questions – Nicole Comeaux	<p>Nicole opened the meeting for comments/questions:</p> <p>Question: On telehealth billing, since the COVID 19 pandemic started, many IHS and Tribal communities are now using telehealth services. How is it supposed to be billed?</p> <p>Answer: MAD will provide guidance on telehealth billing.</p> <p>Question: What is the status on OMB rate for pharmacy dispensing?</p> <p>Answer: Kari Armijo said this initiative is on her list of things to do. The document has been drafted. Kari will let us know when the target date is for that.</p> <p>Comment: NATAC asked for a 2 year time span for data, indicating diagnoses for frequent ER visits, and the number of Native Americans that are in CCL2 and CCL3.</p>	<p>Telehealth billing information provided</p> <p>Tribal consultation scheduled to discuss</p> <p>Data will show a two year time</p>	Medical Assistance Division (MAD)	Next meeting

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	<p>Comment: Request for MAD to provide NATAC a summary document on all the Tribal notifications that were sent out the past quarter. MAD is now including date on notifications for Tribal leaders to request a formal Tribal consultation if they want to.</p> <p>Comment: Former Gov. Vigil recommended that Kevin Belcher, with All Pueblo Council of Governors (APCG) Policy Committee to be included in Tribal consultation/notifications correspondence</p> <p>Comment: Make the Provider Participation Agreement (PPA 335) more user friendly rather than having to do the whole application each time just to change the provider code box. Can the process be simplified? Answer: Nicole will find out if it is a state requirement or federal requirement. Nicole asked that Ezra send an email to her and Megan for follow up.</p>	<p>span whenever possible Next meeting</p> <p>Former Gov. Vigil will provide info to Theresa Follow up with Ezra</p>		
<p>IV. Behavioral Health Services Division (BHSD) Update – Dr. Neal Bowen</p>	<ul style="list-style-type: none"> BHSD is able to sustain their budget and not have the \$3 mill cut in services that was proposed. BHSD decided to give up positions and put the funding in the programs for 2021 with no changes to the services. Staff will be taking on extra duties to sustain the budget for the position cuts. BHSD is also making sure providers are billing Medicaid whenever possible rather than billing the state general fund, which has improved the budget. There has been a high number of displaced people due to COVID and Peer Support Workers (PSWs) are now working with these individuals. The PSWs were trained to see these individuals and offer behavioral health services to those in shelters. They have served well over 600 people at this point. BHSD has contracted with KEWA Behavioral Health and First Nations to provide telephonic services to shelters in McKinley county. They will provide follow up services once the individual leaves the shelter too. The Pueblo of Pojoaque has also provided great support to displaced people at Buffalo Thunder. Pojoaque Pueblo is also exploring establishment of an FQHC. Settlement with Children Youth and Families Department (CYFD) March 2020 - In 2018 a group of former foster kids sued the Martinez administration for inadequate care while in placement. CYFD was the primary target of the lawsuit. HSD was also involved. Under the current administration a settlement was reached in early March and BHSD agreed with the remedies that the plaintiffs brought to the State. As a result, staff are to receive Trauma Informed Care training that will extend out to the entire system of care. There will also be training on historical trauma awareness and sensitivity. HSD and CYFD will work together with legislators to pass an Indian Child Welfare Act (ICWA) in NM along with guidance from the Tribes/Pueblos/Nations and Indian Affairs Department (IAD) in NM. (Governor Vigil also added that work with the ICWA Association in NM be included) 	<p>Next meeting</p>	<p>Dr. Neal Bowen</p>	<p>Ongoing</p>
<p>V. Income Support Division (ISD) update – Karmela Martinez</p>	<ul style="list-style-type: none"> Karmela provided information on the COVID 19 response from ISD offices such as curbside services and limited lobby hours (10 am to noon). Due to limited on site services, the calls coming through the call center have 	<p>Next meeting</p>	<p>Karmela Martinez</p>	<p>Ongoing</p>

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	<p>doubled for call center staff. The best way to apply for SNAP is through the phone or the website.</p> <ul style="list-style-type: none"> • SNAP supplement – ISD been able to offer additional benefits to participants. For those who aren't receiving the maximum benefit amount, they will now eligible to get the maximum amount. ISD has a request in to our federal partners to continue this through August. ISD is still waiting for a response. There will be a press release to get the information out. • Pandemic Electronic Benefits Transfer (EBP) – From March 16 to July 19th ISD was able to issue additional food stamps for students who received reduced or free lunches at school (\$399 per student in additional benefit amounts). ISD worked with the Public Education Department (PED) to get a list of all students with reduced or free lunch. If they already had an EBT card, the amount was placed on that card. If they didn't have an EBT card, the family will get a card under the oldest student's name in the family and the benefit will include all eligible children in the family. Karmela will provide information on the turnaround time for Tribal/Bureau of Indian Education (BIE) schools and the EBT cards being sent out. Karmela has the list of BIE schools that submitted information for the EBT cards. If anyone has questions, they can contact Karmela at Karmela.martinez@state.nm.us • Online purchasing is now in place through a partnership with Amazon and Wal Mart, both curbside and delivery. There is no membership requirement. • Tribal notifications are going out for Able Bodied Adults Without Dependents (ABAWD). Currently ISD is under a statewide waiver for ABAWD for Tribes, except for San Ildefonso Pueblo and Santa Clara Pueblo. The waiver is good through February 2021 or through the end of the Pandemic, whichever is earlier. • A Tribal notification is going out for public comment on the Temporary Assistance for Needy Families (TANF) State Plan. It is being amended per federal rule. ISD isn't changing eligibility or work requirements. 			
<p>VI. Medical Assistance Division update – Nicole Comeaux, Medicaid Director</p>	<p>The department made a lot of quick changes in response to the Pandemic. We applied for 18 different waivers and five State Plan Amendments; all were approved. Nicole provided a summary of the changes that have been made:</p> <ul style="list-style-type: none"> • COVID 19 testing is available for all New Mexicans at no additional cost • Suspended all redeterminations for Medicaid during the emergency • Expanded eligibility for telehealth and telephone visits for physical health (PH) and BH • Relaxed early refill for prescriptions 	<p>Next meeting</p>	<p>Nicole Comeaux</p>	<p>Ongoing</p>

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	<ul style="list-style-type: none"> • Increased telehealth and phone visit options • Reduced administrative burden for providers • Be Well NM - No matter what their circumstances, people can get some form of coverage. Information has been translated into Spanish and Dine • The Emergency Operations Center EOC is working on food distribution, phone calls, etc. Medicaid staff volunteered for food and water distribution. Two million pounds of food has been delivered to NM. The Command Post has 14 support functions. HSDs support function was #6. The Medical Advisory Team (MAT) was led by Dr. David Scrase, Secretary of Human Services. <p>Hi level response to the Corona virus:</p> <ul style="list-style-type: none"> • Relief packages including the Families First Act to provide NM with additional funding. Maintenance of Effort (MOE) requirement along with funding (ie. no new eligibility and enrollment requirements that are more restrictive than were in place prior to the Public Health Emergency (PHE), no cost-sharing for testing, no increases in premiums, no disenrollment during PHE declaration). • CARES Act (Corona Virus Relief Act) Allocations that Health and Human Services (HHS) has given so far is \$106 billion. We also received an additional 6.2% Federal Medical Assistance Percentage (FMAP). We are asking for additional funding to meet the growing need for services in NM. • IHS support at \$500 million • Hospital/rural allocations based on Medicare enrollment <p>Budget Overview –</p> <ul style="list-style-type: none"> • If we receive the same amount of federal funding we are currently receiving, at the end of the state FY there will be \$49 million shortfall. (The Medicaid budget is over by \$1 billion dollars). • The second scenario is if we only receive one quarter of the money or not at all. If that happens, the Legislature can put funding in place to help us. The bottom line is that we would have a \$77 million dollar shortfall. We are looking at additional ways of saving costs. Under the MOE we can't change enrollment and benefit plans. We are expecting over 874,000 individuals on Medicaid at the end of June, the highest it has ever been. Since the Pandemic, about 40,000 new members are on Medicaid. 			
VII. Data review – Megan Pfeffer	Megan reviewed the data information:	Next meeting	Megan Pfeffer	Ongoing

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	<ul style="list-style-type: none"> • There is 52% of Native Americans in FFS and 48% in an MCO – the highest it has ever been for Native Americans in an MCO. Some of the services that Native Americans are needing during the Pandemic requires that they be in an MCO to receive the service (ie. long term care services). • Native Americans enrolled by county and by Tribal affiliation • Technically we don't have Care Coordination (CC) Level 1. The number of Native Americans in CCL2 and 3 are about the same as last reported. • Care coordination report – There is a different report from Systems than the one from the MCOs on care coordination. Megan went over 2019 data for Native American Health Risk Assessment (HRA) completion compared with non-Native HRA completion. Comparing the total population to the Native American population, the engagement rate is 35% whether Native or non-Native. The state requires the MCO make three different attempts to members to complete the HRA. • As the MCOs move towards the end of the year, they get caught up with assessment completion. It correlates with when Centennial Care was launched which was at the beginning of the year. • Receiving Care outside of an I/T/U – Review of 2019 data. We will be working on finding a trend from year to year. • Non-emergency ER utilization showed a list of top diagnoses for non-emergent emergency room visits. (Alcohol related visits, upper respiratory infections, urinary tract infections, influenza) <p>Questions about care coordination: PHP completion was quite low compared to the other MCOs. Is there a penalty? Answer: Yes, there is a penalty if the MCO doesn't meet the threshold. Question: Why is there a difference between those who get an HRA and the number of those who get approved for CCL2 and 3 which is low? Answer: If you are new to Centennial Care, have a change in medical condition or request an HRA, you can have an HRA. The HRAs are standardized. They are weighted health risk assessments. No matter who is completing the HRA, it should be standard across the board. Based on the scoring, it will lead to a Comprehensive Needs Assessment (CNA). Once that is done, it will determine if a level 2, or 3 will be given.</p>			
VIII. Survey of Tactics for the NATAAC Strategic Plan – Nicole Comeaux	The decision was made to not go through the tactics today and give people more time to respond to the survey monkey to develop tactics.	Ongoing	NATAAC	Next meeting

