

# THE NAVAJO NATION

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JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT

April 25, 2019

Ms. Theresa Belanger, Native American Liaison  
New Mexico Human Services Department, Medical Assistance Division  
P. O. Box 2348  
Santa Fe, NM 87504  
[theresa.belanger@state.nm.us](mailto:theresa.belanger@state.nm.us)

*Sent via E-Mail:*

***Re: Tribal Notification to Request Advice and Comments Letter 19-04: Proposed Amendments to NMAC Rules 8.200.400, 8.200.430 and 8.296.400***

Dear Ms. Belanger,

I would like to thank you for your commitment to the Government-to-Government relationship with Tribes in New Mexico. As you are aware, the Navajo Nation has worked diligently with our IHS and 638 hospitals to provide you continued feedback on regulations, policies, and statute changes that may affect our people.

On behalf of the Navajo Nation, I am submitting our comments on *NMHS Letter 19-04: Proposed Amendments to NMAC Rules 8.200.400 Medicaid Eligibility-General Recipient Rules-General Medicaid Eligibility, 8.200.430, Medicaid Eligibility-General Recipient Rules-Recipient Rights and Responsibilities, 8.296.400, Medicaid Eligibility-Other Adults-Recipient Requirements(See Attachment#1).* The Navajo Nation is the largest land-based tribe in the United States and spans over 27,000 square miles across three states: Arizona, New Mexico, and Arizona. Tribal enrollment is over 300,000 with nearly 180,000 members living on the Navajo Nation of which, the Navajo Area Indian Health Service (NAIHS) delivers health services to a user population over 244,209 on or near the Navajo Nation.<sup>1</sup> Presently, there are five IHS Service-Unit hospitals and branch healthcare centers on the Navajo Nation that provide inpatient services through use of 222 hospital beds

It is the Navajo Nation's position that the Federal Trust responsibilities outlined in Title XIX of the Social Security Act and the Indian Health Care Improvement Act must serve as policy to administer Medicaid programs within IHS, Tribes, and Urban Indian healthcare programs to those who are Medicaid eligible. Therefore, our primary concern is to ensure that all are provided equal and basic health care needs on or near tribal lands and thus improving the quality of life on Navajo land with respect for traditional and culture values. With the new leadership of Dr. Jim, we anticipate more growth and enhancement of services. Should you have any questions, please contact Dr. Jill Jim, Executive Director, Navajo Department of Health at (928) 871-6350 or by email at [jill.jim@nndoh.org](mailto:jill.jim@nndoh.org).

Sincerely,

A handwritten signature in black ink that reads "Jonathan Nez".

Jonathan Nez, President  
THE NAVAJO NATION

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<sup>1</sup> Navajo Area, Indian Health Services (IHS), <https://www.ihs.gov/navajo/>

## ATTACHMENT #1

***Comments on NMHSD Letter 19-04: Proposed Amendments to NMAC Rules 8.200.400 Medicaid Eligibility-General Recipient Rules-General Medicaid Eligibility, 8.200.430, Medicaid Eligibility-General Recipient Rules-Recipient Rights and Responsibilities, 8.296.400, Medicaid Eligibility-Other Adults-Recipient Requirements***

1. HSD is revising rules at 8.200.400 NMAC to allow for three months of retroactive Medicaid for most Medicaid categories. Currently most Medicaid managed care individuals are limited to one month of retroactive Medicaid prior to their application month. This rule change allows for three months of retroactive Medicaid prior to the application month.

*This is beneficial for the patient and the health care facilities due to a patient having no insurance coverage will be three months retroactive prior to approved Medicaid eligibility rather than one month prior. The health care facility can bill Medicaid and possibly cover an expense the patient incurred at IHS, private or other health facility 3 months prior to the patients Medicaid approval. The three month prior coverage was a past process at HSD and with the new 1115 waiver, the current process changed to one month. Medicaid Retroactive coverage will relieve the patient from any prior incurred health expenses and allow for facilities to be paid for prior services when the patient had no health insurance coverage.*

2. HSD is revising rules at 8.200.430 NMAC to remove references to co-payments. HSD is not implementing co-payments for any Medicaid recipients.

*This is beneficial for Medicaid eligible patients as this was a past process at HSD for Medicaid eligible patients to have no co-pay. In the new 1115 waiver, the current process changed to implement co-payments. Co-payments are paid by the patient to the provider for service for that day. Many Medicaid eligible patients are already on a fixed income and the reason why they qualify for Medicaid based on the Federal Poverty Levels (FPLs) with their income, house-hold size, etc. Implementing a co-pay may impact patients from seeking services.*

3. HSD is revising rules at 8.296.400 NMAC to remove language that implements premiums for the Other Adult Medicaid category for certain individuals. There will be no premiums for the Other Adult Medicaid category.

*This is beneficial for NM Medicaid eligible patients in the Other Adult Medicaid Category to have no premiums, as this was a past process at HSD. The new 1115 Waiver, as stated above, implemented premiums. Premiums are paid by the patient (usually monthly) to the insurance company for being covered under a health insurance. I do not know how premiums under Medicaid would have been determined unless determined by Federal Poverty Levels (FPLs) with a fixed dollar amount or by the different categories that a patient would be eligible for. Implementing premiums may have deterred patients from applying for Medicaid or seeking services.*