New Mexico Native American Medicaid Facts: (10/21/09)

- The Indian Health Service (IHS) within the U.S. Department of Health and Human Services, is the primary provider of health services for Native Americans since 1955. There are federally recognized tribes that can sub contract for health care services from the I.H.S. and they are called “638 programs”. IHS is a discretionary programs and increases in the IHS budget is less than the rate of inflation, and each year there is less buying power and more people needing services. Services received directly or through contract health services are dependent on availability of appropriations.1

- The IHS FY 2007 user population was approx. 1/9 million American Indian/Alaska Natives. The annual appropriation for I.H.S. FY 2009 is approximately $3.5 billion. New Mexico: 223,358 (2006 estimate).

- Population enrollment of AI/AN is:
  - Medicaid: 793,835 (U.S.) 82,278 (NM)
  - CHIP: 26,744 (U.S.) 1,440 (NM)
  - For FY 2009, I.H.S. estimates that Medicare and Medicaid reimbursements will exceed $750 million. Revenues collected at each service unit of I.H.S. varies from 15% - 50% of the service unit’s hospital and clinics operating budgets.

<table>
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<tr>
<th>NM Medicaid Enrollment (NA)</th>
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<tr>
<td>All NA enrolled in Medicaid</td>
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<td>Total NA population in NM</td>
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2003-2004 New Mexico Native American Medicaid -(In Millions)

- In federal fiscal year 2003, Medicaid spent over $242 million on health care for Native Americans.
- Medicaid reimbursement to IHS and Tribal 638 facilities, matched by the federal government at 100 percent, was approximately $65 million; payment to non-IHS Fee-For-Service providers, requiring 25 percent state matching dollars, was approximately $177 million ($44 million state general fund). See Figure to the left.
- In federal fiscal year 2004, Medicaid expects to spend approximately $270 million on health care for Native Americans. Medicaid reimbursement to IHS and Tribal 638 facilities is estimated to be approximately $70 million; reimbursement to non-IHS Fee-For-Service

2004: 79,616 total NA enrolled (all) 52263 (Children under 21)

1 Indian Health Care Improvement Act (IHCIA) of 1976 (P.L. 94-437) amended the Social Security Act to create section 1880 (Medicare) and section 1911 (Medicaid) authorizing Medicare and Medicaid payment for services delivered in I.H.S. and Tribal Facilities, operated under P.L. 93-638. The intent of the act was to increase funding streams for Indian Health care programs and not to offset I.H.S. funding.
providers (off reservation providers) is estimated to be approximately $200 million ($50 million state general fund)

New Mexico Data on Medicaid Enrollment (Oct. 5, 2009 figures from NM HSD):

- Medicaid overall for Native Americans have not kept pace with the rest of the state. Data from the New Mexico Human Services Department indicates increases in Medicaid enrollment for the rest of the state except for Native Americans.
- Medicaid enrollment for Native American Children dipped in May 2009 (200+) but increased in June 2009 by 310.
- Medicaid enrollment for Native American Children increased in September 2008, dipped in December 2008 and has slowly increased, but not at the same rate as the rest of the state.

CHIPRA and Indian Health:

- Section 201: outreach and enrollment: $10 million set aside for outreach to Indian children through grants to Indian Health providers and urban Indian Organizations; $10 million for national enrollment campaign, including outreach materials for AI/AN; $80 million for outreach and enrollment grants to states and other eligible entities, including tribes.
- Section 202: Increased Outreach and enrollment of Indians. Requires the Secretary to encourage states to take steps for enrollment of Indians into Medicaid and CHIP (includes out stationing eligibility workers; State agreements with tribes; exempts from a state’s 10% administrative cap for outreach and enrollment activities of Indian Children.
- Section 211: Tribal Documentation: applies citizenship documentation requirements of CHIP; documentation from a federally recognized tribe (tribal enrollment card or certificate of Indian blood is satisfactory evidence of citizenship and identity); certain border states where a tribe is located can consult for identifying other forms of documentation of non U.S. citizens.

ARRA and Indian Health:

Section 5006 of ARRA: protections for Indian under Medicaid/CHIP: Exempts AI/ANs from Medicaid Cost sharing for services received directly or through IHS and 638 programs (possibly urban programs); exempts Indian Specific property in determining Medicaid and CHIP eligibility; exempts Indian specific property from Medicaid estate recovery; requires state to consult with tribes on Medicaid and CHIP issues having a direct effect on Indian Health programs; enhanced protections for Indian health programs and for AI/ANs enrolled in Medicaid managed care

TOP 10 COUNTIES IN NM WITH NATIVE AMERICAN POPULATION

<table>
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<tr>
<th>TRIBES</th>
<th>Resident County</th>
<th>AI/AN Population (NM total: 223,358)</th>
<th>AI/AN Percent</th>
<th>Per capita personal income (NM at $29,929)</th>
<th>Children under 18 at or below poverty level 2005</th>
<th>Medicaid and SCI enrollment by County (% of County’s Total Population, July 2008)</th>
<th>All Populations</th>
</tr>
</thead>
</table>
Navajo – Zuni  McKinley  62,153  77.9 percent  $19,769  43.0  41%
Navajo  San Juan  53,502  41.9  $27,155  23.5  25%
   350 different tribal groups “off reservation”  Urban Indian clinic
   Bernalillo  37,101  5.9  $34,495  19.3  21%
Navajo – Jemez – Cochiti – Zia – Santa Ana – San Felipe – Sandia- Santo Domingo Sandoval  16,163  16.3  $26,484  15.1  19%
Navajo – Zuni – Acoma – Laguna  Cibola  12,007  41.8  $20,671  32.6  29%
Jicarilla – Santa Clara – Ohkay Ohwingeh  Rio Arriba  6,914  15.9  $23,976  27.1  33%
Tesoque – San Ildefonso – Pojoaque – Nambe  Santa Fe  6,392  4.3  $42,363  18.3  15%
Mescalero  Otero  4,631  7.0  $22,798  24.9  18%
Various tribes  Dona Ana  4,599  2.3  $24,293  36.4  30%
Isleta and Off Reservation NAs  Valencia  3,522  4.9  $25,906  28.9  26%
   Not in top 10 but included:
   Taos – Picuris  Taos  2,435  7.6  $28,696  28.7  25%
   Alamo Navajo  Socorro-Caton  2,532  13.6  $23,275  45.4  30%
   Submitted by the Native American Behavioral Health Ad Hoc Committee:
   Diné Local Collaborative 15, contact person: Regina Begay-Roanhorse, 505-228-1376 or begayroanhorse@yahoo.com

Rural communities and Indian Health: Barriers
- Limited access and availability to services and/or providers
- Acceptability of services and social stigma
- Less likely to have health insurance with mental health/substance abuse benefit
- Lack of transportation
- Stigma is intense and leads to social isolation

New Mexico Native American Health Disparities:
Health Disparities are the differences in health status and the impact of diseases on different racial and ethnic populations. In order to create awareness of health disparities and support efforts to reduce them, the Department of Health has produced the Racial and Ethnic Health Disparities Report Card. ²
- American Indians in New Mexico bear a disproportionate share of poor health status and disease.

Of the 20 indicators in the 2009 Racial and Ethnic Health Disparities Report Card, American Indians have the highest (worst) rates on 7 indicators. The indicators for which American Indians have the highest disparities, include indicators relating to getting a healthy start in life, practicing healthy behaviors and avoiding violence. Indicators for which the rates for American Indians are two or more times higher than the rates of the group with the best rates are indicated by an asterisk (*):
- Deaths related to alcohol*
- Deaths due to diabetes*
- Late or no prenatal care*
- Motor vehicle deaths*
- Youth obesity*
- Youth suicide*
- Pneumonia and influenza deaths