

New Mexico Health Insurance Exchange Advisory Task Force



February 27, 2013
Santa Fe, New Mexico

NMHIX Advisory Task Force Meeting

37 Plaza la Prensa, Collaborative Health Room
Santa Fe, NM

CALL IN: 1-888-340-0567, Room ID 650, PIN 22116

February 27, 2013

1:00 – 3:30 p.m.

Time	Item	Owner
1:00	Welcome	OHCR
1:10	HIX Update - Legislative	Matt Kennicott
1:20	Compare and contrast of active purchaser versus open market programs	Leavitt Partners
1:40	Q & A	
1:45-2:15	Employer Participation Work Group final recommendations	Mike Wallace, Team Lead
2:15-2:20	Break	
2:20-2:50	Native American Work Group final recommendations	Joyce Naseyowma, Team Lead
2:50-3:15	Navigator Discussion	Leavitt Partners
3:15	Q & A	
3:25	Closing Remarks	HSD
	Adjourn	

Contact Information

Email: exchange.comments@state.nm.us

Mail: Exchange – Comments
Human Services Department
P.O. Box 2348
Santa Fe, NM 87504

Website: www.hsd.state.nm.us

Do I Qualify?

Do I Qualify?
YES New Mexico

Applications

- [Application for Assistance \(English\)](#)
- [Solicitud de Programas](#)
- [Child Support Services Application - English](#)
- [Child Support Services Application - Spanish](#)

Federal Poverty Level Guidelines

- [Federal Poverty Level Guidelines - TSD](#)
- [Federal Poverty Level Guidelines - MAD](#)

Report Fraud Link

File Fair Hearings

Inspection of Public records Act

New Mexico Resource Directory

New Mexico Resource Directory

Child Support
CSED helps locate missing parents, establishes legal paternity, and oversees child support orders.

Income Support
ISD assists low income New Mexicans with various programs including Food Stamps, General Assistance, Temporary Cash Assistance

Medical Assistance
MAD manages the New Mexico Medicaid program. Medicaid is a joint federal and state program that pays for health care to New Mexicans who are eligible for Medicaid benefits.

Behavioral Health
BHSD helps ensure access to mental health and substance abuse services; reducing the uninsured gap in New Mexico and increasing Medicaid funding for behavioral health services.

ASPEN - Automated System Program and Eligibility Network

The NM Human Services Department is in the process of replacing the approximately 25-year-old Income support eligibility system known as the Integrated Service Delivery System or ISD2.

[Click here to be redirected to the new YES-NM eligibility screening.](#)

What's new at HSD

- ▶ New Mexico Child Support Enforcement Division Recognized as Most Improved State Program in the Country
- ▶ NMHIX Task Force Meeting June
- ▶ New Mexico Human Services Department Announces Details of Webcasting Public Input Sessions
- ▶ New Mexico Human Services Department Announces Public Hearings
- ▶ Mental Health Support for Wildfire Victims - *News!*
- ▶ HSD Selects Contractor to Assist in Exchange Development
- ▶ Mental Health Awareness Month Proclamation
- ▶ Children's Mental Health Awareness Day Proclamation
- ▶ 2012 May Mental Health Month & Day - Release - FINAL
- ▶ Waiver Submission to CMS
- ▶ NM Behavioral Health Collaborative Meets Thursday, April 12 in Santa Fe
- ▶ Behavioral Health Funding Finds Parity in Centennial Care
- ▶ New Mexico Human Services Department Releases Medicaid Sustainability Proposal
- ▶ Centennial Care Concept Paper
- ▶ Behavioral Health Day at the Legislature Celebrates 16 STARS
- ▶ BH Day 2012 - Release
- ▶ MEDIA ADVISORY Cabinet Secretaries to Speak at Behavioral Health Day at Roundhouse

Sidonie Squier, Cabinet Secretary

HSD Mission: To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

- [Office of Secretary](#)
- [Governor's Office](#)
- [Lt. Governor's Office](#)

INSURE New Mexico SOLUTIONS

- [Behavioral Health Collaborative](#)
- [Work in New Mexico](#)
- [Recovery and Reinvestment](#)

New Mexico Centennial Care

Bench Warrant Program

National Health Care Reform



Exchange Models: Compare & Contrast

Impetus for Reform

- Why Massachusetts?

- Increase in uncompensated care costs; rising premiums
- Strong “encouragement” from Washington, DC; federal funding in jeopardy
- Strong leadership in state executive and legislative branches

- Why Utah?

- Cycle of growing uninsured population, increase in uncompensated care, rising premiums, employers dropping coverage
- Skyrocketing costs for businesses; threat to the state’s economic health
- Strong leadership in executive and legislative branches
- Strong encouragement from Washington, DC
- Strong support from the business , provider, and health care consumer communities

Similarities: Massachusetts & Utah

Massachusetts

- State-based solution designed to be responsive to state-specific issues, customs, business practices, etc.
- Consumer-centered approach
- Achieved broad, bipartisan consensus supporting the basic reform elements
- Offer broad range of plan types including FFS, HMO, PPO and HDHP

Utah

- State-based solution designed to be responsive to state-specific issues, customs, business practices, etc.
- Consumer-centered approach
- Achieved broad, bipartisan consensus supporting the basic reform elements
- Offer broad range of plan types including FFS, HMO, PPO and HDHP

Differences: Massachusetts & Utah

Massachusetts

- Individual mandate
- Employer mandate
- Regulatory model is selective contractor
- Established Massachusetts Connector Authority with broad regulatory responsibilities
- Acted first on public sector reforms; now rolling out private insurance market reforms

Utah

- No individual mandate
- No employer mandate
- Regulatory model is open market
- Regulatory authority strictly limited to establishment of electronic data standards
- Began by implementing private market reforms first; public sector reforms to follow

Differences: Massachusetts & Utah

Massachusetts

- No risk adjustment mechanism included
- Upfront appropriation of \$25 million; ongoing funding through retention of a portion of premium
- Staff of approximately 50 employees

Utah

- Risk adjustment mechanism established to deal with adverse selection issues
- Upfront appropriation of \$600,000; ongoing funding through annual appropriation and technology fees; self-sustaining threshold
- Staff of 2 employees

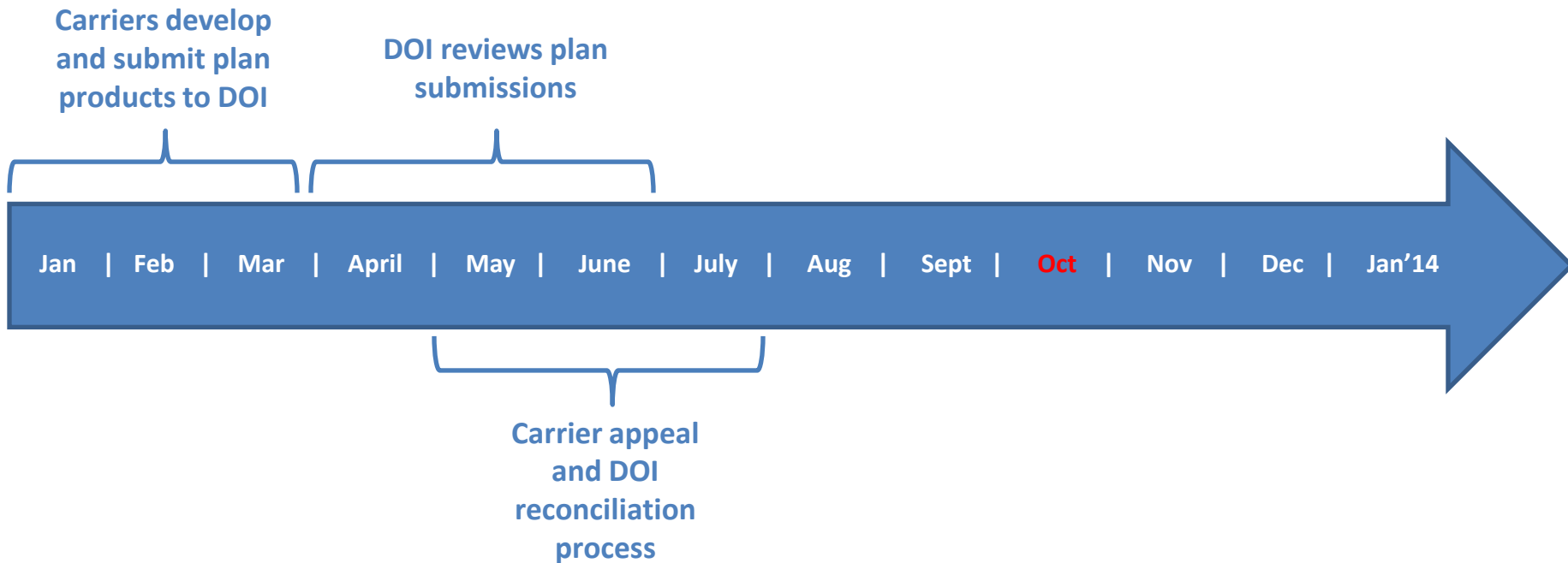
Exchange Regulatory Models

- **Open Marketplace**—Provides an open forum and general structure capable of facilitating market competition, establish certain basic rules to which all participating buyers and sellers must abide, and serve as a source of reliable, impartial information about the plans available in the market.
- **Selective Contractor**—Limits the number of participating carriers and only offers insurance plans that have been specifically endorsed by the exchange as having met certain criteria. (Criteria may be based on quality and efficiency goals, inclusion of specified plan offerings, standardized cost sharing, etc.). Does not engage insurance carriers in a competitive bidding process.
- **Active Purchaser**—Takes the most hands-on approach by limiting the number of sellers in the market through selective contracting, establishing and standardizing plan design parameters, and directly engages insurance carriers in a competitive bidding process.

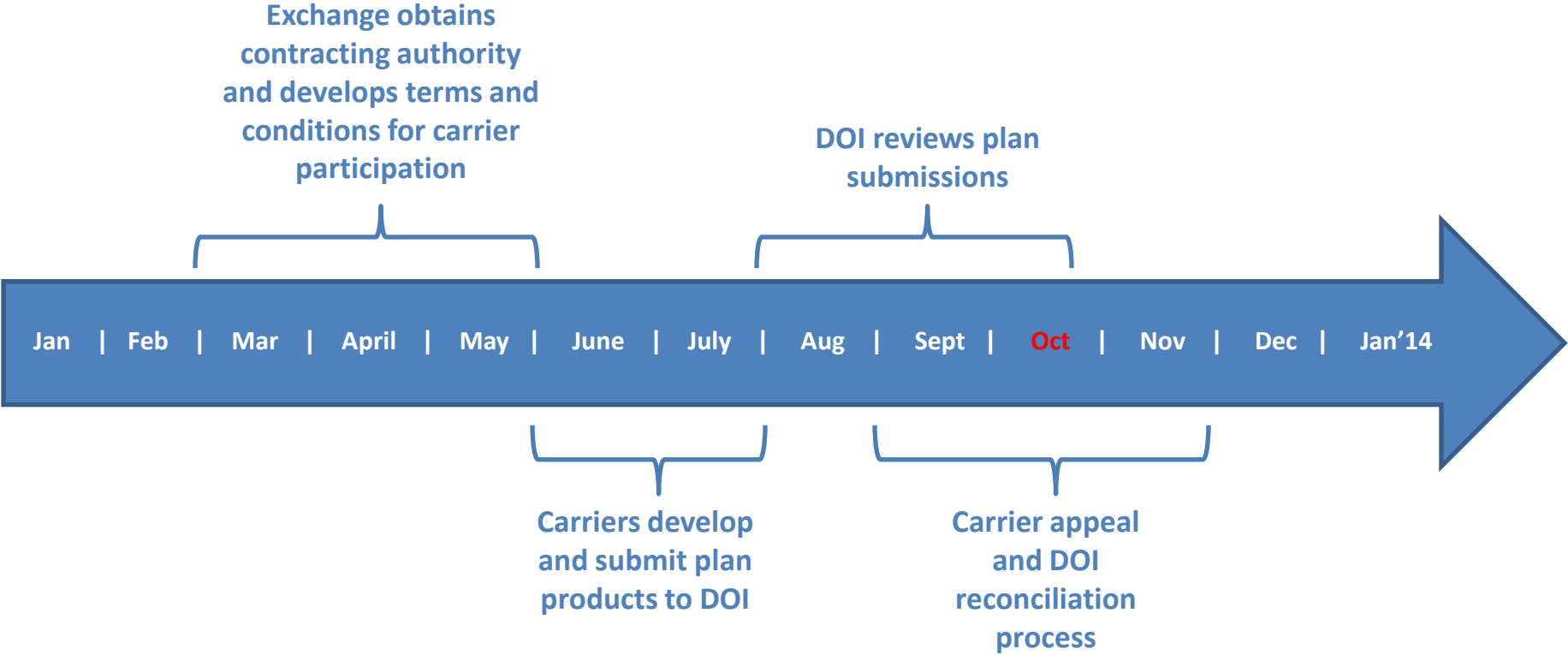
Market Model Comparison

	Offers QHPs	Gets approval from DOI	Contracting Authority	Competitive Bidding
Open Market	✓	✓		
Selective Contractor	✓	✓	✓	
Active Purchaser	✓	✓	✓	✓

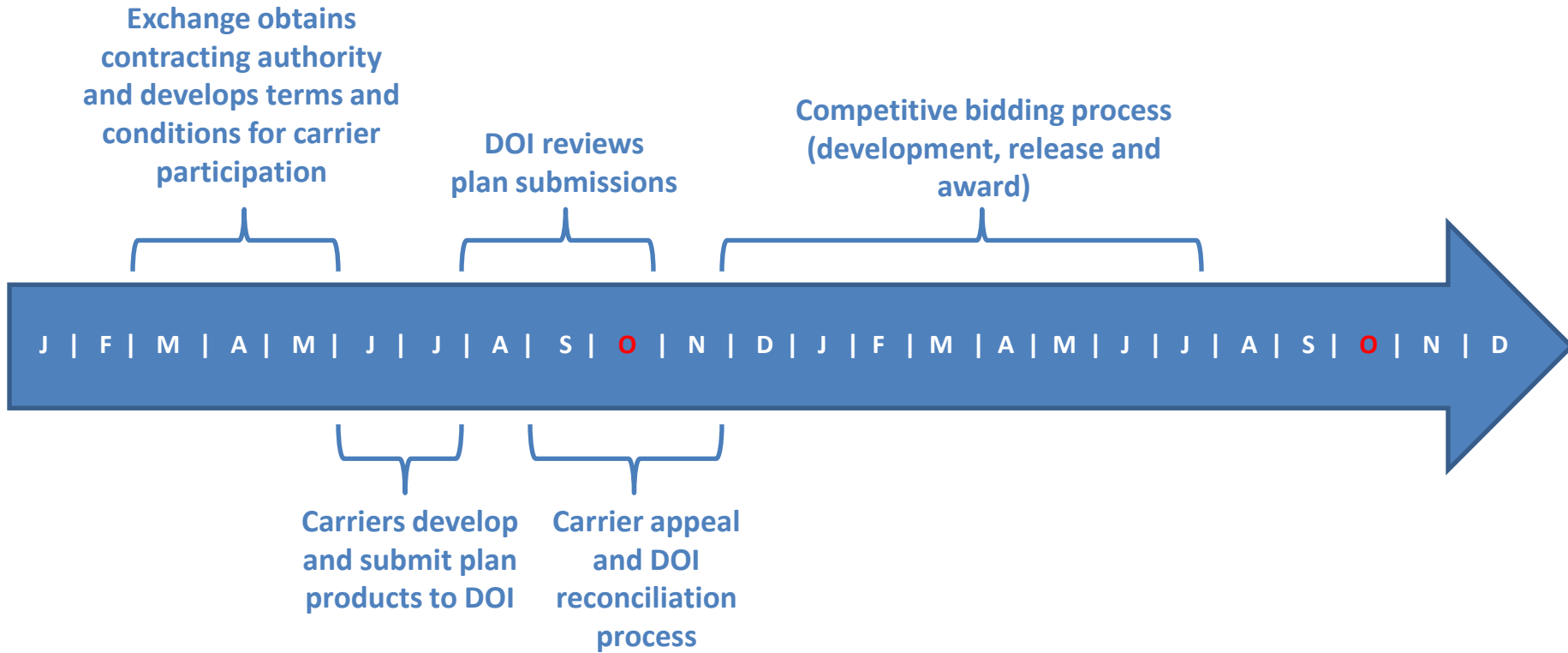
Open Market Timeline



Selective Contractor Timeline



Active Purchaser Timeline



EMPLOYER PARTICIPATION WORKGROUP PRESENTATION

February 27th, 2013

Presented by Mike Wallace

Employer Participation Workgroup Members

Name	Represented Group
Jeffrey Dye	Hospitals
Linda Wylie, CNP	Providers (Nurse/Physician)
Mike Wallace*	Insurance Companies
Kirsten Galvan	Small Businesses & Self-Employed Individuals
Laurie Monfiletto	Large Employers
Sonny Espinoza	Agents & Brokers
Julianna Koob	Underserved Populations
Wade Jackson	State Government Agencies
Anthony Yepa	Tribal
Nancy Sanchez	Consumers at Large
Don Blackburn	Consumers at Large

*Team Lead

Primer Questions

- Two General Categories of Questions:
 - Small Business Participation
 - Who should be able to participate in the SHOP Exchange and what will attract them to do so?
 - Defined Contribution
 - Defined contribution: a model in which employers select a funding amount to contribute toward an employee's health coverage. Employees then use that money to shop for and select a plan for themselves and their family in the SHOP Exchange
 - Questions in this category address the usefulness and feasibility of a defined contribution model

Small Business Participation

1) Should there be participation requirements for employer groups in the exchange?

▣ Recommendation:

- The NM Division of Insurance should remain responsible for calculating and providing employer participation requirements for the NM HIX

▣ Justification:

- The NM Division of Insurance is currently responsible for this task and should be best equipped to handle it in the future

Small Business Participation

- 2) What services can an exchange offer that would be of the most value to small businesses?
- ▣ **Affordability**
 - If it is not more affordable, it will not be worth doing
 - ▣ **Simplicity**
 - Administration should be simplified for the employer
 - ▣ **Education**
 - The NM HIX should develop a strategic plan to educate both small businesses and their employees

Small Business Participation

- 3) Should the definition of small business be increased to 100 or fewer employees in 2014, or should the state wait until 2016 when federal law mandates it?
- ▣ Advantages of going to 100 early:
 - Larger Risk Pool for SHOP Exchange
 - Additional plan portability (if going to/from a group with over 50 employees)
 - ▣ Disadvantages of going to 100 early:
 - Greater uncertainty = greater risk and higher pricing to account for that risk
 - More groups will be affected by the untested system
 - May cause a heavier burden for the HIX
 - Possible difficulties in passing legislation
 - An employer in the “large group” market has greater leverage and more flexibility than an employer in a small group pool

Small Business Participation

- 3) Should the definition of small business be increased to 100 or fewer employees in 2014, or should the state wait until 2016 when federal law mandates it?
- ▣ Recommendation:
 - Apply the PPACA “State Option to Treat 50 Employees as Small.” This will lower the current NM minimum small employer definition, but retain the 50 employee maximum small employer definition until 2016. Corresponding PPACA language is as follows:
 - **LARGE EMPLOYER.**—The term “large employer” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least **51** employees on business days during the preceding calendar year and who employs at least **1** employee on the first day of the plan year.
 - **SMALL EMPLOYER.**—The term “small employer” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least **1** but not more than **50** employees on business days during the preceding calendar year and who employs at least **1** employee on the first day of the plan year.

Small Business Participation

4) How can adverse selection in the SHOP be minimized?

Require small employers in the SHOP to select one insurance carrier from which employees will select their plans

- ▣ Advantages to single insurer selection:
 - Gives the same insurer both the high and low utilizers, rather than possibly splitting them unevenly between carriers
 - Simplifies group administration
- ▣ Disadvantages to single insurer selection:
 - Limits employee choice
- ▣ Recommendation: None

Small Business Participation

- 5) Should insurers be required to offer the same plans in both the Individual and SHOP Exchange?
- ▣ Advantages of same plans requirement:
 - Portability – Will allow a participant to always transfer a plan between the two exchanges, regardless of plan chosen
 - ▣ Disadvantages of same plans requirement:
 - Limits insurer creativity
 - Does not take into account effect of subsidies

Small Business Participation

- 5) Should insurers be required to offer the same plans in both the Individual and SHOP Exchange?
 - ▣ Recommendation:
 - Require insurers to offer a certain number of plans that are identical in both the SHOP and the Individual Exchange. Beyond that number, allow insurers to design plans to fit the unique market demands of individuals and small businesses.

Defined Contribution

- 1) Would implementing a defined contribution model attract employers who currently do not offer insurance?
 - ▣ Yes
 - Defined contribution can offer budget and administration simplicity through known costs, increased choice and portability, and may give employees a larger stake in their own health.

Defined Contribution

- 2) If so, is there sufficient demand to achieve the critical mass necessary for plan portability?
 - ▣ Plan portability will exist regardless of demand. Specific plans may be more or less portable based upon level of demand.

Defined Contribution

- 3) Is there value in premium aggregation for small employers in the state?
 - ▣ Yes
 - The NM Exchange will need to determine the most efficient way of aggregating premium between the Exchange and the insurance carriers. If the aggregation function is left to carriers, costs associated with additional functionality may be incurred. In any case, it is paramount that employers not be responsible for this function.

Small Business Participation

4) How should Actuarial Value and Plan Choice work with Defined Contribution?

▣ Recommendation:

- Every employer should be required to offer plans from one other AV level in addition to the minimum Bronze AV level
 - *The same recommendation applies if an employer offers more than one plan in a traditional defined benefit setting*

▣ Justification:

- A “bronze + one” requirement insures that an employee has access to the most cost effective plan available, as well as a more comprehensive plan that can be selected from a higher AV level

Questions?



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February 27, 2013

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Final Recommendations

to the

Health Insurance Exchange Task Force

Presented by Joyce Naseyowma Chalan

NOTE: Slides with an * were presented in the “Preliminary Findings” report on January 23, 2013. These slides will only briefly be reviewed today.

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Native American Work Group



Definition of Acronyms

NAWG – Native American Work Group

IHS – Indian Health Service

638 – Tribal Health Programs

I/T/U – Indian Health Service, Tribal Programs, Urban Indian Programs

AI/AN – American Indian and Alaska Native

NA – Native American

IHCIA – Indian Health Care Improvement Act

NASC – Native American Service Center

CIB - Certificate of degree of Indian blood

HIX – Health Insurance Exchange

QHP – Qualified Health Plan

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New Mexico has 219,512 Indian citizens, which compose nearly 10.5% of the state's entire population. There are 22 Indian tribes in New Mexico - nineteen Pueblos, two Apache tribes (the Jicarilla Apache Nation and the Mescalero Apache Tribe), and the Navajo Nation, and a considerable urban Indian population.

The 19 Pueblos are comprised of the Pueblos of Acoma, Taos, Santa Clara, San Ildefonso, Tesuque, San Felipe, Jemez, Zuni, Zia, Nambe, Picuris, Ohkay Owingeh, Santo Domingo, Laguna, Isleta, Santa Ana, Sandia, Cochiti, and Pojoaque.

Each Tribe is a sovereign nation with its own government, life-ways, traditions, language, and culture. Each Tribe has a unique relationship with the federal and state governments.

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New Mexico Native American Population

- New Mexico has 22 Tribes, Nations, or Pueblos, each with its own unique culture
- 19 Pueblos – each is an independent and separate community
- 2 Apache Tribes (Jicarilla and Mescalero)
- Navajo Nation
 - Very large land base spanning 3 states (New Mexico, Arizona, Utah)
 - 5 Agencies including 3 in New Mexico (Eastern, Ft. Defiance, Shiprock)
 - 110 Chapters and 59 in New Mexico

Urban Indian Communities

- Multi-tribal, not just New Mexico Tribes
 - Socially and culturally diverse
- May be highly transient
 - Dependent on services within the urban areas
- New Mexico communities with large urban populations:
 - Albuquerque
 - Farmington
 - Santa Fe

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ACA PROVISIONS RELEVANT TO AMERICAN INDIANS/ALASKA NATIVES

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THE AFFORDABLE CARE ACT INCLUDES SPECIFIC PROVISIONS RELEVANT TO AMERICAN INDIANS AND ALASKA NATIVES (AI/ANS) PURCHASING COVERAGE IN EXCHANGES, INCLUDING THE FOLLOWING:

- MEMBERS OF FEDERALLY RECOGNIZED TRIBES WITH HOUSEHOLD INCOMES BELOW 300 PERCENT OF THE FEDERAL POVERTY LEVEL ARE EXEMPT FROM COST SHARING AND CO-PAYS;
- EXCHANGES ARE TO PROVIDE SPECIAL MONTHLY ENROLLMENT PERIODS FOR AI/ANS; AND
- MEMBERS OF INDIAN TRIBES ARE NOT SUBJECT TO THE INDIVIDUAL MANDATE.

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Tribal Collaboration and Consultation



PRIMER QUESTION

HOW CAN THE STATE IMPROVE ON COLLABORATION AND CONSULTATION WITH TRIBES AND I/T/U'S?

PPACA FINAL RULE 45 CFR 155.130(F)

STATES THAT HAVE ONE OR MORE FEDERALLY-RECOGNIZED TRIBES MUST ENGAGE IN REGULAR AND MEANINGFUL CONSULTATION AND COLLABORATION WITH TRIBES AND TRIBAL OFFICIALS ON EXCHANGE POLICIES THAT HAVE TRIBAL IMPLICATIONS.

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TRIBAL COLLABORATION AND CONSULTATION



NAWG STATEMENT

THE NM HIX MUST ADOPT A TRIBAL CONSULTATION, COLLABORATION AND COMMUNICATION POLICY THAT IS CONSISTENT WITH THE STATE OF NEW MEXICO AND THE FEDERAL GOVERNMENT TRIBAL CONSULTATION RULES. THIS POLICY SHOULD INCLUDE PROVISIONS TO CONFER WITH INDIAN HEALTH SERVICES, TRIBAL HEALTH PROGRAMS AND URBAN INDIAN HEALTH PROGRAMS PRIOR TO ROLL OUT OF NEW POLICIES AND PROCEDURES WHICH MAY HAVE IMPACT ON AI/AN.

TRIBAL AND I/T/U INPUT SHOULD BE DULY CONSIDERED FOR INCLUSION DURING THE DESIGN OF PROGRAMS AND POLICIES WHICH WILL IMPACT NATIVE AMERICANS.

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TRIBAL COLLABORATION AND CONSULTATION



NAWG RECOMMENDATIONS

TRIBAL CONSULTATION SHOULD OCCUR ON, BUT NOT BE LIMITED TO, THE FOLLOWING TOPICS. DEVELOPMENT OF:

- A TRIBAL COMMUNICATION, COLLABORATION AND CONSULTATION POLICY FOR THE NM HIX.
- THE NATIVE AMERICAN SERVICE CENTER (NASC)
 - DEFINING TECHNICAL ASSISTANCE TASKS OF THE NASC
 - ESTABLISHING AN ADVISORY COUNCIL TO THE NASC
- A TRIBAL ENROLLMENT VERIFICATION SYSTEM.
- OUTREACH AND EDUCATION MATERIALS; AND
- INPUT ON THE DEVELOPMENT OF THE NAVIGATOR PROGRAM AND CULTURAL COMPETENCY TRAINING.
- INPUT ON THE TIMELY APPOINTMENT OF, AND QUALIFICATIONS FOR NATIVE AMERICAN REPRESENTATION ON THE NM HIX BOARD OF DIRECTORS

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TRIBAL COLLABORATION AND CONSULTATION



NAWG RECOMMENDATIONS, CONT

IN ADDITION, HIX SHOULD CONFER WITH INDIAN HEALTH SERVICES, TRIBAL HEALTH PROGRAMS AND URBAN INDIAN HEALTH PROGRAMS; AND

THE STATE OR FEDERAL GOVERNING BODY SHOULD COORDINATE WITH NATIVE AMERICAN STAKEHOLDER ENTITIES TO ENSURE SUFFICIENT INCLUSION OF NATIVE AMERICAN REPRESENTATION, STATE TRIBES AND PUEBLOS IN THE EXCHANGE GOVERNING STRUCTURE/BOARD.

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TRIBAL ENROLLMENT VERIFICATION



PRIMER QUESTION

WHAT OBSTACLES ARE THERE REGARDING TRIBAL ENROLLMENT VERIFICATION OF AI/AN FOR PURPOSES OF QUALIFYING FOR EXEMPTIONS? HOW CAN THESE OBSTACLES BE ADDRESSED?

NAWG STATEMENT

THE NAWG ACKNOWLEDGES THAT THERE ARE INCONSISTENCIES WITH ENROLLMENT PROCESSES FOR THE 22 NM TRIBES AND PUEBLOS. THE NAWG ADVISES ENROLLMENT VERIFICATION BE A TOPIC OF TRIBAL CONSULTATION.

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TRIBAL ENROLLMENT VERIFICATION



IF AN APPLICANT ATTESTS THAT HE OR SHE IS AN INDIAN, THE EXCHANGE MUST VERIFY INDIAN STATUS. *PPACA FINAL RULE 45 CFR § 155.350 (C)*

NAWG RECOMMENDATIONS

DOCUMENTATION MIGHT INCLUDE:

- TRIBAL ENROLLMENT CARD; OR
 - CERTIFICATE OF DEGREE OF INDIAN BLOOD (CIB); OR
 - RELYING ON ANY ELECTRONIC DATA SOURCES THAT ARE AVAILABLE TO THE EXCHANGE AND WHICH HAVE BEEN APPROVED BY HHS FOR THIS PURPOSE.
 - IF APPROVED DATA SOURCES ARE UNAVAILABLE, AN INDIVIDUAL IS NOT REPRESENTED IN THE SOURCE, OR THE SOURCE IS NOT REASONABLY COMPATIBLE WITH AN APPLICANT'S ATTESTATION, THE EXCHANGE MUST FOLLOW INCONSISTENCY PROCEDURES AS SET FORTH IN THE FINAL RULE.
- THE NM HIX SHALL ADHERE TO ANY CHANGES TO TRIBAL ENROLLMENT VERIFICATION AS SET FORTH BY THE HHS SECRETARY.**

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TRIBES MAKING PREMIUM PAYMENTS



PRIMER QUESTION

PREMIUM PAYMENT

WHAT FORMS OF “GROUP PAY” MIGHT BE DESIRABLE AND HOW COULD GROUP PAY BE MECHANIZED?

FINAL RULE ON § 155.240 PAYMENT OF PREMIUMS

(B) PAYMENT BY TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS. THE EXCHANGE MAY PERMIT INDIAN TRIBES, TRIBAL ORGANIZATIONS AND URBAN INDIAN ORGANIZATIONS TO PAY AGGREGATED QHP PREMIUMS ON BEHALF OF QUALIFIED INDIVIDUALS, INCLUDING AGGREGATED PAYMENT, SUBJECT TO TERMS AND CONDITIONS DETERMINED BY THE EXCHANGE.

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TRIBES MAKING PREMIUM PAYMENTS

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NAWG RECOMMENDATION

THE INFORMATION TECHNOLOGY (IT) BUILD OF THE NM HIX MUST PROVIDE A MECHANISM ENABLING TRIBES AND URBAN PROGRAMS TO DIRECTLY PAY AN EXCHANGE PLAN PREMIUM ON BEHALF OF AN ELIGIBLE MEMBER AND TO SUPPLEMENT PREMIUM TAX CREDITS TO WHICH THE INDIVIDUAL AI/AN MAY BE ELIGIBLE.

THE NASC SHOULD WORK WITH THE IT BUILD TO ASSURE THE WEB PORTAL:

- WILL IDENTIFY AI/ANS FOR APPROPRIATE EXEMPTIONS AND GIVE THEM THE INFORMATION NECESSARY TO MAKE INFORMED DECISIONS.
- PROVIDE A MECHANISM FOR TRIBAL AND URBAN INDIAN PROGRAM SPONSORSHIP OF INSURANCE PREMIUMS FOR ENROLLED TRIBAL MEMBERS.
- PROVIDE A MECHANISM WHERE AI/AN EXEMPTIONS CAN BE ACCURATELY CALCULATED IN A FAMILY HOUSEHOLD WHERE THERE IS A MIX OF TRIBALLY ENROLLED AND NON-ENROLLED FAMILY MEMBERS.

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NETWORK ADEQUACY and ESSENTIAL COMMUNITY PROVIDERS



PRIMER QUESTION

SHOULD THE STATE REQUIRE QHPS TO CONTRACT WITH I/T/U PROVIDERS AS A CONDITION OF CERTIFICATION? WHAT, IF ANY, STIPULATIONS SHOULD BE MADE CONCERNING NETWORK ADEQUACY?

SECTION 156.235 OF THE EXCHANGE FINAL RULE STATES A QHP ISSUER MUST HAVE A SUFFICIENT NUMBER AND GEOGRAPHIC DISTRIBUTION OF ESSENTIAL COMMUNITY PROVIDERS, WHERE AVAILABLE, TO ENSURE REASONABLE AND TIMELY ACCESS TO A BROAD RANGE OF PROVIDERS FOR LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS IN THE QHP'S SERVICE AREA.

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NETWORK ADEQUACY AND ESSENTIAL COMMUNITY PROVIDERS

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NAWG RECOMMENDATIONS

AS A CONDITION OF CERTIFICATION, QHP'S SHOULD BE REQUIRED TO OFFER:

- DESIGNATE I/T/U'S AS ESSENTIAL COMMUNITY PROVIDERS.
- ACCEPT REFERRALS FROM I/T/U'S AS PRIMARY CARE PROVIDERS.
- OFFER I/T/U'S A CONTRACT WITH A CONTRACT ADDENDUM TO ENSURE THE ACCOMMODATION OF THE UNIQUE FEATURES OF THE I/T/U SYSTEM INCLUDING:
 - NO OPEN NETWORK ACCESS - AN I/T/U MAY LIMIT WHO IS ELIGIBLE FOR SERVICES AT I/T/U'S
 - EXEMPT A LICENSED HEALTH CARE PROFESSIONAL WHO IS EMPLOYED BY TRIBALLY OPERATED HEALTH PROGRAM FROM STATE LICENSING REQUIREMENTS IF THE PROFESSIONAL IS LICENSED IN ANY STATE, AS IS THE CASE WITH IHS HEALTH CARE PROFESSIONALS. (IHCIA SECTION 221)
 - RECOGNITION OF THE APPLICABILITY OF THE FEDERAL TORT CLAIMS ACT.

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NATIVE AMERICANS AS NAVIGATORS AND IN-PERSON ASSISTERS

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PRIMER QUESTION

WHAT ARE THE BARRIERS TO NATIVE AMERICANS SERVING AS NAVIGATORS AND WHAT CAN BE DONE TO REMOVE BARRIERS?

POTENTIAL BARRIERS TO NA NAVIGATORS:

- CULTURAL AND LANGUAGE DIVERSITY AMONG NATIVE AMERICAN POPULATIONS WITHIN THE STATE
- LACK OF DEFINED FEDERAL AND/OR STATE CERTIFICATION REQUIREMENTS
- CERTIFICATION REQUIREMENTS ONCE ESTABLISHED
- AVAILABILITY OF TRAINING AND/OR TECHNOLOGY TO FACILITATE THIS IN REMOTE AREAS
- REQUIREMENTS TO SERVE NON-NATIVE POPULATIONS IF EMPLOYED BY IHS OR I/T/U
- LACK OF ONSITE ENROLLMENT CAPABILITY IN RURAL AREAS
- TRANSPORTATION – LACK OF ACCESS TO NAVIGATORS AND INPERSON ASSISTERS

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NATIVE AMERICANS AS NAVIGATORS AND IN-PERSON ASSISTERS

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NAWG RECOMMENDATION

- NAVIGATOR(S) ON STAFF AT NASC
- IN-PERSON ASSISTER(S) ON STAFF AT NASC
- DEVELOP CURRICULUM THAT IS CULTURALLY RELEVANT
 - NA COLLABORATION AND CONSULTATION ON CULTURAL CURRICULUM
- COORDINATION BETWEEN PATIENT BENEFITS COORDINATORS, NAVIGATORS AND IN-PERSON ASSISTERS
 - IF ALLOWABLE PBC'S SHOULD GET REIMBURSED FOR SERVICES
- DOI WILL CERTIFY NAVIGATORS AND IN-PERSON ASSISTERS
 - CERTIFICATION REQUIREMENTS NEED TO INCLUDE KNOWLEDGE ABOUT NA HEALTH CARE OPTIONS FOR NATIVE AMERICANS (I/T/U SERVICES).

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THE NATIVE AMERICAN SERVICE CENTER and OUTREACH, EDUCATION AND TRAINING



PRIMER QUESTIONS

DOES THE NASC, AS OUTLINED IN NEW MEXICO'S LEVEL I ESTABLISHMENT GRANT, ACHIEVE NEW MEXICO'S DESIRE TO BECOME A LEADER IN THE NATION ON NATIVE AMERICAN ASSISTANCE IN EXCHANGE DEVELOPMENT AND IMPLEMENTATION? IF NOT, WHAT SHOULD THE NASC LOOK LIKE AND WHAT FUNCTIONS SHOULD IT SERVE? AND . . .

WHAT OUTREACH, EDUCATION AND ENROLLMENT ACTIVITIES SHOULD BE USED TO INFORM NATIVE AMERICANS ABOUT THE MERITS OF PURCHASING INSURANCE THROUGH THE EXCHANGE, AS WELL AS THE FINER DETAILS CONCERNING ELIGIBILITY AND ENROLLMENT?

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THE NATIVE AMERICAN SERVICE CENTER and OUTREACH, EDUCATION AND TRAINING

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NAWG STATEMENT

THE HIX NATIVE AMERICAN SERVICE CENTER (NASC) SHALL BE ESTABLISHED AND TASKED WITH OUTREACH, EDUCATION, AND TRAINING TO TRIBAL LEADERSHIP, AI/AN CONSUMERS, I/T/U PROVIDERS, NA SMALL BUSINESSES AND TO BE A SUBJECT-MATTER EXPERT FOR THE HIX INCLUDING:

- WORKING EFFICIENTLY AND EFFECTIVELY WITH TRIBAL LEADERSHIP AND I/T/U'S
- BE A CONDUIT OF COMMUNICATION, COLLABORATION AND CONSULTATION BETWEEN THE HIX AND TRIBAL LEADERSHIP AND I/T/U'S
- THE NASC SHOULD WORK WITH TRIBAL OFFICIALS AND/OR TRIBAL ENROLLMENT OFFICES TO DEVELOP A SYSTEM OF COMMUNICATION AND TRIBAL ENROLLMENT VERIFICATION THAT DOES NOT INFRINGE ON TRIBAL NATIONS' SOVEREIGN RIGHTS.
- BE A RESOURCE FOR NAVIGATORS IN-PERSON ASSISTERS AND THE CALL CENTER
- EMPLOY NA NAVIGATORS AND IN-PERSON ASSISTERS WITH BROAD KNOWLEDGE OF NM TRIBES, NA URBAN POPULATIONS AND NA HEALTH CARE NEEDS AND SERVICES.
- ASSESS ON-SITE ENROLLMENT CAPABILITY

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THE NATIVE AMERICAN SERVICE CENTER and OUTREACH, EDUCATION AND TRAINING



NAWG RECOMMENDATIONS, CONT.

SPECIFIC OUTREACH, EDUCATION AND TRAINING TASKS OF A NASC SHOULD INCLUDE:

- A RESOURCE SPECIALIST ON AI/AN APPLICATION AND ENROLLMENT PROCESS
- SPECIFIC AI/AN BENEFITS AND PROTECTIONS
- TRIBAL AND URBAN INDIAN PROGRAM SPONSORSHIP OF PREMIUMS (IF AVAILABLE)
- EDUCATING I/T/U PROVIDERS ON EXCHANGE PLANS INCLUDING,
 - Benefits of the exchanges and potential for increase revenues for their clinic;
 - Benefits of becoming an “in-network” provider for each exchange plan;
 - I/T/U’s are designated as essential community providers.
- PROVIDE TRAINING FOR THOSE WORKING FOR THE EXCHANGE ON AI/AN SPECIFIC PROVISIONS, CULTURAL COMPETENCY, AND PROBLEM SOLVING.

HIX

Native American Work Group

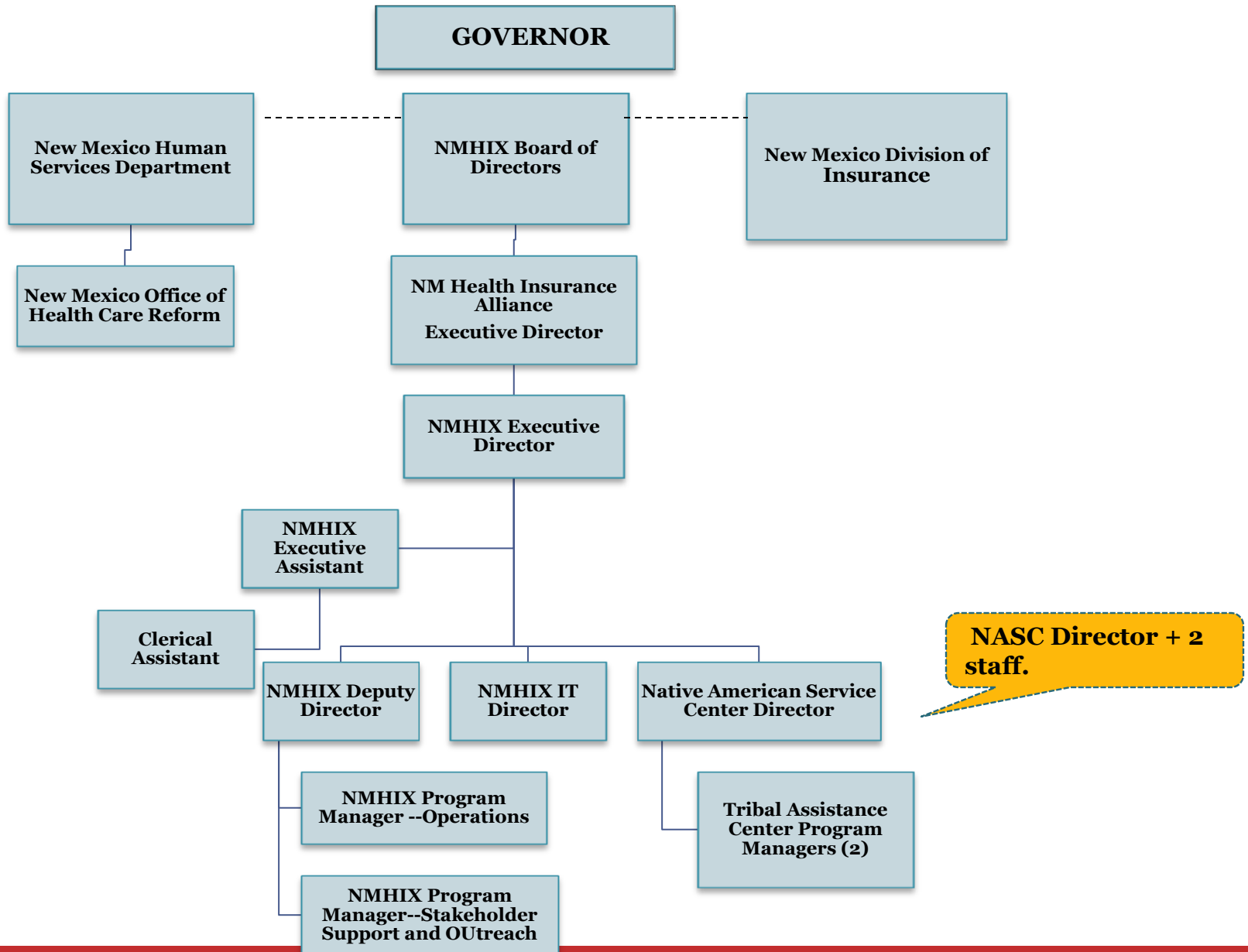
NASC as proposed in  the Level 1 Proposal

FROM LEVEL 1 ESTABLISHMENT GRANT PROPOSAL SUBMITTED 09/30/2011

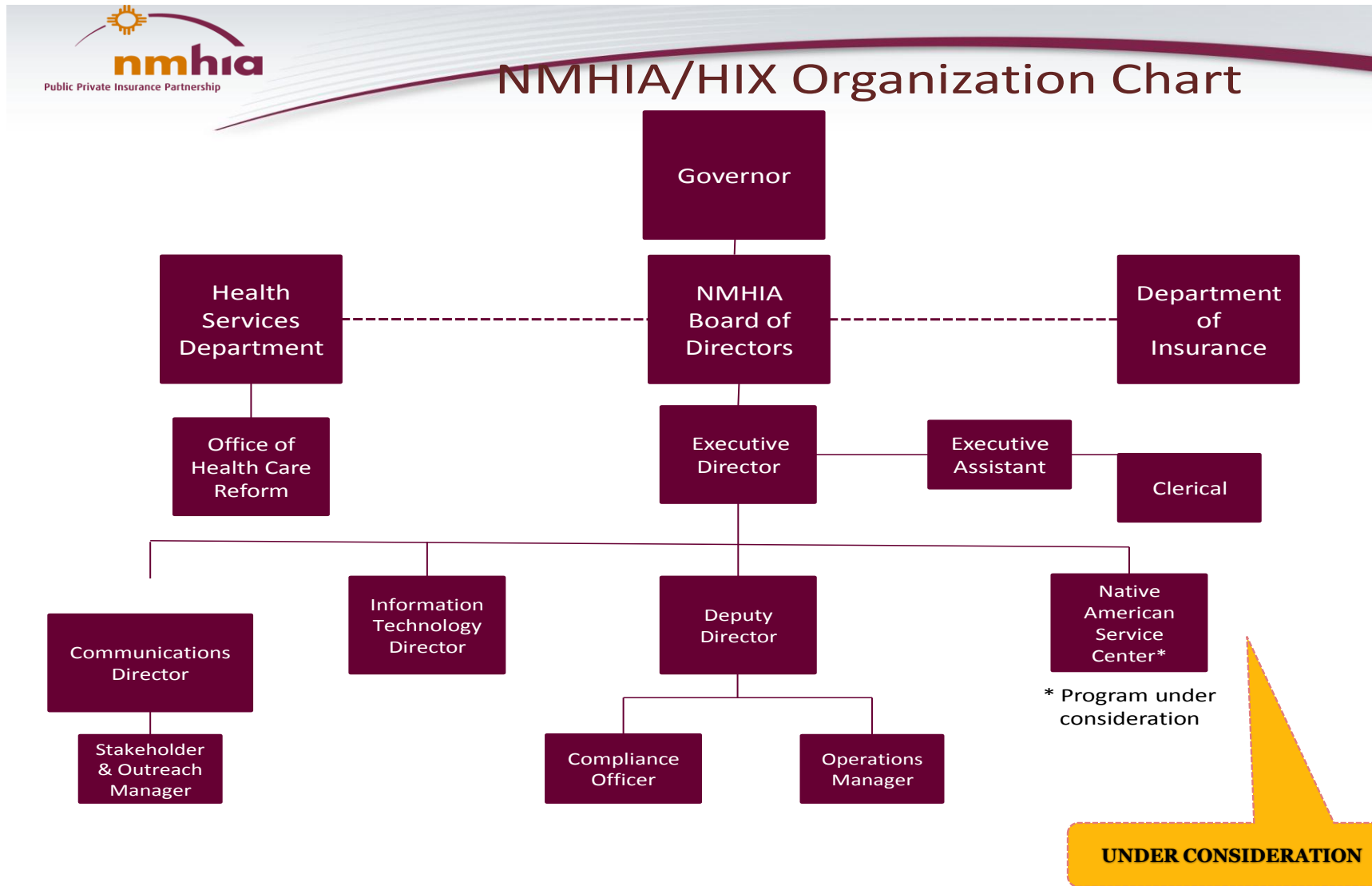
THROUGH FORMAL TRIBAL CONSULTATION AND NATIVE AMERICAN STAKEHOLDER INPUT, OHCR IDENTIFIED THE NEED FOR TARGETED ASSISTANCE AND SUPPORT FOR NATIVE AMERICANS IN NMHIX DESIGN AND IMPLEMENTATION. **THEREFORE A NATIVE AMERICAN SERVICE CENTER WILL BE ESTABLISHED WITHIN NMHIX.** THE CENTER WILL ENSURE THAT NMHIX IS ACCESSIBLE, COMPLIES WITH NATIVE AMERICAN COMPONENTS OF THE ACA AND INDIAN HEALTH CARE IMPROVEMENT ACT (ICHIA), AND FACILITATES MEANINGFUL, ONGOING TRIBAL CONSULTATION. NEW MEXICO CAN BECOME A LEADER IN THE NATION ON NATIVE AMERICAN ASSISTANCE IN EXCHANGE DEVELOPMENT AND IMPLEMENTATION AND CAN SHARE BEST PRACTICES WITH OTHER STATES.

THE CENTER WILL BE STAFFED WITH A DIRECTOR AND TWO SUPPORT STAFF TO ASSIST IN THE AREAS OF STRATEGIC TECHNICAL SUPPORT, OUTREACH AND EDUCATION.

NASC as proposed in the Level 1 Proposal, submitted 09/30/2011



Currently proposed by the NM Health Insurance Alliance



HIX Native American Work Group

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IN CONCLUSION

SINCE 2010 THERE HAS BEEN NATIVE AMERICAN REPRESENTATION AND INPUT ON THE DEVELOPMENT OF A NEW MEXICO HEALTH INSURANCE EXCHANGE. VENUES HAVE INCLUDED A TRIBAL MEDICAID AND HEALTH EXCHANGE WORKGROUP; TRIBAL LEADERSHIP PRESENTATION; NATIVE AMERICAN STAKEHOLDER MEETINGS; ORGANIZATIONAL AND INDIVIDUAL INPUT MEETINGS; AND THE HIX NAWG. THROUGHOUT, THE MESSAGE FROM TRIBAL LEADERSHIP, I/T/U'S, AND STAKEHOLDERS HAS BEEN CONSISTENT.

- CONSULTATION MUST BE MEANINGFUL AND RECOMMENDATIONS MUST BE DULY CONSIDERED.
- THE STATE CANNOT RENEGE ON, NOR WITHHOLD FEDERAL FUNDS FOR NATIVE AMERICAN PROGRAMS IDENTIFIED IN AWARDED PROPOSAL(S).
- THE HIX NATIVE AMERICAN SERVICE CENTER (NASC) MUST BE ESTABLISHED AND TASKED WITH OUTREACH, EDUCATION, AND TRAINING, AND STAFFED ACCORDINGLY TO ACHIEVE GOALS.
- CULTURAL COMPETENCY TRAINING MUST BE AN INTEGRAL PART OF ALL HIX TRAINING PROGRAMS.
- THERE MUST BE NATIVE AMERICAN REPRESENTATION ON THE GOVERNING BOARD OF A NM HIX.

THE NAWG HAS VOLUNTEERED TO CONTINUE MEETING AND REPORTING TO THE OHCR AND TO TRIBAL LEADERSHIP AND I/T/U'S. WE ANTICIPATE OUR WORK AND ACTIVITIES TO TRANSITION TO THE NM HIX UPON ITS ESTABLISHMENT.

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THANK YOU TO THE FOLLOWING MEMBERS FOR THEIR DEDICATED WORK ON THE NATIVE AMERICAN WORK GROUP.

- JOYCE NASEYOWMA CHALAN, TAOS PUEBLO
- KEN LUCERO, ZIA PUEBLO AND CENTER FOR HEALTH POLICY, UNM
- LINDA SON-STONE, FIRST NATIONS HEALTH CENTER
- SCOTT ATOLE, JICARILLA APACHE AND LOVELACE
- LISA C. MAVES, JEMEZ PUEBLO HEALTH CENTER
- ROXANE SPRUCE-BLY, BERNALILLO COUNTY OFF-RESERVATION NA HEALTH
- SANDRA WINFREY & DR. THOMAS, ALBUQUERQUE AREA IHS
- FLOYD THOMPSON, NAVAJO AREA IHS
- ERIK LUJAN, NA COUNCIL ON AGING
- LEONARD MONTOYA, OHKAY OWINGEH PUEBLO
- HEIDI MCDONALD & BARBARA ALVAREZ, NM DEPARTMENT OF INDIAN AFFAIRS
- PRISCILLA CAVERLY, NM HUMAN SERVICES DEPARTMENT

THIS CONCLUDES THE FINDINGS OF THE HIX NATIVE AMERICAN WORK GROUP. WE LOOK FORWARD TO HSD AND THE OHCR WORKING IN COLLABORATION WITH THE NAWG TO REPORT TO, AND INFORM TRIBAL LEADERSHIP OF THESE INITIAL FINDINGS.

In-Person Assistance Programs

In-Person Assistance Programs

- Navigators
 - Entities that conduct public education activities, maintain expertise in eligibility and enrollment, and facilitate selection of a QHP
- Certified Application Counselors
 - Individuals (within organizations) who provide information about insurance affordability programs and coverage options, and assist in applying for coverage in QHPs or other insurance affordability programs
- Assisters
 - Staff in an in-person assistance program, distinct from the Navigator program, that provides outreach & education activities

Comparison

	Navigators	Application Counselors	Assisters
Law			
In Law/Rules	✓	✓	⊘
Required	✓	✓	⊘
Rules are Finalized	✓	⊘	n/a
Responsibility			
Outreach	✓	⊘	✓
Education	✓	✓	✓
Application Assistance	✓	✓	⊘
Assist with Insurance Affordability Programs	⊘	✓	⊘

Comparison

	Navigators	Application Counselors	Assisters
Funding for Establishment			
Federal Grant Funding	✓	?	✓
Funding for Compensation			
Exchange Funds	✓	⊘	⊘
Federal Grant Funding	⊘	?	✓
Training			
Same Training Materials	✓	✓	✓

Q & A



New Mexico Health Insurance Exchange Advisory Task Force



February 27, 2013