

New Mexico Health Insurance Exchange Work Group Minutes

Work Group	Native American	Date	10/23/2012
Facilitator	Milton Sanchez	Time	10:00 am MT
Location	Conference Call/ In-Person	Scribe	Cicero Group

Agenda Item
 Discussion Item
 Conclusion
 Action Item

Attendees			
No.	Name	No.	Name
1.	Milton Sanchez , Human Services Department	16.	Erik Lujan, NA Council on Aging
2.	Priscilla Caverly, Human Services Department	17.	Lisa Reid, Human Services Department
3.	Mike Nuñez, Health Insurance Alliance	18.	Nancy Martine-Alonzo
4.	Leonard Montoya, Ohkay Owingeh	19.	Stephanie Martinez (Human Services Department
5.	Dr. Leonard Thomas, AA IHS	20.	Secretary Arthur Allison, NM IAD
6.	Lisa Marie Gomez (Office of Consumer Information and Insurance Oversight, via telephone)	21.	Linda Son-Stone, Director, First Nations (via telephone)
7.	Rachel Clement (Office of Consumer Information and Insurance Oversight, via telephone)	22.	Lisa C. Maves, Jemez Pueblo
8.	Annalee Fernandez (Office of Consumer Information and Insurance Oversight)	23.	Jennifer Nanez, Acoma Pueblo
9.	Roxane Bly, Bernalillo County Off-Reservation NA Health Commission	24.	Floyd Thompson, Director, Navajo Nation IHS
10.	Ken Lucero, Zia Pueblo; UNM Center for Health Policy	25.	Cecelia Belone, Crownpoint Healthcare Facility IHS
11.	Sandra Winfrey, AA IHS	26.	Dan Case (Cicero Group, via telephone)
12.	Barbara Tafoya, Santa Clara Pueblo	27.	
13.	Scott Atole, Lovelace; Jicarilla Apache Nation	28.	
14.	Kathryn Toone (Leavitt Partners)	29.	
15.	Joyce Naseyowma Chala, Taos Pueblo	30.	

Agenda Item 1: Review

Name: Milton Sanchez

DISCUSSION ITEM 1 Review of Purpose and Timeline for Action

Mr. Sanchez initiated the meeting with a brief overview of a document describing the duties of the Advisory Task Force and various Work Groups involved in the establishment of the Exchange. He indicated that New Mexico has received a \$34 million grant to assist in the establishment of the Exchange. Mr. Sanchez outlined several Exchange deadlines, as well as the general timeline for implementation.

It was stated that the biggest expense and challenge to Exchange implementation would be the development of an Information Technology (IT) system; it is expected that Request for Proposals will be released next week. Mr. Sanchez explained the role of the Health Insurance Alliance (HIA) and the expectation that this organization will assume the role of the Exchange, and the HIA board will transition into the Exchange Advisory Board (EAB), along with some members appointed by the Governor. He advised the group that the Office of Healthcare Reform would also continue to be involved in oversight of the Exchange.

The Work Group inquired whether there were any prospective Native American members of the HIA Board of Directors, to which Mr. Sanchez said there is currently no representation. Mr. Nuñez mentioned that having a Native American as a member of the Board had been discussed and a few invitations made, but the representatives did not work out due to time commitment and other reasons. Mr. Nuñez invited nominations from the Work Group. He also invited members to submit input and perspectives that best serve their constituency, and turned the meeting over to Ms. Joyce Naseyoma Chala, Team Lead.

Ms. Naseyoma reviewed the documents passed out to the Work Group describing the timeline for action and the dates of upcoming meetings: November 7th, 28th, and December 4th. She also mentioned that additional meetings might be scheduled as needed in order to develop final recommendations for the Advisory Task Force.

Mr. Sanchez then introduced Ms. Gomez for a presentation from the Center for Consumer Information and Insurance Oversight (CCIIO).

DISCUSSION ITEM 2 Presentation by the Center for Consumer Information and Insurance Oversight (CCIIO)

Ms. Gomez described the purpose of the ACA and the role of the CCIIO in healthcare reform. She explained the various approaches possible in creating an Exchange structure: the federal default program, a state-run program, or a partnership model.

Ms. Gomez also explained exemptions and protections in the ACA, specific to the Native American population. These are:

- Monthly enrollment for Native Americans;
- cost-sharing provisions; and
- waivers of the individual responsibility payment.

These provisions will be provided in an ACA addendum, which will be appended to the QHP contract in Native American markets, and is also known as the Final Addendum. Ms. Gomez advised that these provisions apply only to members of federally recognized Tribes. She added that there are no changes planned to the existing Indian Health Services (IHS) program.

New Mexico Health Insurance Exchange Work Group Minutes

Ms. Alonzo requested that Ms. Gomez describe the pros and cons of the various Exchange structures. Ms. Gomez responded that a state-run Exchange offers a program specifically designed for that state's population, whereas the federal program will be identical for each state choosing to participate (i.e., not tailored to the unique characteristics of that state's population). The question was asked as to which approach New Mexico would choose, and Mr. Sanchez indicated that the state-based option has been chosen by the Governor as the most appropriate model for the state.

Agenda Item 2: Questions for Discussion

Name: Milton Sanchez

DISCUSSION ITEM 1 How should Provider Network Adequacy be Determined?

Mr. Sanchez invited Ms. Gomez to review a list of previously submitted questions and to open discussion for additional questions.

1. *What is the amount of subsidy for a Native American individual enrolled in the Exchange?*
This is a tax credit based on the income of the individual.
2. *The question was asked whether tribes could participate in a SHOP plan and enroll members as though they were employees.*
Ms. Gomez responded that this would be an option each tribe may negotiate with the Exchange.
3. *Mr. Nuñez asked if tax credits, which are currently structured around the costs of silver-level plans only, follow the same reimbursement structure for Native Americans.*
Because of cost-sharing protections built into the ACA for Native Americans, Ms. Gomez explained that tax credits for Native Americans would be adjusted towards the purchase of any Qualified Health Plan.
4. *How is tribal membership verified?*
To the extent that electronic sources are available, membership will be validated using these databases. Where electronic sources are not available, paper documentation may be submitted to verify membership during open enrollment. She described that the Medicaid definition of a Native American is broader than the definition accepted under the Exchange. Therefore, while Medicaid benefits may be available to these affected individuals, the Exchange may still have the right to exclude these residents from Native American-specific benefits.
5. *May those enrolled in the Exchange continue to use IHS services?*
Yes.
6. *Does this mean that Tribes' members enrolled in the Exchange may continue to use ITU facilities as their primary care physician, if desired?*
Yes. There will be mechanisms in place to allow for this.
7. *Premium costs and convenient access to quality service seem to be the main reasons to choose between IHS services and Exchange plans. Will there be a convenient way to*

measure which is more effective for an individual?

Sometimes IHS facilities are the only option, or sometimes an individual prefers going to an IHS facility for basic healthcare needs, and at other times may prefer the broader range of services available at non-IHS facilities. A range of plans available in the Exchange will facilitate the choice of an appropriate amount of coverage for those wanting both options.

8. *When will the ACA Addendum be released for review? Will it be released prior to the November 16th deadline for the Exchange Blueprint?*

There is no specified date, but as soon as it is completed it will be distributed to each state. The Office for Healthcare Reform is aware of the deadline, but does not have a prospective release date for the final version of the Addendum.

9. *Does enrollment in the Exchange under the Addendum imply increased regulation and administrative burden?*

Not generally; however, there are some possible exceptions; for example, some of the provisions of the ACA and the Indian Healthcare Improvement Act may increase provider insurance obligations. In addition, it is not yet definite whether the Addendum will cover Urban Indian programs. The model version of the Addendum will be released to Native American healthcare representatives when finished, for feedback and possibly amendment, prior to release of the final version, at which point this discussion will be continued.

10. *Will carriers/issuers be required to accept referrals from IHS facilities?*

If an individual seeks services from an ITU and receives a referral for contract health services, the issuer would recognize the referral as part of IHS.

11. *Please confirm the policy of the special monthly enrollment status change option.*

Native American individuals can switch plans or enroll/disenroll/re-enroll up to once per month. Non-native individuals insured through the Exchange may only change on an annual basis during open enrollment. For Native Americans, however, one change in coverage per month is allowed.

12. *Please clarify the rules governing families with Native American and non-Native American members.*

The policy on this is pending.

13. *Will the Exchange replace IHS in the future?*

No.

Ms. Winfrey informed the group that part of the state's proposed plan includes eliminating retroactive eligibility of Medicaid under Centennial Care. Because the Native American community routinely relies on this retroactive eligibility, this change may create a challenging issue; it may introduce scenarios in which coverage is expected but absent, something she felt the Work Group should be aware of.

New Mexico Health Insurance Exchange Work Group Minutes

An open discussion was encouraged regarding the primer document received by the Work Group, and a list of suggested topics for discussion, both provided by Leavitt Partners. These topics were as follows:

1. Outreach, education and enrollment
2. Premium payment
3. Network adequacy
4. Native American Service Center
5. Tribal collaboration and consultation

Various questions, concerns, and challenges were discussed (*some meeting content at this point was inaudible*). Mr. Lucero stressed the importance of the assistance of members in this Work Group, particularly in the coordination of outreach and education efforts and the Navigator program.

CONCLUSIONS

Ms. Naseyoma called the meeting to a close, describing the intent of the ACA, and felt that the success of the program in meeting its goals in the Native American community is largely dependent on the input from this Work Group. She advised the group to review the materials provided, and that comments and questions may be submitted online. A member of the Group asked if responses to submitted questions would be received online or whether they would need to wait for the next meeting for the answers, and it was decided that answers would be returned as soon as possible online, in preparation for the next meeting.

The Work Group was advised that the next meeting would be November 7th from 9:00 a.m. to 12:00 p.m. The proposed agenda is to establish findings and develop preliminary recommendations for the Task Force. The subsequent meeting was set for November 28th.