HUMAN SERVICES
DEPARTMENT

New Mexico Health Insurance Exchange Work Group Minutes

Subject	EAB Subcommittee | Native American Experts	Date	11/30/2012
Facilitator	Priscilla Caverly	Time	1:00 p.m. MT
Location	Meeting/Conference Call	Scribe	Cicero Group

Agenda Item **Discussion Item** **Conclusion** **Action Item**

Attendees			
No.	**Name**	**No.**	**Name**
1.	Priscilla Caverly, *Tribal Liaison, HSD*	12.	Leonard Thomas
2.	Governor Richard Luarkie	13.	Roxane Bly
3.	Lisa C. Maves	14.	Heidi MacDonald
4.	Leonard Montoya	15.	Barbara Alvarez
5.	Linda Son-Stone	16.	Milton Sanchez, *Dir., Office of Healthcare Reform*
6.	Sandra Winfrey	17.	Mike Nuñez, *Exec. Dir., Health Insurance Alliance*
7.	Floyd Thompson	18.	Jonni Pool, *Office of Healthcare Reform*
8.	Ken Lucero	19.	Kathryn Toone, *Leavitt Partners*
9.	Erik Lujan	20.	Dan Case, *Cicero Group*
10.	Scott Atole	21.	Stephanie Wright, *Cicero Group*
11.	Barbara Alvarez	22.	Jennifer Nunez

Agenda Item 1: Introduction

Name: Priscilla Caverly

DISCUSSION ITEM 1	Welcome

Ms. Chalan was excused from the days' meeting and Ken Lucero presided. Ken welcomed the group and invited Mr. Nuñez to give an update, assisted by Ms. Pool.

DISCUSSION ITEM 2	Update

Mr. Nuñez informed the Work Group that the first Health Insurance Alliance (HIA) board retreat was recently held, with the following agenda:

- An agreement clarifying the functions transferred to the group from Human Services Department (HSD) was adopted.
- A conflict of interest statement was passed.
- Levels of authority governing account services and allowing the granting and payment of contracting work were submitted.
- The IT portion of the Exchange was discussed in detail.

Mr. Nuñez also advised the meeting that a Request for Proposal (RFP) for Project Manager and Systems Implementation was released in November 2012. He expressed to the group that the

technology component presented the most significant challenge in establishing the Exchange, and indicated that the HIA plans to use existing technology as much as possible, rather than building an entirely new system from scratch. The HIA hopes to choose a vendor by February 1st. RFPs for Communications, Public Relations, Auditing and other IT services were expected to be released soon. He explained that the HIA is observing closely the work of many states involved in establishing exchanges, and HIA is looking for shortcuts to develop appropriate solutions.

Ms. Pool informed the group that Mr. Nuñez had spoken before the Legislative Health and Human Services (LHHS) committee, and the legislators had seemed confident in the direction of the HIA. She also explained that the Blueprint deadline had been extended by HHS to December 14, and HSD was working towards completion of the state's blueprint by that date. She advised that there was a draft Blueprint available for the Work Group to examine on both the state and the HIA websites (www.statereforum.org, www.nmhia.com), and that the document had been submitted to the Advisory Task Force and legislature for comment.

DISCUSSION ITEM 3	Review and Approval of Prior Meeting Minutes

The Work Group was invited to review the minutes from the November 7th meeting. It was noted that the spelling of Ms. Chalan's name needed correction in some locations. Ms. Caverly also mentioned a Lovelace policy referred to by Mr. Atole, and he agreed to forward clarifying documentation to the group.

Lisa Maves asked, after reviewing the minutes, whether a particular comment by Mr. Lujan should be included that indicated his preference that Native Americans be allowed to self-identify for verification purposes. Mr. Lujan repeated that in the absence of an ID card in an emergency room, for example, that Native Americans should be able to do so. He will send clarifying information to the Work Group in this regard. When applying for Medicaid at an ISD office a Native American must self-identify as a Native American and provide a CIB or Tribal ID card. Not all Tribes have the same method of identifying tribal status. The process of obtaining tribal ID varies and can be difficult at times because of socio political and sometimes family reasons

The group gave preliminary approval to the minutes subject to the above additions, and will give final approval once the amendments are included. The group motioned, seconded and carried a motion to table the minutes and review again at the next meeting.

Agenda Item 2: Items for Discussion

Name: Priscilla Caverly

DISCUSSION ITEM 1	Review of Agenda

Review of Agenda:

- Discussion of the recommendations for role of the Native American Service Center (NASC)

- Discussion of Native American Enrollment and Verification

Ms. Caverly referred to an email previously forwarded to the Work Group with these topics, and explained that she had prepared a written list for discussion. She solicited similar lists from other members.

DISCUSSION ITEM 2	Native American Verification and Enrollment

Per Ms. Caverly, the NASC might include the following services:

- Determination of enrollment eligibility
- Input on computer system design
- Provide information to consumers and link them to related programs and services
- Provide outreach, education, and navigation assistance

Ms. Caverly further defined steps that might be taken, using excerpts from the *Tribal Planning for Health Insurance Exchanges Begins Now* by Kris Locke and Mim Dixon prepared for the Tribal Self-Governance Advisory Committee, dated March 14, 2011.

Mr. Montoya recalled eligibility challenges that had been discussed at the last meeting. He reviewed with the members the advantages of using the Certificate of Degree of Indian Blood (CIB) card as a form of verifying ID, which includes such information as date of birth, enrollment number and tribal enrollment status. He felt this was an effective and concise means of Native American identification, and reminded members that this ID was increasingly used among tribes in the northern part of the state.

Mr. Atole described his efforts to compile a list of acceptable methods of tribal identification for Medicaid purposes, including the CIB card, the tribal membership card, and the federal Indian census card. Mr. Atole advised that not only indigenous tribes live in the state, but that New Mexico has Native American residents of federally recognized tribes from all over the nation, and these tribal members and their various verifying documents need to be included in the technological discussion. It was suggested that perhaps the Exchange could collaborate with Indian Health Services (IHS) in this regard.

Ms. Maves mentioned software called Progeny that can assist with larger-scale verification. She said there were efforts to coordinate with other states, and that several tribes were using this software or something similar. She recommended it for the management of large-scale tribal identification. She felt that those overlooked in the system – non-indigenous tribal representatives, or tribal members living off-reservation or out-of-state, for example – could be handled as exceptions.

Mr. Nuñez discussed challenges inherent in instituting a consistent ID process, including the fact that much of it is currently done manually. He explained that many urban Indians may not routinely carry

tribal ID, which will make them subject to the tax penalties and cost sharing of the individual mandate, if not appropriately provided for. He discussed the difficulties of enforcing conformity on the over 550 federally recognized tribes living throughout the U.S. Intertribal marriages were described as introducing a particularly challenging aspect, as Native Americans must declare a single tribe.

Mr. Nuñez then introduced the topic of contract care, and that these contracts for coverage are negotiated with each tribe, and require appropriate ID to establish eligibility to participate. Individuals employed by independent businesses, particularly those working part-time and those who are ineligible for employer-sponsored health insurance, also pose a concern, as these individuals often enroll in Medicaid but are not exempt from cost-sharing without the verification process.

Members discussed the importance of both accuracy and leniency within Exchange verification criteria; and the perception that ID verification under the Exchange may be more systematically done than under current health coverage systems, and thus more subject to incur out-of-pocket costs from which the individual may otherwise be exempt. The members examined and discussed verification of ID for purposes of Medicaid eligibility vs. Exchange eligibility, and the distinction of an individual's tribal affiliation vs. official federally recognized tribal membership. It was presumed that Exchange verification will require certification within the more stringent latter category.

A member inquired as to the outcome of expenses incurred when a Native American appears at an emergency room or health center for services and is unable to provide proper ID. Mr. Nuñez responded that in general, eligibility for Medicaid is discussed and/or determined at the time of service, and ineligible patients are billed after the service is provided. The group considered sufficient software, staff, and training to accomplish the outreach and education for all Native Americans in the state as crucial to the Exchange implementation process.

Ms. Bly pointed out that previously on the Laguna Pueblo, children who had not been officially enrolled by parents within two years of birth were no longer eligible for enrollment in the tribe, but that this policy has been relaxed. She also pointed out that Urban Indians are still considered members of their tribes. Ms. Caverly focused the Work Group on discussion of the function of the NASC in this regard. A member asked if the NASC is envisioned as conducting outreach to remote tribal members to enforce systematic identification. Mr. Montoya felt this should be left to the tribes to accomplish, but another member felt that would be an unfair administrative burden to the tribes, and that the duty should belong to the Exchange or the NASC. Ms. Maves pointed out, and another member concurred, that verification would have to occur at multiple sites, wherever the individual enrolled.

Mr. Montoya stressed the importance of a consistent system. He introduced various questions on

the topic, such as whether an unverified individual should pay up front and then receive reimbursement from the carrier once ID is provided. He pointed out that a central location for the carriers to coordinate such issues as ID verification for purposes of out-of-pocket cost exemptions would be essential for carriers. Mr. Atole, as the only representative of an insurer in the group, pointed out that the state currently handles these sorts of issues for Medicaid enrollees.

A member enquired as to why the same process used for Medicaid could not be used for Exchange verification. Ms. Caverly explained that self-declaration as American Indian is used for state Medicaid enrollment forms. The Exchange, however, requires tribal enrollment verification. She referred to 25 USC 1901 and CHIPRA as statutes of enrollment verification. Members discussed having representatives from both Medicaid and the Exchange in outreach offices, due to the complexity of the issues, in order to provide a one-stop-shop experience for consumers.

Ms. Bly moved that the Task Force use the same criteria for identity verification that is used by Medicaid. The motion was seconded, but there was dispute whether there is a definition of Indian tribal identification for purposes of the state's Medicaid application process, only citizenship verification, and that current records of Native Americans in the Medicaid system were inaccurate as a result. Ms. Bly then suggested refining the motion to reflect the standards used by the Center for Medicare and Medicaid Services (CMS). She enquired whether the definition given in 42 CFR 447.50 might be more inclusive.

A member described the example of his granddaughter, 100% Native American but ineligible to enroll as a member of either parent's tribe. The group discussed this common dilemma, and whether and how the daughter could be covered, and the use of Contract Health Services vs. the Exchange in this case. Some members believed that tribal decent or affiliation was sufficient criteria in some cases under the current system. A participant clarified that Contract Services identification criteria are: 1) membership in a tribe, 2) Indian and married to a member of a tribe, 3 4) close social and economic ties to a tribe. Another member advocated for the position that this was a legal question and the interpretation of the law may exclude group recommendations, if they were not compliant with existing statute.

Mr. John Lewis, a guest at the meeting, introduced himself as a representative with the Pueblo Insurance Agency. He explained that his organization requires possession of the Certificate of Degree of Indian Blood (CIB) for coverage, and the burden of proof currently lies with the tribe. He suggested that a team from his organization could meet with the 22 state tribes and obtain electronic census data information as a starting point for Exchange verification.

Work Group member Nancy Martine-Alonzo, a retired educator with 37 years of experience, described the efforts of her organization in obtaining funding for federal programs, which required distributing application forms for CIB cards and assigning ID numbers to eligible Native American

children for tracking within the school system. She explained that each IHS facility has an ID number for each Native American receiving service. While complicated, she described the identification process as doable, but stressed that the Work Group must first establish viable criteria for identification. The group discussed the legality, impact and wording of the proposed definition.

- Ms. Bly withdrew her prior motion, and re-motioned that the Work Group recommend to the Task Force that New Mexico utilize the CMS definition of Indian as described in 42 CFR 447.50 as the definition to be used for designing the Exchange and the NASC, while ensuring that this does not result in any loss of resources for the tribes or infringe on their sovereign rights to establish citizenship. The motion was seconded and unanimously carried.

Ms. Maves described to the members the advantages of utilizing the records of tribal enrollment offices for large-scale enrollment verification. She said that an IT representative has studied the records of some tribes, and that electronic databases are used by several of them. A member mentioned that IHS may also be a useful resource. Ms. Stone listed documents acceptable for identification purposes. After some discussion, the Work Group formulated the following list.

- The Work Group recommends that the following identifying documents be acceptable within the Exchange:
    1. CIB
    2. Birth certificate
    3. Letter/documents from tribe including tribe, name of individual and enrollment /affiliation status with tribe
    4. Tribal registration form
    5. Tribal membership card
    6. Tribal census document
    7. Other documents as described in the document page 3 of 3 held by Work Group members

The motion was seconded and carried unanimously.

DISCUSSION ITEM 3	Native American Service Center/Outreach and Education Coordination

A Work Group member felt that it would be advisable that medical centers needing to provide services for self-declared tribal members without a verified ID within the Exchange should be able to contact the NASC to determine how to proceed. Ms. Bly suggested the NASC might work with the University Medical Center to coordinate outreach and enrollment services. Another member felt that individuals requesting general information about the Exchange and/or Medicaid eligibility should also be assisted by NASC personnel. A member pointed out that current budgets limit NASC staffing to 3 positions, and the group's expectations may be unrealistic.

A member clarified that in the current Memorandum of Understanding between the HSD and the HIA, funding for Native Americans can be allocated to the other offices for some Exchange services. She felt that NASC funding could perhaps be expanded in this way. The group discussed various uses for funding and the departments that will need expansion for a one-stop-shop consumer experience, such as Medicaid enrollment offices, ISD benefits coordinators, and other onsite education and enrollment services. A member described the possible role of the NASC in serving as a hub of referral for these various services.

An attendee asked for clarification on whether the group was suggesting that benefits coordinators be used as a one-stop-shop center for all medical benefits and services, and mentioned the additional cross training that would be required for this to occur. Ms. Maves inquired as to whether 'benefits coordinators' as used by the group referred to ISD workers or tribal benefit coordinators. She explained that tribal benefits coordinators are currently targeted as providing assistance for all benefits for which a consumer is eligible, but that ISD workers may not be. The group discussed the advantages of both sets of workers providing broad enrollment and assistance services, and also examined the establishment of a system of referral between the various offices. Another participant mentioned that small employers would also be of assistance in regards to outreach and education as well, as they will be mandated to provide insurance for employees.

In the course of the discussion, Ms. Bly mentioned a study that had been commissioned to determine where the majority of residents that will be newly eligible for Medicaid upon implementation of the ACA. The study revealed a large concentration, roughly 15,000 people, in McKinley and San Juan counties. She felt the best course was to consult with chapters within those counties to determine the most effective way for Navigators to reach these populations and provide feedback to the Exchange.

The Work Group saw the merits of those entering the Medicaid system being assisted by Navigators, and hoped that Navigators might be employed at the NASC. A member asked about the total number of Navigators projected to be hired by the Exchange, and Mr. Nuñez assured the members that this issue was the next Exchange priority; that it was being closely analyzed and an RFP was being drafted, hopefully to be released by the first of the year. He said one complicating factor is that Navigators will not be federally funded, and federal guidance in regards to reimbursement is minimal.

A member wanted the Work Group to recommend to the Task Force that the Exchange provide sufficient Navigators. The group discussed the Navigator role vs. offices providing similar services, (Medicaid, ISD, etc.) and one member recommended that all staff providing these similar services be coordinated under a single management structure. Ms. Maves recommended that the NASC might be the appropriate party to coordinate this effort.

A Work Group member pointed out that current expectations for the NASC include involvement in both Medicaid and Exchange services. Ms. Bly asked if the Work Group could recommend that the Navigator program be integrated with existing sources, such as Heroes and Community Health Representatives (CHRs) and the Pathways program. She advocated further study on the issue of coordination, and attendees discussed the advantages of this approach.

Ms. Pool clarified that many issues were being addressed by other Work Groups, such as the Outreach and Education Work Group. She said the Outreach and Education Work Group had developed some questions that cover what are seen as obstacles for Native American enrollment. Ms. Pool said she would send out the presentation the Outreach and Education Work Group gave to the Advisory Task Force.

Ms. Bly described her concerns for the upcoming Blueprint, and modifications that may have to be made to address governance issues therein. She was particularly concerned that a Native American was currently not appointed to the HIA board. She felt that governance issues and Native American representation on the board should be resolved prior to final Blueprint submission. Ms. Pool explained that the Blueprint was a "living" document existing in preliminary format only to meet the deadline, but that it could be revised.

Mr. Aaron Ezekiel, a lead in the Exchange Market Regulation Work Group and administrative law judge, advised the group that there is currently a bill before the Legislative Health Services Committee that addresses the question of governance. Ms. Toone assured Ms. Bly that this issue was a priority of the HIA board, and repeated Mr. Nuñez's comments that Native American representation on the HIA board is pending. Mr. Nuñez concurred, and said that the appropriate format for tribal consultation was being studied. Ms. Bly suggested a formal motion to recommend appointing Native American representation to the HIA board.

- The Work Group motioned, seconded and carried a recommendation that a Native American representative be promptly appointed to the Health Insurance Alliance board.

- The Work Group motioned, seconded and carried a recommendation that Navigators, ISD and I/T/U and benefits coordinators, and others, regardless of funding sources, be better coordinated to facilitate a "no wrong door" consumer experience.

Mr. Sanchez joined the conversation at this point via teleconference, and reconfirmed that Native American representation on the board was a priority. He said that the lack of constraint or strict guidance for Work Groups from the Task Force beyond general suggestions for discussion was intentional, to promote unconfined solicitation of opinion. The hope is that Work Groups will feel free to represent the concerns of their communities as they see fit, and formulate their own suggestions and recommendations.

Mr. Sanchez expressed support for the group if they still wanted to approach the legislators directly regarding board appointment, but restated the dynamic nature of the Blueprint, that it can and will be changed as needed, and feedback provided at any time, including after submission. He reassured the meeting that all recommendations made will be forwarded to the Task Force and from there to the governor.

Action Items Review

- The Work Group motioned to recommend to the Task Force that New Mexico utilize the CMS definition of Indian as described in 42 CFR 447.50 as the definition to be used for designing the Exchange and the NASC, while ensuring that this does not result in any loss of resources for the tribes or infringe on their sovereign rights to establish citizenship.

The motion was seconded and unanimously carried.

- The Work Group moved to recommend to the Task Force that the following identifying documents be acceptable within the Exchange for Native American identification:
  1. CIB
  2. Birth certificate
  3. Letter/documents from tribe including tribe, name of individual and enrollment/affiliation status
  4. Tribal registration form
  5. Tribal membership card
  6. Tribal census document
  7. Other documents as described in the document page 3 of 3 held by Work Group members

The motion was seconded and carried unanimously.

- The Work Group motioned, seconded and carried a recommendation that at least one Native American representative be promptly appointed to the Health Insurance Alliance board.

The motion was seconded and carried unanimously.

- The Work Group motioned, seconded and carried a recommendation that Navigators, ISD and I/T/U personnel, benefits coordinators, and other outreach providers, regardless of funding sources, be better coordinated to facilitate a “no wrong door” consumer experience. (It was later discussed that the NASC coordinate and consolidate the various Medicaid/Exchange/ Navigator programs and amending this recommendation to reflect this.)

Mr. Lujan and Mr. Atole will email their clarifications for edit entry to the October 23rd meeting minutes.

CONCLUSIONS
The Work Group was reminded that the HHS Blueprint application due date is December 14th. The next meeting for this Work Group is scheduled for December 18th at 1:00 p.m. Albuquerque was discussed as the preferred location. Ms. Caverly explained that the agenda for this meeting will include the formulation of preliminary findings for the Task Force meeting on January 23rd. She said that there will be additional Work Group meetings prior to this date. The meeting was then adjourned.