

Work Group	Native American	Date	1/8/2013
Facilitator	Joyce Naseyowma Chalan	Time	10:00 a.m. MT
Location	In-Person / Conference Call	Scribe	Cicero Group

Agenda Item

Discussion Item



Action Item

Attendees				
No.	Name	No.	Name	
1.	Joyce Naseyowma Chalan, Group Lead	8.	Sandra Winfrey	
2.	Priscilla Caverly, Tribal Liaison, HSD	9.	Scott Atole	
3.	Mike Nuñez, Exec. Dir., Health Insurance Alliance	10.	David Quintana	
4.	Parker Larsen, Leavitt Partners	11.	Lisa C. Maves	
5.	Linda Son-Stone	12.	Judy Girth	
6.	Ken Lucero	13.	Stephanie Wright, Cicero Group	
7.	Floyd Thompson			

Agenda Item 1: Introduction

Name: Joyce Naseyowma Chalan

DISCUSSION ITEM 1 Welcome and Agenda

Ms. Chalan welcomed participants and conducted a roll call. She presented the minutes from the prior meeting, and the Work Group voted unanimously for approval. She then introduced Mr. Nuñez for an update of recent Exchange developments from the Health Insurance Alliance (HIA).

Mr. Nuñez advised the Work Group that the IT Project Management vendor, Public Consulting Group, has been selected to oversee Exchange IT implementation, and expressed confidence in the choice. He said that the HIA and the Project Manager were coordinating closely to select a systems integration vendor for Exchange IT implementation. The selected applicant will be presented to the HIA board for approval by January 25th. Further technological Requests for Proposal (RFPs) for Independent Validation and Verification, Call Centers, and Marketing were soon to be released.

A member called attention to the fact that special accommodations for exemptions provided to Native Americans in the PPACA should be made during the technological development and implementation phases.

(Transcriber's note: Extensive notes were taken by the group regarding the desired format for the presentation as specifics were discussed. These group notes should be relied upon as a more extensive or accurate reflection of desired presentation content than these minutes, due to the speculative nature of the discussion and occasional disagreement regarding the presentation. Group notes or





final presentation may be appended to the minutes as desired.)

Agenda Item 2: Items for Discussion

Name: Joyce Naseyowma Chalan

DISCUSSION ITEM 1 Preparation of PowerPoint Presentation for the Advisory Task Force

Ms. Chalan referred to a preliminary PowerPoint presentation by Ms. Caverly. The first draft of this presentation had been circulated via email among Work Group members. Ms. Caverly briefly reviewed the purpose of the slideshow, explaining that it was being developed for a presentation to the Advisory Task Force to summarize and highlight the recommendations of the Native American Work Group. Ms. Caverly described the desired format of the presentation, and the topics to be discussed, such as tribal collaboration and consultation policy, PPACA provisions for Native Americans, and the Native American Work Group statement. The Work Group discussed various aspects of the presentation.

Ms. Caverly solicited input from Mr. Lucero, as he has prepared and viewed similar presentations. He discussed the importance of including specific demographic information for state tribal members, and discussion of the current scale of existing health care options. He described a presentation he had completed with an overview of similar information on tribes from the Albuquerque area, and agreed to forward this information to Ms. Chalan and Ms. Caverly.

The Work Group reviewed statutes on collaboration and consultation policies between public officials and Native American representatives. A member requested that existing policy be supported by a separate recommendation from this Work Group specifying that tribal input on Exchange issues be given due consideration. Mr. Lucero pointed out the distinction between consultation and conferring, as used in an existing law, and suggested the language of existing statutes might be used in the presentation. Members discussed extensively the wording of the recommendations for the presentation, including the following points:

- The Work Group desires that the Exchange adopt a tribal collaboration, communication, consultation, and conferring policy that includes both tribal leaders of federally recognized tribes and I/T/U representatives, consistent with New Mexico policy and the Code of Federal Regulations.
- Tribal consultation should include/address but not be limited to:
 - 1. Development of a formal Exchange collaboration/consultation policy
 - 2. Refining of the Native American Service Center definition
 - 3. Appointment of an ongoing advisory council
 - 4. Native American representative(s) to be appointed to the Exchange governing board
 - 5. Establishment of a formal governing policy, including Native American representation for the Exchange Board





- 6. Exchange to work with tribal governments to facilitate payments, including aggregated payments
- 7. Native American input and consultation regarding the Navigator program
- 8. Native American input should be given due consideration
- 9. HSD administration shall also work with legislators and stakeholders to assure the governance of the Exchange includes proper Native American/Alaskan Native consultation

Members mentioned that this policy might be refined as the Exchange policy for consultation is developed. No formal vote was conducted.

Mr. Nuñez clarified that the Human Services Department (HSD) will have oversight authority of the Exchange. He also pointed out that a Native American consultation policy is already a matter of law, and creation of an ongoing Native American advisory group is also under discussion. He suggested that perhaps the Work Group might structure the recommendations around the topics they would like to address. He also suggested a recommendation that an ongoing Native American Advisory Group be formed and consulted by the Exchange. Members discussed the wording of the recommendation.

DISCUSSION ITEM 2 Tribal Enrollment Verification

Group members discussed the obstacles to tribal enrollment verification and how these can be addressed. Mr. Nuñez reconfirmed that the IT system of the Exchange will identify Native Americans, and record evidence of verification. The difficulty will lie in obtaining the verification, and the interface with the various systems in which verification currently exists. Members discussed the 90day policy for Native Americans to confirm enrollment status, and the importance of creating a way for the Exchange to coordinate with the various systems of verification.

The Work Group acknowledged the strictness of the federal requirements for verification (CIB card, letter of tribal verification), and discussed what reasonable adjustments might be made to accommodate difficulties with verification. They foresaw tribal members being excluded under current policy, and advocated for making the eligibility policy as broad as could legally be accomplished.

DISCUSSION ITEM 3 Premium Payment

Participants discussed Exchange inclusion of an option for premium payment on behalf of the tribal and urban Native American populations. Ms. Son-Stone indicated that she was not aware of existing urban Indian programs that consolidate and pay premiums on behalf of this population. Group consensus initially leaned toward omitting the language of the Primer in this regard in the context of recommendations. However, documentation subsequently provided by Mr. Larsen and read by Ms. Caverly confirmed that premiums in some states may be paid on behalf of urban Indian populations, as well as tribes and tribal organizations.





Participants then discussed aggregated premiums, and payments on behalf of tribal members. Mr. Lucero enquired about premium tax credits. Mr. Nuñez explained that these are a federal refund in coordination with state entities, dependent on income status, which will be accomplished through the Exchange interface with the federal data services hub.

DISCUSSION ITEM 4 Network Adequacy

Members discussed network adequacy and associated topics suggested by the Primer. A member felt that under existing Contract Health Services (CHS) policy, complicated credentialing and associated paperwork was overly burdensome, and she suggested this be addressed and the policy modified in the Exchange.

Mr. Atole pointed out that CHS is already tightly regulated, and these issues have been separately examined. He said that much of the burden of administration lies in the provisions required by the Indian Healthcare Improvement Act. Ms. Chalan requested that Mr. Atole examine documentation available to him, and provide feedback to the group that will assist with this portion of the presentation. He recommended that maps be used in the slideshow to visually represent the distances involved in receiving rural care.

Members discussed in detail the various ways the administrative burden of CHS might be reduced under the Exchange, and how network adequacy is being addressed by carriers and healthcare entities. Members advocated for the inclusion of small, rural providers in healthcare networks servicing Native Americans. Drafts of the addendum contracts being prepared by the Center for Medicaid and Medicare Services (CMMS) and the Center for Consumer insurance Information and Oversight (CCIIO) were discussed. These will be circulated among Work Group members once available.

DISCUSSION ITEM 5 Native American Service Center

The Group discussed the outreach and education goals of the Native American Service Center (NASC). Mr. Atole reminded the group that reviewing the recommendations reached by other Work Groups will be useful, particularly the Outreach and Education Work Group, and others that address Native American issues. Mr. Nuñez indicated that he may be able to forward these recommendations to Ms. Winfrey, and also agreed to disseminate copies of the presentation from this group to other Work Groups. He also mentioned procuring and circulating a job description for staff in the NASC.

The NASC was discussed as a center for assistance for Exchange health service and insurance information. A member hoped that the center might also offer a method of referral for those eligible for Medicaid. The primary function of the office was described as a portal routing consumers to the appropriate avenue for healthcare coverage: Medicaid, Exchange products, Navigators, etc.

A participant enquired whether the NASC will employ Navigators. Mr. Nuñez explained that the





primary Exchange call center will serve much of the Navigator functions in routing consumers to the proper resources. He said that most routing of consumers will likely occur following their application and eligibility screening. He said the purpose of the Exchange is to notify New Mexicans of available benefits and facilitate insurance coverage. The NASC will operate as a separate entity within this structure to provide additional support to the Native American population.

Mr. Nuñez described the planned setup of the outreach and education system for Native Americans. He said that initial marketing steps will include efforts through print, media, social networking, and face-to-face discussion, including large and frequent group meetings. There will be engagement with chapter houses, senior centers, health fairs, and pow-wows; and marketing through Native American radio stations and other outreach channels targeted towards Native populations. Consumers will be directed to the appropriate phone numbers and offices that will provide relevant information and eligibility screening, including the general call center and staff at the NASC.

Mr. Nuñez reviewed the purpose and function of Navigators and In-Person Assisters. He gave an overview of the training modules necessary for the positions, including Exchange services, P/E MOSA, exceptions, and screening for Medicaid eligibility. Members discussed the Assister program as well, and the federal funding available for this position. Mr. Nuñez explained that the primary function of Navigators was to assist consumers in identifying eligible benefits, and then channeling them to the right resource for application.

A participant recommended perhaps adding training for NASC staff in CHS and other Native American health service avenues. Mr. Nuñez said that community health workers currently working among the Native American population, such as benefits coordinators, were being actively consulted with for recommendations on staffing the Navigator program. A Work Group member asked what certification was planned for Navigators, and Mr. Nuñez responded that this was still being decided.

The Work Group discussed locations and funding for the NASC program. A member described the current breakdown of the regional Native American offices as the Northern Pueblo, Southern Pueblo, Urban, and Navajo region. NASC offices are expected to be staffed by the Exchange with an expected 3-4 employees in each center. Mr. Nuñez explained that Navigator RFPs are also being considered as a possibility.

Mr. Lucero asked whether the geographic structure of the behavioral health collaboratives might be followed as a guideline in locations for Navigators. A member described this as a breakdown of the state into 5 general geographic areas, serving populations within those areas, but not necessarily including actual office infrastructure.

The Work Group expressed a desire that Navigators have broad training and access to resources to best serve the Native American population, and that at least one Navigator be on staff in the NASC.





No formal vote was conducted.

CONCLUSIONS

Mr. Nuñez recapped the efforts of the Exchange to structure itself as an inclusive, collaborative effort, and described its steps moving forward to do so.

Work Group members were instructed to anticipate an emailed copy of the slideshow presentation for the Advisory Task Force, which will be presented on January 23^{rd.} They were invited to review it, study the issues and forward concerns and suggestions via email for this presentation prior to that date.

The following meeting is scheduled for 10:00am – 12:00pm on February 12, 2013.

