August 7, 2012

# Outreach, Education, Adoption and Enrollment Committee

### Agenda

- Introductions
- Scope of Committee
- Definition of a Navigator
- Spanish Speaking Only Report Summary
- Off Reservation Report Summary
- Committee Responses to Focused Questions
- Workgroup discussion, Next Steps
  - Concerns, unresolved questions, research assignments
- Public Comment
- Next Committee meeting date August 14<sup>th</sup>

### **Scope of Committee**

- Our work is limited to the Navigators, Brokers and Agents interactions with a the Exchange
  - Navigators directing uninsured to coverage under Medicaid and IAPs
  - Navigators enrolling individuals into the Exchange
  - Broker and Agents enrolling individuals and small groups into the Exchange
- Medicaid patient advocates are not in the scope of this committee

# **Definition of a Navigator**

Under the law, navigators have the following five duties:

- 1) To conduct public education about the availability of qualified health plans.
- To distribute fair, impartial information about enrollment in qualified plans and about the availability of premium tax credits and cost-sharing assistance in the exchange.
- 3) To facilitate enrollment in qualified plans.
- 4) To refer people who need help resolving a problem with their health plan or with their premium assistance to a consumer assistance or ombudsman program or to another appropriate agency that can help with a grievance or appeal.
- 5) To provide information in a culturally and linguistically appropriate manner to the population being served by an exchange.

### **Standards for Navigators**

- Shall not be a health insurance issuer
- Shall not receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individual, or employees or a qualified employer in a qualified health plan inside or outside the exchange
- Additional standards to be set by HHS secretary.

#### **Broker Role**

- Brokers are used to educate the business community and their employees about the benefits of the defined compensation marketplace.
- Brokers may also enroll individuals/employers/employees in health plans
- In order to participate in the Health Exchange a broker must be registered with the Exchange. To be registered, a broker must:
  - Be a licensed health insurance producer with the NM Department of Insurance
  - Register with the Exchange and complete Certification
  - Complete producer training classes approved by the NM Department of Insurance
  - (Be appointed with the majority of health carriers supporting the Exchange not required but to be discussed)

# Strengths of Navigators, Agents/Brokers

# **Navigators**

vs. Brokers

#### **Navigators**

Ability to provide outreach to special and underserved populations

Language and/or cultural expertise

Familiarity with public sector health programs

#### Potential Overlap

Public Education

Marketing and advertising

Distributing fair and impartial information about coverage options

Facilitating enrollment in Qualified Health Plans

Providing referrals to appropriate state entities to address questions, grievances or complaints

#### Agents and Brokers

Familiarity with private health insurance markets and coverage options

Coordination and integration of all benefits (LTC, disability, life insurance, dental, vision, Medicare products, financial services)

Assistance with coverage issues (networks), authorizations, etc.)

Assistance with claims issues throughout the plan year (resolving matters with providers, insurers, assisting with appeals)

Assistance with policy renewals (plan comparisons, benefit utilization analysis, negotiation of appropriate benefits)

Integration of cost-saving measures (wellhess programs, disease management, plan utilization)

Assistance with detailed employed employee enrollment issues (verifications, participation requirements, certifications etc.)

Familiarity with State insurance regulators, laws, regulations and programs

Compliance assistance (HIPAA, COBRA, ERISA, PPACA, Medicare Secondary Payer, plan testing, etc.)

# **Financing Navigators**

- ACA requires that states finance their navigator programs using grants.
- Additionally, a navigator may not receive any direct or indirect compensation from a health insurance issuer.
- States may not use federal exchange grant funds to establish or pay for navigators.
- The state Medicaid/CHIP programs may claim a portion of the navigator expenses, if the navigator facilitates enrollment in those programs.
- An Exchange may charge a separate fee to compensate the navigator

# **Spanish Speaking Only - Report Highlights**

- Surveyed Spanish speaking-only individuals not eligible for health care services due to citizenships, but whose children have coverage
- 75% of respondents were employed (representing full-time, part-time and self employed- 38% were full time employees)
- 58% were earning < \$20,000
- 65% were married in households of 3.5 children
- 47% were uninsured
- Reasons for not having insurance
  - Could not afford coverage
  - Not eligible
- Cost was most important factor

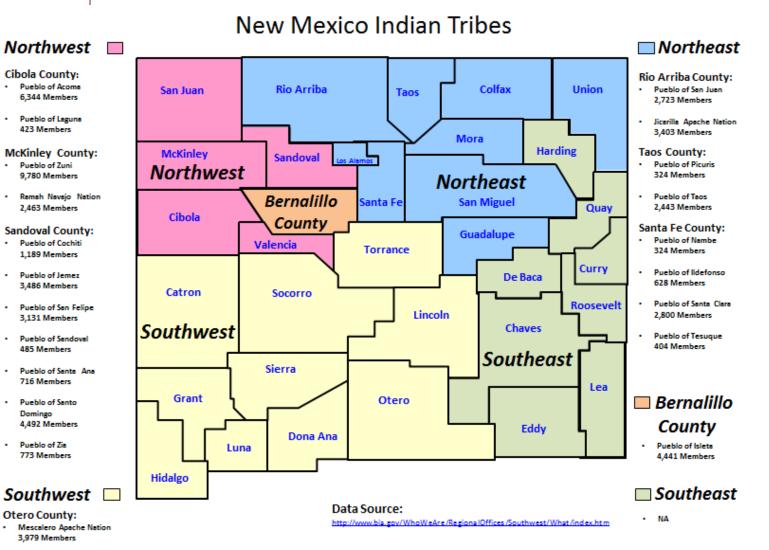
# Spanish Speaking Populations (Only children are eligible) Report Highlights

- Need is strong to develop early and ongoing education programs utilizing all available Spanish language material
- Knowledgeable regarding Heath care reform law, but believe it will not affect them
- Fear of government is a difficult issue
  - Home visits are not favored, Compromise is "Don't come to me, I'll go to you"
- Spanish language comprehension of native born Latinos is grossly overstated by health facilities
  - Most physicians understand just a little bit of what a person is saying
  - Patients only understand a little bit of is being said
  - Recommend assessment training and provision of trained interpreters
- Cultural transformation means good health
  - "when Hispanics sneeze, everyone get pneumonia"

# Off Reservation Tribal Members Media Preferences

- Incorporate website hotlinks for Native Americans
- Ensure there are face to face opportunities
- Larger more frequent group meetings in public venues
  - Chapter Houses, senior centers, health fairs and Pow Wows
- Television, public stations and regular TV
- Radio
  - particularly Native radio Singing wire and Native American calling
  - PSAs
- Print (Newspapers)
- Social and Alumni organizations through newsletter
- Social Networking/ Facebook
- Advertising on buses and bus stops
- Telephonic

#### NM Health Regions - Native American Indian Tribes by County/Region



Cibola County:

Pueblo of Acoma

Pueblo of Laguna

Pueblo of Zuni

423 Members

9.780 Members

2,463 Members

Pueblo of Cochiti

1.189 Members

Pueblo of Jemez

3,486 Members

3,131 Members

Pueblo of Sandoval

485 Members

716 Members

Pueblo of Santo Domingo 4,492 Members

Pueblo of Zia

773 Members

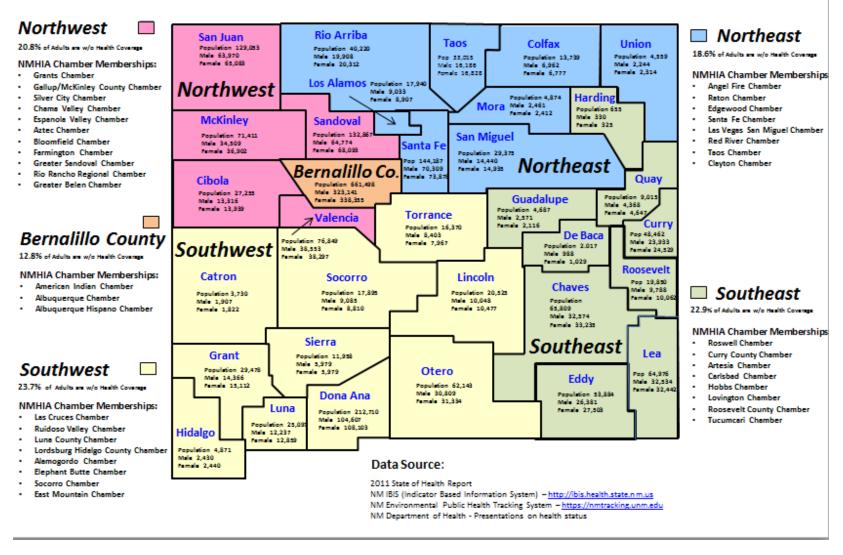
Otero County:

3,979 Members

6,344 Members

#### 12

# Uninsured/Gender Demographics/ Alliance Chamber Memberships by NM Health Region





### **Public Comment**

- An opportunity for Public to speak/comment on Committee topics and discussion.
- Time is limited to 3 minutes per speaker

# **Next Committee Meeting**

-	Meeting Takeaways
	Work Assignments
-	Next meeting date August 14 <sup>th</sup> Same dial in number, time and location