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 14th
Scope of Committee

- Our work is limited to the Navigators, Brokers and Agents interactions with 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.

2) 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.
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)
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 (wellness programs, disease management, plan utilization)
- Assistance with detailed employer/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.
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

New Mexico Indian Tribes

Northwest
- Cibola County:
  - Pueblo of Acoma: 6,534 Members
  - Pueblo of Laguna: 423 Members
- McKinley County:
  - Pueblo of Juaréz: 9,780 Members
  - Navajo Nation: 2,463 Members
- Sandoval County:
  - Pueblo of Cochiti: 1,189 Members
  - Pueblo of Jemez: 3,486 Members
  - Pueblo of San Felipe: 3,131 Members
  - Pueblo of Sandia: 485 Members
  - Pueblo of Santa Ana: 716 Members
  - Pueblo of Santo Domingo: 4,932 Members
  - Pueblo of Zia: 773 Members

Northeast
- Rio Arriba County:
  - Pueblo of San Juan: 2,723 Members
  - Jicarilla Apache Nation: 3,403 Members
- Taos County:
  - Pueblo of Picuris: 324 Members
  - Pueblo of Taos: 2,443 Members
- Santa Fe County:
  - Pueblo of Nambe: 364 Members
  - Pueblo of Isleta: 251 Members
  - Pueblo of Santa Clara: 2,800 Members
  - Pueblo of Tesuque: 404 Members

Southwest
- Otero County:
  - Mescalero Apache Nation: 3,791 Members

Southeast

Bernalillo County

Northeast

Southwest

Southeast

Data Source:
http://wwwшиба.gov/WhoWeAre/RegionalOffices/Southwest/What/index.htm
Summary Chart of Committee Responses to Focused Questions
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 14th
  - Same dial in number, time and location