

New Mexico Health Insurance Exchange Work Group Minutes

Work Group	Native American	Date	11/07/2012
Facilitator	Joyce Naseyowma Chalan	Time	9:00 am MT
Location	Conference Call/ In-Person	Scribe	Cicero Group

Agenda Item

Discussion Item

Conclusion

Action Item

Attendees			
No.	Name	No.	Name
1.	Joyce Naseyowma Chalan, Taos Pueblo	9.	Erik Lujan, NA Council on Aging
2.	Milton Sanchez (<i>Human Services Department</i>)	10.	Heidi Macdonald, NM IAD
3.	Priscilla Caverly (<i>Human Services Department</i>)	11.	Lisa C. Maves, Jemez Pueblo
4.	Mike Nuñez, Health Insurance Alliance	12.	Jonni Pool (<i>Human Services Department</i>)
5.	Leonard Montoya, Ohkay Owingeh	13.	Kathryn Toone (<i>Leavitt Partners</i>)
6.	Sandra Winfrey, AA IHS	14.	Dan Case (<i>Cicero Group</i>)
7.	Floyd Thompson, Navajo Nation HIS	15.	Scott Atole, Lovelace, Jicarilla Apache Nation
8.	David Quintana (<i>Human Services Department</i>)	16.	Anselm Roanhorse, Crownpoint IHS

Agenda Item 1: Introduction

Name: Joyce Naseyowma Chalan and Milton Sanchez

DISCUSSION ITEM 1 Welcome

Ms. Naseyowma conducted a roll call and mentioned an upcoming conflict on the next meeting date of November 28th. She indicated that she would coordinate with Ms. Pool to reschedule one of these obligations and notify the group. She turned the time over to Mr. Sanchez.

DISCUSSION ITEM 2 Update

Mr. Sanchez informed the Work Group that the completion and execution of the Memorandum of Understanding (MOU) with the New Mexico Health Insurance Alliance (HIA) was nearly complete and ready for review. He indicated Mr. Nuñez would be presenting this at a meeting with the board on the following day. Ms. Caverly had reviewed it as well, to confirm that Native American interests were properly represented therein. Mr. Sanchez explained that, following review by the Secretary and Governor's offices, copies of this document would be released to the Task Force and Work Groups before final submission. He then invited Mr. Nuñez to discuss two recently released Request for Proposals (RFPs) with the group.

Mr. Nuñez reviewed the RFPs for an information technology and systems vendor to implement the online portion of the Exchange, and for Project Management services to oversee this implementation.

DISCUSSION ITEM 3 Approval of Prior Meeting Minutes

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Ms. Naseyowma solicited comments from the Work Group regarding the minutes from the prior meeting. Ms. Caverly noted the minutes reflect Ms. Gomez’s comment to question #2 as follows: *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.* Ms. Gomez’ response was in the context of a SHOP-like functionality in the IT build that would allow for a tribe to make group premium payments for their members. It was clarified that Native Americans as individuals are exempt from the penalty for non-insurance, but small businesses are not, and are still obligated to provide insurance coverage per ACA rules.

In Exchange discussions and presentations Ms. Caverly suggested using “monthly enrollment” vs “enroll/dis-enroll/re-enroll”. In addition, Ms. Caverly pointed out confusion may occur when changes in the Medicaid enrollment period take effect. In the future, retroactive enrollment may not be permitted potentially leading to a gap in continuity of coverage. Additional outreach and education efforts might be considered.

Agenda Item 2: Items for Discussion

Name: Joyce Naseyowma Chalan

DISCUSSION ITEM 1	Review of Agenda
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Ms. Naseyowma presented the items for discussion, and solicited input to guide recommendations regarding outreach and education, verification, individual enrollment, Tribal enrollment, Navigators, and other items relevant to Native American populations. She acknowledged the ongoing nature of the project, and indicated that although the HHS Blueprint would be completed in a few weeks, preliminary recommendations were not due until January, and final recommendations until February.

Mr. Sanchez clarified that the HHS Blueprint could be amended as needed, based on recommendations. Ms. Naseyowma discussed the possibility of breaking the Work Group into subgroups to facilitate researching individual topics in detail, but noted the limited attendance at this meeting may affect the creation of these subgroups.

DISCUSSION ITEM 2	Eligibility Verification and Enrollment
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Mr. Lujan was asked to address the group on his perspective as a representative familiar with Medicaid administration and other federal programs. He indicated satisfaction with the involvement of the Work Group, and stressed the need for outreach, the crucial role of the Native American Service Center (NASC), and the need to settle on firm guidelines for eligibility. He described the confusion inherent in the various definitions of Native Americans among federal programs, and the need for consistency.

One member suggested that once an individual is accepted by the Medicaid program, their coverage

should be separately administered from the Exchange and wondered whether the group should focus their discussion on those topics relevant to the Exchange only. Mr. Sanchez pointed out that there is some overlap. As a Navigator or Income Support Division (ISD) representative inputs consumer information into the Exchange system, the system then determines eligibility and verifies whether the individual is better served under Medicaid or Exchange plans.

Mr. Sanchez described the “no wrong door” approach that is planned as part of outreach. He explained that whether an individual goes to the NASC, the ISD, or a Navigator, the representatives will be properly trained to provide information regarding Medicaid eligibility; and, if ineligible, where to locate a Navigator regarding Exchange options. He explained that outreach workers would specialize as either Medicaid specialists or Exchange Navigators, but that they will refer consumers to one another depending on eligibility.

Mr. Lujan expressed frustration with the occasionally politicized aspects of obtaining verification of an individual’s Tribal status from local Tribal offices, and the ensuing difficulty in obtaining proper coverage. Ms. Maves agreed with Mr. Lujan in this regard. Mr. Sanchez responded that a more streamlined process for eligibility determination was being developed. The complexity of eligibility verification was discussed, and the various systems in which it is required (employment, IHS, Medicaid, etc.). Mr. Montoya noted that the Certificate of Indian Blood card was increasingly used among northern Tribes as proof of eligibility for benefits.

Ms. Naseyowma then solicited the following volunteers to serve on a subgroup to examine the issue of eligibility verification and report to the Work Group.

- Joyce Naseyowma Chalan
- Roxane Bly (not present)
- Lisa Maves
- Ken Lucero (not present)

Resources that this group may use to assist in research were mentioned as §5006 of the ARRA (American Recovery and Reinvestment Act); and information obtained from Lisa Marie Gomez of the Center for Consumer Information and Insurance Oversight (CCIIO).

DISCUSSION ITEM 3

Coordination of Various Outreach and Education Services

The concept of a “one stop shop” and the role of Indian Health Services (IHS) were discussed in the context of outreach and education. Ms. Maves indicated that Patient Benefits Coordinators (PBCs) are also a valuable resource. It was asked whether PBCs could be used as Navigators, as the possibility was foreseen that Tribal members might assume these coordinators to be the default source for all healthcare information. Mr. Sanchez indicated that this may be pursued. It was also mentioned that a special resource line for coordinators within the Exchange might be appropriate.

The Work Group discussed integration of the disparate healthcare resources available, and ways they might be properly integrated and coordinated. Examples were given from University of New Mexico healthcare services, and their outreach and education efforts using patient advocates. It was determined that a subgroup be assigned to study the topic of how these various healthcare resources might be integrated within the NASC. The following volunteers were recruited to examine the issue:

- Joyce Naseyowma Chalan
- Sandra Winfrey
- Scott Atole
- Leonard Montoya
- Floyd Thompson
- Lisa Maves

Prior recommendations made to the Advisory Task Force by other Work Groups regarding the role of the NASC were mentioned as useful tools for research, and links to these resources were to be provided to the members.

DISCUSSION ITEM 4

Exchange Sustainability

Ms. Caverly asked Mr. Nuñez regarding the financial sustainability of the Exchange. He explained that federal planning and establishment grant money will carry operations through December 31, 2014. By January 1, 2015, the Exchange is expected to become self-sustaining through the collection of assessments and user fees. Details have yet to be decided.

The possibility of utilizing existing staff from state agencies or other organizations and pooling funding resources with the Exchange for outreach and education infrastructure was discussed as an advantage, and an avenue for cost savings.

DISCUSSION ITEM 5

Premium Payment and Network Adequacy

The Work Group was asked for feedback regarding premium payment and network adequacy within the Exchange. Ms. Maves reviewed her previously submitted comments regarding ITUs and Native American Employer Groups, which already have premium payment systems in place using electronic bank drafting. She felt this method was sufficient for this program, and it was unnecessary to implement a separate system to facilitate collection of premiums under the Exchange. Other existing automated premium payment systems were mentioned, and the simplicity and cost savings inherent in maintaining current infrastructure systems, although the possible administrative advantage of consolidating these separate systems was also mentioned.

An IT interface to assist in the cases where Tribes pay the premiums for members not qualifying for Medicaid was discussed. Various tax credits and federal subsidies that may apply to individuals and small businesses were also mentioned. The issues were considered relevant, but it was decided that further information was needed before making recommendations in this regard.

Mr. Sanchez asked for clarification of current payment systems. A member defined “providers” as meaning one of three things: IHS providers, Centennial/Medicaid providers, and Exchange carrier providers. He indicated that there are or will be systems and contracts in place for each of these that sometimes overlap, and care should be taken to avoid confusing the three categories in recommendations.

A member asked what the advantages and disadvantages were in becoming an in-network provider in a Managed Care Organization (MCO) in the context of the ITU system.

Mr. Atole explained that provision for payment for services received from a IHCIA and providers for I.H.S. or Tribal facilities that don’t contract with an are under review at Lovelace but at this time, if an ITU were to not contract, it would limit the relationship, and make the Carriers payors only. This would limit the relationships and access to such things as orientation, training, easy portal access and technical support could be specified as exclusive benefits for contracted providers only.

Mr. Sanchez asked for clarification on the services offered by the ITUs, and it was explained that a member of any Tribe in any location can receive medical services at any ITU. Services not provided at that facility, however, will be referred elsewhere and reimbursement made under Contract Health Services; and for these outside services, eligibility is defined by regulation and varies by individual/Tribe.

Mr. Sanchez inquired of Mr. Atole whether these contracts involve premium payment or discounts. Mr. Atole responded that there were two different types of payments for contracted and non-contracted providers within the I.H.S or ITU setting. In terms of Medicaid, ITUs are paid at the OMB rate whether contracted or not. Other lines of business are reimbursed at the negotiated rate. He explained that Lovelace does have contracts in place in the I.H.S. Albuquerque Area for all types of healthcare coverage. He also mentioned that Medicaid-covered services at ITUs are covered at 100%. In addition, Lovelace is working on provider agreements within each networks to expand or supplement services provided by the IHS that include negotiated discounts for other services. Mr. Atole stated that these are just example of what Lovelace is working on. He cannot speak to what the other Carriers are doing.

DISCUSSION ITEM 6

Presentation by Anslem Roanhorse

Several members were excused from the Work Group at this point, and concluding comments were made. Mr. Roanhorse of Crownpoint Indian Health Services was introduced to the remaining members. He thanked the members for their work, mentioned the many groups with which his organization works with, and stressed the importance of involving Tribal leaders in the process. Ms. Naseyowma noted Mr. Roanhorse’s expertise in critical healthcare areas, and she impressed upon

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the group the importance of seeking input from Tribal leaders in making recommendations.

A member inquired as to the rules that govern the HIA, and Mr. Sanchez responded that the previously mentioned MOU would cover these rules, and it would be presented for Tribal input. Mr. Roanhorse advised Mr. Sanchez that Tribal input before implementation would be essential. Mr. Sanchez clarified the distinction between the HSD and the Exchange, that Tribal consultation was required of the state, and this requirement of consultation was to be specified in the MOU. He agreed to research whether the state has the authority to delegate this obligation to the Exchange.

The Work Group was advised to consider and form recommendations for the Task Force as to the most effective way to ensure Tribal input in Exchange decisions. A member mentioned that rather than just consultation, significant representation on the Exchange board would ensure proper collaboration. Oversight to maintain compliance with federal law was also stressed as a priority. Insight from the group to achieve these objectives was solicited.

CONCLUSIONS

The fact that there was limited attendance at the meeting was mentioned, and the importance of obtaining feedback from all members of the Work Group. Concluding remarks from participants were solicited, and given as follows:

- The conflict in schedule for the next meeting on the 28th was again mentioned, and alternate dates were proposed. Ms. Maves recommended rescheduling for 1:00-4:00 p.m. on November 30th in Albuquerque.
- Ms. Maves was asked to draft questions and forward to the Work Group subgroups assigned above. Members were asked to complete their research and present at the meeting on the 30th.
- Ms. Caverly told the members that a number of PowerPoint presentations on the ACA created by the Tribal Healthcare Organization under NCAI and the National Indian Health Board would be sent to Work Group members in an email. These presentations contain training materials that members were encouraged to view and distribute.
- Mr. Atole requested copies of the recommendations from other Work Groups regarding outreach and education efforts and the role of Navigators. He also volunteered to provide more information on benefits contracting.

It was determined that topic areas would be addressed by the full work group rather than to create sub-groups. The November 30th meetings will address 1) NA Service Center (including Outreach &

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Education); and 2) Native American Enrollment & Verification. Members asked to come prepared with their comments and recommendations.

Participating members were thanked, and the meeting was adjourned.

Amendments

Name: Priscilla Caverly

DISCUSSION ITEM 1

At the November 30th, 2012 meeting, at which approval of the minutes was passed by the group, with the following additions:

- The spelling of Ms. Chalan's name was corrected.
- The Work Group desires the minutes clarify that a SHOP-like functionality be built into the SHOP Exchange IT structure that allows a tribe to pay premiums on behalf of its members.
- Mr. Atole explained that on page 5, some of his comments should be understood as pertaining to Lovelace's policy, and he agreed to send a document to the group clarifying these comments.
- Ms. Mavis referred to a comment by Mr. Lujan that suggested Native Americans should be allowed to self-identify for verification purposes. Mr. Lujan explained 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 in this regard.

The group gave preliminary approval to the minutes subject to the above additions, and will give final approval once the amendments are included.