HUMAN SERVICES DEPARTMENT

New Mexico Health Insurance Exchange Work Group Minutes

Work Group	Native American	Date	2/12/2013
Facilitator	Joyce Naseyowma Chalan	Time	10:00 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	10.	Leonard Thomas
2.	Priscilla Caverly	11.	Charlotte Duran
3.	Kathryn Toone, *Leavitt Partners*	12.	Jenny Notah
4.	David Quintana, *Office of Health Care Reform*	13.	Scott Atole
5.	Leonard Montoya	14.	Roland Todacheenie
6.	Roxane Bly	15.	Lisa C. Maves
7.	Ken Lucero	16.	Aaron Ezekiel, *Division of Insurance*
8.	Erik Lujan	17.	Stephanie Wright, *Cicero Group*
9.	Barbara Alvarez		

Agenda Item 1: Review

Name: Joyce Naseyowma Chalan

DISCUSSION ITEM 1	Welcome and Review of Minutes

Ms. Chalan welcomed the group and conducted a roll call. She explained that discussions in this meeting would determine the final presentation of recommendations for the Exchange Advisory Task Force. She stated that she had previously forwarded the preliminary presentation to the members.

Ms. Chalan first presented the minutes from the prior meeting, and asked for comments. A member felt that that on page 3 of 6, where it is mentioned that Native American input should be given due consideration, I/T/Us should also be included. Another member felt that the minutes should also indicate that not only should Native American leaders and not I/T/Us were required to be given due consultation, but that input received from I/T/Us should be given due consideration. It was pointed out that most importantly the correct verbiage should be included in the final presentation.

Ms. Caverly felt that on page 4, under Network Adequacy, there was some confusion regarding the discussion of Contract Health Services, credentialing of providers, compliance with the Indian Health Care Act, and the simplification of administrative processes. Members discussed the paragraph, and one participant pointed out that there were possibly two separate issues being discussed. It was again stressed that the crucial element was communicating things correctly in the final presentation. Approval of the minutes was tabled and clarification on these portions was postponed in hopes that

as the discussion of the presentation proceeded, the group might create a consensus on the topics.	
DISCUSSION ITEM 2	Status Updates
Members discussed procuring a map illustrating the closest medical facilities in rural areas. Ms. Caverly hoped that Mr. Atole might have such a map, and members hoped to review this in the next meeting. Mr. Quintana introduced discussion of proposed legislation before the Work Group. The legislation reviews the statutory alignment necessary for PPACA compliance, and addresses updates that may be necessary. Members discussed Exchange Senate and House Bills. Ms. Naseyowma indicated the Work Group's preliminary findings had been presented to the Advisory Task Force on January 23rd. Ms. Naseyowma explained that Task Force questions regarding Navigators and In-Person Assisters, and the functions and staffing of the Native American Service Center (NASC), had comprised a large portion of the discussion. She explained that the Task Force had presented a few questions for the Work Group to consider, and invited Mr. Atole to assist with a review of these questions. Mr. Atole explained the Task Force's concern was the desired form of Tribal Consultation implied in the presentation. They had asked the Work Group to clarify the administrative and/or legislative recommendation in the Preliminary Findings report.. -The HIX is required to do tribal consultations.	

Agenda Item 2: Discussion of Final Presentation	
Name: Joyce Naseyowma Chalan	
DISCUSSION ITEM 1	Slide 1 – Presentation Title Page
Ms. Caverly presented the opening slide of the draft presentation. She apologized that members may not have received an updated copy of this presentation, and explained that there was no online connectivity for those participating via teleconference to view the slides live as presented at the meeting, but solicited input from participants as topics were presented.	
DISCUSSION ITEM 2	Slide 2 – Definition of Acronyms
Ms. Caverly indicated that there would be no changes to slide number two, a list of acronyms used within the presentation, as follows: NAWG – Native American Work Group IHS – Indian Health Service 638 – Tribally-managed Health Programs I/T/U – Indian Health Service, Tribal Programs, Urban Indian Programs AI/AN – American Indian and Alaska Native NA – Native American	

IHCIA – Indian Health Care Improvement Act
NASC – Native American Service Center
CIB - Certificate of degree of Indian blood
HIX – Health Insurance Exchange
QHP – Qualified Health Plan

DISCUSSION ITEM 3	Slide 3 – Native American Demographics

Ms. Caverly described slide number three as a general description of the Native American demographics in New Mexico, as follows:

New Mexico has 219,512 Indian citizens, which compose nearly 10.5% of the state's entire population. There are 22 Indian tribes in New Mexico - nineteen Pueblos, two Apache Tribes (the Jicarilla Apache Nation and the Mescalero Apache Tribe), and the Navajo Nation, and a considerable Urban Indian population.

The 19 Pueblos are comprised of the Pueblos of Acoma, Taos, Santa Clara, San Ildefonso, Tesuque, San Felipe, Jemez, Zuni, Zia, Nambe, Picuris, Ohkay Owingeh, Santo Domingo, Laguna, Isleta, Santa Ana, Sandia, Cochiti, and Pojoaque.

Each Tribe is a sovereign nation with its own government, life-ways, traditions, language, and culture. Each Tribe has a unique relationship with the federal and state governments.

DISCUSSION ITEM 4	Slide 4 – Native American Communities

Slide four was described as a more detailed breakdown of the Native American population in New Mexico, as follows:

New Mexico Native American Population:

- New Mexico has 22 Tribes, Nations, or Pueblos, each with its own unique culture
- 19 Pueblos – each is an independent and separate community
- 2 Apache Tribes (Jicarilla and Mescalero)
- Navajo Nation
    - Very large land base spanning 3 states (New Mexico, Arizona, Utah)
    - 5 Agencies including 3 in New Mexico (Eastern, Ft. Defiance, Shiprock)
    - 110 Chapters and 59 in New Mexico
- Urban Indian Communities
- Multi-tribal, not just New Mexico Tribes
    - Socially and culturally diverse
- May be highly transient
    - Dependent on services within the urban areas
- New Mexico communities with large Urban Indian populations:
    - Albuquerque

- Farmington
- Santa Fe

DISCUSSION ITEM 5	Slide 5 – ACA Provisions for Native Americans

There were no changes to slide five, which is as follows:

The Affordable Care Act includes specific provisions relevant to American Indians and Alaska Natives (AI/ANs) purchasing coverage in Exchanges, including the following:

- Members of federally recognized tribes with household incomes below 300 percent of the federal poverty level are exempt from cost sharing and co-pays;
- Exchanges are to provide special monthly enrollment periods for AI/ANs; and
- Members of Indian tribes are not subject to the individual mandate.

DISCUSSION ITEM 6	Slide 6 – Tribal Collaboration and Consultation

Ms. Caverly indicated there had been some adjustments made to slide number six, which addresses Tribal Collaboration:

How can the state improve on collaboration and consultation with tribes and I/T/U's?
PPACA Final rule 45 CFR 155.130(f)

States that have one or more federally-recognized tribes must engage in regular and meaningful consultation and collaboration with tribes and tribal officials on Exchange policies that have tribal implications.

DISCUSSION ITEM 7	Slide 7 – Tribal Collaboration Native American Work Group Statement

Members discussed the desired nature of wording in defining the required Tribal Collaboration. Emailed clarification on the modification of slide number seven, received from Mr. Scott Atole, is as follows:

Slide number 7 indicates that I/T/Us would be included in consultation. This was reworded to reflect tribal leadership only, and not the I/T/Us, although it was recommended that I/T/Us be included in communication and their input considered.

The NMHIX must adopt a Tribal Consultation, Collaboration and Communication Policy that is consistent with the State of New Mexico and the federal government's Tribal Consultation rules. This policy should include provisions to confer with Indian health services, tribal health programs, and urban Indian health programs prior to the roll out of new policies and procedures, which may have an impact on AI/AN.

Tribal input should be duly considered for inclusion during the design of programs and policies that will impact Native Americans.

DISCUSSION ITEM 8	Slide 8 – Tribal Collaboration Recommendations

Mr. Atole emailed clarification on the content of slide number eight, which discussed Tribal Collaboration. It reads as follows:

NAWG Recommendations:
Tribal Consultation should occur [regarding], but not be limited to, the following topics.
Development of:

- A Tribal Communication, Collaboration and consultation POLICY FOR the NMHIX
- The Native American Service Center (NASC)
  - Defining technical assistance tasks of the NASC
  - Establishing an advisory council to the NASC
- A tribal enrollment verification system
- Outreach and education materials; and
- Input on the development of the Navigator program and cultural competency training.

Emailed correspondence regarding instructions for modification from Mr. Atole: *Slide 8 – similar to above* [slide 7]. *Clarify the distinction between Tribal Consultation and including I/T/U input (not as part of official consultation).*

Ms. Caverly indicated that the Task Force had expressed concern regarding where the coordinating of collaboration should reside. Group members discussed their desired preferences for the format of consultation, which included that appropriate steps be taken to ensure the administrative and legislative changes necessary for timely consultation on topics relevant to Native American health care, and opted to be more general in tone. The changes were incorporated into the slide presentation as discussed.

DISCUSSION ITEM 9	Slide 9 – Tribal Enrollment Verification Statement

Slide nine on tribal verification was the same used in the preliminary presentation, as follows:

Primer question
What obstacles are there regarding tribal enrollment verification of AI/AN for purposes of qualifying for exemptions? How can these obstacles be addressed?

NAWG Statement
The NAWG acknowledges that there are inconsistencies with enrollment processes for the 22 NM Tribes and Pueblos. The NAWG advises enrollment verification be a topic of Tribal Consultation.

DISCUSSION ITEM 10	Slide 10 – Tribal Enrollment Verification Recommendations

Members discussed the content of slide number ten in detail, and the proper wording to describe the

unique challenges of a realistic tribal verification procedure. They acknowledged that the Exchange will not determine the method of tribal enrollment. Participants decided on the content of the slide as follows:

Primer question
What obstacles are there regarding tribal enrollment verification of AI/AN for purposes of qualifying for exemptions? How can these obstacles be addressed?

NAWG Statement
The NAWG acknowledges that there are inconsistencies with enrollment processes for the 22 NM tribes and Pueblos. The NAWG advises enrollment verification be a topic of Tribal Consultation.

DISCUSSION ITEM 11	Slide 11 – Tribes Making Premium Payments

The group discussed slide eleven, which addresses the payment of healthcare insurance premiums by tribes on behalf of their members, as follows:

Primer question
Premium Payment
What forms of "group pay" might be desirable and how could group pay be mechanized?

FINAL RULE ON § 155.240 Payment of premiums
(B)Payment by Tribes, Tribal Organizations, and Urban Indian Organizations. The Exchange may permit Indian tribes, tribal organizations and urban Indian organizations to pay aggregated QHP premiums on behalf of qualified individuals, including aggregated payment, subject to terms and conditions determined by the Exchange.

DISCUSSION ITEM 12	Slide 12 –Premium Payments Recommendation

Slide twelve contained the recommendations of the Work Group regarding the payment of premiums on behalf of tribal members, as follows:

NAWG Recommendation
The Information Technology (IT) build of the NMHIX must provide a mechanism enabling Tribes and Urban programs to directly pay an Exchange plan premium on behalf of an eligible member and to supplement premium tax credits to which the individual AI/AN may be eligible.

The NASC should work with the IT build to assure the web portal:

- Will identify AI/ANs for appropriate exemptions and give them the information necessary to make informed decisions.
- Provide a mechanism for Tribal and Urban Indian Program sponsorship of insurance premiums for enrolled tribal members.
- Provide a mechanism where AI/AN exemptions can be accurately calculated in a family

household where there is a mix of tribally enrolled and non-enrolled family members.

DISCUSSION ITEM 13	Slide 13 – Network Adequacy and Essential Community Providers

Slide thirteen addresses the critical role of a sufficient number of Essential Community Providers within a healthcare network. The wording of the slide is as follows:

Primer Question

Should the state require QHPs to contract with I/T/U providers as a condition of certification? What, if any, stipulations should be made concerning Network Adequacy?

Section 156.235 of the Exchange Final Rule states a QHP issuer must have a sufficient number and geographic distribution of Essential Community Providers, where available, to ensure reasonable and timely access to a broad range of providers for low-income, medically underserved individuals in the QHP's service area.

DISCUSSION ITEM 14	Slide 14 – Network Adequacy Recommendations

Participants discussed network adequacy requirements, and Mr. Atole subsequently clarified the discussion via email that this slide does not necessarily refer to providers specific to I/T/Us, but does address those providers servicing tribal communities. The Work Group made the following recommendations on slide fourteen:

NAWG recommendations

As a condition of certification, QHPs should be required to:

- Designate I/T/Us as Essential Community Providers
- Accept referrals from I/T/U'S as primary care providers
- Offer I/T/Us a contract with a contract addendum to ensure the accommodation of the unique features of the I/T/U system including:
  - No open network access - an I/T/U may limit who is eligible for services at I/T/Us
  - Exempt a licensed health care professional who is employed by tribally operated health program from state licensing requirements if the professional is licensed in any state, as is the case with IHS health care professionals. (IHCIA section 221)
  - Recognition of the applicability of the Federal Tort Claims Act.

DISCUSSION ITEM 15	Slide 15 – Native Americans as Navigators and In-Person Assisters

Slide 15, still under consideration, is to address the issue of Native Americans serving as Navigators and In-Person Assisters. The following was discussed and may be used in the final slide:

What are the barriers to Native Americans serving as Navigators and what can be done to remove barriers?

POTENTIAL BARRIERS TO NA NAVIGATORS:

- Diversity among Native American populations within the state (to include language differences)
- Lack of defined federal or other certification requirements
- Certification requirements once established
- Availability of training and/or technology to facilitate this in remote areas
- Requirements to serve non-native populations if employed by IHS or I/T/U
- Lack of onsite enrollment capability in rural areas
- Transportation

DISCUSSION ITEM 16	Slide 16 – Native Americans as Navigators and In-Person Assisters Recommendation

Regarding the essential role of Navigators within the Native American community, members formulated the following recommendations for slide number 16:

<u>NAWG RECOMMENDATION</u>

- Navigators on NASC
- In-Person Assisters on NASC
- HIA will develop curriculum that is culturally relevant
  - NA Consultation on cultural curriculum
- Coordination between Patient Benefits Coordinators, Navigators and In-Person Assisters
  - How do PBCs get reimbursed for their services?
- DOI will certify Navigators and In-Person Assisters
  - Need to be NA and knowledgeable about NA complexities

Navigators must know about the complexities of health care options for NA, I/T/U services.

DISCUSSION ITEM 17	Slide 17 – Native American Service Center (NASC) and Outreach, Education, and Training

The content of slide seventeen presents questions from the primer about the function of the Native American Service Center, as follows:

<u>Primer Questions</u>

Does the NASC, as outlined in New Mexico's Level I Establishment Grant, achieve New Mexico's desire to become a leader in the nation on Native American assistance in Exchange development and implementation? If not, what should the NASC look like and what functions should it serve?

What outreach, education and enrollment activities should be used to inform Native Americans about the merits of purchasing insurance through the Exchange, as well as the finer details concerning eligibility and enrollment?

DISCUSSION ITEM 18	Slide 18 – Work Group Statement on NASC

Slide eighteen presents the official Work Group statement of purpose for the NASC, as follows:

NAWG statement

The HIX Native American Service Center (NASC) shall be established and tasked with outreach, education, and training to Tribal leadership, AI/AN consumers, I/T/U providers, NA small businesses and to be a subject-matter expert for the HIX including:

- Working efficiently and effectively with Tribal leadership and I/T/Us
- Be a conduit of communication, collaboration and consultation between the HIX and tribal leadership and I/T/Us
- The NASC should work with tribal officials and/or tribal enrollment offices to develop a system of communication and tribal enrollment verification that does not infringe on tribal nations' sovereign rights.
- Be a resource for Navigators and the Call Center
- Employing NA Navigators and In-Person Assisters with broad knowledge of NM tribes, NA Urban populations and NA health care needs and services.
- On-site enrollment capability

DISCUSSION ITEM 19	Slide 19 – NASC Recommendation

Slide nineteen presents the Work Group recommendations for the NASC:

NAWG Recommendations

Specific outreach, education and Training Tasks of the NASC should include:

- A resource specialist on AI/AN application and enrollment process
- Specific AI/AN benefits and protections
- Tribal and Urban Indian program sponsorship of premiums (if available)
- Educating I/T/U Providers on Exchange Plans including,
    - Benefits of the exchanges and potential for increase revenues for their clinic;
    - Benefits of becoming an "in-network" provider for each exchange plan;
        - I/T/Us are designated as Essential Community Providers
- Provide training for those working for the Exchange on AI/AN specific provisions, cultural competency, and problem solving

DISCUSSION ITEM 20	Slide 20 – NASC in Level One Proposal

Slide 20 presents the role of the NASC as outlined in the Level One Proposal, as follows:

From Level I Establishment Grant Proposal submitted 09/30/2011

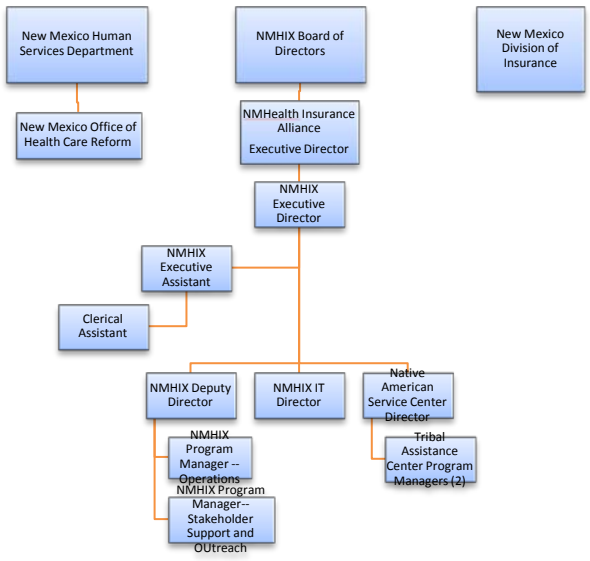
Through formal Tribal Consultation and Native American stakeholder input, OHCR identified the need for targeted assistance and support for Native Americans in NMHIX design and implementation. Therefore, a Native American Service Center will be established within NMHIX. The Center will ensure that NMHIX is accessible, complies with Native American components of the ACA and Indian Health Care Improvement Act (ICHIA), and facilitates meaningful, ongoing Tribal Consultation. New Mexico can become a leader in the nation on Native American assistance in Exchange development

and implementation and can share best practices with other states.
The Center will be staffed with a Director and two support staff to assist in the areas of strategic technical support, outreach and education.

DISCUSSION ITEM 21	Slide 21 – NASC Organizational Chart/Establishment Grant

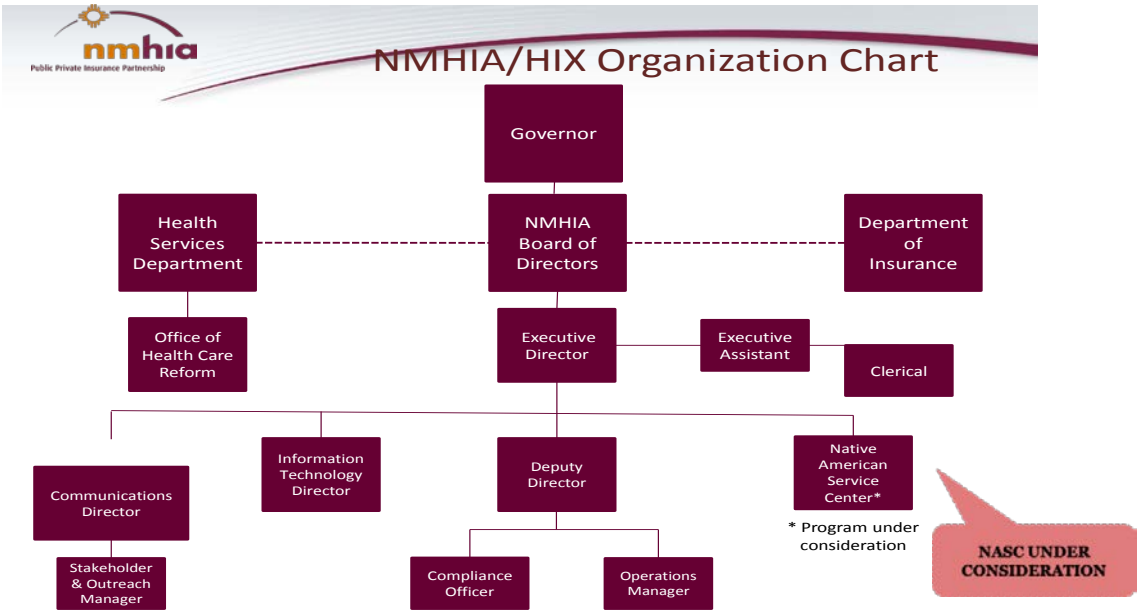
Slide 21 illustrates the NASC Organizational Chart, according to the Establishment Grant proposal, as follows:

Organizational Chart from Level I Establishment Grant Proposal submitted 09/30/2011



DISCUSSION ITEM 22	Slide 22 – NASC Organizational Chart/NMHIA

Slide 22 presents the governing structure of the Exchange, as follows:



Agenda Item 3: Additional Discussion and Feedback

Name: Joyce Naseyowma Chalan

DISCUSSION ITEM 1	

The Work Group provided feedback (some via email) and suggested the following topics may also be further examined:

- Network adequacy issues out of the I/T/Us should be clarified.
- How to integrate tribal verification within the ASPEN system needs to be determined.
- Caution should be taken with the verbiage on slide number six, in the discussion of possible administrative and legislative changes.
- The NAWG may draft the Collaboration Policy.
- Does the NAWG want to make a statement regarding the NASC and its staffing?
- The NAWG shall continue in the transitions to NMHIX.
- What are the tasks of the NAWG during the transition?
- Drafting Of Communication, Collaboration & Consultation Plans.
- Organizing PPACA/HIX Summit And Ongoing Outreach Updates.
    - Who and how often?
- Other items for discussion:
    - Define criteria/qualifications for HIX Native American board member(s).
    - Review SB221 and HB168 at next meeting.

CONCLUSIONS
Ms. Naseyowma informed the group that the final presentation will be presented to the Task Force on February 27th in Santa Fe. Members were requested to forward additional comments via telephone or email prior to that date. Participants were given details of the next meeting, scheduled for March 13th, 10:00 a.m., at the Sandoval Community Medical Center. Action items are to include: Action Items: • HCR And HIX Summit • Bill(s) Update • Others to be determined Work Group members were thanked, and the meeting adjourned.