



beWellnm Board Meeting

Friday, May 20, 2016

CNM Workforce Training Center
Albuquerque, NM



NEW MEXICO'S HEALTH INSURANCE EXCHANGE

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THE PLACE TO SHOP, COMPARE AND BUY HEALTH INSURANCE. *Affordably.*

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1. Welcome, Roll Call, & Confirmation of Quorum

Chairman J.R. Damron, MD

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2. Approval of Agenda

Chairman J.R. Damron, MD

3. Approval of Minutes of the March 18, 2016 beWellnm Board Meeting

Chairman J.R. Damron, MD

4. Chairman's Remarks

Chairman J.R. Damron, MD

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5. Matters from the CEO

Ms. Amy Dowd, CEO

Enrollment Update

- beWellnm Individual Enrollment as of February 1, 2016*
 - 54,865 total plan selections
 - 32% Rural
 - 36% Hispanic (Self Identified)
 - 54% Female/46% Male
- Medicaid Enrollment as of February 2016**
 - 851,000 total enrollment
 - 750,000 with full benefit
- New Mexico Medical Insurance Pool Enrollment as of March 2016***
 - 2,900 current enrollment as of March 2016
 - Down from peak of approximately 10,000

**Source: CMS ASPE Report*

***Source: Report to beWellnm Board on March 18, 2016*

****Source: Report from NMMIP on April 18, 2016*

Rural Enrollment

State	Rural Percentage Plan Selection as of 2/1/2016*	Overall Rural Population as a Percent of Total Population**	Rural Poverty Rate**
Arizona	10 %	5%	27%
Nevada	11%	9%	13%
New Mexico	32%	33%	22%
Oklahoma	37%	35%	18%
Utah	15%	11%	14%
National	~18%	14%	18%

Source: 2016 ASPE Enrollment Report

*Rural status based on the HHS Office of Rural Health Policy's (ORHP) most current list of Rural Designated ZIPs as determined by RUCA Codes

**Overall Rural Population & Poverty Identified by USDA, using RUCA Codes

- States presented based on availability of data and similarities to New Mexico
- New Mexico is above the national average for rural plan selection, and has strong rural enrollment overall
- Of states listed above, New Mexico has the smallest population density so individuals even in rural areas are more spread out (Source: U.S. Census)

Federal Oversight & National Landscape

- National Meetings
 - Presentations on Exchanges so far, current environment, the future, and how New Mexico is “leading the way” on several fronts
 - State Network Conference, Milbank Memorial Fund, World Health Congress
- Office of Management and Budget (OMB) Visit
 - OMB is visiting beWellnm this summer to learn from our successes and analyze best practices for SBM-FPs
- ‘17 Payment Notice
 - Continue to track payment notice mechanics, such as how to declare as an SBM-FP, lease payment, etc.
 - CMS has established an SBM-FP user group

Federal Oversight & National Landscape (cont.)

- CMS Interim Final Rule
 - Taking new steps to strengthen the integrity of special enrollment periods (SEPs) and to simplify rules for the Consumer Operated and Oriented Plan (CO-OP) program to allow them to more easily raise capital
- Meeting with leadership from Department of Health and Human Services, Centers for Medicare and Medicaid Services, and CCIIO
 - Update on financial sustainability model, outreach strategy, and administration transition planning
- Congressional Delegation
 - Met with members of Congressional Delegation, both from New Mexico and other states

New Mexico Medical Insurance Pool Transition Advisory Committee (NMMIP TAC)

The NMMIP TAC had its first meeting on April 18th

- Topics Discussed:
 - Statutory Requirements & Context
 - Primer & Transition Plan
 - Committee Charter
- The next NMMIP TAC meeting will be June 8th. Topics will include:
 - Refresh on Committee Charter and NMMIP Transition Plan
 - Engagement with voluntary transition pool members
 - Data on Pool population
 - Carrier needs to facilitate transition

Look Ahead: Roadmap Items

- July Board Meeting
 - Vote on intent to submit letter of declaration for SBM- FP '17
 - Additional information on Market Assessment results
 - Referral call center bid
 - Initiate annual vendor review per Plan of Operation
 - Preparing '17 budget
- September Board meeting
 - Vote on '17 budget
 - OE4 Marketing and Outreach plan preview
 - Plan year '17 QHP report from OSI

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Recognitions & Welcome New Staff

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6. Matters from the Executive Committee

Chairman J.R. Damron, MD

Plan of Operation Revisions

Per Section 4.4 of the Plan of Operation, “The Board shall convene an annual meeting in the first quarter of the calendar year, which may be held at the same time or in concurrence with a regular meeting. At the annual meeting the Board shall:”

Section	Requirement	Execution
4.4.1	Consider revisions to the plan of operation	Proposed changes accepted and listed for Public Input in March 2016.

Highlights of Public Comments Received

Public Input Process

- A public comment period was discussed at the March Board Meeting.
 - Announcement and link posted to beWellnm website prominently on the front page
 - Available for entire month of April
 - Opportunity for public and stakeholders to see edited Plan of Operation and offer recommendations
 - Notification of public comment period was communicated

To ensure that public had ample opportunity to offer public comment, **the date for input was extended to May 6th.**

- From April 1 to May 6, beWellnm received comment from Health Action New Mexico (HANM)

Highlight of Public Comments

- | | |
|--|---|
| <ul style="list-style-type: none"> • Commitment to appropriate representation of staff and all membership within Advisory Committees. | <ul style="list-style-type: none"> • Commitment to Consumer Assistance Program, strategy, best practices, and Native American outreach |
|--|---|

Plan of Operation Review

	Recommended Changes (Board and Public Input)
Board Recommended Changes (Approved at March 18, 2016 Board Meeting)	<ul style="list-style-type: none"> Utilize beWellnm throughout document (Consistent change through all policies & procedures) Language improved to more accurately describe staff & contracting responsibilities Members Committee redefined as New Mexico Medical Insurance Pool Transition Advisory Committee
Public Comment Period Recommended Changes	<ul style="list-style-type: none"> Add language to ensure clarity on Exchange staff presence at Advisory Committee Meetings. <ul style="list-style-type: none"> Section 5.4.3 “The Committee meetings shall consist of beWellnm staff...” Add language to reflect beWellnm’s commitment to establishing and maintaining robust outreach to New Mexicans. <ul style="list-style-type: none"> Section 7.1 “The Exchange shall establish and maintain a statewide consumer assistance program to provide education, outreach, and in-person assistance to educate consumers about the Exchange and insurance affordability programs and to encourage participation of New Mexicans seeking information about and access to health insurance.”

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Public Comment

Motion

Motion: Move that the Board accept the recommended changes to the Plan of Operation as presented today.

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7. Matters from the Vision, Mission, & Goals Committee

Secretary Brent Earnest, Committee Chair

Vision, Mission, & Goals Review

Per the Vision, Mission, & Goals Committee charter the committee shall, “assess beWellnm’s vision, long-term direction, mission, and goals... recommendations coming from this Committee shall be presented to the Board of Directors.”

Objective	The objective is to review and consider revisions to the 2016-2017 Vision, Mission, & Goals Document.
Outcomes	Committees shall assist in forming beWellnm’s vision, mission, and goals. Committees shall evaluate how this document fits into the current and future environment of the Exchange.
Timeline	<p style="text-align: center;">February-April</p> <p style="text-align: center;">Vision, Mission, & Goals Committee meets to update Vision, Mission, & Goals for 2016-2017</p> <p style="text-align: center;">May Committee Meetings</p> <p style="text-align: center;">Vision, Mission, & Goals reviewed by Committees</p> <p style="text-align: center;">May 20th</p> <p style="text-align: center;">Vision, Mission, & Goals brought to Board of Directors for approval</p>

Vision, Mission, & Goals Review (cont.)

2016-2017 Vision, Mission, & Goals

Vision	Achieve a healthier New Mexico through access to affordable health insurance.
Mission	Educate and enroll New Mexicans in affordable health insurance coverage through beWellnm that promotes better access to timely, high quality healthcare.
Goal #1 Educate	<p>Educate individuals and small businesses in New Mexico on the benefits of health insurance and their health coverage options through ongoing outreach efforts that are culturally and linguistically appropriate</p> <ol style="list-style-type: none"> 1. Develop effective communication and outreach strategy; 2. Ensure a network of knowledgeable individuals to provide education; 3. Interface with all urban, rural, and Native American communities across the state 4. Ensure continuous evaluation and process improvement of how we educate individuals and small businesses in New Mexico

Stakeholder Advisory Committee Recommendation: Include mention of rural communities. Supported by all committees.

Native American Standing Committee Recommendation: Include Native American Communities in #3 of Goal #1. Finance Committee recommended leaving as only urban and rural.

Vision, Mission, & Goals Review (cont.)

2016-2017 Vision, Mission, & Goals

Goal #2
Facilitate

Facilitate a Well-Functioning Application, Enrollment, and Retention Process in a culturally appropriate manner for Individuals and Small Businesses

1. Operate the Individual Exchange effectively in collaboration with the federal government;
2. Operate beWellnm for Small Business effectively;
3. Promote trained, certified, and supported individuals to educate and enroll all eligible individuals and employers, including;
 - a. Licensed Agents and Brokers
 - b. Navigators and Enrollment Counselors
 - c. Certified Application Counselors
4. Ensure continuous evaluation and process improvement of how we facilitate a well-function application, enrollment, and retention process;
5. Ensure privacy and security of data

Goal #3
Insure

Enroll and Retain New Mexicans in health insurance coverage

1. Collaborate with issuers, Medicaid, OSI, licensed agents and brokers, and others to facilitate enrollment and retention;
2. Ensure continuous evaluation and process improvement of how we enroll and retain New Mexicans

Vision, Mission, & Goals Review (cont.)

2016-2017 Vision, Mission, & Goals

<p>Goal #4 Ensure Organization Effectiveness</p>	<p>Monitor the efficiency by which beWellnm accomplishes its mission. Continuously establish measures to gauge organizational effectiveness, using measures such as;</p> <ol style="list-style-type: none"> 1. Consumer perceptions and satisfaction 2. Prudent use of New Mexico dollars/Fiscal Responsibility with Operating Funds 3. Stakeholder engagement 4. Effective organizational workforce/structure (Proposed by Staff) 5. Compliance with state and federal regulations
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Staff, Marketing/Operations/Native American/Finance Committee Recommendation: Remove “Prudent use of New Mexico dollars” for #2 statement & use “structure” as opposed to “workforce” in #3.

Motion

Motion: Move that the Board accept 2016-2017 Vision, Mission, and Goals for beWellnm as presented today.



8. Matters from the Finance Committee

Director Kurt Shipley, Committee Vice Chair

2015 New Mexico Health Insurance Alliance (NMHIA) Audit Report - DRAFT

- The Final Audit resulted in an **unmodified clean opinion**.
- There were **no disagreements** with management.
- All **net assets have been transferred** to the Exchange.

Motion: Move that the Board accept the 2015 New Mexico Health Insurance Alliance final audit report.

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Investment Management Update

Investment Manager RFQ

- Per the Procurement Policy, beWellnm executed an RFQ for Investment Manager Services in March 2016
- RFQ Responses were reviewed, evaluated, and scored by the Investment Workgroup and presented to the Finance Committee
- Recommended Finalist: Bank of Albuquerque

Motion: Move that the Board authorize the CEO to enter into contract with the Investment Management finalist.

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Quarterly Financial Update

Statements of Net Position

	3/31/2016	12/31/2015	12/31/2014
Assets	<i>(Unaudited)</i>		
Current assets			
Cash	\$ 19,644,605	\$ 4,415,030	\$ 1,066,178
Receivables			
Due from US Department of HHS	-	535,693	14,583,751
Premiums due	51,662	48,794	39,968
Carrier assessments due	61,491	5,124	-
Other receivables	-	618,153	-
Total receivables	113,153	1,207,764	14,623,719
Prepaid expenses and other assets	51,150	108,478	21,571
Total current assets	19,808,908	5,731,272	15,711,468
Noncurrent assets			
Capital assets, net of accumulated depreciation	142,891	167,907	107,462
Total assets	\$ 19,951,799	\$ 5,899,179	\$ 15,818,930
Liabilities			
Current Liabilities			
Accounts payable	\$ 472,129	\$ 2,316,507	\$ 13,660,138
Deferred revenue	12,527,516	-	-
Due to carriers	431,732	225,874	156,467
Contract holdback	-	-	1,932,777
Accrued payroll and related liabilities	49,850	25,895	20,020
Compensated absences	78,876	68,248	49,528
Total current liabilities	13,560,103	2,636,524	15,818,930
Net Position			
Net investment in capital assets	142,891	167,907	107,462
Unrestricted	6,248,805	3,094,748	(107,462)
Total net position	6,391,696	3,262,655	-
Total liabilities and net position	\$ 19,951,799	\$ 5,899,179	\$ 15,818,930

Statements of Revenues, Expenses and Changes in Net Position
For the Quarter Ended March 31, 2016 and the Years Ended December 31, 2015 and 2014

	3/31/2016	2015	2014
Operating Revenue	<i>(Unaudited)</i>		
Carrier Assessments	\$ 4,175,839	\$ 5,727,690	\$ -
Operating Expenses			
Consumer and stakeholder engagement and support	3,026,312	14,503,756	15,542,544
Technology and project management	702,620	9,207,765	28,628,498
Salaries and employee benefits	456,132	1,678,624	1,666,426
Operations	155,874	519,571	465,034
Professional services and board	161,319	357,940	422,143
Plan Management	-	138,553	275,000
Other	14,014	25,000	15,000
Total operating expenses	4,516,271	26,431,209	47,014,645
Operating gain/(loss)	(340,433)	(20,703,519)	(47,014,645)
Nonoperating Revenues			
Grant Revenue	3,464,307	22,835,111	47,014,645
Interest Income	5,166	1,050	-
Total nonoperating revenues	3,469,474	22,836,161	47,014,645
Income before transfers	3,129,041	2,132,642	-
Transfers from NMHIA	-	1,130,013	-
Change in net position	3,129,041	3,262,655	-
Net position, beginning of year	3,262,655	-	-
Net position, end of period or year	\$ 6,391,696	\$ 3,262,655	\$ -

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Operating Funds Update

Update on Operating Funds

Cash Inflows	Invoice Date	Total Invoiced	Outstanding Balance
To cover 2015 M&O	6/15/2015	\$4,745,139	\$0
Initial Reserve (first month)	10/30/2015	\$982,550	\$0
To cover 2016 Operating Budget	12/31/2015	\$11,790,605	\$0
Remainder of Reserve (remaining 5 months)	1/31/2016	\$4,912,750	\$0
To cover 2017 Operating Budget	<i>Scheduled</i> 12/30/2016	<i>Estimated:</i> \$12,159,924	n/a
Note: Budget includes SBE-FP User Fee estimated at 1.5%.			

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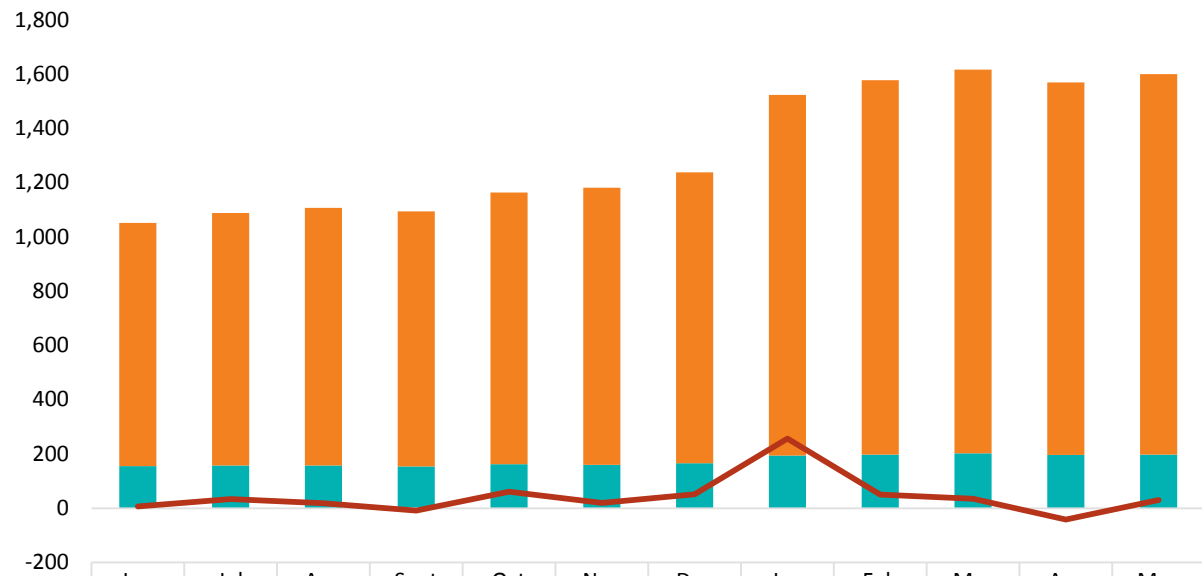
9. Matters from the Operations Committee

Director Kurt Shipley, Committee Vice Chair

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beWellnm for Small Business

beWellnm for Small Business Dashboard



Total Enrollees	896	930	949	940	1,001	1,021	1,072	1,329	1,379	1,414	1,372	1,402
Total Groups	155	158	158	154	162	160	166	194	198	202	197	198
Total Increase / Decrease from Prior Month	7	34	19	-9	61	20	51	257	50	35	-42	30

■ Total Groups
 ■ Total Enrollees
 — Total Increase / Decrease from Prior Month

Small Business Web Page and Social Media Enhancements

Small business owners and brokers are busy – we will deliver a simple, efficient and informative source of preparation to enable and encourage insurance purchase.

- New Web site look & stages:
 - Discover beWellnm for small business
 - What are the basics
 - Prepare to apply
 - Go to Shop@NMHIX.com and enroll
 - Manage employees/policies
- Keep people engaged with a simple path
- New group plan finder, tax credit information easily accessible on every page
- Capturing emails and contact info to push out content and reminders (even if not enrolled)
- Touchpoints
 - ✓ Social Media
 - ✓ Media
 - ✓ TV
 - ✓ Billboards
 - ✓ Email
 - ✓ beWellnm for Small Business enrollment counselors

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Independent Verification & Validation Services (IV&V)

IV&V Services Update: CMS Requirement

- IV&V Services are required by CMS to perform review of design, development, and implementation (DD&I) of GetInsured Small Business system releases and data management reporting system (DMRS) implementation review. In addition, CMS advised beWellnm in April that Small Business Blueprint testing needs to be added to the IV&V scope.
- POD, Inc., a local IV&V services vendor, was awarded the contract via competitive bid in April 2016. A contract in the amount of \$94,000 was executed for a portion of the deliverables.
- As discussed at the last board meeting, approval of additional grant funding in the amount of \$56,000 is necessary to ensure that all deliverables are completed by June 30, 2016. BeWellnm also recommends the approval of \$10,000 in operational funds for ad hoc IV&V services that will be used only in the event that additional time is required to complete verification and validation work and reporting of the data management reporting system. Though a delay is not anticipated, beWellnm recommends a contingency to ensure that all IV&V work is completed in accordance with CMS requirements.

Motion

Motion: Move that the Board authorize the CEO to increase the Internal Verification & Validation services contract by \$66,000 for a total not-to-exceed amount of \$160,000, with \$10,000 of the total allotment being funded from operational funding and to be used as contingency funds as needed.*

**This does not increase the 2016 operating budget, as passed by the Board of Directors at the September 18th, 2015 Board Meeting.*

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Project Management Services Update

Key PMS Activities Overview

- The following are key Project Management Services (PMS) updates since the last meeting:

KEY ACCOMPLISHMENTS SINCE LAST MEETING	UPCOMING ACTIVITIES (SEE PROPOSED MOTION)
<p>PMS Setup and Ongoing Management</p> <ul style="list-style-type: none"> • Continued project management, risk and issue tracking <p>Vendor Management</p> <ul style="list-style-type: none"> • Completed Vendor Management Plan with tracking tool and onsite visit checklists <p>Exchange Blue Print</p> <ul style="list-style-type: none"> • Completed creation of Blue Print documentation for all but outstanding requests to GetInsured, Security workstreams <p>Investment Assistance Procurement Support</p> <ul style="list-style-type: none"> • Facilitated review, scoring, and selection of Investment Management Services <p>Financial Modeling for Lease Model</p> <ul style="list-style-type: none"> • Finalized and transitioned Lease Model and Cost Projections <p>Cash Forecasting</p> <ul style="list-style-type: none"> • Finalized and transitioned cash forecasting model <p>Data Management Reporting System</p> <ul style="list-style-type: none"> • Assisted in loading Phase 1 Data into Tableau • Created initial user guides and Phase 1 Dashboards and transitioned to NMHIX team • Coordinated kickoff of Carrier Phase 2 Data Request • Began gathering carrier data specifications <p>Carryover Activities</p> <ul style="list-style-type: none"> • Supported third release of IV&V RFP • Coordinated evaluation of response and selection of vendor 	<p>PMS Setup and Ongoing Management</p> <ul style="list-style-type: none"> • Continue project management, risk & issue tracking <p>Exchange Blue Print</p> <ul style="list-style-type: none"> • Finalize Blueprint documentation once SRA, BC/DR plan and GI items are completed • Receive confirmation from CMS that the updated documents meet Blue Print criteria <p>IV&V Support</p> <ul style="list-style-type: none"> • Support IV&V vendor in their beWellnm for Small Business and DMRS reports <p>Financial Modeling for Lease Model</p> <ul style="list-style-type: none"> • Additional financial modeling for the Lease Model if new data becomes available <p>Cash Forecasting</p> <ul style="list-style-type: none"> • Continue supporting Cash Forecasting <p>Data Management Reporting System</p> <ul style="list-style-type: none"> • Create Requirements and Functional Design for Phase 2 DMRS reports • Continue working with carriers to procure Phase 2 data • Work with Tableau development vendor to transition requirements and design and oversee their development <p>Other Activities</p> <ul style="list-style-type: none"> • Continue supporting negotiations on CMS Regulations as needed

Motion

During the March Board meeting, the Board approved a motion to approve Project Management Services in relation to **privacy and security procedure development and oversight**. The proposed motion today is to extend the PMS contract with approved grant funds **for other services** through June 30, 2016, as described on the previous slide.

Motion: Move that the Board authorize the CEO to extend the term of the Project Management Services contract through June 30, 2016 and increase the contract value by \$158,000.*

**This does not increase the 2016 operating budget, as passed by the Board of Directors at the September 18th, 2015 Board Meeting, and is CMS grant money approved to be spent on this work by June 30, 2016.*



10. Matters from the Marketing & Outreach Committee

Director Terriane Everhart, Committee Chair

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Enrollment Centers Update

Enrollment Center (EC) Update

ECs Current State

- The enrollment centers in Albuquerque, Farmington, Gallup, Las Cruces, and Santa Fe have been providing services to individuals seeking education and enrollment. The New Mexico Primary Care Association (NMPCA) also provides walk-in services at their Albuquerque office.
- Individuals have used the enrollment centers to about learn benefits of their plans, enroll in a new plan (in both Open Enrollment and Special Enrollment Periods), and ask questions.
- Positive feedback has been received from New Mexicans, the Congressional Delegation, peers, and more.

ECs Future State

- Budget is available to support continued services at the Centers.
- Funding would be used for enrollment counselor staffing.

Motions

Motion: Move that the Board authorize the CEO to have the current enrollment centers in Las Cruces, Gallup, Farmington, and Santa Fe open through December 31, 2016.*

Motion: Move that the Board authorize the CEO to increase the not-to-exceed amount of the NM Primary Care contract by \$375,000, for a total not-to-exceed of \$3,027,904, for the additional staffing costs for the Enrollment Centers. **

*The Albuquerque enrollment center already has approval from the Board to stay open through 2016, per the September 18th, 2015 Board Meeting.

**This does not increase the 2016 operating budget, as passed by the Board of Directors at the September 18th, 2015 Board Meeting.

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Market Assessment & Surveys

beWellnm Surveys Since 2014

- **Benchmark - 2014**
- **Messaging - 2014**
- **Benchmark - 2015**
- **Recent enrollers - 2015**
- **Small business - 2015**
- **Website - 2015**
- **Agents & Brokers - 2015**
- **Website - 2016**
- **Assistance Center – 2016**
- **Hard to reach - 2016**

Survey & Market Assessment Highlights

- Surveys conducted November 2014 through March 2016 focused on the general adult population in New Mexico ages 18 to 64.
- These surveys were used as a performance benchmark to measure awareness levels of beWellnm, the Affordable Care Act, and overall health insurance knowledge among adult residents.
- **Awareness levels** of the New Mexico Health Insurance Exchange have **increased** since the November 2014 benchmark study.
- **Age, household Income, and educational attainment levels** continue to be the **biggest predictors of awareness** of beWellnm, in that as they rise, so too do awareness levels.
- **Anglos compared to Hispanics and Native Americans**, and residents of the Albuquerque Metro area and North Central New Mexico compared to those residing in more rural areas of the state are **more likely to be aware of the Exchange**.

Survey & Market Assessment Highlights

- The majority of enrollees (64%) say they **had health insurance immediately before enrolling in their current plan** on the Exchange, while 36% say they did not.
- Three-quarters of enrollees say they enrolled in an individual plan, while 26% say they enrolled in a family or dual plan.
- The **mandates and financial penalties** associated with the Affordable Care Act are clearly **motivating factors** for some people to enroll in the health insurance exchange.
- When asked specifically to rate the importance of various reasons why some people may have chosen to enroll, 83% say **having peace of mind that they or their family member are now covered in case of an illness** was important to them and 80% rate **protection against potential financial loss** as important in their decision to enroll via the Exchange.
- The fact that **pre-existing conditions are now covered**, the **convenience of having multiple plans and prices to choose from**, and **financial assistance or tax breaks** are all important to the majority of enrollees, although still not rated as highly as having peace of mind and financial security.



11. Matters from the Native American Committee

Director Teresa Gomez, Committee Chair

beWellnm for Native Americans

Native American team

- Scott Atole, Native American Liaison
- Monica Marthell, Program Coordinator
- Juliet Yazzie, Enrollment Counselor
- Miranda Tso, Enrollment Counselor

Outreach effort in Native communities

- NMPCA team of Native American Enrollment Counselors
 - Farmington – 2
 - Gallup – 3

Native American Advisory Committee

- Ongoing Recruitment of new appointments and members
- Officer elections
- Next meeting will be scheduled for late June

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12. Matters from the Research Committee

Director Deane Waldman, Committee Chair

What Was Assessed? The Hard to Reach

- Analysis of:
 - Key informants and consumer attitudes
 - Expectations and experiences with the beWellnm outreach and enrollment processes
 - Experiences with carriers and their plans
 - Ability to access health care
- Stakeholders engaged in study:
 - Providers
 - Advocacy groups
 - Public health organizations
 - Community orgs that serve Native American & Hispanic communities
- Total: 281 individual respondents
 - English-speaking Hispanic: 29%
 - Monolingual Spanish speaking: 17%
 - Native American: 30%
 - Other Rural (non Hispanic or Native American): 24%

Key Recommendations

- Tailor outreach communications to the **concerns** of the uninsured and to each subpopulation.
 - Affordability, understandability, and negative experiences with getting access to care.
- Provide easily accessible and detailed **information** about what a tax credit and cost-sharing subsidy means, the process for applying, and where people can go to find out if they qualify.
- Engage people whom the uninsured **trust** or access for medical care as advocates for becoming insured.
- Assess consumer-facing informational and enrollment resources and assistance to identify and **eliminate obstacles** to enrollment.
- Adopt the National Standards for Culturally and Linguistically Appropriate Services (**CLAS**) in Health and Health Care.
- Develop **new approaches** to reach out to subsidy-eligible uninsured through local news broadcasts, ethnic media, the internet, text messaging and by phone: **Do more? Do less? Do different?**

Additional Recommendations

- Improve **usability** of the beWellnm website.
- Train Enrollment Counselors and Call Center staff to apply **plain language** techniques in oral communication.
- Keep stakeholders **apprised** of activities for upcoming enrollment periods.
- Potential innovative **partnerships**.
- Continue to staff rural areas with Enrollment Counselors who come **from local communities** and are known to the subsidy-eligible, uninsured and Native American populations.
- Offer enrollment counseling services close to where people work and live and at times that are **convenient** to workers in low paying jobs.
- Develop or expand an **electronic system** with retrievable records capability so Enrollment Counselors can track consumers through enrollment.

Next?

Next Steps

- Convene comprehensive session in late Summer 2016
 - Presentation and facilitated “deep dive” discussion on assessment and results
 - Themes may include:
 - Impact on the State
 - Outreach strategy
 - Alignment of stakeholders
 - Participants will be invited representing federal, state, and local stakeholders and other Exchanges across the nation

Motion: Move that the Board authorize the CEO to extend the term of the Market Assessment contract through September 30, 2016 and increase the contract by an amount up to \$50,000 for market analysis.*

**This does not increase the 2016 operating budget, as passed by the Board of Directors at the September 18th, 2015 Board Meeting.*



13. Matters from the Stakeholder Advisory Committee

Mike Wallace, Committee Vice Chair

Stakeholder Advisory Committee Charter & Membership

The Stakeholder Advisory Committee met April 14, 2016 and performed an annual review of their Charter and Membership.

Charter

- Updated membership to reflect overall necessary representation.

Membership

- Updated Membership

Stakeholder Advisory Committee Membership

Organization	Individual Appointee
Health Insurance Issuers (To be appointed by each QHP)	
Blue Cross & Blue Shield	Shannon Groves
Molina Health Plan	Trey LaFleur
New Mexico Health Connections	Leia Phelps
Presbyterian Health Plan	Michael Cembrola
Christus	Jennifer Hernandez
Dental Insurance Issuers	
Renaissance/Delta	Mike Wallace – Vice Chair
Guardian	Lee Reynolds
Insurance Brokers	
Broker	Terry Linton
Broker	Renee Swickard
Consumer Advocates and Community Leaders	
Health Action NM	Barbara Webber
League of Women Voters	Dick Mason - Chair
Native American Advisory Committee Chairs (2)	To Be Determined
LULAC	To Be Determined
Catholic Charities	To Be Determined
Providers and Practitioners – 5 members	
New Mexico Medical Society	To Be Determined
New Mexico Hospital Association	To Be Determined
NM Alliance of Health Councils	Ron Hale – Executive Director
NM Nurse’s Assn/Nurse Practitioners Assn or other Nursing representative	Barbara Salas RN, CNP
NM Community Health Workers Assn	BJ Ciesielski
Employers	
Small Business	Don Leonard, Leonard Tire

Stakeholder Advisory Committee Charter & Membership

Motion: Move that the Board approve the updates and revisions to the Stakeholder Advisory Committee Charter and Membership.

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14. Matters from the Office of the Superintendent of Insurance (OSI)

Superintendent John Franchini

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15. Matters from New Mexico Human Service Department (HSD)

Secretary Brent Earnest

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16. Matters from the New Mexico Medical Insurance Pool (NMMIP)

Superintendent John Franchini

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17. Public Comment

1-2 minutes per participant



18. Other Board Business

Board of Directors & Ms. Amy Dowd, CEO



19. Next beWellnm Board Meeting

Friday, July 22, 2016

CNM Workforce Training Center

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20. Discussion of threatened or pending litigation in which the NMHIX is or may become a participant, pursuant to NMSA 1978, § 10-15-1(H)(7)

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21. Adjournment