

	Special Board Meeting Wednesday, August 7, 2013 from 1 p.m. to 5 p.m. REDW Offices 7425 Jefferson Street NE Albuquerque, NM 87109			
Facilitator:	Dr. J.R. Damron			
Appointees Required by State Statutes:	NM Human Services Department, Cabinet Secretary Sidonie Squier, Santa Fe (represented by Matt Kennicott) John Franchini, Superintendent of Insurance (represented by Aaron Ezekiel)			
Governor Appointees:	Dr. J.R. Damron Gabriel Parra Ben Slocum Terriane Everhart Dr. J. Deane Waldman			
Legislative Appointees:	Dr. Martin Hickey Dr. Larry Leaming Jason Sandel (via teleconference) Patsy Romero			
Absentees:	Theresa Gomez, David Shaw			
Attachments:	1. Agenda; NMHIX agenda			
Quorum	Yes			
Agenda Topics:	Call To Order/Review of Agenda Dr. J.R. Damron			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Meeting called to order at 1:05 p.m. by Dr. J.R. Damron. Introductions/Remarks. Dr. Damron provided an overview of the agenda and announcements of things to accomplish before the October 1 deadline. Many systems and moving parts are being worked simultaneously. Everyone is working as efficiently as possible to make this happen.		A motion was made by Dr. Deane Waldman to approve the agenda. The motion was seconded by Ben Slocum. The motion carried.		
Agenda Topics:	Matters from Finance, Operations and Benefits Committee, Patsy Romero			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
1. Discussion and action on Legal Services Contract; Mr. Parra recommended that NMHIX will engage with two law firms; one dedicated to the general business of the Exchange (Long, Pound and Komer) and the second firm for services regarding any ACA regulation/policy. (McKenna, Long & Aldridge, LLP) 2. Status report on NMHIX Plan of Operation The committee has revised and worked many hours to have this draft for the NMHIX Plan of Operation; it is ready for public comments. It will be published on our web-site <a href="http://www.nmhix.com">www.nmhix.com</a> under Board Policies.	2. Public Hearing to be held on August 16, 2013. Patsy Romero encouraged the public to submit recommendations on the Plan of Operation.	1. A motion was made by Gabe Parra to award day to day Legal Services Contract to Long, Komer & Associates, and specialty legal services to McKenna, Long and Aldridge LLP. Patsy Romero seconded the motion. The motion carried.		

Agenda :	Matters from the Information Technology Committee, Director Ben Slocum, Chair			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Mr. Slocum indicated that the committee institutionalized a bi-weekly progress report to review the SHOP project management plan, issues, risks, and the executive dashboard. Mr. Slocum also indicated that progress was being made on the drafting of the GetInsured Contract.				
Agenda Topics:	Matters from the Marketing, PR, and Outreach Committee, Dr. Martin Hickey			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
<p>1. Discussion and possible action regarding selection of marketing vendor or vendors and award of contract.</p> <p>The items discussed by the RFP Evaluation committee included: budget, public relations and educational content development The members of the Marketing and Evaluation Committee are: Dr. Martin Hickey, Gabe Parra, Terry Everhart, David Shaw, Sidonie Squire, Robin Hunn, Matt Kennicott, Heidi MacDonald, Melva Lujan, Mandy Leatherwood, and Mike Nunez. The vendor evaluation criteria below used included the following:</p> <ul style="list-style-type: none"> <li>• Organizational Capabilities/Background (15%)</li> <li>• Dedicated Account Management &amp; Creative Design Team (20%)</li> <li>• Process/Performance (20%)</li> <li>• Insight and integration (15%)</li> <li>• References (10%)</li> <li>• Budget Proposal/Media Planning &amp; Buying (20%)</li> </ul> <p>Dr. Hickey explained that this process was not open to the public due to proprietary information included in the proposals. The committee's recommendation to the board is to engage with BvK Services. BvK was chosen by the committee for the following considerations:</p> <ul style="list-style-type: none"> <li>- Demonstration of very good insight to the Hispanic and Native American cultures. They understood New Mexico demographics.</li> <li>- Ability to cross the spectrum between the older and younger population was impressive.</li> <li>- Demonstration of impressive skills in social marketing for the Exchange to succeed.</li> <li>- Working partners Cooney Watson and Associates in Albuquerque who understand the state.</li> <li>- Cohesive team of 10-12 people for the presentation. Each person indicated what each person's role would be in the process and indicated that they would add other individuals to the team as needed.</li> <li>-Sensitivity to cultures and segments in NM and a key ability to learn what they didn't know through focus groups and research activities.</li> </ul>	<p>1. Unanimous decision was made to award the marketing contract to BvK</p>	<p>1. A motion was made by Dr. Martin Hickey to award the Marketing Vendor contract to BvK and local partners, Ben Slocum seconded the motion. The motion carried. Authorization was given to move forward with further discussions within the organization and work with BvK to put together proposal and discussion for next Board Meeting on 8/16/2013.</p>	Mike Nunez	8/16

<p>-Clever appealing traditional “Super Bowl” marketing through various media outlets.  - Budget was higher, but the Committee felt that they would do the best job, especially for outreach.  - High success rate in taking on tough social issues, which was also very impressive.  Mr. Nunez provided clarification on the budget that indicated that a low and high estimate was requested from each vendor. BvK’s higher estimate was \$7.7M and their low was \$6.6M. It is NMHIX intent to manage to the lower number.</p> <p>2. Discussion and possible action on Healthcare Guide  Overarching Entities &amp; Outreach Contracts:  Mike Nunez updated the Board on Health Care Guides and RFI responses.  Mr. Nunez explained that that an RFI was released to find entities that were interested in participating with the Exchange to assist in developing elements in different geographies around the state in order to have appropriate resources available for people looking to get assistance.  An RFI was released in June and 20 responses were received. The respondents included proposals for overarching entities, entities with special niches, and special geographic niches. Each responding entity provided an entity profile that detailed the entity’s mission statement, the clients served, the years in operation, the tenure of staff serving the targeted population, as well as management, training, and supervisory capabilities. Management proposed the following entities as overarching entities organizations:</p> <p>The NM Primary Care Association  Mr. Nunez indicated that they were non-profit with 160 delivery sites, 10 years of Medicaid experience, residing in 31 counties, they have 24 subcontracted organizations and federally qualified health centers.  Mr. Nunez reported that he would build on their existing Medicaid enrollment expertise. The target enrollment is 60,000. The proposed amount is \$60 per successful enrollment.. They have a structure in place for training and down streaming information. They are a good entity to team with for training purposes. A proposed Scope of Work has been drafted for review.</p> <p>The Native American Professional Parenting Resources (NAPPR) Mr. Nunez reported that the organization has been around for 30 years providing childhood home-based services in Native American communities primarily in Bernalillo, Sandoval,</p>	<p>Dr. Hickey indicated Native Americans have a lot of options if they are dissatisfied with IHS. This gives them another option to be in the Exchange by using the 638 funds to help them buy commercial insurance. We need an organization to help disseminate the information to this population.  Ms. Gomez believes that it is important for the Board to consider that the NAPPR proposal would work closely and directly with the tribes and that would help to clarify the need for the individuals seeking health insurance.</p> <p>Dr. Hickey indicated that there would be no out-of-pocket expense if their care originates in a Tribal Care Center or IHS and they get secondary care as there is no co-pay or co-insurance.  Mr. Nunez indicated that the Native American Health Improvement Act improves access and</p>			
---	--	--	--	--

<p>Cibola and Valencia counties. They also service other Native Americans throughout NM. They had an impressive list of partnerships with a number of Native American organizations. This organization is willing to reach out to the Navajo Nation. There are about 26,000 Native Americans that will be eligible for the Exchange. An outreach and education campaign was proposed because the Native American population has different needs and different concepts of insurance. Staff believes it would be important to provide one-time funding to educate Native Americans on a new “culture of Health Insurance” as well as the benefits of having coverage and increased access to providers and facilities. NAPPR would be an appropriate umbrella organization because they are used to the geographical distances and work with many individual Native American communities. Native American s make up about 10% of the population and a large portion are on Medicaid. NAPPR proposes services to NM Pueblos but are willing and available to work with Navajo Nation and two Apache tribes if desired.</p>	<p>opportunity and they can do this on a monthly basis, so if they are in a situation where they want or need more timely assistance, this provides an alternative to that care.</p> <p>Jason Sandel commented that he still does not know how many “boots” are on the ground and is very concerned that we are not addressing Dr. Waldman’s issues that there were enough people and by paying a per capita rate. Mr. Sandel presented various scenarios to show that we aren’t doing what we can to reach out across the entire state. He does not think that implementing a per capita rate is the right policy to reach the entire state.</p> <p>Dr. Damron asked Mr. Nunez if there were alternative methodologies for reimbursement for the more rural communities than the more urban areas. Mr. Nunez responded that it can be looked into and clarified. The Native American approach is different as enrollment will be a smaller portion of the budget. Approximately \$133K of the total \$1.4M budget is estimated for assuming 3,000 to 4,000</p>			
--	---	--	--	--

	<p>people enroll. The emphasis is being placed on outreach efforts, not enrollment.</p> <p>Dr. Hickey clarified fixed cost budget with NAPPR is based on the enrollment fee and 8,900 enrollees. Mr. Nunez clarified that this overarching entity will disseminate work with Pueblos directly to fund local boots on the ground. Dr. Hickey asked if there separate funding for the Navajo Nation to do the similar activities Mr. Nunez responded that separate funding is budgeted.</p> <p>Mr. Parra commented that we should use existing resources for enrollment and utilize the new marketing vendor to assist with how to engage in these outreach efforts.</p> <p>Mr. Ezekiel encouraged the Board to move forward. Dr. Waldman indicated that the Board needs to give Mr. Nunez direction to move forward. Mr. Nunez explained we are expecting 83,000 into the Exchange. Outreach is focused on those 83,000 eligible for the Exchange. Medicaid outreach is a separate and different effort.</p>			
--	---	--	--	--

	<p>Mr. Nunez encouraged the Board to review and comment on the scope of work for each outreach entity provided.</p> <p>Mr. Slocum indicated whether Medicaid or uninsured, it is incumbent on the Board to ensure that there are enough financial resources available and enough boots on the ground available and in the case of time and not being irresponsible. If we have to go bold to get it done the first year, we go bold and get people into the community to get this done. We need to give Mr. Nunez the authority to put something in place.</p> <p>Mr. Sandel requested a detailed comprehensive plan and would like to see the efforts expanded.</p> <p>Dr. Damron summarized that we are trying to do this right. Our Governor and legislators want us to be up and running in a positive manner by October 1, but we have to do it right. We need to know how much we need to do our Outreach effectively in our frontier areas. We need to work with our new marketing vendor to put together information based on today's information and</p>			
--	---	--	--	--

	<p>bring it to the next Board meeting. Cost is a concern. There is a Level I grant funding deadline on August 15th, it will not be possible to submit. We still have \$8.5M grant and we should utilize those funds.</p> <p>2. Board discussion led to the conclusion that this item was not ready for approval at this time. The overarching entities and contracts required additional review by the board and commentary on the outreach strategy by the new marketing firm, BvK. Management was to rework strategy, share strategy with BvK, and bring proposals to the marketing committee and then back to board by August 16, 2013.</p>	Bring a proposal to the next Board meeting on 8/16/2013 for discussion	Mike Nunez	
Agenda Topics:	Matters from the Native American American's Committee, Directors Theresa Gomez and Jason Sandel, Co-chairs.			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
There were no comments from the Committee.		Would like to have conversations with Mr. Nunez regarding looking at what types of formal agreements need to be put in place for seeking assistance in HSD as it relates to the staff mentioned at the last meeting. Requested Mr. Nunez work with the Secretary or designee.	Mike Nunez	
Agenda Topics:	Matters from the CEO, Mike Nunez, Interim CEO			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
1. Introduction of staff members, Leah Steimel, Outreach Director and Lisa Garcia, Executive Assistant 2. Discussion and possible action regarding the following SHOP policy decisions relating to employer and employee participation		Motion Employer minimum 50% minimal employer contribution by Dr. Hickey Seconded Ezekiel.		8/16

<p>in the Exchange.  A) Employer Plan Selection: Typical percentage is 50%. NMHIA allowed a 0% employer contribution to encourage enrollment.</p> <p>Board discussed employee choice issue. Mr. Chad Kirkpatrick indicated the commercial off the shelf (COTS) solution included employee choice, whereby an employer selected a metal level and employees had the choice option to select any plan from that metal tier. To change the COTS solution would cause a delay of up to 17 weeks and would result in missing the operational target date of October 1, 2013</p> <p>B) Employer Plan Selection: Establish minimum employer contribution percentage for dependents. Employer contribution for dependents is typically left up to employer and not prescribed. Recommendation is Minimal employer contribution for dependents - 0%.</p> <p>C) Participation Rate; NMHIX must determine the minimum number of employees that must enroll to minimize adverse selection issues. Recommendation; Implement a Golden enrollment period beginning October 1, 2013 through November 30, 2013, where no participation rate would apply. For enrollments beginning in December 2013, Minimum Participation rate would be 50%.</p> <p>3. Update Level 1 grant funding transfer.  The funds are at HSD and available via a federal line of credit. NMHIX will "draw-down" funds as needed. NMHIX has filed for its own Grantee of Record (currently the grantee of record is HSD). With HSD's cooperation, we change that Grantee of Record from HSD to NMHIX. We would have our own reporting and account with the Feds in order to draw-down directly from the Feds. The process will take about 60 days to complete. We are currently working with HSD to complete.</p> <p>Patsy Romero indicated that HSD has reporting requirements on that Federal money and asked if the reporting deadlines are being met based on the MOU. Mr. Nunez responded that all transactions have occurred. HSD enters data to the Feds. Once the Grantee of Record is transferred we would take on that responsibility.  Matt Kennicott indicated that the prior deadline was not met and urged Mr. Nunez to pay close attention to the deadline. The Board also encouraged Mr. Nunez to pay close attention to the reporting deadlines.</p>	<p>3. Continue process of Grantee of Record, adhere to reporting deadlines.</p>	<p>Jason asked for a smaller % amount. Withdrawn previous motion by Dr. Hickey Seconded Aaron Ezekiel.</p> <p>New Motion Employer minimum 25% minimal employer contribution  Aaron Ezekiel seconded Jason Sandel. Following Board discussion, a roll call vote was called.  Roll Call Vote:  Yeas: Jason Sandel; Patsy Romero; Dr. Hickey; Dr. Damron; Dr. Leaming; Terriane Everhart.  Nays: Gabriel Parra; Aaron Ezekiel; Dr. Waldman; Matt Kennicott; Ben Slocum;  The motion carried.</p> <p>B) Motion to Minimal employer contribution for dependents - 0% by Dr. Waldman Seconded Patsy Romero.</p> <p>C) Motion to overwrite all previous motions (A and B) and keep all current recommendations for the SHOP. Also, to have Mr. Nunez request an actuarial point of view on SHOP policies from Liz Leif for presentation next board meeting. Motion made by Aaron Ezekiel Seconded Gabriel Parra.  Motion Carried</p>		
--	---	---	--	--

<p>4. Update on Health Care Guide Training: Mr. Nunez reported that PCG has been working on a set of training modules which are about to be finalized. Modules will be converted to online web-based training to be available to train healthcare guides. The target is just after Labor Day. It is anticipated that the training will take about 12 hours and the Federal training component will take approximately twenty hours.</p> <p>5. Advisory Committees – Listening Sessions Mr. Nunez reported the upcoming Listening Sessions. Three sessions will be held on August 13/14, 2013 for Consumers/Advocates, Providers/Practitioners and Employers (including nonprofit employers).</p> <p>6. Update on federal program integration and call center RFP. Mr. Nunez presented the Board with Call Center RFP. Mr. Nunez indicated since the Board adopted a Hybrid Exchange, we would be utilizing the federal call center for the individual exchange and a separate NM SHOP call center. The federal and the SHOP call centers would each have their own 800 numbers. To minimize confusion amongst New Mexicans, Mr. Nunez suggested a single referring call center with one NM 800 number. Mr. Nunez discussed two options a Basic call center (dispatching calls to end users) and New Mexico First (triage of call then transfer of the call to the appropriate party).</p>	<p>5. Listening Sessions set up in Albuquerque for 8/13 and 8/14 for Consumers/Advocate, Providers/Practitioners and Employers</p> <p>6. The Board questioned who participated in the development of the Call Center RFP. Mr. Nunez indicated that the RFP was developed by PCG and their call center consultants with staff. The Board requested that a call center workgroup be established to provide a broader perspective of the needs of New Mexicans. Once the workgroup provided input, the revised RFP would be brought before the Finance, Operations and Benefits Committee with recommendations to the Board.at the August 16, Board meeting.</p>	<p>5. Updates to be given at next Board Meeting.</p>		
---	---	--	--	--

<p>7. Update on staffing and office space.</p> <p>Mr. Nunez indicated that office space was located at 7770 Jefferson NE in the Marshall Building.</p> <p>8. Discussion and request for approval of use of NMHIA funds for NMHIX purposes, including Navigator expenses. Mr. Miller indicated the board had attempted to take action in a previous meeting however it not properly noticed. The action is again presented after proper noticing.</p>		<p>8. A motion was made by Dr. Deane Waldman to approve the use of NMHIA funds for NMHIX purposes, including Navigator Expenses. Patsy Romero seconded the motion. The Motion carried.</p>		
<p><b>Agenda Topics</b></p>	<p><b>Matters from the Superintendent of Insurance, Superintendent or Designee</b></p>			
<p><b>Discussion:</b></p>	<p><b>Conclusions:</b></p>	<p><b>Action Items:</b></p>	<p><b>Responsibility:</b></p>	<p><b>Due:</b></p>
<p>Presentation on rates and Plans          Lisa Reed of HSD provided information on rate changes. Topics discussed were:          The presentation by Lisa Reed was previously presented to LHHS.          The review program and rates were distributed.          The rates are from new carriers and are competitive with new plans.          The rates are not significantly higher.          The individual plans are finalized and have been send to the "Feds" and will be posted for carriers to look at and make corrections if needed.          SHOP plans are still in the review process.          Group rates were submitted by the carriers.          It was also stated that if asked by the Actuaries: "Is it possible that the rates could change? The response was that the carriers will not be able to submit changes.          Discussions further continued to comparisons with other states.</p>				
<p><b>Agenda Topic</b></p>				
<p><b>Discussion:</b></p>	<p><b>Conclusions:</b></p>	<p><b>Action Items:</b></p>	<p><b>Responsibility:</b></p>	<p><b>Due</b></p>
<p>Dick Mason – League of Women Voters NM,          Mr. Mason expressed disappointment in that the NMHIX decided not to apply for more grant funds under the August 15, 2013 deadline. He also stated that disappointment that 8 out of 13 members of the NMHIX were either a provider or carrier. There was not enough consumer representation on the Board. He hopes that the Listening Sessions will end up with the creation of a true Advisory Committee.</p> <p>Joe Martinez – Health Action New Mexico,          Mr. Martinez discussed "unfinished business" in the need for the</p>				

<p>interface for enrollment between NMHSD (Medicaid) and the NMHIX. He also talked about the need for training modules. Navigators need to be committed to an awareness of both programs.</p> <p>Paige Duhamel: Southwest Women’s Law Center Ms. Duhamel said she was encouraged by the discussion on enrollment. She believes that some sort of decision needs to be made to give Mr. Nunez the authority to apply for funding and do his job.</p> <p>Eric Lujan – Native American Senior Advisory Council Mr. Lujan stated that the NMHIX held a Native American Session three weeks ago and asked for follow-up on three items: 1) a Tribal Consultation; 2) naming of a Native American Advisory Committee; and 3) to hire a Native American Liaison, yet no action had be taken.</p> <p>Frank Duran – K2MD Mr. Duran stated that he did not understand how the decision was made concerning the approval of hiring BVK for the Marketing Contract and sought further explanation.</p> <p>Steve Morgan – Member of a Rural Chamber Mr. Morgan reported that it was going to take more than \$168,000 to reach small employers. He stated that rural chambers have part-time staff and their capabilities are limited. They are going to need training and funding to do the outreach that has been described.</p> <p>David Roddy: New Mexico Primary Care Association Mr. Roddy explained the concepts behind the enrollment process. Outreach and education is to make people aware of the opportunities and where to go to sign up. Mr. Roddy also reported that knocking on doors in rural areas was not going to help enrollment. He stated that people will have to go to clinics and specific locations to actually enroll. Individual markets require Federal training of 30 hours.</p>				
<p>Agenda Topic:</p>	<p>Next Board Meeting</p>			
<p>Discussion:</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
<p>Friday, August 16, 2013 at 9:00 a.m. to 5:00 p.m. at the Albuquerque Marriott Pyramid, 5151 San Francisco Road NE, Albuquerque, NM 87109</p>				
<p>Agenda Topics</p>	<p>Adjournment:</p>			
<p>Discussions:</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
	<p>The meeting adjourned at 6:20 p.m.</p>	<p>A motion was made to adjourn the meeting by Dr. J. Deane Waldman. It was seconded by Patsy Romero. The motion carried.</p>		