

NMHIX April 30, 2013	Board Meeting April 30 from 9 am to 2 pm CNM Workforce Solutions 5600 Eagle Rock Albuquerque, NM			
Facilitator:	Dr. J. R. Damron			
Appointees Required by State Statutes:	Superintendent of Insurance John Franchini, Santa Fe NM Human Services Department, Cabinet Secretary Sidonie Squier, Santa Fe			
Governor Appointees:	Dr. J.R. Damron, Santa Fe Terriane Everhart, Las Cruces Gabriel Parra, Albuquerque Ben Slocum, Albuquerque Dr. J. Deane Waldman, Albuquerque			
Legislative Appointees:	Teresa Gomez, Albuquerque Dr. Martin Hickey, Albuquerque Dr. Larry Leaming, Portales Patsy Romero, Santa Fe Jason Sandel, Aztec David Shaw, Lovington			
Absentees:				
Quorum	Yes			
Attachments:	1. Agenda; NMHIX agenda			
Agenda Topics:	Call To Order/ Review of Agenda JR Damron			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Meeting called to order at 9:15 am by Dr. JR Damron.		Retroactive Motion to proceed. Executive Session to discuss limited personnel matters. Dr. J.R. Damron Second: Terriane Everhart		
Agenda Topics:	Conflict of Interest - JR Damron			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Conflict of interest document approval. Modifications to document on formatting and terminology.		Motion to approve current conflict of interest document for the NMHIX. First: Patsy Romero Second: Deane Waldman		
Agenda Topics:	Consumers Outreach and Assistance			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Clarification on Navigator Grants by Mrs. Lisa Reid				

<p>The funding is available to Federal Exchanges and Federal Partnerships. For all State Based Exchanges like NM, the funds are not available. Applying for navigator funding that is \$54 million total for all states is not an option because NM has the status of a State Based Exchange. In-person assister grants can be paid by the level one grant. In-person assisters are similar to the navigators. The \$34 million that we have right now could be used for outreach and to develop a navigator program but not used to pay navigators.</p> <p>Two models available for NM. Full state based exchange (do it all) Or State based exchange (using federal platform) In both cases NM will NOT be able to apply for the \$54 million.</p> <p>If the board selects a full partnership then the \$54 million will be available for the navigator program.</p>	<p>Board requesting copy of Strategic Plan developed by Dr. Derksen.</p> <p>Report from Levitt</p> <p>Need matrix of funds available depending on the type of exchanges.</p>			
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Agenda Topics:	Native American Service Center - Mike Nunez			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
<p>Presentation of efforts currently created for outreach and education to the Native American population. Native American marketing channels should include: Print, radio, TV, social media/Facebook, web, health fairs, other events Educational website hotlinks for Native Americans Face to face opportunities as well as large and frequent group meetings in public venues Engagement with Chapter Houses, senior centers, health fairs and Pow Wows Marketing through Native American Radio: Singing wire & Native American calling and Public Service Announcements Marketing and educational efforts through social and alumni organizations, including newsletters Advertising on buses and bus stops Native American Health Improvement Act allows Native Americans to increase access and choices to health coverage by electing coverage under the Insurance Exchange.</p>	<p>Board would like copies of presentations available to board.</p> <p>Board would like to have the committee move quickly with marketing efforts and investigations to find out the need and approach for this group.</p> <p>Board would like to have access to the RFP for PR and Marketing.</p> <p>Follow the recommendations of the Native American work groups.</p>			

<p>Decide to obtain Exchange coverage on a monthly basis. No copays or other cost sharing if income is < 300% of FPL. Information from Medicare expansions and the possible dual purpose that we may need to work together to avoid duplication on the efforts Job descriptions for all positions are available for review in the NMHIX book provided the board.</p>				
<p>Agenda Topics:</p>	<p>Board Term Limits & Proxy discussion - David Barton</p>			
<p>Discussion:</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
<p>For the non-health insurer members, appointments are staggered. June 30 of every year someone will be termed. Interpreting the current statute, all non-insurer members will be extended for two months. This is due to the emergency clause of the act. Regarding Proxy: We will wait for a final recommendation from NMHIX's legal counsel. Also, within 60 days of the effective date of the New Mexico Insurance Exchange Act, the board shall create a preliminary plan of operation containing provisions to ensure the fair, reasonable and equitable administration of the exchange.</p>	<p>Board would like to wait and review/accept the interpretation by NMHIX's legal consult.</p>			
<p>Agenda Topics:</p>	<p>Committees – Dr. JR Damron</p>			
<p>Discussion:</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
<p>Would like to have a standing committee for the Native American Group and not an advisory committee. Native Americans On & Off Reservation Qualified Employer representatives Low income and underserved advocates Transition Committee (Active members from NMHIA and NMMIP) Health Insurers Health Care Providers Brokers and Agents Medicaid and State Agencies Committee would like to wait until next meeting to form the sub groups.</p>	<p>Would like to take advisory task groups already formed to continue their effort for the Exchange.</p>	<p>Motion to have a Native American Committee First: Teresa Gomez Second: Patsy Romero</p> <p>Motion to have four standing committees: 1)Finance-Operations & Benefits 2)Marketing and PR 3)IT 4)Native American First: Jason Sandel Second: Ben Slocum</p> <p>Motion to wait until the next board meeting to form advisory committees.</p>		

		First: Dr. JR Damron Second: Dr. Deane Waldman		
Agenda Topics:	Proposed NMHIX Budget/Staffing - Mike Nunez			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Organization chart submitted on blue print. Proposed Budget 2013-2015 working budget Next Federal grant due date is May 15, 2013	Due to time constraints work will be done through contracts instead of full time employment from now until October. Current available funding State received \$34 million \$1.6 to Alliance \$1 to Levitt Partner Balance \$31.7 million Board would like to see cost per person calculation.	Motion to submit a level one grant for \$20 million. First: Jason Sandel Second: Patsy Romero		
Agenda Topics	Executive Session			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
	Board of Director returned from Executive Session with no decision made.	Motion to proceed to Executive Session to discuss limited personnel issues. First: Jason Sandel Second: Gabriel Parra		
Agenda Topics	New Mexico Health Insurance Alliance - Mike Nunez			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Alliance will accept applications & renew current members through 2013. When the exchange starts; individuals that are with NMHIA will transfer to the exchange or commercial market; We do have assessments for 2012. We are completing those now, and will have additional sets the following years to wind down after all of our members terminate their final insurance policies we will have one final assessment that would decrease over time as we move into 2013 and 2014. The Alliance has invoiced premiums, administrative fees, risk-adjusted fees and commissions as our total amount of revenue; currently, we are approximately 3.6% off on our administration fees. The exchange; we received \$1.6 million that was deposited into our accounts; we spent about \$37,000. The breakdown of those expenditures; for meeting costs, consulting costs and advertising				

for the positions that we sent out in the January.				
Agenda Topics	New Mexico Medical Insurance Pool - Jason Sandel			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
<p>New Mexico Medical Insurance Pool exists for the purpose of providing insurance to those who are uninsurable. Those with a diagnosis that prevented them from being able to secure individual coverage across the state of New Mexico. Whether they have qualified based on a specific condition or have received a denial letter based upon either one of those initiating events, they become eligible to purchase insurance through the insurance pool.</p> <p>The pool was created years ago for the purpose of spreading the risk of those high-risk individuals. We pay for the services through an assessment process where every insurance company registered to do business in New Mexico is charged an assessment based upon the size of the book of their business so, if you have 50% of the business in the state of New Mexico then you are responsible for 50% of the cost of the assessment.</p> <p>After a significant period of time and expansion throughout the 2000's, individual coverage today increased from about 1,500 members to 10,000 members. Today we operate with a budget of approximately \$200 million of which \$150 million of that is losses; paid for by insurance carriers across state of New Mexico. Carriers receive a tax credit from the state of New Mexico based on premium taxes to reimburse a portion of what their assessment is by way of tax.</p> <p>Also, we are providing health insurance for high risk and individuals through the federal high-risk insurance program since 2010; we insure 1,500 individuals. The 1,500 that are signed on through the federal program, by law, must come onto the individual state-based exchange at the end of the policy term and we will not write new business. Actuarial studies say essentially if we were to put these folks into the private market they would account for 50% of the health spent, overnight, that number could go as high as 80%, based on some other estimates; it probably could come</p>				

<p>down depending on the assumptions that are made. These are some of the highlights of the conversations that were brought up over the past couple of days about trying to find synergy where we can bring staff already doing the job so that we are not reinventing the wheel.</p>				
<p>Agenda Topics</p>	<p>Public Forum</p>			
<p>Discussion:</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
<p>Ms. Blanchard; representing the Native American population in the state. I began to focus on Medicaid expansion working with the tribes to educate them about Medicaid expansion and their involvement. Tribes support the expansion. We have about 25,000 Indian adults in the state who are eligible but un-enrolled. There are about 13,000 children un-enrolled. We also focused on the HSD Centennial care plan which had a number of difficulties with that plan. Also, navigator activities etc. We think that those could be effectively implemented through contractual relationships with tribes that allow for the community health representatives already in the communities and the benefit coordinators already in the communities to conduct this work. Regarding Medicaid expansion and other issues, workers have learned they are most successful going house to house.</p> <p>Lisa Maeve; would like to emphasize that effective outreach education enrollment into rural and tribal communities is going to require a lot of face-to-face opportunities and boots on the ground as discussed this morning. With the deadlines approaching us at the speed that they are, I think that out of necessity, much of this work is going to be handled by local community health representatives benefit coordinators etc. Richard Montoya; I represent New Mexico Optometric Association. I would like to thank Dr. Hickey for his words regarding the advisory committees and including all healthcare providers. Providers can assist you as we move forward especially with pediatric patients. I know that we really need to get our doctors geared up for all the new children that can be seen in their offices.</p>				

Agenda Topics	Adjourned			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Next Meeting May 16 from 8 am to 12 pm May 17 from 9 am to 5 pm	Four standing committees: 1-Finance Operations and Benefits chaired by Ms. Romero who is our treasurer 2- Marketing PR chaired by Dr. Hickey 3-Information Technology chaired by Mr. Ben Slocum 4- Native Americans by Ms. Gomez	Motion to Adjourn By Dr. J.R Damron Second: Patsy Romero		