



**Marketing, Media, and Communications RFP  
Responses to Questions for RFP No. 2014/004**

1. Is it a conflict for agencies that represent health plans that are marketed on the exchange to bid on this RFP?

*A: There is no legal conflict for agencies that represent health plans to bid on this RFP.*

2. We were unable to make the call. Is there a recording or will there be a transcript?

*A: The questions asked during the bidders' conference are included in this document.*

3. For the Detailed Price Proposal requested under Section 4.3.6 (page 30), can you please confirm if that price proposal should cover "Contract Period 1" (11/1/14 - 3/31/15) or the "Contract Period 1" plus "Option Period 1" (11/1/14 - 12/31/15), specified under Section 1.5 (page 8)?

*A: Contract Period 1 and the Optional Period 1 should be provided as separate amounts.*

4. Due to a scheduling conflict, we were unable to attend the Telephonic Bidders' Conference. If information was provided that is not covered in the RFP or if additional clarity was provided, can that information be shared?

*A: The questions asked during the bidders' conference are included in this document.*

5. On the call, it was communicated that NMHIX is not immediately in need of a complete overhaul of your marketing materials/look/feel/messaging for the rest of 2014. However, please confirm that you would be open to seeing an evolution of your brand positioning and marketing materials in early 2015 (toward the second half of the enrollment period). Or, are you not expecting a complete shift in brand positioning and marketing materials until after the 2014/2015 open enrollment period?

*A: The NMHIX is open to options for significant re-branding during the 2014/2015 open enrollment period.*

6. Could you please share a list and examples of the current brand and marketing materials available for use during "the next 60 days"?

*A: Please see Attachment 1— NMHIX Personal Information Post Card - these are the only materials currently being used by the NMHIX.*

7. Native Americans make up a significant part of the currently (projected) uninsured in New Mexico. What were some of the efforts NMHIX used last year to reach and convert this critical target? Which tactics were successful and not so successful in marketing to this target last year?

*A: Please see the BeWellNM website as well as Attachment 2 – NAPPR Monthly Report – July 2014 which is NAPPR’s summary report of activities from August 2013 through June 2014.*

8. A video on YouTube suggests that there are 400 trained “Healthcare Guides” all over the state with 20 or more hours of education on how to explain the ins and outs of the Marketplace to the currently uninsured. Is this correct? If so – are these individuals at the full disposal of the NMHIX future marketing program for things such as event staffing and management?

*A: Yes there were approximately 400 trained Health Care Guides throughout the state. Health Care Guide enrollment partners may be able to attend events. The New Mexico Primary Care Association (NMPCA) also now has regional coordinators throughout the state that can help with event staffing and planning. NMHIX is currently reviewing the existing structure of this program and are open to suggestions to increase the capacity and effectiveness our entire state-wide enrollment partner network. NMHIX considers effective tools and training for our partners to be a critical success factor for us this open enrollment. Effective training (and marketing) should incorporate techniques for motivating and engaging consumers, cultivating relationships, and communicating the importance of health insurance to protect individuals and their families.*

9. A video posted on YouTube suggests that last year NMHIX attended 200+ events all over the state and reached an estimated 650,000 New Mexicans with the NMHIX message. Were the 400 “Healthcare Guides” a key component in making this effort possible? On a scale of 1-10, how effective was this effort at creating the ROI you expected?

*A: Health Care Guides participated in some events. Many events were held by other contracted outreach partners or by the NMHIX directly. Overall, ROI on events was not effective.*

10. What were the three best marketing decisions you made last year (in terms of your ROI)?

*A: 1) Use of “in-reach” and “out-reach” postcards to generate appointments. 2) Use of the electronic postcard on the BeWellNM website to generate appointments. 3) Development of the “Plan Comparison” tool for anonymous shopping.*

11. What were the three weakest tactics/efforts (in terms of your ROI)?

*A: The TV ads, radio, and events were not effective, based on Research and Polling, Inc. data.*

12. Outside of insuring the roughly ~190,000 uninsured individuals in NM (not covered under Medicaid/NMHIX), are there any other secondary or tertiary goals of your marketing effort?

*A: The vision statement for the NMHIX is as follows: “Enroll all qualified New Mexicans in the New Mexico Health Insurance Exchange thereby improving the collective health and well-being of New Mexicans by facilitating better access to competitive, affordable, high-quality, timely medical care through greater healthcare coverage.” Also, we would like to increase awareness of the NMHIX brand, and to improve consumers’ understanding of what NMHIX is, and why health insurance is important.*

13. If so, what are they and what is your preferred metric for measuring them?

*A: A key metric for the NMHIX is improved awareness, assistance channels, and education to result in increased enrollments.*

14. Last year, did you run separate marketing programs aimed at distinct target audiences (Hispanics, Natives, young invincibles, etc.) or did you run one overall program across the state of NM? If separate, did media channel and creative executions differ?

*A: There were specific initiatives relative to some market segments such as Native Americans and young invincibles.*

15. Regarding Track #3, is there a website content management system (CMS) in place? If so, on which platform is it built?

*A: NMHIX will work with the successful bidder on a website Content Management System.*

16. Can we assume that the website architecture that exists now would not change before the 2014/2015 open enrollment period?

*A: NMHIX will rely on the successful bidder to determine the strategy for changing the existing architecture.*

17. Beyond the poor results of the Research & Polling marketing effectiveness study, why did you decide to terminate the contract with BVK?

*A: NMHIX declines to answer this question at this time.*

18. It was discussed during the Bidders Conference that NMHIX is looking to the respondents to suggest the appropriate budget for each track moving forward. Since these efforts are not commodities, but rather custom services - may we request that NMHIX consider proposing a "budget" number (even a mythical one) and then judge all of the respondents on the value that they can bring to that specific number (innovative ideas, added value, efficiencies of scale, mark-up, etc.)? In this way, NMHIX could then compare apples to apples when considering each proposal. The final contract number can always be reduced (or increased) upon the award, but this way your committee would be able to more accurately judge the value of each RFP's insights, ideas and value-adds against the same (proposed) budget number for each of them.

*A: NMHIX expects all bidders to size their proposals to reflect strategies to maximize enrollments.*

19. Upon signing the NDA, can we have access to the existing media (traditional and digital) plan for 2014/2015?

*A: The NMHIX will share aspects of any existing plans with the successful bidder as appropriate.*

20. Upon signing the NDA, can we have access to last year's outreach strategy calendar? How were events decided upon and what was the budget allocation for this effort? Also, what metric was used to

determine its success/failure?

*A: All NMHIX events were posted on the calendar on the BeWellNM website. Events were planned in partnership with outreach contractors and others. NMHIX and NMPCA have developed “dashboard” systems that will now allow measuring event effectiveness in terms of resulting enrollments.*

21. Where do you need to be in December 2015 to determine success?

*A: The NMHIX goal is to substantially increase enrollments.*

22. Do you have internal resources for art direction/design/copywriting/translation or is this all outsourced?

*A: This is all outsourced.*

23. How would you describe the culture of your organization?

*A: A key metric for the NMHIX is improved awareness, assistance channels, and education to result in increased enrollments. Our culture is a reflection of this goal and the vision of NMHIX.*

24. Can you give us a sense of the budget allotted for this work and how that is divided up by tracks? What is the current budget? Thanks.

*A: The NMHIX has sufficient budget allocated to all tracks.*

25. “Focus on creating a clear NMHIX brand...” Will any of the brand elements such as “Be Well,” illustrations, color palette, logo, etc. be kept intact? Is this more of a brand refresh?

*A: NMHIX is open to all concepts regarding branding and re-branding.*

26. What do you anticipate carrier collaboration to consist of? Who might the other NMHIX partners be?

*A: The carriers will be part of Stakeholder Advisory Groups. There may be other outreach partners; an RFP is currently underway for additional outreach partners. Also, the agent and broker community will be integral to our plans for this year and need to be incorporated into all communications, outreach, marketing, and research channels.*

27. Are there any existing vendors in place that we would be managing?

*A: There are several exiting outreach contractors that would require coordination.*

28. Are there any limitations or restrictions on the subcontractors with whom we elect to partner?

*A: No. All contractors and subcontractors must comply with federal regulations and requirements.*

29. What were the principle marketing reasons why awareness and enrollment goals fell short?

*A: Please see the Research and Polling, Inc. data.*

30. Can you provide a list of the media outlets that were utilized in the first enrollment period?

*A: NMHIX utilized television, radio and print advertising throughout the state.*

31. Into what languages were your communications translated/trans created?

*A: English, Spanish, and some items in Vietnamese.*

32. Will there be an opportunity to field additional research, if deemed necessary, prior to delivering a final strategy?

*A: Yes, however, NMHIX is on an accelerated timeline for all components of the RFP.*

33. To what extent will the education, engagement and promotion include Medicaid? Is the primary or exclusive focus Qualified Health Plans?

*A: The primary focus is enrollments in the NMHIX Qualified Health Plans.*

34. Will the NMHIX Communications and Outreach Director be managing the PR effort?

*A: Yes, and with vendor support.*

35. When will the Outreach contracts be awarded?

*A: Outreach contracts are scheduled to be awarded in early October.*

36. To what extent is strategy and execution of the SHOP program part of the assignment?

*A: SHOP should be part of the comprehensive plan, however, priority focus for this year's open enrollment is on the individual market.*

37. Will existing broadcast and print advertising be completely retired following the November enrollment period?

*A: NMHIX would expect the successful bidder to evaluate and advise on existing broadcast and print advertising.*

38. No digital tactics have been delineated under the Paid and Earned Media section. Will the vendor(s) responsible for Track 2 (social) and Track 3 (web development) shape that strategy and spending levels for paid search and display?

*A: NMHIX would like bidders to suggest strategies.*

39. Will you be providing a list of approved vendors for production work, or is the only requirement that they are in the State of New Mexico?

*A: NMHIX will work with the successful bidder to determine the best solution for printing.*

40. Will the outreach vendor be responsible for developing and managing content on social sites?

*A: Yes. The marketing vendor will be responsible for creative design and managing content.*

41. Following the contract award will NMHIX key staff be available immediately for strategic sessions required to deliver a preliminary plan in 5 days?

*A: Yes.*

42. Is direct experience with the population in New Mexico a mandatory requirement?

*A: Successful bidders must demonstrate a significant understanding of the New Mexico market and culture.*

43. Will out-of-state agencies be considered?

*A: Bidders are not restricted to New Mexico agencies.*

44. Can you give examples of your partner organizations in Albuquerque?

*A: Albuquerque Hispano Chamber of Commerce, Association of Commerce and Industry, Greater Albuquerque Chamber of Commerce, New Mexico Association of Counties.*

45. May we see a list of all events held during the 2013/2014 enrollment period along with a listing of the outreach staff that ran them?

*A: Please see the BeWellNM website for outreach events during 2013/2014. Staff and contractors executed events.*

46. Will you provide a list of tools that outreach staff will have in the field – laptops, tablets, smartphones, etc.?

*A: Different contractors have different tools as appropriate.*

47. Is the hiring of paid field workers included in this track, or will outreach be handled primarily if not exclusively by volunteer Health Guides and In-Person Assisters?

*A: NMHIX is seeking proposals for grass-roots strategies under the Outreach/Communications track of this RFP.*

48. Who will be the NMHIX Outreach liaison?

*A: The NMHIX is currently recruiting for a Communications and Outreach Director.*

49: Who currently handles PR placements and opportunities for NMHIX?

*A: The NMHIX is currently recruiting for a Communications and Outreach Director.*

50. Will there be a PR-focused staff member at NMHIX?

*A: The NMHIX is currently recruiting for a Communications and Outreach Director.*

51. What are the principle elements of your communications and outreach plan for the November 2014 enrollment period? Who is responsible for it?

*A: The NMHIX is currently recruiting for a Communications and Outreach Director. The NMHIX expects the successful bidder for the Communications/Outreach track to develop a plan for the upcoming Open Enrollment period.*

52. What were your most successful outreach efforts in 2013/2014? Did they include door-to-door canvassing?

*A: Please see the data from Research and Polling, Inc. Door-to-door canvassing of individual households is no longer allowed by the federal government.*

53. Did your 2013/2014 outreach efforts include Health Guides, or did your outreach corps produce their own materials and hold their own events?

*A: NMHIX utilized Health Care Guides and brokers in 2013/2014.*

54. Will there be a dedicated NMHIX staff member assigned to the website development?

*A: No.*

55. Who will provide content updates?

*A: The successful bidders of this RFP will provide content updates.*

56. What is the current hosting arrangement?

*A: NMHIX will work with the successful bidder on a website hosting strategy.*

57. Does Track 3 include responsibility for all paid search and online display advertising? If so, does it include all facets except the development of creative?

*A: Yes.*

58. What aspects of the website(s) are to be left intact for the enrollment period and which can be improved during the enrollment period?

*A: NMHIX will work with the successful bidder to determine the best strategy for the website.*

59. Who is the vendor handling the eligibility and enrollment website?

*A: The NMHIX is utilizing healthcare.gov this open enrollment period.*

60. What stage are you in in the overall build of the site?

*A: The NMHIX is in the process of developing the individual marketplace site for the 2015/2016 Open Enrollment period.*

61. Have you engaged in user testing as an iterative part of the build?

*A: User testing will be part of the development.*

62. How does the call center integrate into the eligibility and enrollment site?

*A: Currently, the call center is not integrated into the eligibility and enrollment site. The call center simply directs callers to the right entity, based on their need. The Exchange is in the process of developing a full service call center that will integrate into the eligibility and enrollment site when NMHIX launches the state based exchange platform in 2015.*

63. What metrics will be in placed on the site? Will you have pixels to measure the effectiveness of online advertising?

*A: NMHIX will work with the successful bidders on all digital marketing strategies.*

64. Has UI and UX been addressed as part of the build, or has the focus strictly been on back-end infrastructure?

*A: NMHIX will work with the successful bidders to determine the best website strategy.*

65. Is there a research partner in place that you would like us to continue to work with?

*A: NMHIX would expect all successful bidders to work with the winning Evaluation bidder.*

66. Is there cost range you would like to have the project or task to be completed? For example you would like to have the entire proposal to be under \$100K or between \$100K to \$200K?

*A: NMHIX has not specified any cost range.*

67. Is the marketing communication task/project more geared to mobile device or web interaction?

*A: The NMHIX expects a comprehensive strategy for all marketing and communications.*

68. Is there a web browser of your preference? For example IE 8, 9 or 10, Opera, Safari, Firefox.

*A: NMHIX will work with the successful bidder to determine the preferred web browser.*

69. With work being awarded on October 27, what is the expectation for operability of the website by the start of Open Enrollment on November 15<sup>th</sup>? (i.e. site fully operable, site enrollment ready, final content/design, etc)

*A: The NMHIX and BeWellNM websites are currently functional. The NMHIX will utilize healthcare.gov for enrollment in the 2014/2015 Open Enrollment period.*

70. Which vendor is considered to be the lead on content development and design? The Marketing Campaign vendor? The website vendor?

*A: The Marketing campaign vendor is contemplated to be the lead on content development and design coordinating closely with Communications and all other vendors*

71. Should it be assumed that the vendor selected for the Marketing Campaign will be providing new messaging and new branding to be used on the website? If so, what is the date that those materials will be available? In what format will those materials be available?

*A: The NMHIX will work with the successful Marketing Campaign vendor on messaging and branding.*

72. Who will be the final decision maker on all deliverables tied to the website?

*A: The Director of Communication and Outreach is the final decision maker on deliverables.*

73. What is the expected turnaround time for approvals during the development process? Does this include approval from legal and compliance?

*A: The NMHIX will expedite all approvals and turnaround including legal and compliance.*

74. Will all functionality from NMHIX.com be expected to be built into the consumer site by November 15<sup>th</sup>?

*A: The NMHIX and BeWellNM websites are currently functional. The NMHIX will utilize healthcare.gov for enrollment in the 2014/2015 Open Enrollment period.*

75. In reference to the Health Insurance Exchange Marketing, Media and Communications RFP, #2014/004, would you please clarify the contract terms?

*A: Please see the RFP for contract information. Page 8 specifies: "Contract Period 1" (11/1/14 - 3/31/15) or the "Contract Period 1" plus "Option Period 1" (11/1/14 - 12/31/15)*

76. On page 3 of the RFP, it states that the goal of the RFP is to procure vendors that will assist NMHIX in increasing enrollment during the 2015 / 2016 enrollment periods (November 16 – approx. Feb. 20, 2016). However, on page 8, 1.5 Contract Term states that the Contract Period 1 dates are November 1, 2014 – March 31, 2015 and the Option Period 1 dates are April 1, 2015 – December 31, 2015.

*A: The NMHIX is procuring vendors that will assist the NMHIX in increasing enrollments starting November 15, 2015 through the 2016 Open Enrollment period.*

77. On page 5, the RFP indicates the “Marketing vendor” would serve as the lead. Would NMHIX accept lead role/Project Manager from the Communications Vendor or one of the other track response?

*A: The RFP states that the Marketing vendor will serve as the lead vendor.*

78. On page 17, the RFP indicates that the “Marketing Campaign Vendor” or Lead vendor will be responsible to ensure all project goals are met and that they will be held responsible in managing the remaining vendors brought in through the RFP process? Is it the intention of NMHIX to have the other vendors be sub-contractors to the lead vendor?

*A: Not necessarily. Vendors will need to work collaboratively with the Marketing Campaign vendor. Sub-contractual arrangements are welcomed but not required.*

79. Is it possible for a vendor to respond to all four tracks, but only be selected for one or more tracks but not all four?

*A: Yes.*

80. If vendors that have existing relationships pair up to formally respond together – does that prohibit one vendor from winning for one track if one or several of their other partners isn’t selected for other tracks?

*A: No.*

81. For example, ACME Marketing, ABC communications, 123 website designs and XYZ research firm all bid together – NMHIX likes the response sections from ACME Marketing, ABC communications and wants to award those tracks, but doesn’t want to use 123 website designs and XYZ research – can ACME and ABC be selected without the other two vendors they partnered with for the response?

*A: Yes.*

82. Is it a conflict of interest if current clients include NMHIX partners and QHP (quality health plan) providers?

*A: There is no legal conflict for agencies that represent health plans to bid on this RFP.*

83. Is the current paid media plan available for review by bid respondents?

*A: No.*

84. Benchmarks: What are the quantitative goals that NMHIX wants to reach with this new campaign?

*A: A key metric for the NMHIX is improved awareness, assistance channels, and education to result in increased enrollments.*

85. Page 20, Section 3.3.3 Personnel Requirements: Please define the office requirements for the NM-based Project Manager (Hours, location)

*A: The NMHIX expects at least one full time on-site Project Manager from the vendor designated as Lead.*

86. The RFP seems to place the Communication/Outreach vendor as the primary social media facilitator,

asking for a developed strategic plan. In the marketing track, social media is also referred to ("Design and assist in implementing a social media campaign that is in alignment with the overall strategic goals"). Who is writing the strategic plan – marketing or communications or both?

*A: Ideally both vendors will work collaboratively with the NMHIX Director of Communications and Outreach to write the strategic plan. The Marketing Campaign vendor will have primary responsibility for designing the social media campaign. The Communication/Outreach vendor will implement and manage the social media campaign.*

87. Page 19: "Develop recommendations for a marketing, outreach, and communications plan for the NMHIX to consider to allow the NMHIX to be financially sustainable after the termination of grant funding" What is the timeframe and budget for current federal grant funding?

*A: Federal grant funding is scheduled to expire in 2016 for exchange operations.*

88. P. 19: "Responders must include at minimum 1 example of a collateral item aimed at the uninsured". Does this mean NMHIX-specific, or could it be from another ACA campaign?

*A: NMHIX specific.*

89. Can you please elaborate further on the purpose and background of the four tracks?

*A. NMHIX wanted to open this opportunity to multiple vendors to ensure vendors with the best skillset are matched to each track or assignment. This will help ensure proper alignment of skills with the required scope of work. The ability to bid on multiple tracks enables vendors to bid who have a range of skills and abilities. This will also enable unique partnerships and potential subcontractor relationships.*

90. Are you able to provide benchmark metrics surrounding the original Marketing and Outreach campaign? What are those numbers around each campaign?

*A: Please see the Research and Polling, Inc. data which will be provided after NMHIX receives an intent to bid and a signed non-disclosure agreement.*

91. One of the itemized scopes of work for the Evaluation and Research Vendor is regarding the Pay for Performance (P4P) under Cost Proposal. Can you please add additional details?

*A: Please disregard the term "Cost Proposal" as it was listed in error under this category. It should read "Marketing Performance Metrics." In terms of Pay for Performance metrics, please consider ideas on the concept of incentivizing the vendor from the Marketing Campaign (Track 1) to have an incentive payment based on enrollment outcomes or other metrics.*

92. Regarding the marketing materials, how much do you plan on reusing information from previous years?

*A. During the initial outset of the open enrollment period, NMHIX plans on using existing materials until new materials are developed.*

93. What are the projected dates for media buys?

*A. NMHIX will work with the successful marketing vendor on determining dates for media buys.*

94. Can you provide additional information surrounding the projected budget?

*A. NMHIX is asking the vendors for budget proposals.*

95. Can you please expand on the mobilization side of grassroots effort? Are vendors educating or trying to sign people up?

*A. NMHIX expects a robust grass-roots effort throughout the state. All outreach activity will need to be coordinated with brokers and enrollment partner organizations.*

96. Which track will serve as the “owner” of the Social Media Campaign?

*A. We envision the Marketing Campaign (Track 1) being responsible for designing the program, and the Outreach and Communication (Track 2) vendor to implement the program.*

97. Can NMHIX provide examples of success stories from the prior year marketing firm?

*A: Please see the NMHIX social media site for success stories.*

98. When will there be an announcement on Outreach and Education Vendors?

*A. NMHIX is currently reviewing proposals and anticipates contract awards in October.*

99. In terms of the website re-design / creative re-skinning of the website - is this more of a retro-fit or complete overhaul?

*A. NMHIX is looking primarily for maintenance and re-design work. NMHIX does not envision a total site re-design until NMHIX has re-visited branding strategy.*

100. Does NMHIX have an in-house web team?

*A. No*

**Attachment 1 – NMHIX Personal Information Post Card**

(Please See Below)

Attachment 1

# YES, I WOULD LIKE TO KNOW MORE ABOUT NO OR LOW COST HEALTH COVERAGE OPTIONS FOR ME AND MY FAMILY.

Please contact me to set up a free, local, in-person meeting.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to contact me is: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Night

I currently have health insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**You have my permission to contact me using the information above so I can learn more about my health coverage options:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this card and providing the information herein, you authorize the NMHIX to use, share, disclose, or provide the information to its representatives, affiliated entities, contractors, and partners, including agents, brokers, certified Health Care Guides, or navigators, to the extent permitted by law.



## GET GREAT HEALTHCARE FOR JUST DOLLARS A DAY.



NAME	
JOE	
NO. OF ADULTS	NO. OF CHILDREN
1	0
CITY	
TAOS	
HOUSEHOLD INCOME	
\$20,072	
BRONZE LEVEL MONTHLY COST	
REGULAR PRICE	\$188.69
DISCOUNT	- \$167.08
THEY PAY	\$21.61

0.724/day

NAME	
MARY	
NO. OF ADULTS	NO. OF CHILDREN
1	1
CITY	
LAS CRUCES	
HOUSEHOLD INCOME	
\$23,296	
SILVER LEVEL MONTHLY COST	
REGULAR PRICE	\$227.11
DISCOUNT	- \$149.25
THEY PAY	\$77.86

\$2.36/day

NAME	
THE VARGAS FAMILY	
NO. OF ADULTS	NO. OF CHILDREN
2	2
CITY	
ALBUQUERQUE	
HOUSEHOLD INCOME	
\$50,000	
SILVER LEVEL MONTHLY COST	
REGULAR PRICE	\$455.83
DISCOUNT	- \$384.74
THEY PAY	\$71.09

\$2.33/day

Although these are just examples, the plans and prices quoted are representative of what actual New Mexican individuals and families would find using the NM Care Compare Tool on BeWellNM.com. Please note: Results will vary based on age, income, tobacco usage, zip code, number of people seeking coverage, provider and level of plan. Carefully review your plan options for premiums, annual deductibles and out-of-pocket costs.





**(Please See Below)**

NAPPR, Inc.  
 Monthly Report - July 2014

NAPPR, Inc. Sub-Contractors			
Sub-Contractor Name	Area Served	Total Amount of Contract	Guides & Outreach Specialists
Eight Northern Indian Pueblos, Inc.	Taos, Ohkay Owingeh, Santa Clara, San Ildefonso, Pojoaque, Tesuque, Nambe, Picuris, Santa Fe, Torreon and surrounding Chapters	\$358,084	6 Guides 8 Outreach Specialists
Five Sandoval Indian Pueblos, Inc.	Santa Ana, Zia, and San Felipe Enrollment	\$121,124	3 Guides 1 Outreach Specialist
Pueblo of Isleta	Isleta	\$31,656.00	1 Guide
Pueblo of Jemez	Jemez	\$41,984.00	1 Guide 1 Outreach Specialist
Jicarilla Nation	Jicarilla	\$72,968	1 Guide 2 Outreach Specialists
Pueblo of Kewa	Kewa aka Santo Domingo	\$72,968	1 Guide 2 Outreach Specialists
Pueblo of Laguna	Laguna, Seboyeta, ACL Hospital	\$104,624	2 Guides 2 Outreach Specialists
Mescalero Tribe	Mescalero	\$72,968	1 Guide 2 Outreach Specialists

Native American Voters Alliance	Albuquerque, Tohajiilee, Albuquerque Service Unit	\$106,124	2 Guides 2 Outreach Specialists
Pueblo of San Felipe	Outreach at San Felipe	\$40,312	2 Outreach Specialists
Thoreau Community Center	Thoreau and some Chapters in Crownpoint	\$73,468	1 Guide 2 Outreach Specialists

Outreach, Education and Enrollment Staffing - As of July 31, 2014			
Sites	Organization	Health Care Guides FTE	Outreach Specialists FTE
Taos, Ohkay Owingeh, Santa Clara, San Ildefonso, Pojoaque, Tesuque, Nambe, Picuris, Santa Fe, Torreon and surrounding Chapters	Eight Northern Indian Pueblos, Inc.	4	2
Santa Ana, Zia, San Felipe	Five Sandoval Indian Pueblos, Inc.	2	
Isleta	Pueblo of Isleta	1	
Jemez	Pueblo of Jemez	1	
Jicarilla	Jicarilla Nation	1	
Kewa	Pueblo of Kewa	1	
Laguna, Seboyeta, ACL Hospital	Pueblo of Laguna	1	1
Mescalero	Mescalero Tribe	1	1
Albuquerque	Native American Voters Alliance	3	
San Felipe	Pueblo of San Felipe		2
Thoreau and surrounding Chapters	Thoreau Community Center	1	
Acoma, Crownpoint Farmington, Gallup,, Naschitti, Ramah, Shiprock, Zuni	NAPPR, Inc.	3	1

Outreach, Education and Enrollment Activities			
Organization	Outreach Encounters	Education Encounters	Completed Appointments
Eight Northern Indian Pueblos, Inc.	237	77	32
Five Sandoval Indian Pueblos, Inc.	287	49	22
Pueblo of Isleta	0	56	29
Pueblo of Jemez	0	6	9
Jicarilla Nation	403	197	10
Pueblo of Kewa	0	23	0
Pueblo of Laguna	253	150	36
Mescalero Tribe	0	0	0
Native American Voters Alliance	298	135	19
Pueblo of San Felipe	160	308	0
Thoreau Community Center	0	0	0
NAPPR, Inc.	1005	385	74
TOTAL	2643	1386	231

Medicaid		
Organization	Medicaid Appointments	Medicaid Applications
Eight Northern Indian Pueblos, Inc.	We will have appointments by location in the August report	15
Five Sandoval Indian Pueblos, Inc.		16
Pueblo of Isleta		13
Pueblo of Jemez		44
Jicarilla Nation		6
Pueblo of Kewa		41
Pueblo of Laguna		30
Mescalero Tribe		0
Native American Voters Alliance		6
Pueblo of San Felipe		Outreach only - Enrollment done by FSIP
Thoreau Community Center		0
NAPPR, Inc.		28
TOTAL		74

Special Enrollment Period			
Organization	Marketplace Appointments	Marketplace Enrollments	
Eight Northern Indian Pueblos, Inc.	We will have appointments by location in the August report	3	
Five Sandoval Indian Pueblos, Inc.		4	
Pueblo of Isleta		0	
Pueblo of Jemez		0	
Jicarilla Nation		3	
Pueblo of Kewa		0	
Pueblo of Laguna		2	
Mescalero Tribe		0	
Native American Voters Alliance		7	
Pueblo of San Felipe		Outreach only - Enrollment done by FSIP	
Thoreau Community Center		0	
NAPPR, Inc.		14	
TOTAL		79	33

Training Activities:

☑ All sub-contractors were required to participate in Medicaid PE/MOSAA Training. Compiling list of those who are now certified and will submit it by August 30, 2014.

☑ Partnered with Chris Gartner, broker from Gallup to deliver training on August 26, 2014. Training will cover “soft close” techniques to increase closure rate on Marketplace appointments.