

	Board Meeting Friday, January 10, 2014 and Saturday, January 11, 2014 The Lodge Cloudcroft, NM			
	Friday, January 10, 2014			
Facilitator:	Dr. J.R. Damron			
	Sidonie Squier, NM Human Services Department, Cabinet Secretary John Franchini, Superintendent of Insurance Dr. J.R. Damron Gabriel Parra (via telephone) Terriane Everhart Dr. J. Deane Waldman Ben Slocum (via telephone) Patsy Romero David Shaw Dr. Martin Hickey Dr. Larry Leaming Jason Sandel Teresa Gomez			
Absentees:	None			
Quorum	Yes			
Agenda Topics:	Welcome, Roll Call, Confirmation of Quorum and Approval of Agenda			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
The meeting was called to order at 8:36 a.m. Roll call was taken a quorum was established.		A motion was made by Dr. Deane Waldman to approve the agenda. It was seconded by Mr. David Shaw. The motion carried.		
Agenda Topics:	Chairman's Remarks and Aim of Board Meeting, Dr. JR Damron, Chairman			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Dr. Damron welcomed everyone to Cloudcroft, NM. He also welcomed Deborah Armstrong, Executive Director of the NMMIP and Debbie Rochford of the NM Primary Care Association. He explained the goals to be accomplished over the next two days.				
Agenda :	HSA's Insurance Option, Ms. Sharon Simon, HSA Bank			
Discussion:	Conclusions:	Action Items:	Responsibility:	Due:
Ms. Sharon Simon of Health Savings Account Solutions (HSA) provided a presentation regarding HSA's Insurance Option.	Ms. Simon responded to questions with regard to clarification of the information she presented.			

<p>The presentation explained what Health Savings Accounts were, their concept, tax benefits, success stories, why HSA's are integral to the Exchange, options and their company background.</p>				
<p>Agenda Topics:</p>	<p>Interim CEO Report, Mr. Mike Nunez</p>			
<p>Discussion:</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
<ol style="list-style-type: none"> 1. Projected Budgets 2014 & Level I Grant Update Mr. Nunez provided an update on the Level I Grant funding to include a timeline and the updated numbers reflective of the new information with regard to Deloitte. 2. Enrollments – What are our numbers? Mr. Nunez reviewed the enrollment numbers he provided in his presentation slides. 3. Outreach – Contacted/touched/educated/enrolled 	<p>Dr. Hickey indicated that the Call Center had a number of problems which initiated a lengthy discussion related to the response and performance of the Call Center. Mr. Jeff Jarjoura of Xerox responded to questions from the Board with regard to their concerns of performance of the Call Center. He reiterated the Scope of Work that Xerox was contracted to do and that they were delivering on those tasks.</p> <p>Dr. Hickey expressed his dissatisfaction with the poor performance of BVK. He indicated that he would like to take over the management of the progress of the company moving forward. Dr. Learning suggested a marketing sub-committee. Ben Slocum indicated that a review of the contract with regard to performance should be looked at more closely and action taken if necessary.</p>	<p>The Board requested that Xerox provide detailed information and present at the next Board Meeting.</p>		

<p>4. Next 65 days – Explode enrollment population</p> <p>5. Critical Operations Decisions</p> <p>6. Staffing Mr. Nunez provided a slide with the current organizational chart to include the most recent staff hired.</p> <p>Mr. Mike Nunez provided the following update:</p> <p>7. Where we stand</p> <ol style="list-style-type: none"> 1. Board governance/Plan of Operations/Conflict of interest/Communication Policies 2. Information Technology – <ol style="list-style-type: none"> 1. Contracted for system integrator and Project Management services 2. Phase I: Stand up SHOP, Phase II: Stand up individual exchange 3. Enrolled Small Business, Billed, Collected premium and passed carrier eligibility 4. NM Care Compare – Enhancements/SHOP Compare 3. Finance <ol style="list-style-type: none"> 1. Successfully applied and passed Federal business assessment 2. Developed 2013/2014 baseline budgets 3. Transferred Grantee of record for previous grants 4. Developed 2013/2014 baseline budgets 5. Filed two Level One grants over \$100M 6. Established accounting system and controls 4. Native American <ol style="list-style-type: none"> 1. NAPPR contracted with 21 of 22 pueblos and tribes, established Call center, trained guides & enrolled Native Americans 2. More than half of Native American Advisory Committee appointed 5. Outreach <ol style="list-style-type: none"> 1. Established Health Guide network capable of both NMHIX and 	<p>Ms. Patsy Romero made recommendations regarding staff still needed. She also inquired about trained assisters in the office.</p>			
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<p>Medicaid enrollments</p> <ol style="list-style-type: none"> 2. Contracted with three overarching entities, contracted with Major and Minor outreach partners 3. Launched BeWellINM campaign, Website, Facebook, Twitter 6. Established New Mexico First Referral Call Center 7. Assistance to New Mexicans attempting to enroll with FFM 				
<p>Agenda Topic:</p>	<p>Discussion and possible action regarding next steps in the CEO Search process including selection of a search firm – Mr. Ben Slocum, Search Committee Chair</p>			
<p>Discussion</p>	<p>Conclusions:</p>	<p>Action Items:</p>	<p>Responsibility:</p>	<p>Due:</p>
<p>Mr. Ben Slocum gave an overview of the process to date. He reviewed the references with the Board and on behalf of the Search Committee recommended Mercer Morgan as the firm to conduct the CEO Search.</p>	<p>Discussions regarding the search included the following topics: -Do we do the National Search at this time or delay efforts for 6 months to a year once enrollment numbers have been seen? -Formal evaluation of Interim CEO. Who should do evaluation? A suggestion was made that there should be a Compensation and Executive Committee to outline the expectations and evaluate compensation -Mr. Ben Slocum indicated that he would like to decide on a firm today and was ok with extending the process. -Ms. Patsy Romero, Mr. Gabe Parra, Ms. Terriane Everhart and Ms. Teresa Gomez indicated that the Interim CEO Evaluation and Search were two separate issues and that the Search process should move forward. Most Board members agreed that the Search should move forward. Mr. David Shaw and Mr. John Franchini indicated that the Search should not be rushed and suggested delaying the decision for 90 days. They both also indicated that the Goals and Objectives have not been set for the organization and that the Interim CEO, Mike Nunez needs</p>	<p>A motion was made by Mr. Jason Sandel to move forward with the contract with Mercer Morgan to conduct the search for CEO. Ms. Patsy Romero seconded the motion. The motion carried. Engage Mercer Morgan for June 1, 2014 start date of permanent CEO</p>		

	<p>clearer direction.</p> <p>Mr. Jason Sandel proposed a compromise by voting to hiring a search firm, develop an infrastructure for search in February, develop a relationship with the search firm, identify candidates in March/April, conduct short interviews in May and select a permanent CEO by June, 2014. He also proposed that the Interim CEO evaluation be conducted in February. Dr. Hickey agreed with Mr. Sandel.</p> <p>Secretary Sidonie Squier indicated that she was agreeable with any decision.</p> <p>Dr. Leaming indicated support for Interim CEO and clarifying the direction he needs to be provided.</p>			
Agenda Topic:	Review Meeting Agenda and Board Members' Input, Dr. Jon Kingsdale, Wakely Consulting			
	Conclusions:	Action Items:	Responsibility:	Due:
Mr. Kingsdale provided an overview of his portion of the agenda and provided information as to what the goals of the next two days would be.				
Agenda Topic:	Part I: Achieving NMHIX's Basic Mission, Dr. Jon Kingsdale, Facilitator			
Discussion:		Action Items:	Responsibility:	Due:
<p>After a brief introduction, the facilitator asked each Board member in turn to describe his/her sense of the most important objectives for the exchange over the next 12 months or so. Everyone contributed, using different phrases to describe nine distinct goals:</p> <ol style="list-style-type: none"> 1. Stand up the exchange (non-group and/or SHOP) so that it works well i.e., performs each of its basic functions as close to, flawlessly and seamlessly as possible. 2. Help consumers to select wisely among the health plans available to them by educating them and simplifying the process and options so they can confidently and readily shop for coverage and enroll. 3. Perform aggressive and effective outreach to make eligible residents of New Mexico aware of the Exchange, the need for coverage, and the availability of subsidies; motivate them to explore and sign up for health insurance coverage. 4. Clarify and attempt to agree on an overall "vision" for what the NMHIX will ultimately be and achieve over the long-term. 5. Enroll 100,000 eligible, uninsured individuals between 138% and 400% of FPL by the end of 2015 with primary focus on the uninsured in NM. 6. Improve public trust in the private insurers and the insurance marketplace. 7. Right-size the "Exchange" budget 8. Attempt to avoid "cannibalization" of current insurance policy holders. 9. Create a <i>unique NM Vision</i> of coverage: More QHP options, fewer mandated benefits, and more catastrophic coverage, available to all. 				

There was a lot of agreement around the first four. They represented a very ambitious and worthwhile set of goals for the next 12 months and through January 2015. By way of fleshing these four goals out, Board members suggested the following objectives or elements under each of them:

- I. **Make It Hum:** Stand up the non-group exchange and operate both exchanges well.
 - a. Easily accessible, by walk-in, telephone, internet and/or Health Care Guides
 - b. “No wrong door”
 - c. Well-trained and well-supported Guides, customer service reps and brokers
 - d. “Glitchless” IT systems
 - e. Rapid, accurate eligibility determination
 - f. Continuous flow from initial application to enrollment in a particular QHP, billing and collection
 - g. “Fast Lane” for unsubsidized shoppers to move to the issuer’s website and enroll directly
 - h. Continuous feedback loop for self-evaluation and process improvement
- II. **Effective Outreach:** Reach the eligible uninsured and enroll as many of them as possible
 - a. Use limited resources efficiently to find the uninsured
 - b. Educate the uninsured about the value of health insurance and the options for free or highly subsidized coverage
 - c. Coordinate outreach with Centennial program of Medicaid
- III. **Empower consumers** by making it as simple as possible to understand their options and buy insurance
 - a. Educate “shoppers” about insurance and their options
 - b. Limited number of readily comparable QHP options
 - c. Meaningful differences among the different QHP options offered
 - d. Collect and provide credible information on service, network and quality of QHPs available on exchange
 - e. Provide calculator, physician finder and other decision-support tools for helping buyers select the most cost-effective plan
 - f. Calculate and offer “the best” default plan or actuarial value for each consumer
- IV. **Clarify the Ultimate Vision** (see part II)

To turn these objectives into concrete, measurable guidance for the CEO and staff, the facilitator suggested that some more time and effort be spent on trying to quantify, or at least develop soft indicators of effort and progress on those elements considered essential under each of the four goals.

Board members also identified **risks** that might interfere with achieving these objectives or create new problems. The following were suggested as candidates for prudent risk management:

1. The uninsured simply do not enroll
2. Micro-management by the federal government continues to complicate and obstruct NMHIX’s charge and success
3. Poor performance of key vendors—Getinsured, BvK, Deloitte
4. Board decision-making process, mis-communications and/or micro-management impeding effective, efficient decision-making and implementation
5. Staff turn-over, especially at the CEO level
6. Bite off more than we can chew - by overloading/burning out staff
7. Primarily “recycle” the already-insured

The facilitator suggested the value of spending more time brain-storming what else could go wrong, then developing some risk mitigation strategies where feasible. E.g., staff turnover is a real risk that Mike and the Board can mitigate.

Additional notes from Friday afternoon on good governance: It is important to continue thinking about and improving communications among Board members to build trust, and clarifying the roles of committees versus the Board as a whole, and of the Board’s role vis-à-vis staff. To this end, it was agreed that the Finance Committee would take suggestions from Board members about amending the Plan of Operations, and would meet before the February Board meeting to consider suggested changes and make a recommendation to the Board. It was also suggested that staff develop a “dashboard” of a few key indicators of progress toward objectives to track and share with Board members bi-weekly. It was also suggested that the exchange make all of its data and reports of possible interest to the public available on its website.

Agenda Topic:	Adjournment			
Discussion:				
The meeting adjourned at 5:13 p.m		A motion was made by Ms. Patsy Romero to adjourn the meeting. It was seconded by Ms. Terriane Everhart. The motion carried.		
	Saturday, January 11, 2013			
Facilitator	Dr. JR Damron			
	Sidonie Squier, NM Human Services Department, Cabinet Secretary John Franchini, Superintendent of Insurance Dr. J.R. Damron Gabriel Parra Terriane Everhart Dr. J. Deane Waldman Patsy Romero David Shaw Dr. Martin Hickey Dr. Larry Leaming Jason Sandel Teresa Gomez			
Absentees:	Ben Slocum			
Quorum	Yes			
Agenda Topic:	Welcome, Roll Call and Confirmation of Quorum, Dr. JR Damron, Chairman			
Discussion:	Conclusion:	Action Items:	Responsibility:	Due:
The meeting was called to order at 8:38 a.m. A roll call was taken and a quorum was confirmed.				

Agenda Topic:	Part II: Once NMHIX's basic mission is achieved, then what? Dr. Jon Kingsdale, Facilitator			
Discussion:	Conclusion:	Action Items:	Responsibility:	Due:
<p>Dr. Waldman led off by articulating key points in his vision for what the NMHIX ought to pursue in the long-term:</p> <ol style="list-style-type: none"> a. Affordable insurance that provides timely access to medical care b. At the least, NMHIX should monitor access to, and quality of, medical care under private insurance <ol style="list-style-type: none"> i. Information available to consumers that ties coverage to health status and longevity ii. Arrange the data so that consumers can power toward this vision c. Educate consumers to demand and use such information d. We should take on the role of leading coordinator of state and private efforts to do the above <p>Board members generally support this vision, adding a few elements and raising some questions about it. The unifying concept behind this ambitious vision seems to be that consumers would be empowered with useable information to demand such a system of medical care. Board members questioned the Exchange's authority in its authorizing legislation to take on such an activist role. There was considerable disagreement here.</p> <p>Second, some skepticism was expressed about the Board's ability to coordinate the efforts of any state agencies and private firms. One response to this issue that was mentioned is that the vision articulated above need not be NMHIX's alone, but that NMHIX could use its influence to promote this vision statewide and, by example, encourage other public agencies to do their parts to work toward that vision.</p> <p>A third question raised is how extensive should NMHIX's efforts at public education be, including:</p> <ul style="list-style-type: none"> - How to pay for this? - If we do not do the education, who will? - What risks do we run, legally, financially and politically by coordinating, publishing and seeming to own "the data"? - How much of the needed data for consumers to use already exists? - Is it credible? - How much burden and cost will we be adding for clinical providers by demanding such data? - <p>Self-sustainability by 2016: The Board wholeheartedly agreed that this intermediate-term goal was absolutely necessary, implying that over the course of the next 12-18 months, the NMHIX should work toward an ongoing budget (2016 and beyond) that fits within the likely revenues. Another question raised in connection with the long-term vision, but not answered, was what can we do about "personal responsibility" for health?</p>				
Agenda Topic:	Concluding Comments/Remarks			
Discussion:	Conclusion:	Action Items:	Responsibility:	Due:
<p>Dr. Damron made the following announcements:</p> <p>Next Board Meeting – Friday, February 28th in Albuquerque</p> <p>Native American Advisory Committee Meeting, Wednesday, January 15th at CNM Workforce Training Center in Albuquerque</p>				

<p>Ms. Debra Armstrong of the NMMIP asked the Board for assistance in transitioning people from the NMMIP to NMHIX. She requested assistance for the persons with complex health issues and support with year-round open enrollment. She requested financial assistance to pay for transitions. It was suggestion that an RFI/RFP be drafted to see what the transition would entail and also to understand the transition. She also suggested that they may need a committee of Actuaries from various carriers.</p>	<p>The Board engaged in discussion and made suggestions to assist the NMMIP with this process.</p>	<p>Mr. Franchini agreed to draft a letter of support. It was agreed that it would be an agenda item at the next Board meeting.</p>		
	Adjournment			
Discussion:	Conclusion:	Action Items:	Responsibility:	Due:
<p>The meeting adjourned at 11:24 a.m.</p>		<p>A motion was made by Mr. Jason Sandel to adjourn the meeting. It was seconded by Ms. Terriane Everhart. The motion carried.</p>		