

beWellnm
NEW MEXICO HEALTH INSURANCE EXCHANGE
CNM WORKFORCE TRAINING CENTER AT 5600 EAGLE ROCK AVE.
ALBUQUERQUE, NEW MEXICO

**MINUTES OF THE BOARD OF DIRECTORS MEETING
VIA TELECONFERENCE
MARCH 17, 2023, 8:30 A.M.**

BOARD MEMBERS:

Chairman David Shaw
Quinn Lopez
Lorelei Kellogg
Jane Wishner
Dr. Nancy Wright
Brandon Fryar
Terriane Everheart
Dr. Mark Epstein
Dr. Nandini Kuehn
Anne Sapon
Dan Foley
Colin Baillio
Sharon Clachischilliage

Minutes prepared by Mary-Margaret Scrimger of Minutes Solutions Inc. from a recording.

1. CALL TO ORDER

There being a quorum present, and the Directors having been given adequate and proper notice of the meeting, the meeting was called to order.

2. APPROVAL OF THE AGENDA – CHAIRMAN DAVID SHAW

On a motion duly made, it was resolved to approve the agenda for the March 17, 2023, meeting. Motion carried.

3. REVIEW AND APPROVAL OF THE MINUTES

On a motion duly made, it was resolved to approve the minutes from the January 27, 2023, and February 10, 2023 meetings. Motion carried.

4. MATTERS FROM CEO – BRUCE GILBERT

There are significant projects occurring as beWellnm enters Q2, such as Medicaid unwinding and a systematic review of operations, expenses, and processes. The strategic review is complete and a finalized version will be provided to the Board soon. There are nine specific recommendations regarding operations and strategy.

Heather Korbolic the Vice President of Policy and Communications, provided an overview of the strategic review. This plan will be implemented over the next three to five years.

Technology has been incorporated to provide a better connection, and communications and outreach have formally been separated. There are ongoing projects, such as the transition of the Medicaid population, which is taking a tremendous amount of time; 1095A issuance and revision, which has had minimal issues as of yet; discontinuing premium billing operations; and reviewing the operation strategic plan.

5. **MATTERS FROM THE EXECUTIVE COMMITTEE – CHAIRMAN DAVID SHAW**

There was a brief overview.

6. **MATTERS FROM THE FINANCE COMMITTEE – BRANDON FRYAR**

On a motion made by Brandon Fryar, seconded by Anne Sapon, it was resolved to authorize the CEO to extend the legal services contract through April 30, 2024, with an increase in the not-to-exceed of \$75,000. Motion carried.

7. **MATTERS FROM THE OPERATIONS COMMITTEE – DAN FOLEY**

On a motion duly made, it was resolved to authorize the CEO to amend the contract with Optum, in one or more amendments, to provide for additional CEC staff resources if the CEO determines that additional CEC staff resources are needed to meet customer service goals and to provide an increase in compensation not to exceed \$460,000. Motion carried.

On a motion duly made, it was resolved to approve the staff recommendation to change the administration of SHOP by discontinuing the operation of the SHOP eligibility, shopping, and enrollment platform. Motion carried.

On a motion duly made, it was resolved to authorize the CEO to amend the Optum contract to enhance system functionality as defined and planned in releases 3.0 and 3.1, with an increase in the not-to-exceed amount of \$2,220,640. Motion carried.

The Operations Committee discussed enrollment overview, Medicaid unwinding, the proposed change to SHOP, the 1095A update, and change requests. There have been functional improvements in recent releases, including new changes to the cancelation process, which should help provide more information to better understand the marketplace.

For Medicaid unwinding, there is the anticipation of higher calls. More staff will be needed. Outbound calls will increase, driving even more incoming calls. There is the expectation that these will be longer calls.

How SHOP is being administrated is being changed. In May 2023, OSI will be notified of carriers seeking to offer SHOP QHPs, which will influence the volume of work that needs to be done.

Sean Pearson, Chief Information Officer, is looking to leverage technology to connect with potential clients. The team is putting together a comprehensive plan for this. Information systems are never meant to be static and must always be evolving with regulatory requirements and other considerations.

8. **MATTERS FROM THE OUTREACH AND EDUCATION COMMITTEE – MARK EPSTEIN**

The unwinding of Medicaid has a multi-tier outreach program. The text message campaign was highlighted, and it was noted it is more informal with emojis and personality. There are also messages in Spanish. This campaign is in partnership with other stakeholders. Within the outreach campaign, there will be data on what was successful.

9. MATTERS FROM THE NATIVE AMERICAN COMMITTEE – SHARON CLAHCHISCHILLIAGE

There have been challenges in securing representation in these communities. Two tribes have positively responded to inquiries. There will be more meetings booked in the near future to service this demographic. Medicaid unwinding will significantly impact the Native population of New Mexico.

It was noted that tribal leaders change every year or two, which means consistently reeducating leaders regarding beWellnm. The Native communities have been advised that the turquoise plans are identified as max savings plans. There has been good traction on the Native American population opening e-mails but the click rate has been low.

There was discussion regarding the lack of Native American buy-in to the program. It was noted that the largest problem is that this population believes they are entitled to free healthcare and they have minimal access. Educating the consumer on the benefits of insurance is occurring.

There was discussion regarding the cost of engaging with this demographic and the limited success. The Board discussed that education and health were promised in negotiations in the 1800s. The government has not followed through on these promises and this is problematic for how Native Americans view insurance, it was noted that this is also apparent in their current cultural outlook.

10. AGENCY REPORTS

Lorelei Kellogg highlighted legislation that has recently been passed. One was legislation to assess the feasibility of increasing Medicaid coverage up to the federal poverty level of 400%. Additionally, the Health Authority Bill was passed, which is a restructuring of the Human Services Department into a health authority. There are also insurance-related bills that are heading to the Governor's office. For example, cost-sharing will be eliminated for some services.

11. PUBLIC COMMENT

There was a comment regarding the personal touch that beWellnm brings to insurance education. It was also noted that there is a focus to engage and enroll individuals in health insurance.

12. NEXT MEETING

The next Board of Directors meeting will be May 19, 2023

13. ADJOURNMENT

As there were no additional materials to cover, the meeting was adjourned.

DISCLAIMER

The above minutes should be used as a summary of the motions passed and issues discussed at the meeting. This document shall not be considered a verbatim copy of every word spoken at the meeting.

Director

Director

Date

Date