

**Making Health Reform Work in New Mexico:  
A Roundtable on Outreach and Education**

**Roundtable Participants**

**Cathleen E. Willging**  
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Behavioral Health Research Center of the Southwest

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New Mexico Indian Council on Aging

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Organized by the Southwest Region – Scholars Strategy Network  
<http://www.scholarsstrategynetwork.org>



The **Scholars Strategy Network** brings together roughly 250 scholars from around the country with the aim of addressing pressing public challenges at the national, state, and local levels. SSN members share a commitment to connecting good public policymaking to citizen engagement and responsive democratic government.

**Southwest Regional SSN** currently has 13 members and is based here in Albuquerque. In addition to helping to organize events like this, members have produced a wide variety of written briefs, each about 2 pages long, written clearly and without jargon, highlighting research findings, presenting basic facts on timely topics, and offering policy options. We have been focusing particularly on issues relating to health care, immigration and labor.

Learn more at:  
<http://www.scholarsstrategynetwork.org/regional-network/southwest-ssn>

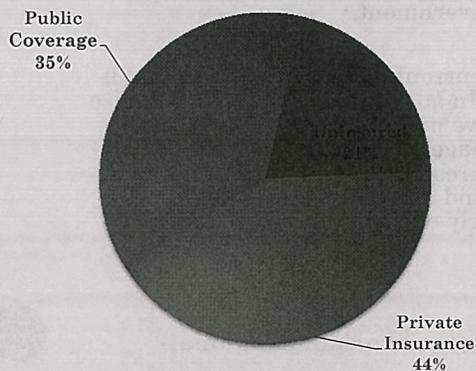


## PURPOSE OF ROUNDTABLE

- Discuss how recent changes in federal and state health policy, including the Affordable Care Act and the expansion of Medicaid, will result in improved access to healthcare and better health for New Mexicans.
  - What is outreach and why is important?
  - What role is the state playing and what role might it play to facilitate outreach? How can we get the state to do what it should be doing?
  - Who can and should take responsibility for outreach (e.g., civic society organizations, tribal health facilities/services, legal aid, private foundations)?
  - What funding and resources are available for outreach? At the state level? At the community level?
  - What are effective strategies for outreach communications, given the diversity of cultures in New Mexico?
  - How will we know if outreach is working?

## HEALTHCARE REFORM: COVERAGE BASICS

### COVERAGE IN NEW MEXICO TODAY



### UNINSURED:

- 12% of children.
- 29% of adults age 18-64

HEALTHCARE REFORM: COVERAGE BASICS

## The Affordable Care Act

Job-Based Coverage

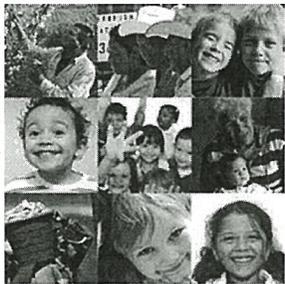
Exchange

Medicaid

Medicare

HEALTHCARE REFORM: COVERAGE BASICS

### *More than 400,000 Uninsured New Mexicans Could Get Covered in 2014*



➤ EXCHANGE: 190,000 +

➤ MEDICAID: 160,000 +

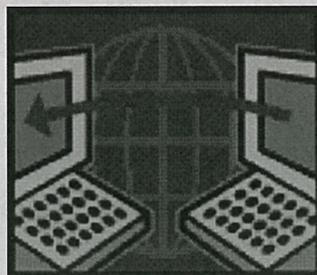
➤ “WELCOME MAT”: 40,000 +

**HEALTHCARE REFORM: COVERAGE BASICS**

**UNIFIED APPLICATION FOR  
MEDICAID & EXCHANGE**

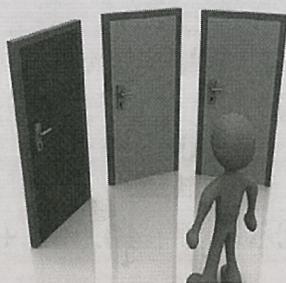
➤ **STREAMLINED**

➤ **PAPERLESS**



**HEALTHCARE REFORM: COVERAGE BASICS**

**NO WRONG DOOR ACCESS**



➤ **Multiple ways to apply**

➤ **Readily available  
assistance**



## HEALTHCARE REFORM: COVERAGE BASICS

### ENROLLMENT TIMEFRAME



- **October 1, 2013:**  
OPEN ENROLLMENT
- **January 1, 2014:**  
NEW COVERAGE  
STARTS
- **March 30, 2014:**  
EXCHANGE OPEN  
ENROLLMENT CLOSED  
*(except for Native Americans)*

### SPREADING THE WORD: CREATING A HEALTHCARE REFORM OUTREACH PLAN THAT WORKS FOR NEW MEXICO

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**HEALTHCARE REFORM: OUTREACH & ASSISTANCE**

***MEDICAID:  
OUTREACH AND ENROLLMENT***



**Required:** Outreach to “vulnerable and underserved populations.”

**Status:** HSD has hired additional caseworkers, but no outreach about the Medicaid Expansion.



**HEALTHCARE REFORM: OUTREACH & ASSISTANCE**

**HOW TO MAXIMIZE MEDICAID  
ENROLLMENT**

1. **HSD Outreach**
2. **Simplify Enrollment**
  - Enroll into Medicaid based on enrollment in SNAP and other public programs (or kids enrollment)
  - Express Lane Enrollment
3. **Exchange Must Do Medicaid Outreach & Enrollment Assistance**



HEALTHCARE REFORM: OUTREACH & ASSISTANCE

**OPPORTUNITY: MEDICAID ENROLLMENT DATA**



- Numbers and Reasons for Disenrollment and Denials.
- Tracking information across:
  - Income level
  - Race
  - Gender
  - Age
  - Geographic area
- Federal Guidance exists and new ASPEN enrollment system should facilitate reporting by HSD.



HEALTHCARE REFORM: OUTREACH & ASSISTANCE

***EXCHANGE:  
OUTREACH AND ENROLLMENT***



**Required:** Consumer Assistance Program to do outreach and application assistance – “GUIDES”

- Navigators
- In-person assisters
- Certified application counselors



## HEALTHCARE REFORM: OUTREACH & ASSISTANCE

### OUTREACH & ENROLLMENT PROGRAMS

Program	Who's In Charge?	How Funded?	Program Status in NM
Marketing/PR	Exchange	Federal funds	RFP closed. Exchange likely to hire one entity.
Assister	Exchange	Federal funds	RFI closed July
Certified Application Counselor	Employer (i.e. hospital, clinic)	Paid by CAC employers	Training late August/Sept 2013
Navigator	Exchange	Cannot be federal funds	Probably not until 2015

## HEALTHCARE REFORM: OUTREACH & ASSISTANCE

### IN-PERSON ASSISTERS & NAVIGATORS



- Trained in Medicaid & Exchange Eligibility.
- Give fair and impartial information about health plans and Medicaid.
- Must be culturally and linguistically competent.
- Have knowledge about needs of community.

**HEALTHCARE REFORM: OUTREACH & ASSISTANCE**

**EXCHANGE MUST DO MEDICAID  
OUTREACH & ENROLLMENT**

o **Required:** Under federal law, Exchange must:

- Medicaid Outreach & Education
- Medicaid Enrollment Assistance
- Streamlined Application & Interface



o **Status:** Exchange currently has no plans to do Medicaid outreach or enrollment assistance.



**HEALTHCARE REFORM: OUTREACH & ASSISTANCE**

**EXCHANGE ENROLLMENT DATA**

o State-Based Exchange Is In Development

o Data Collection Should Include:

- Numbers and reasons for disenrollment and denials
- Enrollment for cases transferred for medicaid eligibility
- Tracking information across:
  - > Income level
  - > Race
  - > Gender
  - > Age
  - > Geographic area



## HEALTHCARE REFORM: OUTREACH & ASSISTANCE

### Effective Outreach Strategies

- Use different **Messages**, **Messengers**, and **Media** for different populations.



#### Common themes:

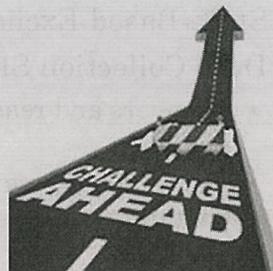
- 80% of people do not know anything about new coverage options
- Almost everyone is concerned about affordability.
- Need Media (TV/Radio) AND Community Based Strategies

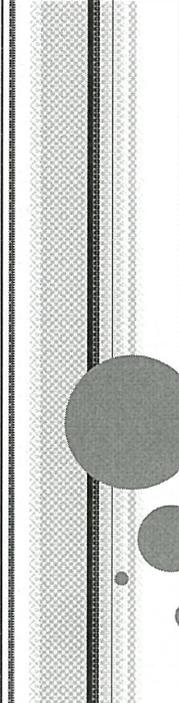


## HEALTHCARE REFORM: OUTREACH & ASSISTANCE

### KEY OUTREACH & ASSISTANCE ISSUES

- Time
- Medicaid:
  - Outreach
  - Simplifying Enrollment
- Exchange:
  - Medicaid Outreach & Enrollment
  - Resources Towards In-Person Assisters
- Meeting Needs of Population
  - Leveraging Community Resources
  - Multiple Languages & Different Community Needs
  - Disproportionately rural population





**ENSURING OUTREACH TO NATIVE  
AMERICAN POPULATIONS**

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New Mexico Indian Council On Aging  
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## AMERICAN INDIANS - CONTEXT

- Unique legal relationship between U.S. government and tribal governments
  - Tribal members have a unique legal and political status based on citizenship – not race
  - Based on treaties, statutes, Executive Orders, and court decisions
  - Legal obligation to provide economic and social programs necessary to raise standard of living and social well-being comparable to non-Indian society
- 

## SPECIFIC PROVISIONS

- Exempt from requirement to acquire health coverage
- Eligible for special monthly enrollment periods in Health Insurance Exchange
- Exempt from cost-sharing up to 300% federal poverty level when enrolled in Exchange plan
- Exempt from cost-sharing (co-pays and deductibles) - regardless of income - when enrolled in an Exchange plan and services are received at IHS or a Tribal 638 program

## UNIQUE CHALLENGES & OPPORTUNITIES

- Definition of American Indian for exemption from individual mandate = Eligible to receive services through an “Indian healthcare provider”
- Definition of American Indian for Exchange provisions = “Member of an Indian tribe”
- Verification of Indian status
- Tribes can pay premiums for qualified individuals subject to terms and conditions of the Exchange

## NAVIGATORS

- Indian tribes, tribal organizations, and urban Indian organizations may apply for navigator grants provided they meet the eligibility requirements
- There is no requirement to award navigator grants to an Indian tribe or organization

## OUTREACH & EDUCATION

- \$265,000 from Level I Establishment Grant for outreach and education
- \$338,000 for Native American Service Center within the Exchange
- Native American Work Group Recommendations
  - Working efficiently and effectively with tribal leadership and I/T/Us; and
  - Conduit of communication, collaboration and consultation between the Exchange, tribal leadership and I/T/Us
  - Resources for navigators and the call center
  - The NASC should employ Native American navigators and in-person assisters with broad knowledge of NM tribes, Native American urban population and Native American health care needs and services.

## Latino Knowledge of ACA And Best Practices for Outreach

Gabriel Sanchez, PhD  
Interim Exec Director RWJF Center for Health Policy  
Associate Professor of Political Science  
University of New Mexico  
Director of Research, Latino Decisions

July 26, 2013

## Latinos in Colorado and the ACA: Information and Solutions

Information,  
and  
attitudes

Needs and  
expected  
participation

Culturally  
competent  
strategies

1. What do Latinos know about the ACA?
2. Latino community health care access and financial burden
3. Information and communication – a blueprint for reaching out to Latinos

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## The Research:

Sponsors:

Adelante con  
la Salud Latino

Latino  
Decisions

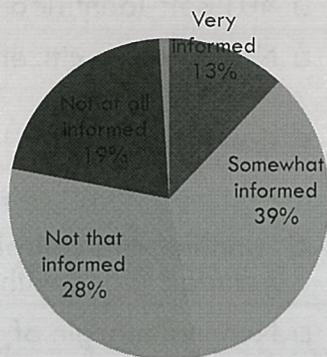
- 401 self-identified Latino adults
- No screen on citizenship or voter registration
- Conducted April 11-16
- All respondents selected at random
- Landline and cell-phone only households included along with on-line web sample
- Nominal margin of error is +/- 4.9%
- Interviews in Spanish or English at subject's discretion

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# LATINOS KNOWLEDGE OF THE AFFORDABLE HEALTH CARE ACT & BEST PRACTICES FOR OUTREACH

## ACA Awareness

How much do you know about the Affordable Care Act, sometimes called Obamacare?

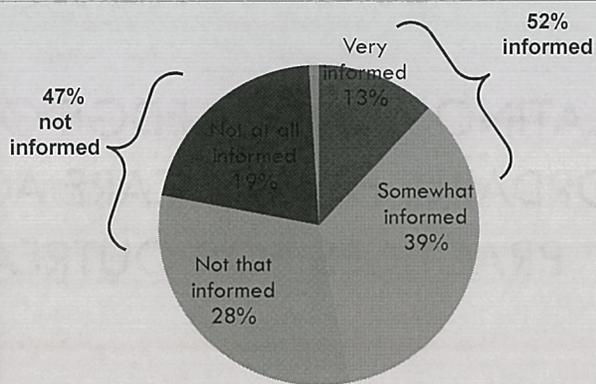


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## ACA Awareness

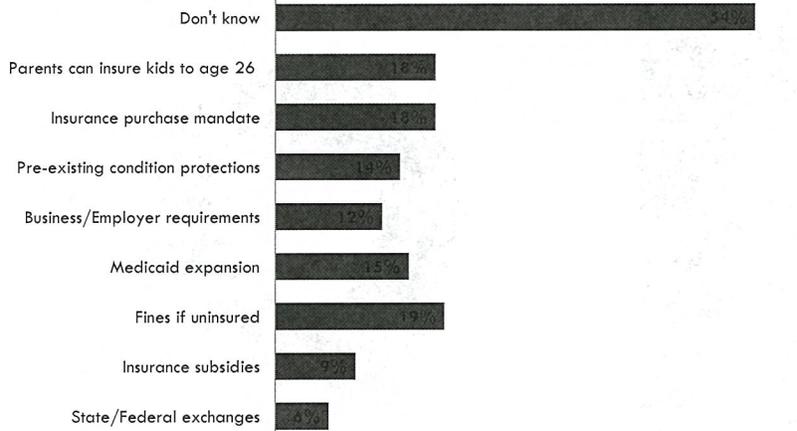
How much do you know about the Affordable Care Act, sometimes called Obamacare?



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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Can you name any policies that are part of the new health care law?

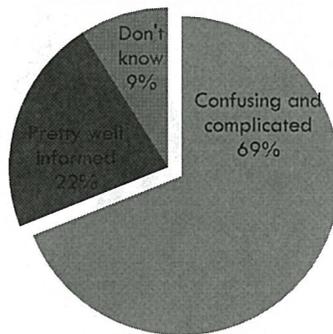


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Perceptions of the ACA

Generally speaking, which comes closer to your views of the new health care law?

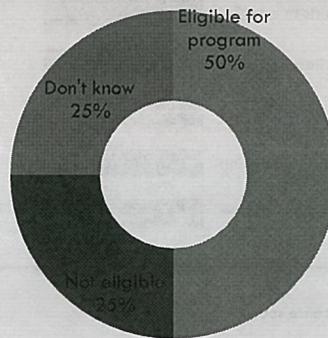


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Undocumented Immigrants & the ACA

Based on what you've heard about the ACA, which is an accurate description of how the law applies to undocumented immigrants?

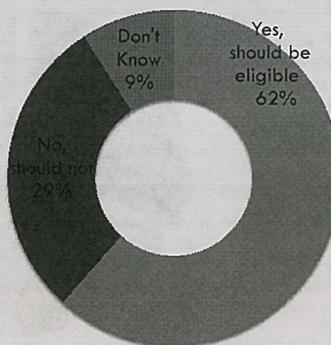


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Undocumented Immigrants & the ACA

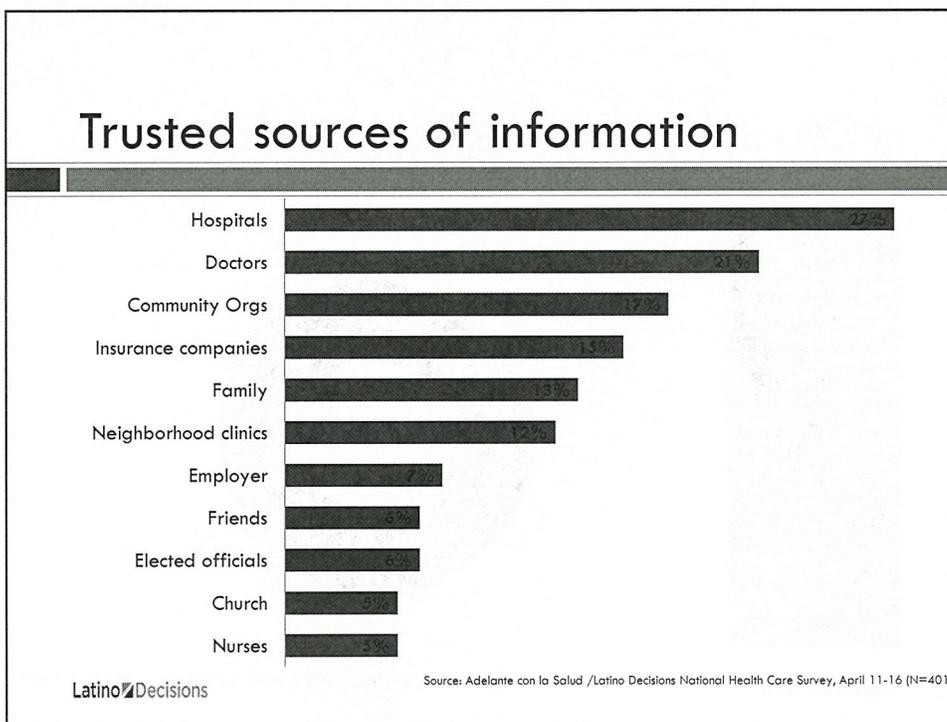
Regardless of what you've heard about the law, do you think undocumented immigrants should be able to access ACA benefits?



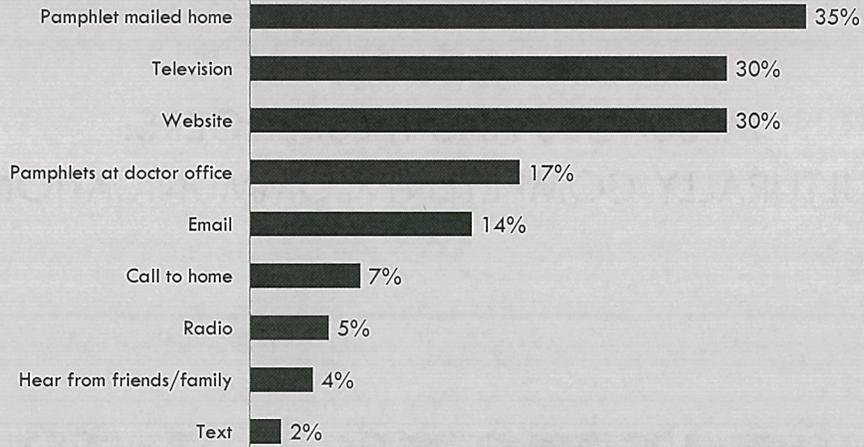
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# MESSAGES AND MESSENGERS: CULTURALLY COMPETENT COMMUNICATION



## Preferred ACA Information Format

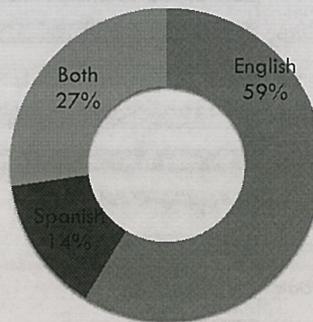


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## ACA information language preference

Which language(s) would you prefer to receive information about the new health care law?



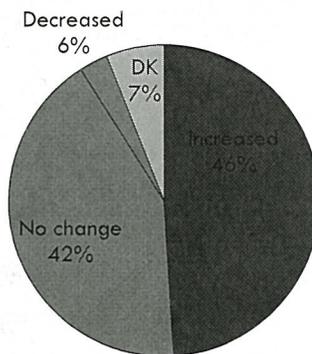
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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## HEALTH CARE COSTS: FINANCIAL AND HEALTH BURDENS

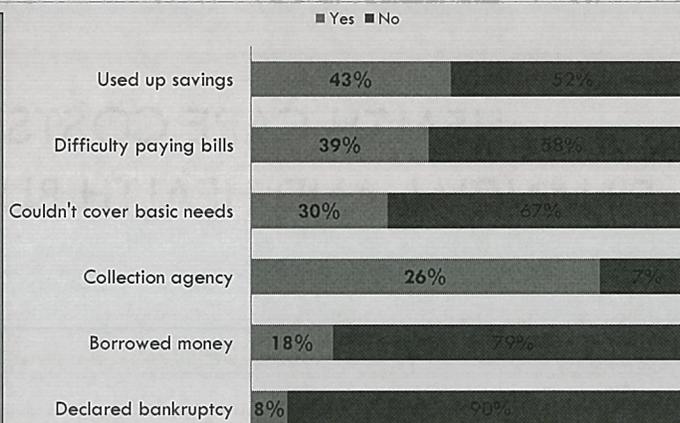
### Current State of Health Care Costs

In the past year has the total amount you pay for your family's health care increased, decreased, or remained the same?



## Financial Burdens Health Care Poses

In the past twelve months, because of medical bills, have you:

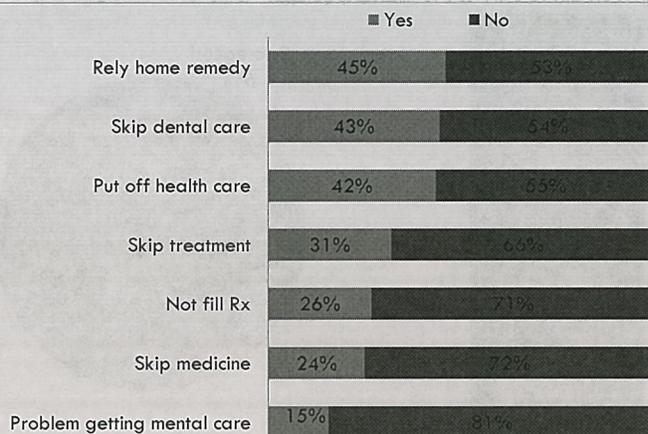


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Rationing Care Due to Financial Burden

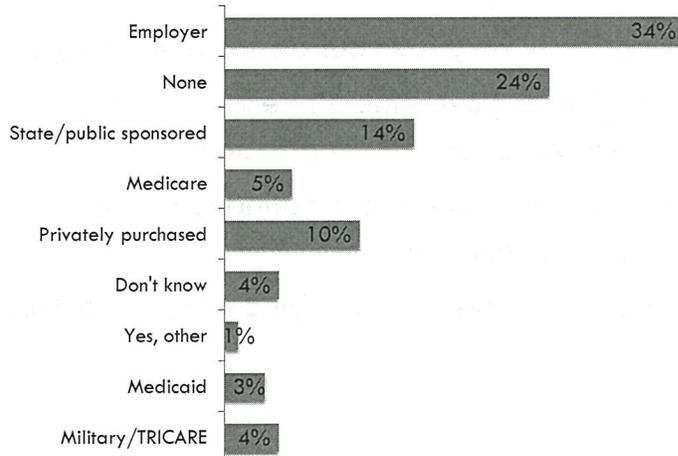
In the past twelve months, because of medical bills, have you:



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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Current Insurance Coverage

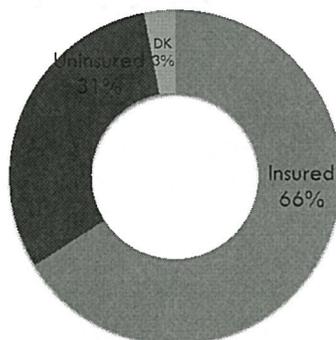


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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Insurance coverage over last year

At any point during the last year, did you go without health insurance?



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Source: Adelante con la Salud /Latino Decisions National Health Care Survey, April 11-16 (N=401)

## Concluding thoughts

1. Information is very low, but desire is very high
2. Federal/state government needs increased and improved outreach to Latinos about the ACA
3. Costs of health care are creating significant burdens on Latino families
4. Messages and messengers: blue print for outreach

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THANK YOU!