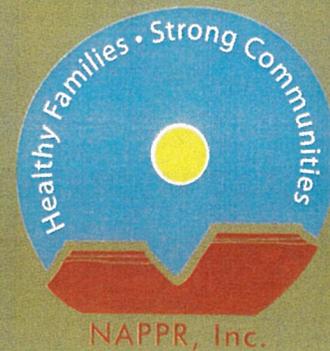




Healthcare Education & Outreach
1-855-241-8137
www.nappr.org



Creating a Culture of Coverage
October 22, 2014
Legislative Health & Human Services
Committee



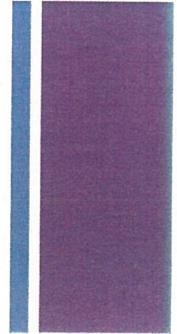
About NAPPR:

- Our Vision: Healthy Families • Strong Communities
- Our Mission: Empower, educate and provide supportive services to build healthy Native American children and families
- More than 30 years providing home and community based services to Native children and their families in Bernalillo, Cibola, Sandoval and Valencia Counties
- Extensive network of community-based partners in Native communities around the state
- Organizational capacity and infrastructure to implement a large-scale program quickly and efficiently



+ Presentation Objectives

- Overview of Outreach and Education Program
- Program Outcomes
- Resources Available
- Program Sustainability



+ Affordable Care Act



- Cover as many Americans as possible
 - No one can be denied for a pre-existing condition – individual responsibility – everyone participates
 - Employers with 50 or more employees must offer coverage
 - Expand Medicaid to adults ages 19 – 64 within income at or below 138% of the federal poverty level – current monthly income of \$1,343 for a single adult
 - Creation of new marketplaces – Health Insurance Exchanges – where people and small businesses can buy affordable, high quality coverage

+ Context for Reform and American Indians

- 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



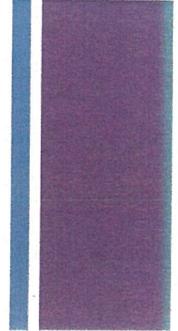
American Indian Specific Provisions of ACA

- Members of federally recognized tribes and individuals who are eligible to receive services from an Indian Health provider:
 - Exempt from requirement to acquire health coverage
- Members of federally recognized tribes:
 - Eligible for special monthly enrollment periods in Health Insurance Exchange
 - Exempt from cost-sharing when income is less than 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, Tribal 638 or Urban Indian Health Program or through Contract Health Service Program





American Indians in New Mexico



- New Mexico American Indian Population
 - 10.5% of the population = 212,724
 - Estimate that 39% of the population is uninsured = 82,962
 - 65% live off the reservation
- New coverage opportunities
 - 25,309 American Indians newly eligible for Medicaid in 2014
 - 26,213 potentially eligible for plans through the New Mexico Health Insurance Exchange
- Men between the ages of 35 – 45 are more likely to be uninsured

+ New Coverage Options for New Mexicans



■ Medicaid Expansion

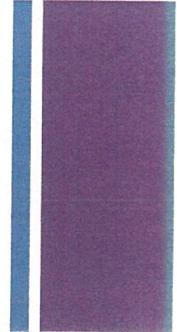
- Centennial Care
- Medicaid Exempt
- No premium

■ Exchange Qualified Health Plans

- 4 levels of Coverage plus Catastrophic Plan
- Same quality & benefits
- Financial assistance to purchase based on income
- Limits on cost-sharing based on income

+ Opportunities

- Unprecedented opportunity to strengthen and expand the Indian health system
 - Self-Determination & Self-Governance
 - Maximize limited resources
 - Indian health providers become providers of choice
- Major shift in attitudes, beliefs and behaviors to create a “Culture of Coverage” in Native communities across the state
- Culturally relevant services while ensuring language access
- Diminish or eliminate pervasive health inequities



+ Creating a Culture of Coverage

Attitude &
Behavior
Change

Outreach

Education

Enrollment

+ Program Performance

| PERFORMANCE MEASURES | | |
|---|---|--|
| | QUANTITY | QUALITY |
| EFFORT | <p><i>How much did we do?</i></p> <p>Number of people we encounter through outreach activities</p> <p>Number of people who receive educational information and/or materials</p> | <p><i>How well did we do it?</i></p> <p>Number of people who report they understood the information</p> <p>Number of people who report they were able to make an informed choice</p> |
| | EFFECT | <p><i>Is anyone better off?</i></p> |
| <p>Number of people who enroll in health coverage</p> | | <p>Percent of people who have health coverage after 6 months</p> |

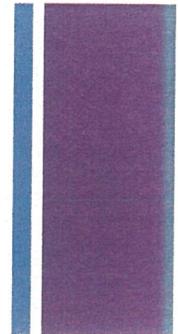


+ NAPPR Outreach, Education & Enrollment Goals



- Partner with Native communities around the state to develop community-based outreach, education and enrollment programs
- Train and certify at least 30 Health Care Guides and deploy 50 trained Outreach Specialists
- Complete at least 90,000 Outreach Encounters
- Enroll at least 2,250 individuals in Qualified Health Plans through the NM Health Insurance Exchange
 - Establish trust and credibility
 - Provide fair, accurate information in a culturally and linguistically appropriate manner
 - Create a positive consumer experience
 - Facilitate consumer's ability to make an informed choice for themselves and their family

+ Program Challenges

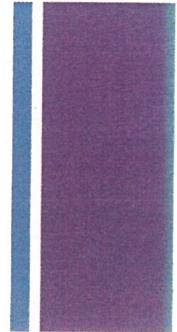


- Contracting process
 - Need for Council approval
 - Capacity to implement new program in short time frame
- Health Care Guide training
 - More complicated and time consuming than anticipated
 - On-going training and technical assistance is necessary
- Federal site was not fully operational until January 2014
 - No ability to set up accounts until November
 - Eligibility determinations didn't occur immediately and there were errors/inconsistencies
- Information transfer did not function until March 2014
 - Using two separate systems for enrollment in Medicaid or Marketplace
 - Increased training necessary related to eligibility

+ Key Strategies

- Staffing model emphasizes outreach, education and enrollment
 - 3 hours for outreach and education plus 2 hours for enrollment
- Web-based reporting system to simplify tracking and provide data on a daily basis
- Centralized call center with toll-free number: 1-855-241-8137
- Implemented web-based appointment system (Appointment Plus) to ensure seamless consumer experience
 - Clear connection between encounter/call -> appointment -> enrollment
- Bi-weekly Health Care Guide meetings using virtual meeting space (Adobe Connect)
- On going training and technical assistance, e.g. Health Care Guide resource website, in-person training regarding Qualified Health Plans
- Assisted Exchange with development of outreach and marketing materials for Native Americans

+ Outreach Planning & Coordination



- Partners develop outreach plan and strategies that meet unique needs of their community
 - Door to door, community events and forums, tables or booths at feasts and fairs, etc.
 - Tribal leaders provide direction, “Make an appointment.”
 - “Roping” at tribal colleges and other high foot traffic, residential areas
- Bernalillo County has a large, diverse Native population that is dispersed around the County
 - Identify schools with large Native student population and target outreach in those neighborhoods, e.g. Laundromats, Wal-Mart, etc.
 - Ride city buses
 - Partner with local businesses that do not offer insurance
- Partnership with the Albuquerque Area and Navajo Area Indian Health Service
 - Area Wide MOA and Collaborative Service Agreements allow us to co-locate Health Care Guides in Indian Health Service facilities

+ Messaging and Marketing

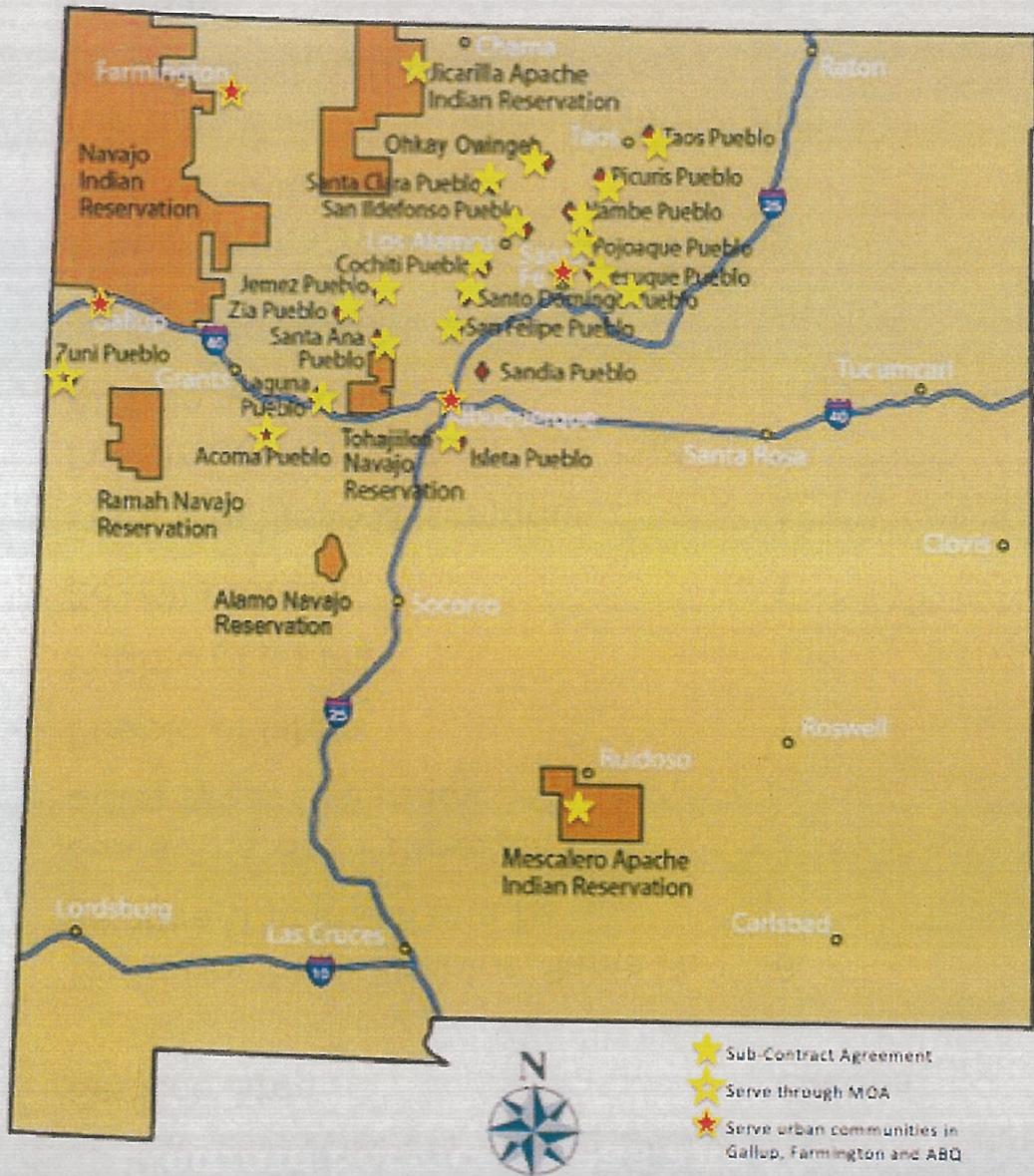


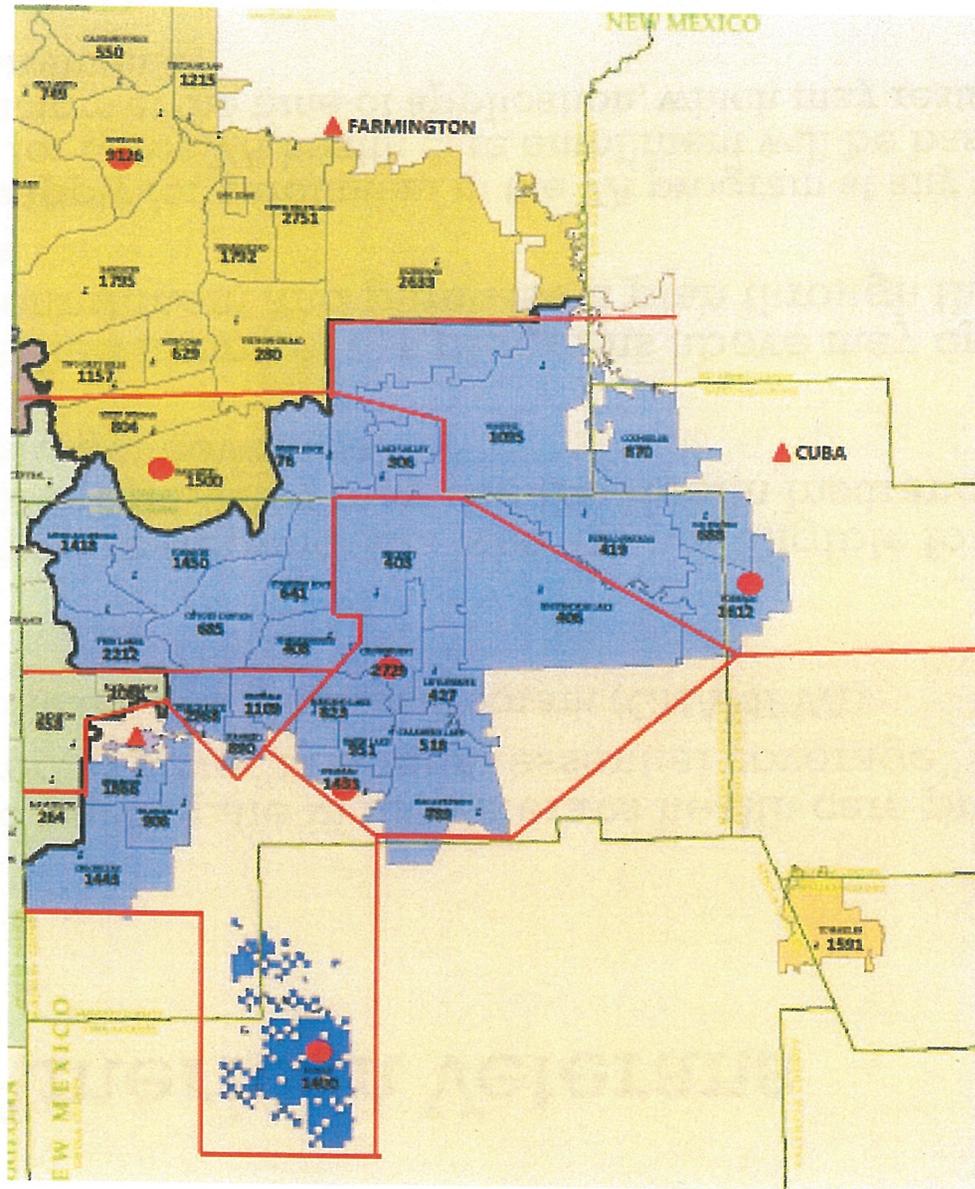
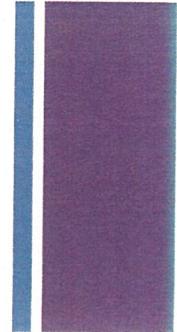
- Establish baseline data – How many Native people are still uninsured
 - Asked tribal leaders to request aggregate data from the Indian Health Service

- Strategic messaging and scripts
 - Women are key decision makers
 - Men are more likely to decline or object
 - Messaging and marketing is targeted to leverage these factors
 - Scripts are designed to appeal to core values and activate
 - Testing to begin now and refinements completed before November 1, 2014

Program Service Areas and Staffing

| Partner | Service Area | Guides | Outreach Specialists |
|---------------|---|--------|----------------------|
| ENIPC | Eight Northern Pueblos, Santa Fe Service Unit and Santa Fe | 6 | 8 |
| Five Sandoval | Santa Ana, San Felipe, Zia and other areas in Sandoval County | 3 | 1 |
| Isleta | Pueblo of Isleta | 1 | |
| Jemez | Pueblo of Jemez | 1 | 1 |
| Jicarilla | Jicarilla Nation | 1 | 2 |
| KPHC | Pueblo of Santo Domingo | 1 | 2 |
| Laguna | Pueblo of Laguna, Seboyeta, and ACL Service Unit | 2 | 2 |
| Mescalero | Mescalero Apache Tribe | 1 | 2 |
| NAVA | Albuquerque, Albuquerque Service Unit, Tohajilee | 2 | 2 |
| NAPPR | Albuquerque, Farmington, Gallup, Acoma, Zuni, and Navajo Nation | 12 | 28 |
| Thoreau CC | Thoreau | 1 | 2 |
| San Felipe* | Outreach services only | 0 | 2 |



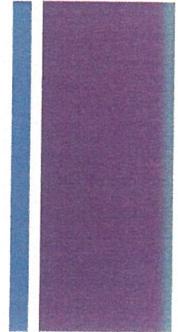


+ Native American Veterans



- Veterans who participate in the Veterans health care program are considered to have “minimum essential coverage”
 - VA Civilian Health and Medical Program (CHAMPVA)
 - TRICARE
- Veterans may have dependents who are not eligible for a VA health care program. They may use the Health Insurance Marketplace to get coverage.
- Veterans enrolled in one of the programs above may opt to cancel their enrollment and purchase a plan through the Marketplace.
 - They may reapply for enrollment in the VA program at any time, but acceptance for future VA health care enrollment will be based on eligibility factors at the time of application, which may result in a denial of enrollment.

+ Native American Veterans



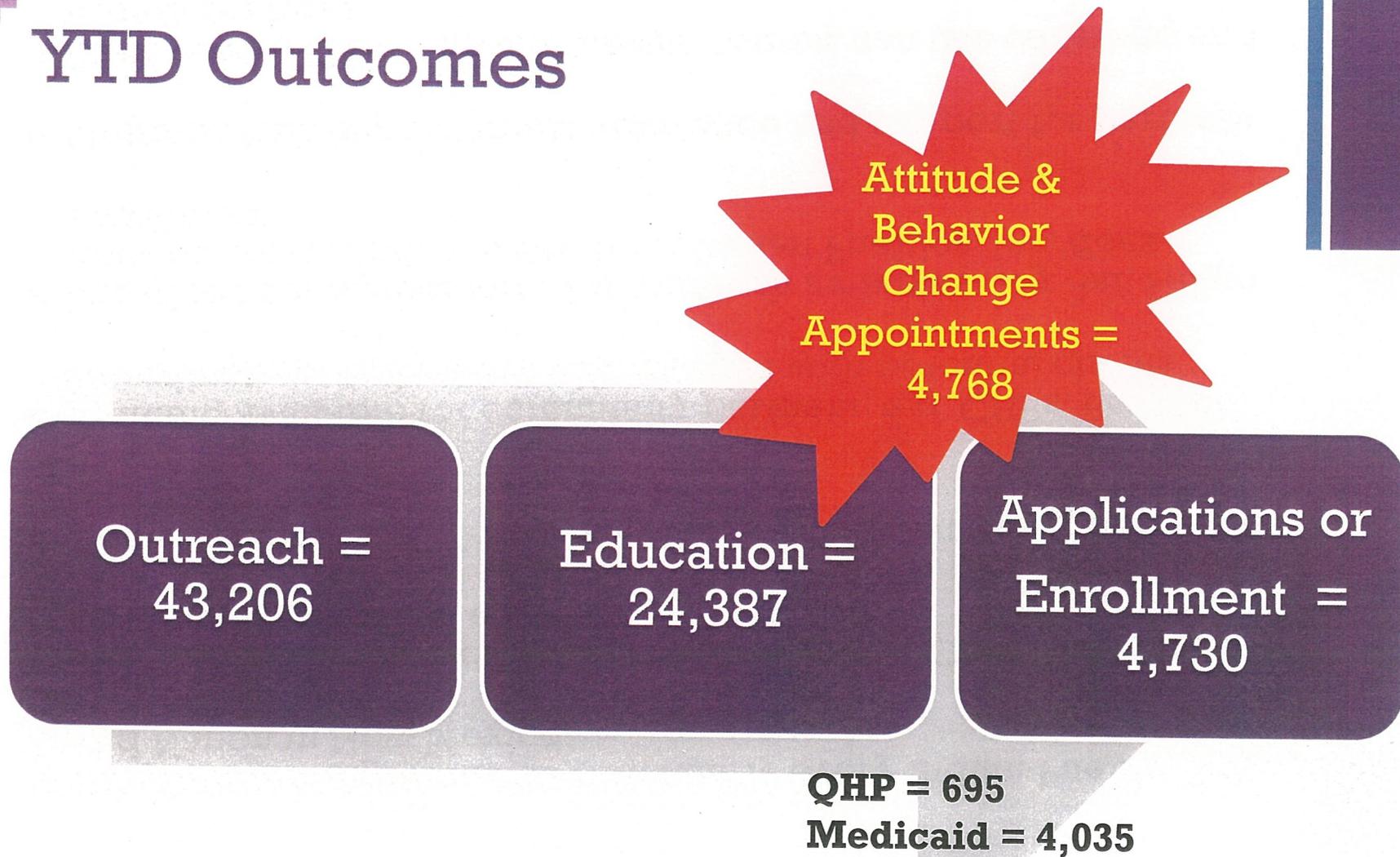
- Targeted outreach to Veterans
 - Laguna in April 2014
 - Farmington on August 20, 2014
 - 2014 Southwest Regional Veterans Conference
 - Booth staffed with Health Care Guides and Outreach Specialist
 - Formal presentation on September 23, 2014
- Health Care Guides received VA Benefits training on June 12, 2014
- Training for VA Liaisons in tribal communities
 - Liaisons will have information and ability to refer veterans for assistance and schedule appointments

+ Navajo Nation Program



- Letter of Support from Navajo Nation Department of Health
 - Expect to have letter from the Navajo Nation Office of the President and Vice President
- Hired, trained and deployed 8 Guides and 8 Outreach Specialist for Navajo Nation
 - 2 additional FTE started on 10/27
- Delivered ACA Training for Crownpoint, Gallup and Shiprock Service Units and to Navajo Nation Department of Health CHRs
- Enrollment sites set for Ramah, Thoreau, Crownpoint (2), Baahaali, Beclabito, White Rock, Torreon, Naschitti, Pine Hill, Becenti, Red Rock, Shiprock and Navajo Technical University

+ YTD Outcomes



Our clients have no compelling reason to acquire health coverage. They are exempt from the individual responsibility to have insurance and the federal government is obligated to provide health care to them.

+ Resources Available

- Sub-Contract Agreements with nearly every Indian Pueblo, Tribe and Nation in New Mexico
- MOAs to locate Guides in the community, e.g. Chapter Houses, Community Centers, etc.
- Home visits for individuals and families without transportation or other barriers
- Training available for community partners, e.g. CHRs, Benefits Coordinators, and others who interact with potential clients
- Sub-Contract Agreements for outreach activities, e.g. San Felipe does outreach and Five Sandoval Indian Pueblos, Inc. does enrollment
- Ongoing training, technical assistance and support for partners
- Coverage to Care – ensure newly insured can use coverage and access services

+ Native American Service Center

- Enacting legislation (SB 221) allows for the creation of a Native American Service Center to ensure that the New Mexico Health Insurance Exchange is accessible to Native Americans and complies with the provisions of the federal Indian Health Care Improvement Act and Indian-specific provisions of the federal Patient Protection and Affordable Care Act
 - Develop Native American navigation, outreach and education strategies especially in rural and frontier areas of the state.
 - Provide consumer assistance
 - Measure Native American enrollment using Indian Health Service data and Native American provisions and exemptions.
- NAPPR, Inc. Walk-In Site is performing nearly all the functions associated with the Service Center

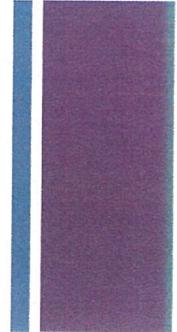
+ Program Sustainability



- Identifying Guides who can train to become licensed brokers
- Exploring opportunities to contract with carriers for care coordination
- Exploring partnerships with tribal 638 programs to pilot reimbursement for community-based services, e.g. home visiting and community health improvement initiatives

+ How You Can Help

- Pediatric oral health is an essential health benefit, but dental plans are sold separately. Very few consumers purchase these plans
- Tax Credits and Exemptions are linked and do not apply if employer coverage is affordable and adequate for the individual employee. Results in dependents being unable to benefit from cost-sharing exemptions.
- Encourage Native people to acquire health coverage



+
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