NEW MEXICO HEALTH INSURANCE EXCHANGE

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To: The Honorable James Roger Madalena, Chair The Honorable Gerald Ortiz y Pino, Vice-Chair Legislative Health and Human Services Committee

From: Mike Nuñez, Interim CEO

New Mexico Health Insurance Exchange (NMHIX)

Date: December 2, 2013

Thank you for your letter of November 13, 2013 inquiring about the NMHIX plans for the Native American Service Center. We are providing the following information to clarify the initial September 2011 grant application and what has transpired since that time with initiatives to serve Native Americans. The NMHIX is committed to strong services for Native Americans to ensure comprehensive outreach, education, and enrollment.

The following was included in original Level 1 grant application September 2011 that was submitted by the Human Services Department to the federal government:

Native American Assistance - New Mexico has the second highest percentage of Native Americans of the states, comprising almost ten percent of its total population. The population includes people in tribes, pueblos, on and off reservations, and urban areas. Through formal tribal consultation and Native American stakeholder input, the Office of Health Care Reform (OHCR) identified the need for targeted assistance and support for Native Americans in NMHIX design and implementation. Therefore a Native American Service Center will be established within NMHIX. The Center will ensure that NMHIX is accessible, complies with Native American components of the Affordable Care Act (ACA) and Indian Health Care Improvement Act (ICHIA), and facilitates meaningful, ongoing tribal consultation. New Mexico can become a leader in the nation on Native American assistance in Exchange development and implementation and can share best practices with other states.

The Center will be staffed with a Director and two support staff to assist in the areas of strategic technical support, outreach and education. Substantial research and analysis will help NMHIX meet Native American needs by:

- Analyzing existing IT infrastructure, capability, and connectivity in tribal communities.
- Studying ACA and ICHIA provisions and regulations to assess their impact on Native Americans and tribal health care systems served by the NMHIX.
- Eliciting stakeholder input to assist in NMHIX design and development.
- Developing Native American navigation, outreach and education strategies especially in rural and frontier areas of the state.

In the September 2011 initial grant, funding was requested as follows:

Native American Service Center staffing:	
Tribal Support Center Director	\$ 110,000
Tribal Support Program Managers (2)	\$ 150,000
Fringe Benefits	\$ 78,000
Tribal Consultation	\$ 337,500
Tribal Outreach/Education	\$ 265,000
Assistance to Tribal Individuals, small businesses,	
coverage appeals and complaints	\$ 347,500
TOTAL	\$1,288,000

The initial total grant was received by Human Services Department (HSD) and transferred to the NMHIX on November 13, 2013 less any expenditures to date which included IT expenditures, some minor HSD salary and operations expenditures, and contracts with the New Mexico Health Insurance Alliance (NMHIA) for Board start-up activities prior to the transfer of funds. Prior to the transfer from HSD, no funds had been spent on Native American activities.

The funds from the initial grant were reorganized based on federal discussions and the significant change that occurred with the federal system and policies since September 2011 and to incorporate the grant funding received in July 2013. The NMHIX initial focus for Native Americans has been to implement a strong outreach, education and enrollment program. The most immediate need was to get trained Health Care Guides into the field to do aggressive outreach and enrollment activities. After completion of a Request for Information process, a contract was executed in August 2013 with Native American Professional Parent Resources (NAPPR) to develop a comprehensive outreach, education, and enrollment system. A similar system is in the process of development at the Navajo Nation should the Navajos choose to utilize it.

As of the end of October, NAPPR had developed contracts with all tribes and pueblos except the Navajos as originally proposed in NAPPR contract.

A centralized toll-free number was established for Native Americans (855) 241-8137). NAPPR staff have been hired and Health Care Guides are at nine sites. Language access includes Navajo, Keres, Tiwa, Towa. NAPPR is actively assisting individuals with applications and has held outreach events as follows:

	No. of Events	Persons Reached
Sept.	no lessenti delle 4	166
Oct.	47	2,258
Nov.	84	1,302

2013 and 2014 funding has been allocated for a Native American Service Center and marketing activities. Funds have been allocated to date as follows:

Native American Service Center*	\$ 1,400,000
NAPPR (outreach, education, enrollment)	\$ 1,391,496
Contingency Place holders:	
Navajo outreach/enrollment	\$ 1,000,000
Jicarilla outreach/enrollment	\$ 250,000
Mescalero Apache outreach/enrollment	\$ 250,000
Poston & Associates	\$ 50,000
BVK Native American Marketing/Media	\$ 100,000
Total	\$ 4,441,496

^{*} Funds were requested in the November 15, 2013 grant proposal to annualize the above costs as well as add funding for Native American Liaisons (three up to a total of \$270,000 plus associated benefits) as well as rent costs (\$60,000), equipment (\$30,000), and additional unassigned costs (\$896,000). Total additional funding for Native American services in the November 15, 2013 grant is \$1.4M.

Thus the total funding for Native American services since the inception of the NMHIX including funds being spent in 2013 and requested in 2014 is \$4,441,496, compared to the initial amount requested in the September 2011 grant of \$1,288,000.

Total Native American funding is subject to the final approval of the NMHIX Board.

Should you have any questions, regarding Native American funding, please contact me.

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