

Minnesota Tribal Consultation Work Group Meetings
Meeting Agendas and Summaries

August 2011 – August 2012

MN Tribal Issues and the Exchange-Meeting Notes

August 18, 2011, MN Dept of Human Services

Attendees: Salina Rizvi (Mille Lacs Health Services Director), Phil Norrgard (Fond du Lac), April Todd Malmlov (Exchange Director), Kathy Vanderwall (DHS), David Godfrey (Medicaid Director), Ellen Benavides (Assistant Commissioner MDH), Lauren Gilchrist (Assistant Commissioner for Health Reform- interagency), by phone: Bryce Redgrave, Jason Douglas from Bemidji IHS

Lauren

- The Governor's health reform efforts are broadly focused on healthier communities, better health care, and lower costs. Health reform includes the Exchange, as well as developing priorities on workforce, prevention/public health, and quality/payment reform. There will be opportunities for tribes to be involved in these discussions as they develop in the coming months.

Phil

- As the Exchange discussion develops, it's important to consider tribes as payers and as health care providers. As independent nations, there are also special considerations regarding the federal government's trust responsibility to tribes, which includes health care.
- Lessons can be learned from tribes' interaction with Part D plans. The proposed addendum would modify network provider contracts between insurance plans in the Exchange and Indian Health Care Providers. The proposed document is similar to that which was eventually adopted for Part D plans (please see attached document). There are likely to be concerns among the health plans regarding potential adverse selection as a result of the addendum.
- Phil is part of the CMS Tribal Affairs Group (TAG) and has discussed the potential addendum with CMS. CMS has indicated reluctance to requiring all states to adopt it and so individual state action will likely be needed on the issue.

April

- Exchange planning activities have included focus groups on proposed functions of an Exchange. Tribal representatives were included and provided valuable information.
- The appointment process for the Exchange Task Force will begin this fall and tribal representatives will be encouraged to apply through the open appointment process. The opportunity will be listed on the Dept of Commerce website and through the Secretary of State's site at <http://www.sos.state.mn.us/index.aspx?page=5>
- The department is open to discussion additional issues and ideas that tribes may have with regard to an Exchange.

Phil

- Current interface with state Medicaid program and tribes generally works well.

- Tribes likely will want access to enrollment data/beneficiary status from the Exchange and the ability to enroll members in programs and pay their premiums. These issues may present challenges with private insurers.
- CMS and the state have historically supported the ability of tribes to pay premiums but there will be challenges with the ability of AI to change plans and the definitions of household.

Next steps:

- Phil will prepare comments on the proposed Exchange and Medicaid regulations to share at the next meeting (proposed regs are available here <http://www.healthcare.gov/center/regulations/index.html>)
- April and others will review the proposed addendum for discussion at the next meeting.
- Monthly meetings will be scheduled with invitations to MN tribal representatives and notes will be shared with tribal directors and Chairs.

Regulations related to the Exchange for future discussion (state agencies are reviewing the regulations and will have comments to discuss at the next meeting.)

- **Establishment of Exchanges and Qualified Health Plans**
<http://healthreformgps.org/wp-content/uploads/exchange.pdf>
This proposed rule addresses standards for establishing exchanges, setting up the small business SHOP exchanges, and certifying plans for participation in Exchanges. Comments due 9/28/2011.
- **Standards related to Reinsurance, Risk Corridors, and Risk Adjustment**
<http://healthreformgps.org/wp-content/uploads/risk.pdf>
This proposed rule implements standards for States related to reinsurance and risk adjustment, and for health insurance issuers related to reinsurance, risk corridors, and risk adjustment, as required by the ACA. Comments due 9/28/2011.
- **Health Insurance Premium Tax Credit/Medicaid Eligibility**
<http://healthreformgps.org/wp-content/uploads/IRS-Premium-tax-credit.pdf>
This proposed rule expands and simplifies Medicaid eligibility and promotes a seamless system of affordable coverage by coordinating Medicaid and CHIP with the new Exchanges. Most adults under age 65 with incomes up to 133 percent of the federal poverty line—\$14,500 for an individual and \$29,700 for a family of four in 2011—would be eligible for Medicaid. Children would be eligible for either Medicaid or CHIP at higher income levels based on the eligibility standards in their state. Comments due 10/31/2011
- **Medicaid Program; Eligibility Changes under the Affordable Care Act of 2010 Health Insurance Premium Tax Credit**
<http://healthreformgps.org/wp-content/uploads/IRS-Premium-tax-credit.pdf>

This proposed rule provides guidance regarding individuals who enroll in qualified health plans through Exchanges and claim the premium tax credit, and regarding criteria for Exchanges that make qualified health plans available to individuals and employers. Comments due 10/31/2011.

- **Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers**

<http://healthreformgps.org/wp-content/uploads/Exchange-Eligibility.pdf>

The proposed rule details the standards and process for enrolling in qualified health plans and insurance affordability programs. It also outlines basic standards for employer participation in SHOP. Small employers that purchase employer-sponsored health coverage through SHOP could qualify to receive a small business tax credit for up to 50 percent of the employer's premium contributions toward employee coverage. Comments due 10/31/2011.

MN Tribal Issues and the Exchange-Meeting Notes

September 13, 2011, MN Dept. of Human Services

Attendees: Phil Norrgard (Fond du Lac); Monte Fox (White Earth), by phone; April Todd Malmlov (Exchange Director); Lauren Gilchrist (Assistant Commissioner for Health Reform-interagency); Ellen Benavides (Assistant Commissioner MDH), by phone; David Godfrey (Medicaid Director); Vern LaPlante, (DHS Tribal Liaison); Kathi Vanderwall (DHS).

Phil

- In the proposed regulations and in discussion CMS has been non-committal or unclear regarding some components that are important to IHS, Tribal, and urban Indian (I/T/U) providers. Tribes would prefer clarity and uniformity regarding Indian provisions in the regulations. Phil asked that the state include suggested items in its response to the proposed regulations. The list of those items is attached.

Lauren

- Does it seem that HHS will be supportive of these comments?

Phil

- That is not clear yet. Those who are writing the regulations are somewhat caught between insurance factors and states' need for flexibility, vs. protection of American Indians. They listen to I/T/Us, but also to states and industry. This is why it would be useful to have the state's comments reflect I/T/U issues.
- The proposed regulation requires networks to include "a sufficient number" of Essential Community Providers (ECP). Because I/T/Us are not automatically designated as ECPs, it should be mandated that insurers offer network provider contracts to I/T/U providers, whether they are designated as ECP or not, and that contracts be required to include the Tribal Addendum. Tribes are concerned that, in a remote area where there may be only one I/T/U provider and one ECP, contracting only with the ECP might be considered adequate. This would reduce American Indian enrollees' access to culturally appropriate providers and treatment and effectively keep I/T/U providers from participating in the Exchange.
- Requiring contracts to include the Tribal Addendum would make it easier for tribes and insurers to contract.
- Re. Navigators, I/T/Us are suggesting that they be allowed to have "Navigators" who serve only American Indians without regard to issues of conflict of interest. This would not preclude other navigators from serving American Indians, but rather acknowledges that tribes and IHS are prohibited from serving non-Indians in their federally-funded programs.

April

- Under the Exchange, people may bounce between public and private coverage. How would private insurers be affected? Should they be included in the mandate?
- Insurers will have difficulty with being required to contract with I/T/U providers, knowing that their enrollees will have worse health – i.e. "adverse selection." We are

considering how some of this concern could be addressed through risk adjustment. Some concerns can also be addressed via increased federal payments.

- We will need data to develop risk adjustment, and it must be adequate data to satisfy HHS. We may be able to get data from federal sources.

Lauren

- DHS has used IHS data to identify Indian clients, but the results have not always been reliable. We may be able to request that IHS be pulled into the data hub that will also include other federal data and that Exchanges will access.

Phil

- Mandating the inclusion of I/T/U providers in networks would also alleviate some of the concern.

April

- How the feds will pay for the American Indian cost-sharing exemption shouldn't be an issue.
- The exemption will be advantageous to states, and health plans will be reimbursed for "lost" revenue.
- There is still a lot of conversation at the federal level regarding reconciling the Premium Tax Credit and the Advance Credit payments. HHS is aware of the issues in this process and are working to find solutions.

Next steps:

Phil

- The chart of proposed comments includes space for adding updates regarding whether the comment is included in the state's submission. It would be helpful to use that to keep interested parties apprised of developments.

Lauren

- The next meeting is scheduled for October 11th. We anticipate having video conferencing arranged for that meeting.

Regulations related to the Exchange for future discussion (state agencies are reviewing the regulations and will submit comments on the first two by the September 28, 2011 deadline. Comments on the other three regulations will be discussed at future meetings.)

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TRIBAL-STATE HEALTH BENEFITS EXCHANGE TEAM

October 11, 2011 Meeting

Participants: Monte Fox, Phil Norrgard, April Todd-Malmlov, Vern LaPlante, David Godfrey, Kathleen Vanderwall

1. Comments on proposed regulations

The deadline to comment on the proposed regulations was extended for one month, to October 28, 2011. The Departments of Commerce and Human Services need to receive comments by October 18th if they are to be incorporated into the state's comments.

In its draft comments, the state has commented favorably on several of the topics suggested by tribes, including:

- The definition of "Indian"
- Use of the tribal addendum for contracts between tribes and insurance issuers
- The use of risk adjustment to counter adverse selection and entice carriers to seek to enroll more American Indians.

Phil Norrgard -- Fond du Lac did submit comments by the original September 28th deadline; he will forward those for inclusion in the state's comments.

2. Exchange Grantees Meeting

April Todd-Malmlov talked about the Exchange Grantees (i.e. states that have received grants for planning their exchanges) meeting. MN suggested that IHS data should be pulled into the planned data hub, which will allow exchanges to access data from a number of federal sources to assist in enrolling people into insurance plans. Minnesota also raised the topic of using the Tribal Addendum for contracts with plans; CMS seemed positive toward using the addendum.

3. Consultation Agreement

Regarding tribal consultation, the Department of Health and Human Services wants states to develop formal consultation policies, possibly modeled on the states' Medicaid consultation policies that are already required. Phil noted that consultation is a necessary step in the the planning process and is included in the initial recommended process he submitted to the Department of Commerce in August. April noted that Minnesota seems far in advance of other states in the planning process with tribes.

4. Minnesota Indian Affairs Council Resolution

Fond du Lac Chairwoman Karen Diver asked the Minnesota Indian Affairs Council (MIAC) to endorse comments on the proposed exchange regulations developed by the National Indian Health Board. MIAC will recommend that the Governor appoint a representative of tribal government to serve on the task force that will be assembled to provide advice in the development of the state insurance exchange.

5. Scope of Work

The scope of work for the Tribal-State Health Benefits Exchange Team includes:

- Designing the health insurance exchange and IT functions
- Integrating American Indian Affordable Care Act benefits and protections
- Tribal group purchasing for American Indians
- Managing effective and efficient enrollment of American Indians
- Developing outreach and education materials
- Training for navigators
- Ensuring that plans contract with I/T/U providers
- Communicating with tribal leadership

These topics will be on the agenda for each Team meeting, although not all may be addressed at every meeting. Issues that are most urgent or have seen the most recent activity will be addressed as they arise.

In addition to this team, the state will have a number of separate work groups on specific topics. These groups will provide very technical, intense, detailed advice on the exchanges. Phil asked that tribal health directors be given descriptions of the work assignment of each group, with enough lead time for them to determine the right staff to participate; April agreed.

Next Meeting

The next meeting is tentatively scheduled for November 15th, the day before the Tribal Health Directors meeting.

At that meeting, David Godfrey will provide an update on changes in the state's health care eligibility system that will be needed so that Medicaid and the Exchange will be streamlined and will work seamlessly for recipients by 2014.

**TRIBAL-STATE HEALTH BENEFITS EXCHANGE TEAM
AGENDA -- November 17, 2011**

1. Updates on standing agenda items

- Designing the health insurance exchange and IT functions
- Integrating American Indian Affordable Care Act benefits and protections
- Tribal group purchasing for American Indians
- Managing effective and efficient enrollment of American Indians
- Developing outreach and education materials
- Training for navigators
- Ensuring that plans contract with I/T/U providers
- Communicating with tribal leadership

2. Tribal consultation policy

3. Additional, topical work groups

4. Update on state's health care eligibility system changes necessary for HIE implementation

TRIBAL-STATE HEALTH BENEFITS EXCHANGE TEAM

November 17, 2011 Meeting

Participants: Monte Fox, Phil Norrgard, April Todd-Malmlov, Lauren Gilchrist, Jenny Jenkins, Deanna Dick, Bryce Redgrave, Connie Harju, Kathleen Vanderwall

1. Updates on Standing Agenda Items

The Health Exchange Task Force has been instituted. At the first meeting the group discussed issues around the Health Insurance Exchanges, and at the second meeting they reviewed, discussed background research. They have put out a 2-stage Request for Proposals (RFP) for vendors to perform eight functions:

- 1. Individual Eligibility and Exemption** TO determine and process eligibility and provide information and choices reflecting the person's eligibility determination.
- 2. Individual Enrollment** Will facilitate health benefit plan enrollment and selection of specific health care providers.
- 3. Small Employer Eligibility and Enrollment** Will determine and process small employer and associated employee eligibility and enrollment.
- 4. Health Benefit Plan and Navigator/Broker Certification and Display** This includes functions related to the certification and display of individual and group insurers and Navigators.
- 5. Provider Display** This will display health care provider information to assist individuals, employers, and employees to find, compare, and select health care providers and health benefit plan.
- 6. Fund Aggregation and Payment** Will aggregate and process payments from multiple sources for health benefit plan enrollment, Navigator services, and funding of operations. This will allow for tribes to make payments on behalf of members. It should not be a problem for tribes to elect to pay at different levels for different groups, for example people enrolled in the tribe, the next generation, etc.
- 7. Account Administration** This will create accounts that link information from the other modules and will track relationships between individuals, family, and households; employers and employees; and Navigators, insurers, and health care providers as appropriate.
- 8. Mobile Application or Accessibility** The modules should be easily viewed on mobile devices.

Three to four prototypes will be developed; they will be available for testing by the public on December 5th. One vender will be selected, based in part on feedback from the public. Reviewing and commenting on the prototypes by patient benefit coordinators would be very helpful. The prototypes will be available on-line during December and January, but input will be most valuable if received by December 20. The Task Force would like input on how to get people to log on and test out the prototypes.

They also reiterated that they want tribal input regarding outreach processes, materials, and strategies that would be most effective in the American Indian community.

4. Next Meeting

TRIBAL-STATE HEALTH BENEFITS EXCHANGE TEAM

Agenda, January 10, 2012

1. Tribal Consultation Policy

2. Opportunity for webinar on tribal issues and health reform overall with Center for Health Care Strategies

3. Updates on Standing Agenda Items

- Designing the health insurance exchange and IT functions
- Integrating American Indian Affordable Care Act benefits and protections
- Tribal group purchasing for American Indians
- Managing effective and efficient enrollment of American Indians
- Developing outreach and education materials
- Training for navigators
- Ensuring that plans contract with I/T/U providers
- Communicating with tribal leadership

3. Next Meeting

MDH/DHS
Tribal Health Director's Meeting
February 15, 2012 / Noon – 4:00PM
Snelling Office Park / Red River Room
1645 Energy Park Drive
St. Paul, MN

Welcome

Opening Prayer

Dave Larsen, Dakota Elder

Tribal Updates

Tribal Consultation on Health Insurance Exchanges
Tribes/DHS Work on Current Issues

Phil Norrgard, Fond du Lac
Phil Norrgard, Monte Fox

Approve minutes from November 17, 2011 meeting

CMS Updates

DHS Updates

New Office of Indian Policy Staff
Health Care Reform
Dental Workforce Issues
Waiver and SPA Updates
C & CT Contracts

Kathi Vanderwall
Vern LaPlante
David Godfrey, Medicaid Director
Mary Morales
Kathi Vanderwall
Katie Linde

MDH Updates

Dir., American Indian Health Search
“The Health of Minnesota”
Tribal Tobacco Use Survey
Tribal Tobacco Use Project (TTUP)
American Indian Infant Mortality Review
Tribal EHDI Block Grants
EHDI Community Grants

José González
AC Jeanne Ayers
Dorothy Bliss, OPI
Dr. Melanie Peterson-Hickey
Dr. Melanie Peterson-Hickey
Mary Jo Chippendale
José González
José González

MPLS American Indian Health Subcommittee

Noya Woodridge

2012 meeting dates:

Thursday, May 24th
Thursday, November 8th

Thursday, August 16th

Agenda items for next meeting

Next Meeting Date:

May 24, 2012
Mississippi Room, Snelling Office Park
St. Paul, MN

Lunch is provided for the Tribal Health Directors



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NOTES: Health Insurance Exchange Planning Tribal Consultation Meeting

9:30 to 11:30 A.M. Wednesday, February 15, 2012
Room 4148, Minnesota Department of Human Services
444 Lafayette Road, St. Paul

Attendees:

Connie Harju – **Bois Forte Band**

Phil Norrgard, Health Director; Chuck Ells – **Fond du Lake Band of Chippewa**

Angelene Losh – **Leech Lake Band**

Salina Rizvi, Health Director; Dawn Chosa; Cyrilla Bauer; Ginger Weyaus – **Mille Lacs Band**

Oran Beaulieu, Health Director – **Red Lake Band of Chippewa**

Pat Butler, Health Director – **White Earth Nation**

Linda Bedeau; Bryce Redgrave – **Indian Health Service Bemidji Area Office**

April Todd-Malmlov, Director – **Minnesota Health Insurance Exchange**

Lucinda Jesson, Commissioner; David Godfrey, State Medicaid Director; Jackie Crowshoe;

Monte Fox; Vern LaPlante; Kathleen Vanderwall – **MN Department of Human Services**

April Todd-Malmlov explained that the Health Insurance Exchange (HIX) Task Force is beginning to develop messaging and outreach to the public, and finds it especially important to work with tribes in this effort. The HIX wishes to develop a Tribal Consultation Policy, and is requesting tribal input on a draft policy.

Lucinda Jesson added that a key purpose of this work is to ensure that the HIX is simple to use and works well for American Indian beneficiaries and for Tribes.

Phil Norrgard, tribal representative on the HIX Task force and on the HIX Tribal Work Group, noted that there are a number of work groups associated with the HIX Task Force, and that it would be a good idea to have at least one tribal representative on each work group.

Tribal representatives had a number of questions about how the HIX will operate; it was agreed that HIX staff will develop a Q & A document based on questions raised at today's meeting as well as additional questions that will be of interest, and will ensure that the document is distributed to Tribes and other Indian health care providers.

Phil explained how the draft consultation policy (attached) was developed and what it is intended to accomplish.

April asked what would be the appropriate avenue for requesting tribal review and sign-off on the proposed consultation policy. Tribal representatives agreed that a resolution from each tribe's governing body would be best. The Tribal representatives present agreed to present a resolution to their governing bodies for their consideration. Phil offered to draft a "model" resolution that others could use if they wished.



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Health Insurance Exchange Planning Tribal Work Group Meeting

1:00 to 2:30 Friday, March 30, 2012
Room 5134, Minnesota Department of Human Services
444 Lafayette Road, St. Paul

- 1. Update on Tribal Consultation Policy**
- 2. Update on Tribal representation on Technical Work Groups; reports from Tribal representatives**
- 3. Updates on Standing Agenda Items**
 - Designing the health insurance exchange and IT functions
 - Integrating American Indian Affordable Care Act benefits and protections
 - Tribal group purchasing for American Indians
 - Managing effective and efficient enrollment of American Indians
 - Developing outreach and education materials
 - Training for navigators
 - Ensuring that plans contract with I/T/U providers
 - Communicating with tribal leadership
- 4. New Issues**
- 5. Next Meeting**

TRIBAL-STATE HEALTH INSURANCE EXCHANGE TEAM

March 30, 2012 Meeting

Participants: Phil Norrgard (Fond du Lac), Ginger Weyaus (Mille Lacs), Linda Bedeau (IHS), April Todd-Malmlov (Department of Commerce), Manny Munson-Regala (Department of Commerce); Kathleen Vanderwall (Department of Human Services)

Regarding the recent federal regulations for Health Insurance Exchanges, Phil noted that the tribes did not get any of their requested inclusions. Since Minnesota is including these items in its Exchange development, this should not be a big problem for Minnesota tribes. It is still important to require insurers to use a tribal addendum when contracting with tribal health care providers.

Essential Health Benefits EHB include items and services within the following 10 benefit categories:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care.

States can choose among four “Benchmark Plans;”

1. The largest plan by enrollment in any of the three largest products in the State’s small group insurance market
2. Any of the largest three State employee health benefit plans by enrollment
3. Any of the largest three national FEHBP plan options by enrollment; or
4. The largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State.

If a State does not select a benchmark health plan, the default benchmark plan will be the largest plan by enrollment in the largest product in the State’s small group market.

A State could propose its traditional Medicaid benefit package as a benchmark plan under the Secretary-approved option available under section 1937 of the Social Security Act. The State would have to ensure, either through that benefit plan or as a supplement to that plan, that the ten statutory categories of EHB are covered.

1. Update on Tribal Consultation Policy

Tribal resolutions approving the draft consultation have been received from four tribes: Bois Forte, Fond du Lac, Mille Lacs, and White Earth. The Exchange would like to receive resolutions from more of the tribes if possible.

2. Update on Tribal Representation on Technical Workgroups

In addition to the Tribal Technical Work Group, tribal representatives are participating on several of the current Technical Work Groups, including:

- Adverse Selection, Encouraging Market Competition and Value – Phil Norrgard, Fond du Lac
- Navigator/Broker – Ginger Wayaus, Mille Lacs
- Individual Eligibility – Connie Harju, Bois Forte and Michelle Palomaki, Mille Lacs
- Small Employers and Employees – Cyrilla Bauer, Mille Lacs
- Outreach, Communications and Marketing – Carol Hernandez, Mille Lacs

Two work groups, Government and Financing, do not have any tribal representation. Two additional work groups, Measurement & Reporting and IT & Operations, will begin later this Spring.

3. Updates on Standing Agenda Items

a. Designing the health insurance exchange and IT functions: The Exchange is negotiating a contract for an IT vendor. Once the contract is in place, the IT work group will start.

b. Integrating American Indian Affordable Care Act benefits and protections: This will be part of the IT function, and is included in the contract being negotiated.

c. Tribal group purchasing for American Indians: Known as “Payment Aggregation;” this is also part of the IT contract. On this subject, Phil said that it would be helpful if individual’s premium credit could be sent directly to the state, to be combined with other funds from other sources, so the state could make one payment to the insurance plan. April noted that the state has asked for permission to do this, but it’s not clear whether it will be allowed by the IRS.

d. and e. Managing effective and efficient enrollment of American Indians; Developing outreach and education materials: Work on this is just beginning. Phil said that some non-Minnesota tribes are developing outreach materials, which could be helpful as Minnesota works on this process.

f. Training for navigators: Training regarding data privacy will definitely be required. Beyond that, state Exchanges will have quite a bit of latitude in deciding what training will be required.

g. Ensuring that plans contract with I/T/U providers: The recently released federal regulations did not provide any guidance on this. Manny Munson-Regala, an Exchange staff person, will work on this issue for Minnesota.

h. Communicating with tribal leadership: The Tribal Work Group will offer to make a presentation at a Minnesota Indian Affairs Commission (MIAC) meeting. Manny will contact the MIAC Executive Director to make the arrangement.

4. Next Meeting

The next meeting will be scheduled in conjunction with the Health Insurance Exchange Task Force meeting in June. The meeting will take place in the Cloquet/Duluth area. Information about specific date and place will be sent out as soon as it is available.



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Health Insurance Exchange Planning Tribal Work Group Meeting

1:00 – 2:30, Wednesday, August 15, 2012

Room 3144

Department of Human Services

444 Lafayette Road

St. Paul, MN

1. Supreme Court Decision; Next Steps

2. Updates on Standing Agenda Items

- A. Designing the health insurance exchange and IT functions
- B. Integrating American Indian Affordable Care Act benefits and protections
- C. Tribal group purchasing for American Indians
- D. Managing effective and efficient enrollment of American Indians
- E. Developing outreach and education materials
- F. Training for navigators
- G. Ensuring that plans contract with I/T/U providers
- H. Communicating with tribal leadership

3. New Issues

4. Next Meeting



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NOTES: Health Insurance Exchange Planning Tribal Work Group Meeting

1:00 – 2:30, Wednesday, August 15, 2012
Department of Human Services
St. Paul, MN

Attendees:

Connie Harju – **Bois Forte Band**
Marilyn Grover – **Fond du Lake Band of Chippewa**
Carol Hernandez – **Mille Lacs Band**
Pat Butler, Health Director – **White Earth Nation**
Mary Sienko; Manny Munson-Regala – **Minnesota Health Insurance Exchange (HIX)**
Monte Fox; Kathleen Vanderwall – **MN Department of Human Services**

1. Supreme Court Decision: HIX staff noted that the Court's decision would have little impact on Minnesota because we have already begun HIX planning and have adopted other ACA provisions.

2. Individual Assistors: HIX staff described a new provider type, "Individual Assistors" --

- Individual Assistors could fulfill some, but not necessarily all Navigator functions
- Individual Assistors could be paid with grant funds.
- There is no federal guidance yet regarding selection, certification, or training of Individual Assistors, except regarding conflict of interest.

The Navigator Work Group is developing service levels and standards for defining and selecting providers. The group intends to have recommendations ready by mid-October so they can be useful for the 2013 legislative session.

3. HIX Market Research

- Looking at small business and individuals
- People want information NOW
- People perceive the costs will be too high, but they think it costs more than it does. It will be important to share information about premium estimates
- For small employers, expense is an issue; they also don't understand the concept of employees choosing their own plans
- Having relationships with brokers/agents will be important

HIX staff noted that the market research findings are available on the HIX website.

They also reiterated that they want tribal input regarding outreach processes, materials, and strategies that would be most effective in the American Indian community.

4. Next Meeting