

OUR INTERIM MEETING WILL BEGIN SHORTLY



**WELCOME TO THE
AMERICAN INDIAN AND ALASKA NATIVE
LIAISON COMMITTEE MEETING**

Tuesday, June 28, 2022 (11:00 am - 12:30 pm)



Date: 6/27/22

NAIC/AMERICAN INDIAN AND ALASKA NATIVE LIAISON COMMITTEE

Tuesday, June 28, 2022

12:00 – 1:30 p.m. ET / 11:00 a.m. – 12:30 p.m. CT / 10:00 – 11:30 a.m. MT / 9:00 – 10:30 a.m. PT

ROLL CALL

Troy Downing, Chair	Montana	Mike Causey	North Carolina
Russell Toal, Vice Chair	New Mexico	Jon Godfread	North Dakota
Lori K. Wing-Heier	Alaska	Glen Mulready	Oklahoma
Trinidad Navarro	Delaware	Andrew R. Stolfi	Oregon
Dean L. Cameron	Idaho	Larry D. Deiter	South Dakota
Grace Arnold	Minnesota	Mike Kreidler	Washington
Edward M. Deleon Guerrero	N. Mariana Islands	Jeff Rude	Wyoming

NAIC Support Staff: Lois E. Alexander

AGENDA

1. Consider Adoption of its Spring National Meeting Minutes Attachment A
—*Commissioner Troy Downing (MT)*
2. Hear a Presentation on Consumer Outreach and Education Regarding Fraud—*Matthew J. Smith (Coalition Against Insurance Fraud—CAIF)*
3. Hear a Presentation on Maximizing Collaboration Between Health Insurers and Tribal Communities – What Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Oklahoma are Doing to Build Partnerships—*Bonnie Vallo (Community Outreach Specialist and Tribal Liaison, Blue Cross and Blue Shield of New Mexico) and Lucinda Myers (Tribal Relations Specialist, Blue Cross and Blue Shield of Oklahoma)*
4. Hear a Presentation on New Mexico’s Health Insurance Exchange – American Indian Program—*Teresa Gomez, MA (beWellnm Board Member; Board Vice Chair, Native American Standing Committee Chair)*
5. Discuss Any Other Matters Brought Before the Liaison Committee
—*Commissioner Troy Downing (MT)*
6. Adjournment

Draft Pending Adoption

Attachment 1
Privacy Protections (H) Working Group
6/15/22

Draft: 4/18/22

Privacy Protections (D) Working Group
Kansas City, Missouri
April 6, 2022

The Privacy Protections (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met in Kansas City, MO, April 6, 2022. The following Working Group members participated: Katie Johnson, Chair (VA); Cynthia Amann, Co-Vice Chair (MO); Chris Aufenthie, Co-Vice Chair (ND); Sarah Bailey (AK); Damon Diederich (CA); George Bradner (CT); Erica Weyhenmeyer (IL); LeAnn Crow (KS); Ron Kreiter (KY); Robert Wake (ME); T.J. Patton (MN); Martin Swanson (NE); Teresa Green (OK); Raven Collins (OR); Gary Jones and David Buono (PA); Frank Marnell (SD); Carole Cearley (TX); Todd Dixon (WA); and Rachel Cissne Carabell (WI). Also participating were Trinidad Navarro and Frank Pyle (DE); Kathleen A. Birrane and Alexander Borkowski (MD); Chlora Lindley-Myers and Carrie Couch (MO); Tracy Biehn (NC); Eric Dunning (NE); and Don Beatty (VA).

1. Heard Opening Comments

Ms. Johnson said as this Working Group has an aggressive work plan, it is still accepting Working Group members who are committed to volunteering to work on specific sections as noted in the work plan. She asked those interested to contact Lois E. Alexander (NAIC) to become a Working Group member or to join one of the distribution lists for interested state insurance regulators and interested parties.

2. Adopted its 2021 Fall National Meeting Minutes

Ms. Johnson said the Working Group met Dec. 11, 2021. She also said the Working Group met March 23, 2022, and March 9, 2022, in regulator-to-regulator session, pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings, to draft its work plan. Ms. Johnson said a group of subject matter experts (SMEs) also met to draft revisions to the Preamble and the first three sections of the *NAIC Insurance Information and Privacy Protection Model Act (#670)* for the Working Group's consideration.

Ms. Amann made a motion, seconded by Mr. Patton, to adopt the Working Group's Dec. 11, 2021, minutes (*see NAIC Proceedings – Fall 2021, Privacy Protections (D) Working Group*). The motion passed unanimously.

3. Heard Updates on State Privacy Legislation and on Federal Privacy

Jennifer McAdam (NAIC) said the Working Group outlined in its report to the Market Regulation and Consumer Affairs (D) Committee at 2021 Fall National Meeting the state privacy legislation at that time, including the California Consumer Privacy Act (CCPA) and the California Privacy Rights Act (CPRA), which amended the CCPA; the Colorado Privacy Act (CPA); and the Virginia Consumer Data Protection Act (VCDPA). Since that time, she said just one other state has adopted a similar data privacy law, and that is the Utah Consumer Privacy Act (UCPA). She said other states have proposed privacy legislation, but none of the bills have been signed into law yet. However, she said many of those state legislatures are still in session or will have carryovers until next year. She said there are currently more than 20 bills pending across the country and that she will continue to monitor those. Ms. McAdam said the NAIC Legal team tracks the legislation and has created two different charts listing the bills. She said the charts will be posted to the Working Group's web page soon. She said the charts list the business obligations, the consumer rights provided, the manner of enforcement – whether by the attorney general or by

Draft Pending Adoption

Attachment 1
Privacy Protections (H) Working Group
6/15/22

creating a private right of action, and any exemptions based on federal Gramm-Leach-Bliley Act (GLBA) or federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) exemptions. She said it is important for the Working Group to follow these laws because of the consumer rights and obligations that are being established, as well as to be aware of the carve-outs that are applicable to the insurance industry.

Ms. McAdam said California was the first U.S. state to adopt an omnibus privacy law that would impose its broad obligations on businesses that would provide consumers with transparency and control of their personal data. She said California's law does not go as far as the General Data Privacy Regulation (GDPR), but it is certainly the most comprehensive of the other three existing state data privacy laws. As a refresher, she said many of the consumer rights that are found in the CCPA and GDPR can be traced back to the rights found in the federal Fair Credit Reporting Act (FCRA), which looks remarkably like Model #670. She said two updated charts on state privacy legislation will be posted to the Working Group's web page soon. She said the charts include GLBA carve-outs and HIPAA exemptions. She said of the state privacy laws, California's law could be categorized as being the most stringent, with Utah's on the opposite of that continuum, and Colorado and Virginia in the middle. She said that Colorado may be closer to California and that Virginia may be slightly closer to Utah.

Ms. McAdam said for those tracking the GLBA and HIPAA preemptions found in these laws:

- California has a data level exemption for the GLBA and an entity level exemption for HIPAA.
- Virginia has an entity level exemption for the GLBA and HIPAA.
- Colorado has a data level exemption for the GLBA and HIPAA.
- Utah has a data level exemption for HIPAA and an entity level exemption for the GLBA, which is the opposite of California.

She said that current laws run the gamut and that the NAIC Legal team will continue to follow state privacy legislation for the states that remain in session this year.

Brooke Stringer (NAIC) said there have been reports in the media that U.S. Rep. Frank Pallone, Jr. (D-NJ), chair of the U.S. House Committee on Energy and Commerce, is going to be convening a meeting with staff for Sen. Maria Cantwell (D-WA), chair of the U.S. Senate Committee on Commerce, Science and Transportation; and Sen. Roger Wicker (R-MS), ranking member of the U.S. Senate Committee on Commerce, Science and Transportation, and Rep. Cathy McMorris Rodgers (R-WA), ranking member of the U.S. House Committee on Energy and Commerce. Ms. Stringer said their respective staff are going to be meeting to try to form a bipartisan agreement on comprehensive privacy legislation. She said these two committees have the primary jurisdiction over data privacy, as well as some of the financial services committees. She said it has been an elusive goal at the federal level, so it remains to be seen what is going to come of this. She mentioned that over the past few years, there have been some key points of contention that can come up in these congressional discussions: 1) whether it attempts to preempt state laws; and 2) whether there is a private right of action at the state level. So, she said these negotiations will certainly evolve around certain trade-offs regarding the extent of the preemption, the private right of action, and the stringency of the privacy standards.

Ms. Stringer said bills that have been introduced or reintroduced by this Congress all recognize consumer rights to control their information; they all require companies to take steps to protect those rights; and they create enforcement procedures for those requirements. She said Sen. Wicker's SAFE DATA Act (S. 2499) has been reintroduced with lofty standards for data privacy and security that would preempt all state data privacy and security laws. She said it has a GLBA carve-out, which may protect some state consumer data privacy laws, but it also has some instructions for the Federal Trade Commissioner (FTC) to develop privacy standards. Ms. Stringer

Draft Pending Adoption

Attachment 1
Privacy Protections (H) Working Group
6/15/22

said it is particularly important to watch due to Sen. Wicker's position on that committee. She said that last year, Sen. Cantwell had introduced legislation that had strict standards, but it would have established a preemptive privacy floor and it would have provided for a private right of action. However, it would not have prevented laws with much greater levels of protection. She said that in November 2021, the House Committee on Energy and Commerce Republicans released a draft bill of the Control Our Data Act, which would have created a national preemptive privacy standard. Ms. Stringer said Sen. Jerry Moran (R-KS) had reintroduced the Commerce Data Privacy and Security Act (S. 1494), which would preempt state data privacy and security authority with certain exceptions so it would not supersede state laws that address financial information held by financial institutions defined Title V of the GLBA.

On the House of Representatives side, Ms. Stringer said Rep. Suzan DelBene (D-WA) reintroduced the Information Transparency and Personal Data Control Act (H.R.1816), which is another bill that would create a national database of privacy standards and preempt state control if there are conflicting state laws. Ms. Stringer said it would allow users to opt out before companies can use their most sensitive personal information. She said all of this is to say that there are many flavors and approaches to federal data privacy bills, and Congress has struggled to reach any sort of compromise on the issue. However, she said that could change at any time. She said when momentum is growing at the state level to enact data privacy laws, the pressure ramps up at the federal level to act. In addition to Congress, it is also worth noting that the FTC is expected to provide data privacy regulations. Ms. Stringer said the NAIC continues to engage with Congress to oppose preemptive federal legislative proposals and to inform Congress of the Working Group's efforts to update its models. She said the NAIC makes the point to Congress that states have proven the ability to act quickly to address technological changes that affect data privacy and data security. She also said that the NAIC underscores the importance of not undermining the existing state regulatory framework or inhibiting ongoing efforts in the states to develop data privacy laws and regulations so that state insurance regulators can continue working in the best interests of insurance consumers.

Mr. Patton asked about the difference between data versus entity-level exemptions. Ms. McAdam said the various laws treat the GLBA and HIPAA differently. She said that entity-level exemptions use the phrase "this law does not apply to entities covered by or controlled under GLBA or HIPAA covered entities" and that data-level exemptions use the phrase "data or information collected pursuant to GLBA or HIPAA." Ms. McAdam said it would be up to the Working Group to determine whether only certain data is carved out or if any data collected by the entire entity is carved out. Mr. Wake said the Working Group should not even consider an entity-level exemption under the GLBA because it would mean excluding the financial sector, which would be fine if it could be said that the GLBA covers the financial sector, and the Working Group wants to cover the Facebooks of the world that are not financial institutions. However, he said since the Working Group consists of state insurance regulators drafting a state insurance privacy law, it is using its delegated functional regulatory authority under the GLBA to regulate. So, the Working Group cannot carve GLBA out because that would carve out everything that the Working Group wants to do. Mr. Wake said California's data-level exemption for the GLBA means the data collected is not being regulated, but insurers might be regulated in other ways. It leaves everything up to state insurance regulators except the private right of action, which applies only to the attaching of the data to the regulation.

Chris Petersen (Arbor Strategies), speaking on behalf of the Coalition of Health Insurers, said there should be a HIPAA safe harbor like Model #670, under which there is no exemption from the law unless insurance companies comply with the Privacy of Consumer Financial and Health Information Regulation (#672). He said if insurance companies comply with HIPAA, they do not need to comply with any other lessor standard. Mr. Petersen said Model #672 is an insurance-only model, so he said the Working Group's work plan should start with Model #672, not Model #670 as part of it is obsolete. Mr. Wake said the Working Group already had these discussions in regulator-to-regulator meetings prior to coming to the decision noted in the work plan. Ms. Johnson said the

Draft Pending Adoption

Attachment 1
Privacy Protections (H) Working Group
6/15/22

Working Group has determined that it would be looking at Model #670 and Model #672 and drafting a white paper on consumer data ownership.

4. Adopted its Work Plan

Ms. Johnson said the exposure draft of the Working Group's work plan was drafted in two regulator-to-regulator meetings on March 23 and March 9, and that the draft was exposed for comment on March 23 for a seven-day public comment period ending March 30. She said written comments had been received from the American Council of Life Insurers (ACLI) and the Coalition of Healthcare Providers. Ms. Johnson asked if there were any comments from Working Group members, interested state insurance regulators, or interested parties. Birny Birnbaum (Center for Economic Justice—CEJ) said the work plan, while ambitious, showed a depth of understanding of the issue, so he agreed with it as a sound plan. However, he said the Working Group may need to revise or tweak it as it proceeds through it.

Robert Ridgeway (Coalition of Healthcare Providers) said he agrees with what Mr. Petersen had written in his comments on behalf of the Coalition of Healthcare Providers and that he also wanted to highlight two of the points made in that letter. One was that the Working Group should focus on Model #672 by starting its work with it, and the other was that a gap analysis should be done prior to any revisions being suggested. Mr. Ridgeway said the difficult timeline given would require all stakeholders to work together on drafting of any revisions, especially on wordsmithing.

Kristin Abbott (ACLI) said the comment period was too short and that future comment periods should be at least 30 days to give trade associations like hers enough time to distribute the drafts to their members and then compile all comments received prior to responding to the Working Group. She said the Working Group should be mindful to avoid holidays. Ms. Abbott also asked the Working Group for more detail about the white paper, particularly about its design and purpose.

Wes Bissett (Independent Insurance Agents and Brokers of America—IIABA) asked how the white paper would fit into the Working Group's work plan. He asked what type of issues the white paper would address and if it would include any recommendations from the Working Group. Mr. Bissett also asked if the white paper would be looking into any private contracts. Ms. Johnson said the issues noted in the comments submitted would be considered by the Working Group as it moved through its work plan in 2022.

Ms. Amann made a motion, seconded by Mr. Aufenthie, to adopt the Working Group's work plan for 2022 (Attachment xx). The motion passed unanimously.

5. Discussed Other Matters

Ms. Johnson said Mr. Aufenthie had volunteered to lead the workstream team on drafting the white paper on data ownership and use rights. Mr. Aufenthie said the team's goal was to identify where the gaps are in Model #670 and Model #672 about who owns consumer data; where it comes from; who has control over it; for how long; and under what circumstances. He said the team would solicit questions from Working Group members, interested state insurance regulators, and interested parties (including NAIC consumer representatives) for a survey that would be exposed to seek other questions that could first be tied back to the six consumer data rights identified by NAIC Members over the last two years.

Ms. Johnson reminded the Working Group that the survey questions are scheduled to be exposed for a brief comment by May 11, with the final survey scheduled to be distributed in July.

Draft Pending Adoption

Attachment 1
Privacy Protections (H) Working Group
6/15/22

Having no further business, the Privacy Protections (D) Working Group adjourned.

New Ways to Inform & Protect Against Insurance Fraud



**Coalition Against
Insurance Fraud**

ADVOCACY • INFORMATION • OUTREACH

NAIC

NATIONAL ASSOCIATION OF
INSURANCE COMMISSIONERS

**American Indian and
Alaska Native Liaison Committee**

Fighting fraud helps fulfill our missions



The Liaison Committee will provide ... an opportunity for American Indian and Alaska Native groups to bring insurance consumer protection issues to the attention of NAIC Members, and a dialogue on best practices for dealing with insurance issues unique to sovereign tribal nations.

**Insurance fraud
is the crime
we all pay for**





**Especially the most socially
and financially vulnerable**

Insurance fraud takes many forms

- Policyholder acts or misrepresentations
- Third-parties seeking financial profit
- Insurer actions and practices.



Why native & indigenous people may be at higher risk for insurance fraud?

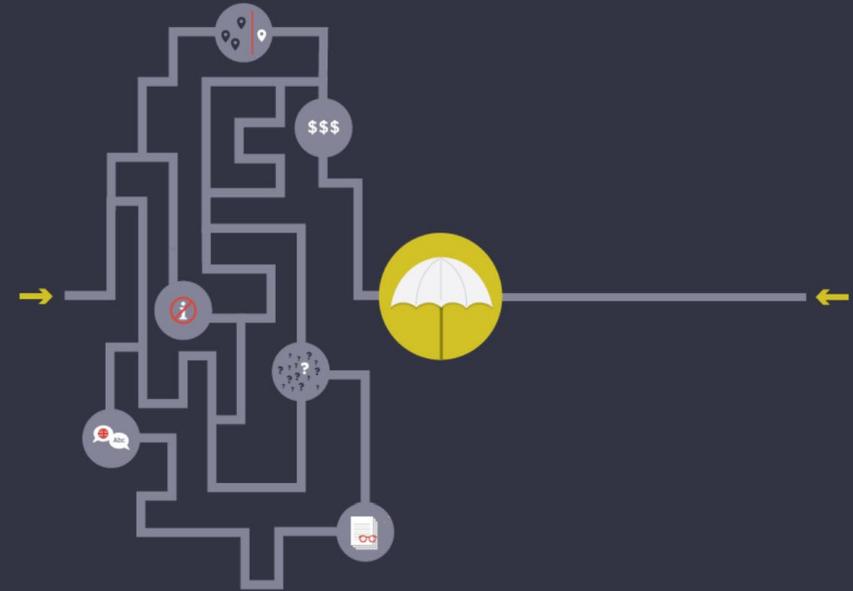
- More trusting culture traditions.
- Historically tribes and corporations were more closed – the internet changed everything.
- Fraudsters are now more prevalent, operating on wider platforms.
- Mostly, these communities have not been informed and equipped to sufficiently avoid becoming victims of insurance fraud.

Financial crimes impact native peoples

During the 2020 pandemic, people living in majority-Native communities faced persistently high rates and levels of delinquent debt, nearly half had subprime credit, and some turned to high-cost predatory lenders to meet their financial needs. Policymakers have the power to help address these inequities....



NAIC Consumer Representative Study 2021



Disparities in Insurance Access

A report detailing findings from a survey of grassroots consumer organizations

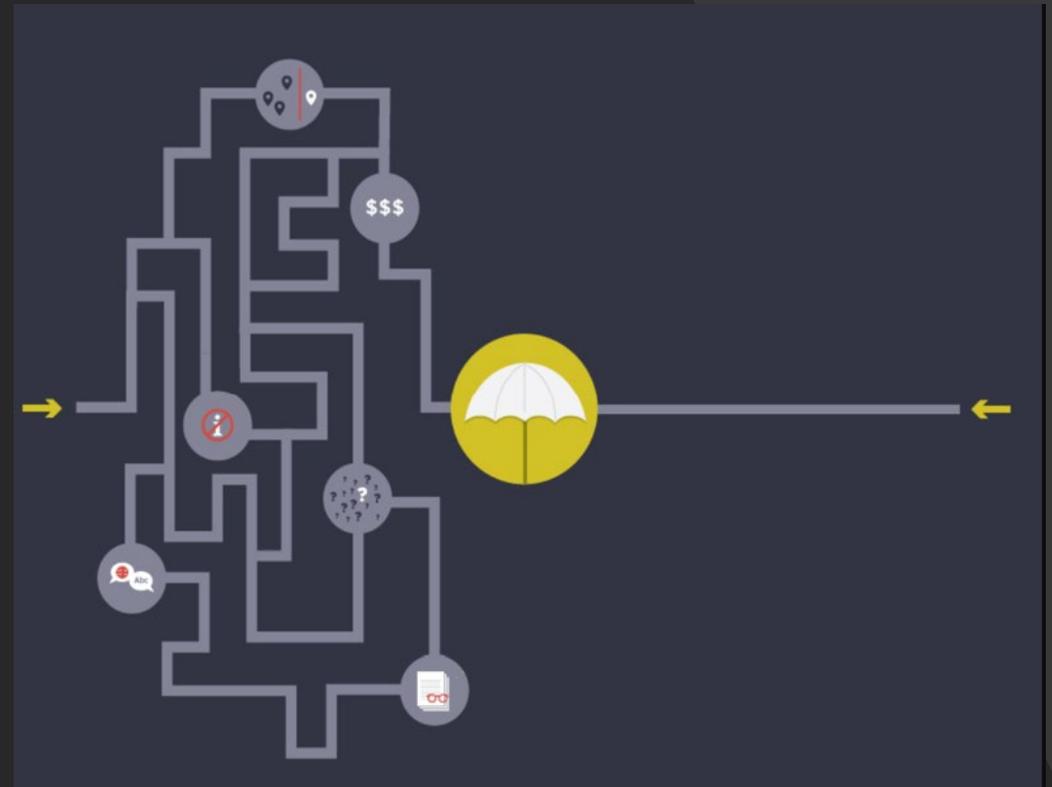
A REPORT COMMISSIONED BY
THE CONSUMER REPRESENTATIVES TO THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
AUGUST 2021

Systemic Discrimination & Bias

When asked the extent to which consumers face discrimination or bias in insurance, the vast majority of respondents (79%) reported “some” or “a lot” of discrimination or bias.

Bias primarily involves system-level inequities, pointing to the impact of broad and historic oppression.

Addressing the inequities requires broader interventions among regulators beyond traditional complaint driven compliance enforcement.



Lack of Regulator Engagement

While several organizations mentioned new or creative partnerships with state insurance regulators, most respondents had little contact or interaction with regulators.

A recurring theme is state insurance regulators should improve outreach efforts to constituents. The outreach should be more intentional to reach underserved communities.

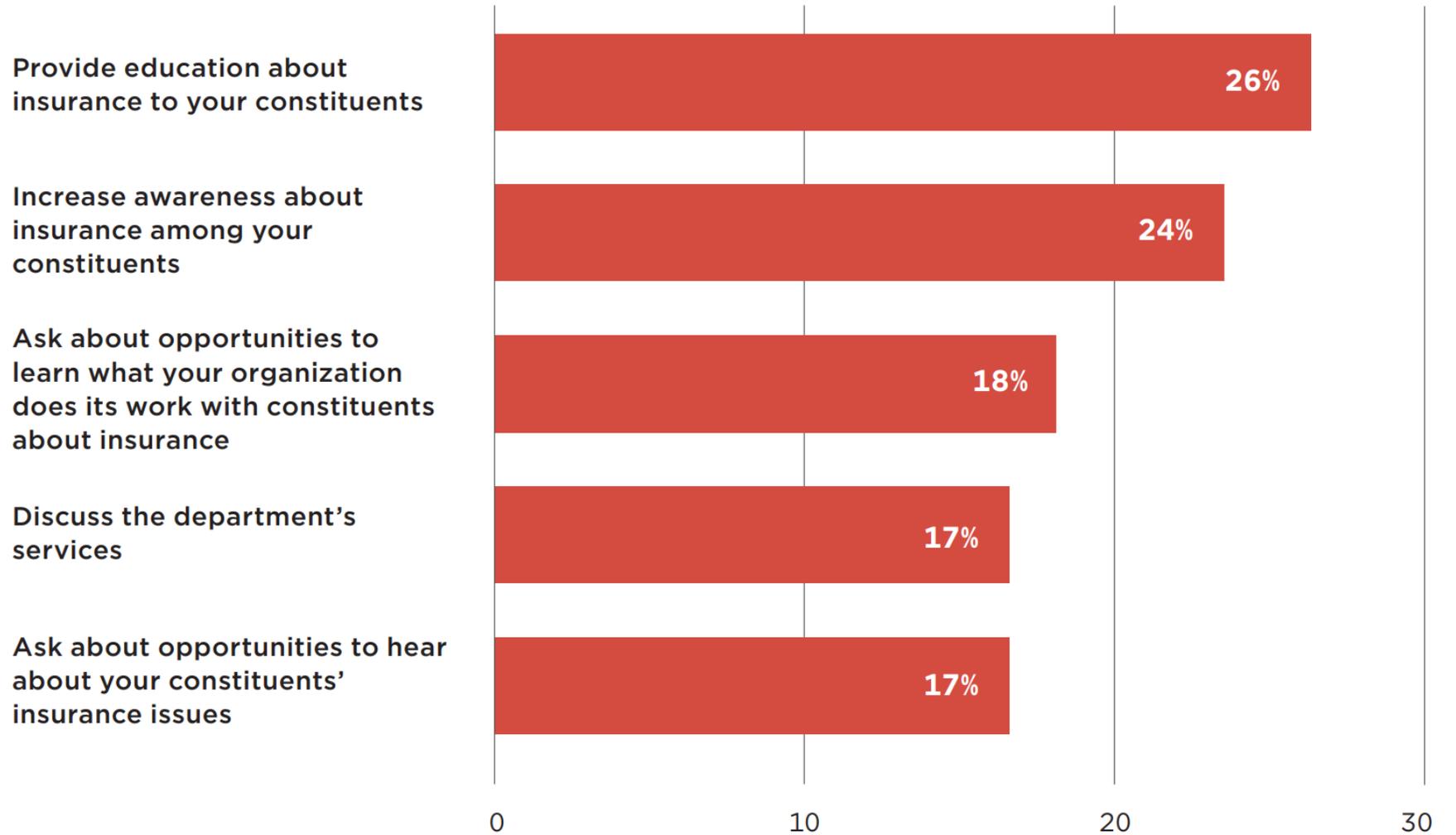


“I have never seen the DOI hold a community forum, townhall, or similar event to hear from the community about their priorities.”

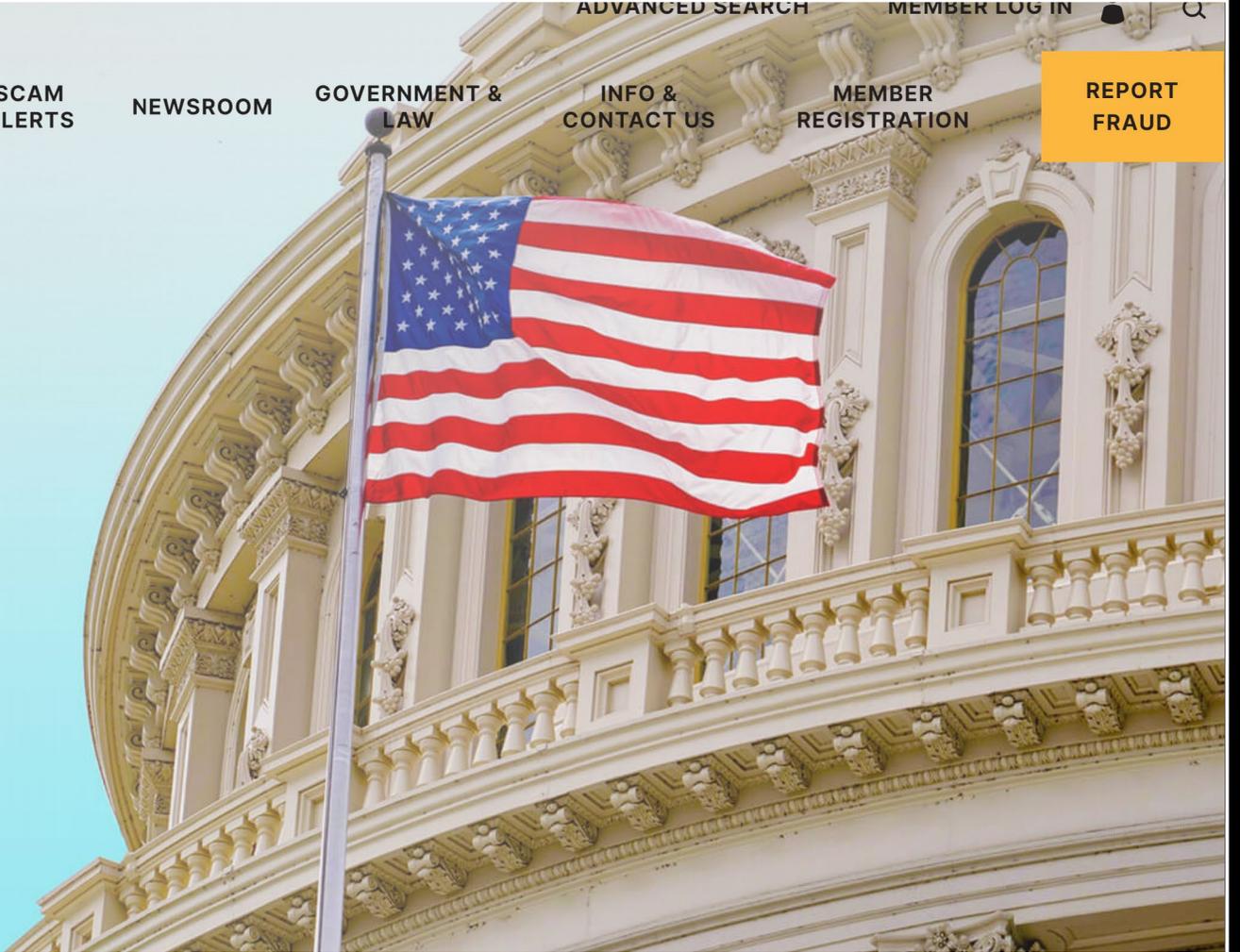
—local organization leader

CHART 4

To the best of your knowledge, in the last five years, how frequently has the state department of insurance reached out to your constituents to...



Coalition Against Insurance Fraud



A partner to help your efforts

Public Information & Outreach

JOURNAL OF INSURANCE FRAUD IN AMERICA

"It is in everyone's best interest-- especially insurers-- to protect insureds from these schemes ..."

INSURANCE POLICY

Videos & Infographics

Insurance Fraud Hall of Shame



Coalition Against Insurance Fraud

FRAUD NEWS WEEKLY

Advocacy, Information, Outreach

Coalition Against Insurance Fraud

- HOME
- ABOUT FRAUD
- SCAM ALERTS
- NEWSROOM
- GOVERNMENT & LAW
- WEB & CONTACT
- REPORT FRAUD
- REGULATIONS

Report Fraud



FRAUDPOD



Permanent Record PSA - Coalition A



Choices



for Trouble PSA - Coalition Agai...



Weasily Embarrassed



Customized videos

Customized Infographics

WORKERS COMP FRAUD COSTS MORE THAN \$32 BILLION EVERY YEAR

DON'T GET STUCK LOOKING FOR A QUICK BUCK

An estimated \$9 Billion of fraud every year stems from claims filed by workers misrepresenting injuries or receiving benefits from the wrong employer.

Scammers get caught through surveillance, social media monitoring, or medical provider records. Don't try it.



PENNY-PENCHING PAYROLL

Employers are the worst fraudsters. An estimated \$23 Billion in premium fraud is caused by employers underhanded tactics, including: misclassifying workers and underreporting payroll.

Most states require workers comp insurance for employees. When cheaters duck these responsibilities honest employers pay higher premiums and employees are denied the treatment and help they deserve.

Fraud investigators and state auditors are watching. Injured employees left without coverage often come forward. If you're an employer, pay what you owe — it isn't worth the risk.

BE THE SOLUTION, NOT THE PROBLEM

EMPLOYEES:

Report suspected fraud to your state department of insurance.

- Payments offered in cash "under the table" are fraud.
- If you're injured and your company doesn't want you to file a claim, be suspicious.
- Be honest about your injuries. Fraud is not worth jail and fines. If others are committing fraud, report them.

EMPLOYERS:

If you suspect a bogus claim, notify your insurance carrier.

- Look for delays between the alleged injury and the claim filing.
- Verify medical treatment is actually related to the claimed injury.
- Be suspicious of statements that conflict with the findings of the findings of medical providers and witnesses.

ROBOCALL SCAMS

Don't let your phone expose you to insurance fraud.

Recognize

- Many robocalls lead to identity theft. Your data may then be used to submit fraudulent insurance claims.
- Robocalls are on the rise. Consumers who fall for scams may lose hundreds or thousands of dollars.
- Scams may promise COVID-19 shots, tests and cures or expedited stimulus payments.



Protect



- DON'T answer unknown calls.
- DON'T accept unsolicited calls from alleged government agencies.
- DON'T provide sensitive data to unknown callers.
- DO verify who is calling.
- DO hang up and block suspicious callers.

Report

- Report the call to the **FTC** at donotcall.gov. Report the number on your caller ID and any number you're told to call back.
- File a complaint with the **FCC** if you believe you have received an illegal call or text, or if you think you're the victim of a spoofing scam.



INSURANCE SCAMMERS & CYBERCRIME

Coalition Against Insurance Fraud



CYBER CRIME IS ON THE RISE

Awareness is your best defense against insurance scammers and hackers who want to steal your information.

Where Cyber Scammers Attack



Email



Phone



Social Media

Protect yourself ... Learn the scams ...

Most cybercrimes involve identity theft. Criminals steal personal information to hack accounts and access funds. Identity theft can lead to insurance fraud. Here are some common scams.



Phishing

Scammers impersonate legitimate entities using malicious emails and texts to trick you into giving them your sensitive information.

Suspect a phishing attack? Contact the proper organization directly to verify the request is real.



Formjacking

Cyber scammers hack a legitimate website to steal user information. Each time a customer fills out a form, a duplicate of the entered information is sent to the scammer. Contact the company if you suspect formjacking.



False Quizzes

Swindlers use surveys and quizzes to pry loose personal data. Launching a quiz app may give permission to pull information from your social media profile or phone, giving hackers an opening to steal your identity.



Public Wifi

Using public Wi-Fi at coffee shops, libraries or other locations puts you at risk for having information stolen. Avoid storing sensitive information on your phone and never share personal information over public Wi-Fi.

Report

- Report scams to your [state consumer protection office](#).
- Online with the [FTC complaint assistant](#).
- Fake websites, emails, malware, and other internet scams can be reported to the [Internet Crime Complaint Center](#).
- Some online scams start outside the United States. If you have been affected by an international scam, report it through [econsumer.gov](#).



Coalition Against
Insurance Fraud

DOI Website Info



“Cost sharing groups, ministries or similar types of non-traditional healthcare programs may not be regulated as insurance products. Be cautious when considering such programs as if problems later arise, our Department may not be able to assist you with claim payments or other issues.”

Other tools & resources

- Translation or adaption of materials to specific groups or needs.
- Partnerships on anti-fraud programming and presentations.
- Training for DOI staff and teams on anti-fraud outreach efforts.
- Assistance with anti-fraud reporting programs and information.
- Laws, regulations, pending legislation and fraud tracker mapping.
- The largest searchable data base of anti-fraud materials.



**Coalition Against
Insurance Fraud**

ADVOCACY • INFORMATION • OUTREACH

Contact:

www.insurancefraud.org

matthew@insurancefraud.org

(202) 393-7332



**Coalition Against
Insurance Fraud**

ADVOCACY • INFORMATION • OUTREACH



MAXIMIZING COLLABORATION BETWEEN HEALTH INSURERS AND TRIBAL COMMUNITIES

What BCBSNM and BCBSOK are doing to build partnership



PRESENTERS

Bonnie Vallo (Laguna/Acoma Pueblo)

BCBSNM Tribal Affairs Specialist, Community Outreach

Lucinda Myers (Muscogee / Seminole)

BCBSOK Tribal Relations Specialist

Your Community is Our Community

We're here to help protect the health and well-being of your tribal citizens.



BLUE CROSS BLUE SHIELD ASSOCIATION TRIBAL MARKETS WORKGROUP

Founded in 2018

Comprised of four BCBS plans and one third-party administrator representing nine states

- Health Care Service Corporation (Oklahoma, New Mexico, Illinois, Montana, & Texas)
- Blue Cross Blue Shield of Arizona
- Blue Cross Blue Shield of North Dakota
- AmeriHealth Administrators (Minnesota & Pennsylvania)

Mission: Promote information sharing between BCBS Plans to support the needs of Tribal Communities.

HCSC TRIBAL RELATIONS WORKGROUP



At Blue Cross and Blue Shield of Montana (BCBSMT), we are committed to investing in programs that enrich the health, well-being and quality of life for Montanans. We believe that working with tribal partners will benefit the entire state and help support healthier generations.

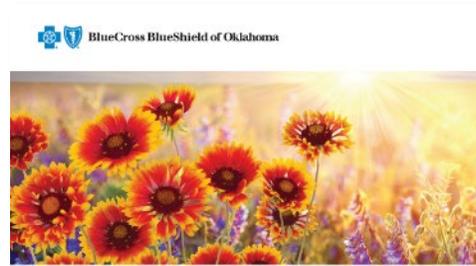


Tribal Partners

Montana has a large tribal population, with seven federally recognized tribes. BCBSMT understands that a natural extension of our efforts to help improve the health and wellness of tribes is to support the communities where they live, work and play. BCBSMT has a long history of supporting Tribes throughout the state through sponsorships, grants, boards and community service.

Community Outreach

BCBSMT has been committed to the health of Montanans for nearly 60 years and everything we do is guided by our core purpose: To do everything in our power to stand with our members in sickness and in health®. The Native Americans in Progress employee group at BCBSMT also encourages leadership growth for Native Americans within our own company.



Committed to Tribal Communities Across the State

At Blue Cross and Blue Shield of Oklahoma (BCBSOK), we are committed to investing in programs that enrich the health, well-being and quality of life for Oklahomans. We believe that working with tribal partners will benefit the entire state and help support healthier generations.

Tribal Partners

Oklahoma has one of the largest tribal populations in the United States with 36 federally recognized tribes. BCBSOK understands that a natural extension of our efforts to help improve the health and wellness of Tribes is to support the communities where they live, work and play. BCBSOK has a long history of supporting both the Indian Health Care Resource Center of Tulsa, Inc. (IHCR) and the Osage Nation (ON) through sponsorships, grants, board and community service. Each year, BCBSOK employees volunteer and serve as mentors at the ON youth camps.



Community Outreach

BCBSOK has been committed to the health of Oklahomans since 1940 and everything we do is guided by our core purpose: To do everything in our power to stand with our members in sickness and in health®. The Native Americans in Progress employee group at BCBSOK also encourages leadership growth for American Indians within our own company.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
- Health insurance does not replace Indian health care — it supports it.

What does health insurance cover?

Health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse

- Preventive/wellness care covered at no cost to you, including well-woman and well-child visits, vaccines and screenings for cancer, high blood pressure, diabetes, depression, and other important services to help you stay healthy.
- Pediatric services, including vision and dental care for children up to 19.

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.



Purpose: To provide a venue to share best practices and improve performance in working with American Indian populations and to support one another across all services.



NATIVE AMERICANS IN PROGRESS BUSINESS RESOURCE GROUP

NAIP members represent the communities we serve

NAIP members give HCSC insight into the health and social challenges of specific Native American populations

NAIP members serve as brand ambassadors to promote health insurance coverage education

NAIP members engage in business activities



BEST PRACTICES IN WORKING WITH NATIVE AMERICAN POPULATIONS

INVEST

- Invest in dedicated positions to accomplish strategies

REMEMBER

- Remember those you serve are the experts on issues. Be willing to listen & engage them!

PROVIDE

- Provide ongoing cultural competency education to employees.

TRIBAL COMMUNITY OUTREACH: MOBILE ASSISTANCE CENTER



BlueCross BlueShield
of Oklahoma



TRIBAL COMMUNITY OUTREACH: CARING FOUNDATION VANS



BlueCross BlueShield
of Oklahoma



TRIBAL COMMUNITY OUTREACH: EDUCATION



BlueCross BlueShield
of Oklahoma



TRIBAL COMMUNITY OUTREACH: BUILDING RELATIONSHIPS



BlueCross BlueShield
of Oklahoma



NEW MEXICO TRIBAL OUTREACH



- Build solid relationships
- Support, educate members & community about benefits and resources
- Collaborate with community partners and providers
- Help to close health care gaps and address social determinants of health



NEW MEXICO COMMUNITY OUTREACH



- Our goal is to serve the 23 New Mexico Tribes, Pueblos and tribal communities.
- Sponsorships & Grants
- Employee Giving & Initiatives
- Medicaid Education & Outreach





2020 MONTANA GOALS & ACTIVITIES:

Continue partnering with Tribal IHS facilities and medical groups on COVID-19 and telehealth informational updates

- MT Urban Indian Health Center donations \$75,000 (\$15,000 each)
 - Billings, Butte, Missoula, Helena, Great Falls
- Internally share communications from Senators and Representatives to avoid traveling and stopping in tribal communities
- Actively engage with tribal facilities to support utilizing the public grants designed to help local and tribal health departments support contact tracing and other COVID-19 related costs (\$5 million)

2021 scheduled clinics with the Care Van

- Fort Belknap IHS
- Lodge Grass IHS



New Mexico Health Insurance Exchange American Indian Initiatives

Presented by: Teresa Gomez,
beWellnm Board Vice Chair and Chair of Native American Standing Committee

Teresa Gomez is an enrolled member of the Pueblo of Isleta and a life-long resident of New Mexico. Teresa has dedicated her career to serving Tribes and advocating for issues affecting American Indians. In 2006, Teresa served as the Deputy Cabinet Secretary for the New Mexico Indian Affairs Department. Teresa also served as the Deputy CEO for the NM Behavioral Health Purchasing Collaborative.

Teresa has worked extensively with Tribal governments and various governmental agencies at the federal, state, and local levels. She has been instrumental in building and strengthening Tribal-State relations and collaborations.

Teresa has served on beWellnm's Board of Directors since 2013. Ms. Gomez serves as the Board's Vice Chair and the Native American Standing Committee Chair. She serves on the Board as a Consumer Member.

As an ovarian cancer survivor, Teresa is keenly aware of the importance having adequate, affordable health insurance. She uses her experience working with American Indian Tribes and populations, along with her personal experience as a cancer survivor to advocate for consumers.

2013 Enabling Legislation

- In 2013, New Mexico's Legislature passed the NM Health Insurance Exchange Act
 - Providing for the Appointment, Powers and Duties of a Board of Directors for the Exchange
 - Providing the Superintendent of Insurance with Rulemaking Powers for the Exchange
 - Providing for Powers and Duties of the Exchange

2013 Enabling Legislation – Native American Specific Provisions

"Native American" means: (1) an individual who is a member of any federally recognized Indian nation, tribe or pueblo or who is an Alaska native; or (2) an individual who has been deemed eligible for services and programs provided to Native Americans by the United States public health service or the bureau of Indian affairs

The board shall be composed, as a whole, **to assure representation of the state's Native American population**, ethnic diversity, cultural diversity and geographic diversity.

Create an advisory committee made up of Native Americans, some of whom live on a reservation and some of whom do not live on a reservation, to guide the implementation of the Native American-specific provisions of the federal Patient Protection and Affordable Care Act and the federal Indian Health Care Improvement Act;

Designate a Native American liaison, who shall assist the board in developing and ensuring implementation of communication and collaboration between the exchange and Native Americans in the state. The Native American liaison shall serve as a contact person between the exchange and New Mexico Indian nations, tribes and pueblos and shall ensure that training is provided to the staff of the exchange,

Consult with representatives of New Mexico Indian nations, tribes and pueblos and develop and implement policies that: (a) promote effective communication and collaboration between the exchange and Indian nations, tribes and pueblos, including communicating and collaborating on those nations', tribes' and pueblos' plans for creating or participating in health insurance exchanges

Board of Directors – Native American Standing Committee Charter

- The Native American Committee is a ***committee of the Board*** (“Board”) of beWellnm. The Native American Committee is established in beWellnm’s Annual Plan of Operations to assist the Board.
- The Committee ***promotes effective communication and collaboration*** between the Exchange and the Native American communities of New Mexico.
- The Committee ***ensures adherence*** to Native American-specific provisions included in the Affordable Care Act (ACA), Indian Health Care Improvement Act (IHCIA) or any other Exchange related policy.
- They shall nurture communication and collaboration as established via the ***Native American Liaison***.
- ***Cultural Competency Training***. The Committee shall work with the Native American Liaison to ensure that training is provided to the staff of the Exchange on cultural competency
- ***Native American Service Center***. As identified in The New Mexico Health Insurance Exchange Act, the Board may establish a Native American Service Center. The Committee will take the lead in making recommendations to the Board regarding the Native American Service Center if necessary.
- ***Native American Advisory Committee***. The Committee shall work in close coordination with the Native American Advisory Committee as established by The New Mexico Health Insurance Exchange Act and as led by the Native American Liaison.

Native American Service Center

Native American Service Center

As identified in The New Mexico Health Insurance Exchange Act, the Board may establish a Native American Service Center to ensure that the Exchange is:

- Accessible to Native Americans
- Complies with the provisions of the federal Indian Health Care Improvement Act and the Indian-specific provisions of the Affordable Care Act
- Facilitates meaningful and ongoing consultation with Native Americans

Native American Service Center

- Originally contracted out these services to an American Indian serving organization
- 2016/17 time frame, Board voted to formally establish a Native American Program at beWellnm
 - Native American Liaison
 - Native American Advisory Committee
 - Native American Standing Committee
 - Targeted messaging and strategies for outreach, education, enrollment

Thank You

Questions?

Teresa Gomez
tgomez@nmhix.com