

Draft Pending Adoption

Attachment One
NAIC/Consumer Liaison Committee
4/29/20

Draft: 6/3/20

NAIC/American Indian and Alaska Native Liaison Committee
Conference Call
April 29, 2020

The NAIC/American Indian and Alaska Native Liaison Committee met via conference call April 29, 2020. The following Liaison Committee members participated: Lori K. Wing-Heier, Chair, Sarah Bailey and Anna Latham (AK); Michael Conway, Vice Chair, Kate Harris and Debra Judy (CO); Trinidad Navarro and Leslie Ledogar (DE); Dean L. Cameron represented by Kathy McGill (ID); Steve Kelley represented by Grace Arnold, Mary Otto and Sergio Valle (MN); Mike Causey represented by Tracy Biehn, Ted Hamby and Kathy Shortt (NC); Jon Godfread represented by John Arnold (ND); Russel Toal, Colin Baillio, Leatrice Geckler and Paige Duhamel (NM); Larry D. Deiter and Maggie Dell (SD); Mike Kreidler represented by Jane Beyer and Steve Valandra (WA); and Jeff Rude (WY). Also participating were: Mary Boatright (AZ); Stephen Kim (CA); Angela Burke Boston (IA); Karen Dennis (MI); Rebecca Ross (OK); Courtney Bullard (UT); and Julie Walsh (WI).

1. Adopted its 2019 Fall National Meeting Minutes

Director Wing-Heier said the Liaison Committee met Dec. 8, 2019. Commissioner Conway made a motion, seconded by Director Cameron, to adopt the Liaison Committee's Dec. 8, 2019, minutes (*see NAIC Proceedings – Fall 2019, NAIC/Consumer Liaison Committee, Attachment One*). The motion passed unanimously.

2. Discussed How the States Are Conducting Outreach to Native Americans Regarding ACA Coverage Opportunities

Director Wing-Heier asked the Liaison Committee vice chair to kick off the discussion of how the states are conducting outreach to Native Americans about the federal Affordable Care Act (ACA), specifically regarding COVID-19. Commissioner Conway said the biggest concern was with the unhoused in Denver, and he said he had been working with hotel partners to create more non-congregate housing for Native Americans. He said Colorado is looking into the best way to handle transitional housing for Native Americans in urban settings like Denver, as well as those in rural settings like those around Durango, which is in the southwest corner of the state and in close proximity to New Mexico, sharing the concerns of the Navajo nation with other states.

Ms. Duhamel said the Navajo nation is spread over Arizona, Colorado, New Mexico and Utah. She said the New Mexico Department of Health is doing COVID-19 contact tracing, and it has learned that the Native American community is at extremely high risk due to current living conditions with several family members living together in a limited amount of space—often one room—with no water and no access to health care or testing. She said that is why all casinos in Gallup and Farmington are closed at this time, with one of those casinos having been converted into transitional quarantine housing for those just out of the ICU and those testing positive. She said the insurance superintendent is leading the effort particularly with out-of-network air ambulance carriers airlifting COVID-19 patients to access care. She said one hospital has been designated as responsible for all medical billing.

Director Wing-Heier said most Alaska natives are enrolled at a health care facility only when the person comes in for an appointment. Like Colorado, she said Alaska has concerns about housing and access to health care, as this population is unable to get intensive health care where they are sheltering in place, with most patients needing this type of care having to be flown out because the limited number of ventilators sent out into communities could not handle the number of cases. She said one would think that a population spread out in as large an area as Alaska would not have social distancing concerns, except in the larger metropolitan areas. However, she said COVID-19 has been spreading to rural areas, surprising government officials who locked villages immediately to avoid a repeat of the 1918 pandemic, which decimated many native villages. She said government officials worked extensively with the Alaska Native Tribal Health Consortium (ANTHC) and Indian Health Service (IHS) in trying to keep “foreigners” out of villages by using media to note that villages do not want tourism or commercial fishing during the pandemic. She said the Alaska National Guard was instrumental in air lifting critical patients because half of the plans exclude government alternative sites from covered sites.

Ms. Duhamel said the Native American population in New Mexico was decreasing, so the Housing Commission declined requests for additional outreach assistance. She said enrollment into the exchange had slowed, so the Housing Commission did not see any need to promote year-round enrollment. She said the department of insurance (DOI) was putting pressure on the

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exchange to do more outreach because the feedback that was received indicated that lots of Native American's were eligible for Medicaid due to New Mexico enacting Medicaid expansion and Medicaid having retroactive coverage. However, she said there was a lot of confusion amongst Native Americans about how tribal members could access benefits through the U.S Department of Health and Human Services (HHS). She asked if New Mexico could get open enrollment and participation numbers for Native Americans separated by Medicare, the New Mexico Health Insurance Exchange, and tribal coverage. She asked Oklahoma if it would share information about outreach vehicles it used, as both states have similar numbers of tribal members who are eligible for open enrollment, yet the federal Centers for Medicare & Medicaid Services (CMS) reports indicated that New Mexico enrollment was in the hundreds and Oklahoma enrollment was in the thousands. She asked NAIC staff to obtain issuers' enrollment data numbers for tribes, especially on 100% cost sharing and for those under 300% of the poverty level from the CMS, and then distribute this information to Liaison Committee members.

Superintendent Toal said an open enrollment flyer developed with the Oklahoma state high risk pool was sent to recipients of Medicaid and unemployment benefits, Native American groups, and two alternative care sites that had been opened with all participating carriers for plans covered. He said information sharing about billing instructions, claims filing and premium payments was completed with these groups within a 24-hour period. It was also shared through radio stations. Ms. Ross said she could not speak to this issue until the CMS releases the information. She said she spoke to the tribal chief about getting enrollment and other health information to tribal members. The tribes utilized television and radio to spread this information. She said the Oklahoma DOI staff went to tribal health provider locations to provide education about enrollment. As a result, she said thousands of children were enrolled who previously were not due to this proactive outreach to increase tribal enrollment. She said agents and brokers were active in this outreach effort, which was also successful because enrollees can join monthly rather than just during a limited open enrollment period. She said the hope is that other states will take similar action, but she said it does take a lot of time for DOI staff to do the outreach and build the trust amongst tribal chiefs and members. She said Oklahoma only saw a handful of zero cost sharing and zero premium during the outreach. She said it was seeing fewer now, and it wondered what effect this would have on the ratings for 2021. She said she will release Oklahoma information to other states if she can.

3. Discussed Retroactive Coverage Through ACA Plans and Tribal Coverage Programs

Ms. Duhamel said New Mexico is interested in how Alaska set up its retroactive coverage, and it would like to see if the CMS would allow other states to use similar practices under certain circumstances. Mr. Baillio said his background is in consumer advocacy, and he has heard that tribal members who signed up for health coverage in a provider's office could not get the care they needed until a later date when the coverage became effective. He said what tribal members really need now is for DOIs to guarantee part of the premium for consumers to ensure that services are available immediately and paid for retroactively. He said a federal change may be required to allow this to happen. He asked if anyone knows of a way that states could set up coverage like Alaska in order to get retroactive coverage.

Ms. Ross said Oklahoma did not expand Medicaid under the ACA, but it did establish rules in 2019 to not provide coverage retroactively, so their hands are tied with all coverage effective the first of the month following enrollment.

Director Wing-Heier said Alaska is on the federal exchange, but it wishes it had a state exchange. It is not perfect though, as natives enroll at their provider when they come in for care, then drop the coverage after two or three months when they no longer need care. She said tribal members go without coverage until the next time they need care, when the cycle starts all over again and repeats itself continually. She said her office pushed the CMS hard for open enrollment for all, but they were not successful. Commissioner Conway said Colorado recently opened a special enrollment for a month and a half, which will end soon. He said Colorado has seen a 7-8% increase to date, and it expects the final increase in enrollment to be even higher. Ms. Beyer said 10,000 individuals were enrolled when Washington opened enrollment for 60 days recently. She said Washington has 29 tribes and a tribal navigator program, so most tribes have their own navigator to assist with enrollment. She said American Indians account for 1.8% of the population in Washington, but only 1% of the exchange, so enrollment is still low.

4. Discussed Other Matters

Ms. Duhamel asked if other states were seeing junk insurance plans being sold to this segment of the population. Director Wing-Heier said Alaska is seeing some but not a lot, as the state is shutting them down quickly. Commissioner Conway said Colorado has generally not seen many, as it does not allow short-term health plans at all, which may have helped keep the

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numbers down. Ms. Duhamel said New Mexico does not allow short-term health plans either, but it has had lots of junk plans to deal with.

Silvia Yee (Disability Rights Education and Defense Fund—DREDF) asked if the states are gathering granular information on discriminatory practices that are specific to the tribes as a subgroup. Director Wing-Heier said the NAIC issued a data call, but it is too early for credible information about trends regarding who and where to be available. She said Alaska is planning to review it closely, especially the data on individual surgeries, and it has reached out to Washington regarding how it is being coded so she can run its own data. She asked if the data call included the number of the American Indian and Alaska native population enrolled and how that number was determined. Ms. Duhamel said New Mexico's tool requires self-declaration for the CMS to list it, but some states require more categories. Director Wing-Heier said it is on the CMS form for states that use the federal exchange, but states with their own exchanges have their own requirements. Ms. Beyer said Washington's state exchange form uses self-reporting. Commissioner Conway said Colorado's does as well.

Having no further business, the NAIC/American Indian and Alaska Native Liaison Committee adjourned.

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