



beWellnm

7.28.23 Board of Directors

Welcome, Roll Call, & Confirmation of Quorum

Vice-chair Dr. Nandini Kuehn

Agenda

BeWellnm Board of Directors Meeting

 July 28th, 2023 · 8:30am MDT

Welcome, Roll Call, & Confirmation of Quorum

Approval of Agenda

Approval of Minutes for May 19, 2023 and May 30, 2023 Board Meetings

Chair's Remarks

Matters from the Finance Committee

Matters from the Executive Committee

Matters from the Outreach and Education Committee

Matters from the Operations Committee

Matters from the Native American Committee

Agency Reports

Public Comment

Other Board Business

Next beWellnm Board Meeting

Adjournment

Approval of Agenda

Vice-chair Dr. Nandini Kuehn

 Vote

Motion to approve the agenda

Approval of Minutes for May 19, 2023 and May 30, 2023 Board Meetings

Vice-chair Dr. Nandini Kuehn

 Vote

Motion to Approve previous Meeting Minutes



May 19 2023 Board Minutes.pdf



May 30 2023 Minutes.pdf

Chair's Remarks

Vice-chair Dr. Nandini Kuehn

Matters from the CEO

BeWellnm continues to make progress in moving toward our goals as set out in the Quarterly Roadmaps. Other items of note are, of course, the Medicaid Unwinding project and an update on our discussion with Optum regarding SLAs. We will also take a look at year-over-year enrollment numbers to compare this year to last.

You'll recall we began the year by creating a quarterly operation roadmap to both keep the Board advised of our priorities and track progress. As we move into the third quarter, it's worth looking back at those priorities and seeing how we've done.

Q1 Roadmap

Completed (4/5):

- Strengthen internal communications and governance technology
- Formally separate Communications and Outreach with the installation of appropriate leadership for each function
- Analyze the impact of ending the exchange's administration of the SHOP marketplace
- Preparation for transition of the Medicaid population in partnership with OSI and HSD

Delayed: Revisit and revise plan of operation and strategic plan

Q2 Roadmap

Completed (6/7):

- Continuation of Medicaid Unwinding
- Premium billing operations analysis and associated recommendation
- Transition plan to end SHOP administration
- Issuance of RFPs for communications and outreach assistance
- Preparation for and completion of SMART audit
- Completion of 1095A Issuance and Revisions

Delayed: Revisit and revise plan of operation and strategic plan

Q3 Roadmap

- Continuation of Medicaid Unwinding
- SHOP Transition Completion
- RFP Awards and Vendor Onboarding
- Presentation of Premium Billing Operations Analysis and Associated Recommendation
- Initial PY24 Open Enrollment Planning
- Movement to Microsoft 365 Environment
- Initial 2024 Budget Development
- Begin Review of Strategic Plan/Plan of Operations Review

Medicaid Unwinding Update

A quick update on the Medicaid Unwinding by the numbers:

- As of July 25th, almost 86,000 Medicaid closures have been reported to beWell by HSD.
- To reach that audience we have made over 150,000 automated calls, sent over 179,000 text messages, over 55,000 emails, over 5,000 postcards, as well as making almost 9,000 personal calls.
- Our online displays have gathered over 1,000,000 impressions and over 9,000 clicks, and we are running over 7,000 radio spots across the state as well as appearing on local morning television shows. We have also arranged for appearances on Telemundo to reach our Spanish-speaking population.
- We have sponsored a large number of education and enrollment events state-wide and are utilizing feedback and attendance statistics to continually adjust our outreach strategy.
- We continue to utilize multi-channel messaging (calls, texts, emails, events, social media, radio spots and television appearances) to educate those losing coverage and drive them to the exchange.
- We've enrolled over 1600 former Medicaid recipients. This represents nearly 7% of the programmatic closures, exceeding the Urban Institute's estimated marketplace enrollment of 5.5% nationwide.
- We have recently learned that 12,000 individuals who had received notice of disenrollment and whose files had been transferred to the Exchange have ultimately been redetermined to be eligible for Medicaid coverage and have been re-enrolled. We do not know how many more individuals who have been disqualified have reapplied or appealed and may rejoin the Medicaid rolls over the next few months.

Optum SLA Penalty Discussions

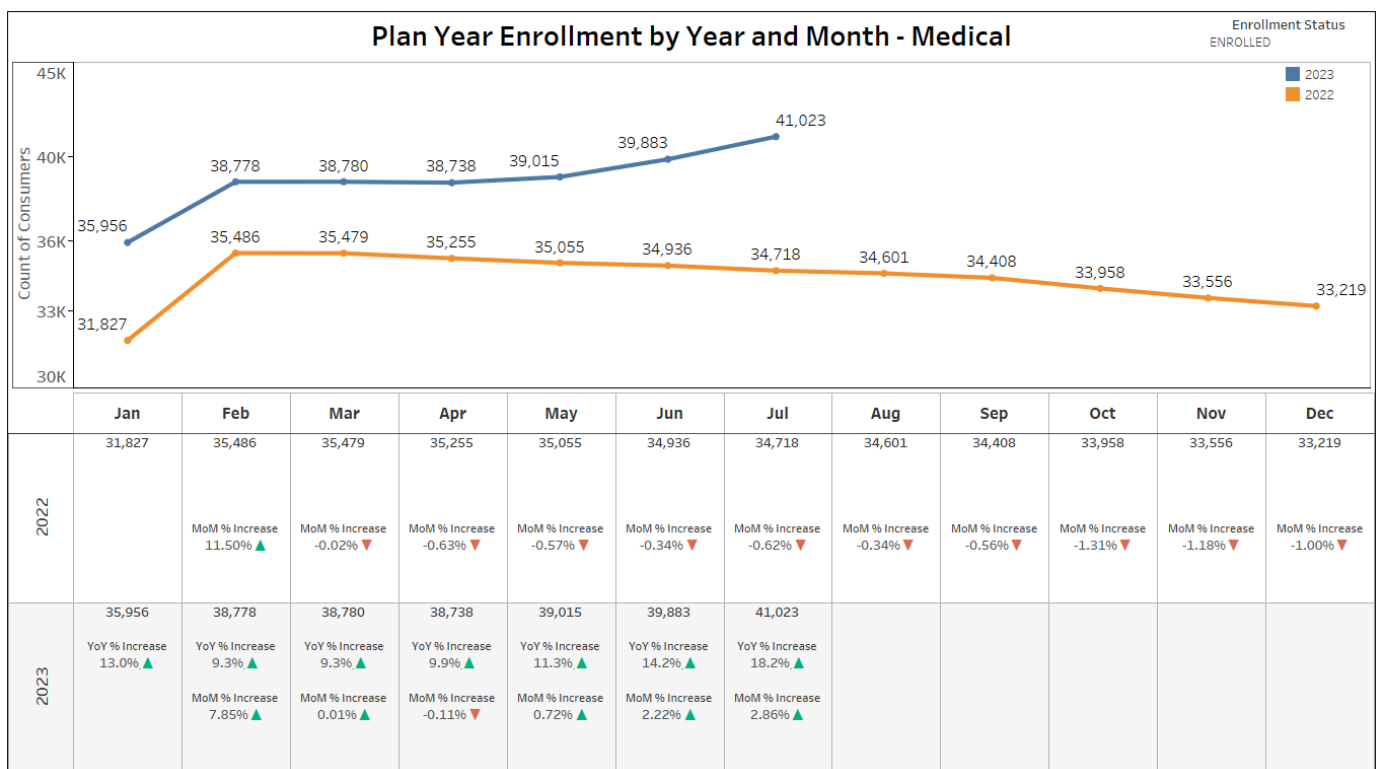
After inquiry by NMHIX about a social media post from a customer that had not received notification from the Exchange, Optum reported that their text messaging phone number had not been properly registered with Amazon Web Services.

- Text messaging notification had been failing to delivery at high rates, particularly for large batches, since April 1.
- 2,126 account holders, with a stated preference for text notification, did not receive one or more notifications of an available notice (most commonly an invoice) in their message center.
- Optum, NFP and Exchange staff reviewed each account to determine the current status and mitigate any customer impact. The Exchange sent text notifications in June and, out of an abundance of caution, contacted 41 customers whose coverage was set to terminate for non-payment at the end of June to ensure they were aware of their current status.
- Consequently, on June 29th, the exchange formally notified Optum that, pursuant to Section 2.8, “Performance Standards and Service Level Agreements,” of the Master Services Agreement between hCentive and NMHIX, we were claiming liquidated damages related to Optum’s failure to notify NMHIX of an operational problem, failure to resolve the problem timely, and failure to deliver notices.
- We also advised Optum that we would require that it change standard operating procedures to add additional safeguards for necessary consumer communications as well as require formal notification of material service failures.

Resolution:

1. The total assessed penalty is \$39,075.
2. Optum has resolved the AWS registration problem
3. NFP will automatically send paper notices when electronic notification delivery fails (in alignment with the existing process for eligibility notices)
4. Optum has revised the process for categorizing issues/problems to ensure they are properly identified, escalated, and resolved timely.
5. Exchange staff will have more visibility into all service tickets.

Year-over-Year Enrollment Comparison



- After a successful open enrollment we have seen higher retention and continued growth
 - From the end of last year, enrollment is up **23.5%** (+7,804).
 - Enrollment is up **18.2%** YoY (+6,305) in July and continues to climb.

- Factors that contributed to this growth are Medicaid unwinding, higher retention, more affordable plans, and new special enrollment periods such as easy enrollment.

Matters from the Finance Committee

Brandon Fryar, Treasurer

The Exchange's BOK Financial advisor presented the quarterly Investment Review for the period ended 6/30/2023 to the Finance Committee. The BOKF advisor will not be presenting the report to the full Board of Directors, however, the report is available [here](#).

Review of Financial Statements

New Mexico Health Insurance Exchange
Statements of Net Position

	6/30/2023	12/31/2022
	<i>(unaudited)</i>	<i>(audited)</i>
Assets		
Current assets		
Cash	\$ 27,990,840	\$ 12,915,320
Cash Equivalents	1,950,436	2,298,690
Total Cash & Cash Equivalents	\$ 29,941,276	\$ 15,214,009
Investments	12,416,768	11,592,465
Premiums due	245,787	707,907
Carrier assessments due	-	-
Accrued Interest	35,372	34,546
Prepaid expenses and other assets	72,610	265,147
Total current assets	42,711,813	27,814,074
Noncurrent assets		
Capital assets, net of accumulated depreciation	92,324	83,907
Right of use assets, net of accumulated amortization	273,855	273,855
	366,179	357,762
Total assets	\$ 43,077,992	\$ 28,171,836
Liabilities		
Current Liabilities		
Accounts payable	\$ 1,018,748	\$ 3,284,010
Deferred Revenue	\$ 14,044,015	
Premium due to carriers	7,273,218	7,349,009
Accrued liabilities	144,163	125,433
Current portion of lease liabilities (2600)	229,142	229,142
Compensated absences	183,159	125,982
Total current liabilities	22,892,446	11,113,576
Lease Liability, net of current portion (2601)	58,799	58,799
Total Liabilities	22,951,245	11,172,375
Net Position		
Net investment in capital assets	78,237	69,820
Unrestricted	20,048,510	16,929,641
Total net position	20,126,747	16,999,461
Total liabilities and net position	\$ 43,077,992	\$ 28,171,836

New Mexico Health Insurance Exchange
Statements of Revenues, Expenses and Changes in Net Position
Year-to-Date Ended June 30, 2023 and Year Ended December 31, 2022

	<u>6/30/2023</u> <i>(unaudited)</i>	<u>2022</u> <i>(audited)</i>
Operating Revenues		
Carrier Assessments	\$ 14,044,017	\$ 26,061,007
Operating Expenses		
Technology and project management	6,560,266	14,730,078
Consumer and stakeholder engagement and support	1,264,354	3,201,329
Salaries and employee benefits	2,415,708	3,818,019
Operations	954,102	1,763,255
Professional services and board	563,207	1,509,641
Plan Management	7,842	565,000
	<u>11,765,479</u>	<u>25,587,322</u>
Total operating expenses		
Operating gain/(loss)	<u>2,278,537</u>	<u>473,685</u>
Nonoperating Revenues		
Grant Revenue	-	650,000
Investment (loss) income, net	598,749	(1,774,338)
Gain/(Loss) on disposal of capital assets	-	(1,684)
Interest Expense on ROU assets (5524)	-	(11,601)
Other Revenue	250,000	200,000
Total nonoperating revenues, net	<u>848,749</u>	<u>(937,623)</u>
Change in net position	3,127,286	(463,938)
Net position, beginning of year	<u>16,999,461</u>	<u>17,463,399</u>
Net position, end of period or year	<u>\$ 20,126,747</u>	<u>\$ 16,999,461</u>

New Mexico Health Insurance Exchange
Actual vs Budgeted Expenditures
Year-to-Date Ended June 30, 2023

	Actual YTD 6/30/2023	Remaining 2023 Budget	Total 2023 Budget
Operating Revenues			
Carrier Assessments	\$ 14,044,017	\$ 14,044,015	\$ 28,088,032
Operating Expenses			
Technology and project management	6,560,266	8,723,550	15,283,816
Consumer and stakeholder engagement and s	1,264,354	2,667,803	3,932,157
Salaries and employee benefits	2,415,708	2,843,375	5,259,083
Operations	954,102	1,597,301	2,551,403
Professional services and board	563,207	98,366	661,573
Plan Management	7,842	392,158	400,000
Total operating expenses	11,765,479	16,322,553	28,088,032
Operating gain/(loss)	\$ 2,278,537	(2,278,537)	\$ -

2022 Carrier Assessment Re-allocation Based on Actual Market Share

New Mexico Health Insurance Exchange								
2022 Assessment Allocation Based on 2022 Market Share								
Source: NAIC Statutory Financial Statement filings for Year Ended 12/31/2022								
NAIC#	INSURANCE COMPANY	Comprehensive (Hospital & Medical)	Medicaid Premium	Total Direct Written Premium Sbj to Assessment	2022 Market Share %	Re-calculated 2022 Assessment based on 2022 Market Share	2022 Assessment Paid by Carrier	Balance or Refund Due
11504	PRESBYTERIAN INSURANCE COMPANY	\$ 67,130,182	\$ -	\$ 67,130,182	0.87%	\$ 227,688	\$ 251,123	\$ (23,434)
16281	TRUE HEALTH New Mexico	158,365,361	-	158,365,361	2.06%	\$ 537,135	606,177	(69,042)
16351	Ambetter/Western Sky Community Care (CENTENE)	4,833,037	629,201,550	634,034,587	8.25%	\$ 2,150,483	2,065,683	84,800
60054	AETNA LIFE INSURANCE COMPANY	47,954,399	-	47,954,399	0.62%	\$ 162,649	157,627	5,022
62308	Connecticut General Life Insurance Company	-	-	-	0.00%	\$ -	47	(47)
65498	NY Life: Life Insurance Company of North America	8,963,304	-	8,963,304	0.12%	\$ 30,401	32,309	(1,908)
67369	CIGNA HEALTH AND LIFE INSURANCE CO	91,935,555	-	91,935,555	1.20%	\$ 311,822	235,268	76,554
70670	HEALTH CARE SERVICE CORPORATION	429,105,463	-	429,105,463	5.58%	\$ 1,455,416	1,359,801	95,615
78611	HCSC INSURANCE SERVICES COMPANY	-	2,612,162,181	2,612,162,181	34.00%	\$ 8,859,786	8,338,796	520,990
79413	UNITEDHEALTHCARE INSURANCE COMPANY	218,803,461	-	218,803,461	2.85%	\$ 742,125	1,525,349	(783,223)
95330	PRESBYTERIAN HEALTH PLAN INC	116,080,126	3,206,634,940	3,322,715,066	43.24%	\$ 11,269,800	11,049,066	220,734
95739	MOLINA HEALTHCARE OF NEW MEXICO INC	74,192,856	-	74,192,856	0.97%	\$ 251,643	390,830	(139,187)
95774	Friday Health Plans of Colorado, Inc.	18,296,949	-	18,296,949	0.24%	\$ 62,059	48,931	13,128
TOTAL		\$ 1,235,660,693	\$ 6,447,998,671	\$ 7,683,659,364	100.0%	\$ 26,061,008	\$ 26,061,008	\$ -
		16%	84%					

Matters from the Executive Committee

Vice-chair Dr. Nandini Kuehn

No report

Matters from the Outreach and Education Committee

Mark Epstein, Chair

Medicaid Unwinding

THE NUMBERS

- 157,550 automated calls
- 179,140 texts
- 55,163 emails
- 5,189 personal postcards
- 8,890 personal calls

Terrestrial Radio Executive Summary

- This portion of the campaign is running 30-second spots statewide across formats, including Hot Adult Contemporary, Pop, Classic Hits, Country, Rhythmic Pop, Regional Mexican, Adult Hits, News/Talk, and Spanish Variety, and across counties, including Bernalillo, Curry, San Juan, McKinley, Lea, Doña Ana, San Miguel, Otero, Chaves, Santa Fe, and Eddy Counties.

Spots	Impressions	GRPs	Reach	Frequency
7,370	9,007,000	598.4	32.1%	18.7

Online Display Summary



- The Online Display tactic drove 4,054,134 impressions over the course of this reporting period, representing 95% of the projected impressions, and up 8% since our last report. From those impressions, the campaign earned 3,726 total clicks, up 9% since our last report, giving the campaign an average click-through rate of 0.09%, which remains above the industry standard of 0.08%.

Online Video Summary

Impressions	Completed Views	Activities	Clicks	Completion Rate	CPCV
1,162,848	912,129	3,583	9,122	78.85%	\$0.03

What we have learned

Automated calls are effective

- High listening duration times
- Ability to let us know if they will have insurance through an employer

Postcards didn't have a great return rate

- We sent out 5,000+ to cohort 1 and only 23 were scanned
- We switched up the approach to target just those with programmatic closures from cohort 2 & 3 - those are being sent now

Personal Calls

- Low answer rates
- But valuable insight into consumer desires

- The biggest two responses: They want to go back to HSD/Will have insurance through work
- We are also focusing these on programmatic closures now



The next six months

We anticipate the unwinding will roll right into OE and continue to work on strategies to address this as we gear up for our OE campaigns.

Medicaid Unwinding Enrollment Events

Beginning in late April and in partnership with our Prime Vendor, HSD and broker partners we have been hosting Enrollment Events statewide. Consumers

are invited to attend by leveraging the MOU and Account Transfer data used for the Drip Campaign to send texts messages and emails to consumers.

- 40 Enrollment events statewide
- 262 Attendees: 127 RSVP's, 60 QHP enrollments, 19 Medicaid enrollments, 68 Medicaid inquiries, 37 follow up appointments

Future Enrollment Events

BROKER ENROLLMENT EVENTS

Brokers have expressed interest in hosting enrollment events and we have begun piloting broker enrollment events with similar structure, expectations and reporting to our community events.

VIRTUAL EVENTS

We are piloted our first virtual enrollment event on July 19 where we invited consumers to participate via zoom meeting. Our pilot had low participation but we anticipate higher participation at future events.

BeWellnm Outreach and Awareness Events



- 200+ attendees
- 55+ appointments with Brokers in the office
- 10 Brokers on-site + our staff helped enroll consumers
- Several appointments with HSD who had two reps here helping
- 10+ Media interviews & an Op-Ed (English and Spanish interviews)

- 300+ paletas!
- Countless smiles!







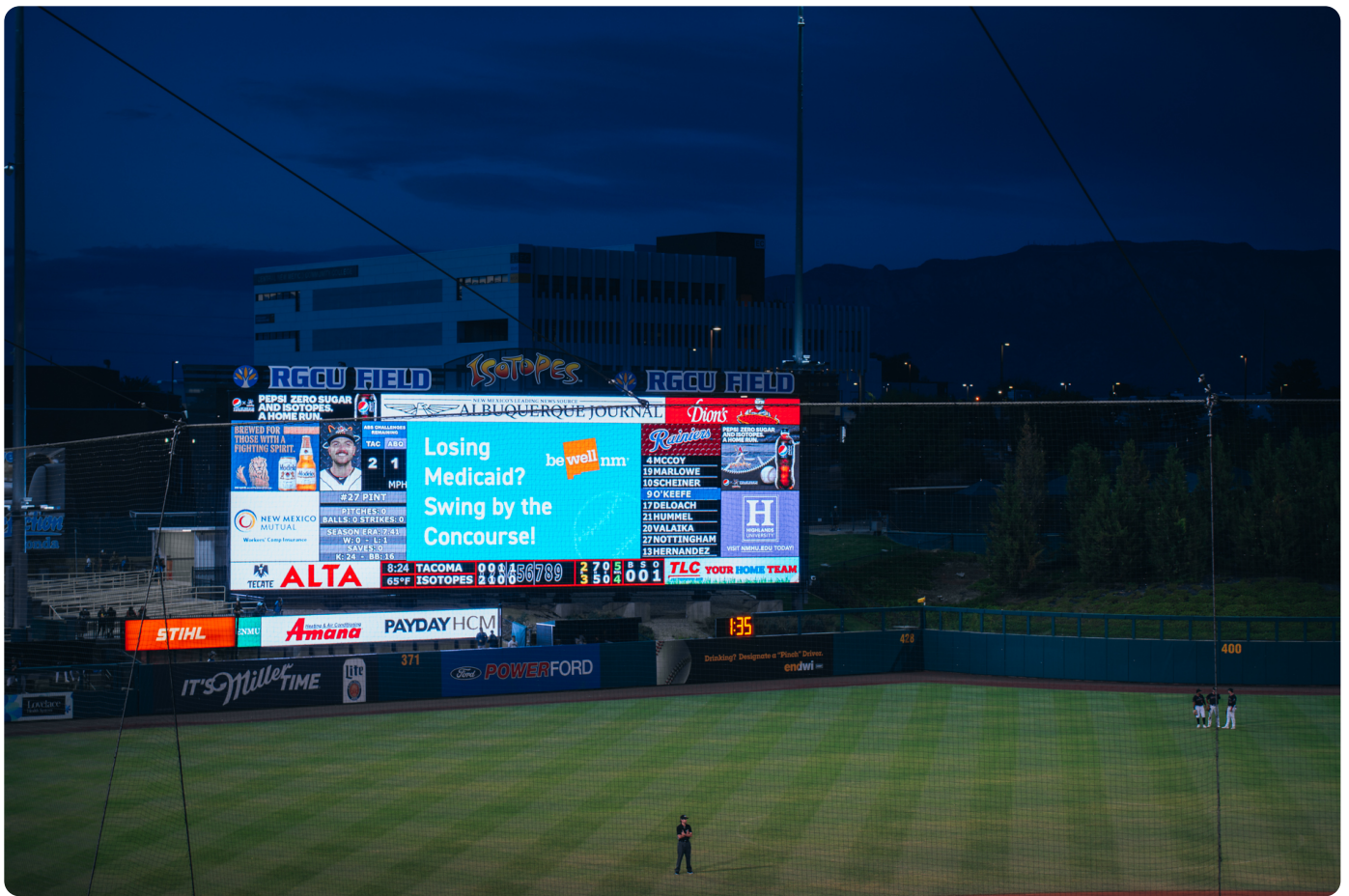
Community Outreach



PrideFest



United Games



Isotopes

Future Outreach

- Community College Outreach
- Hospital Outreach
- Back to School Opportunities
- Duke City Marathon

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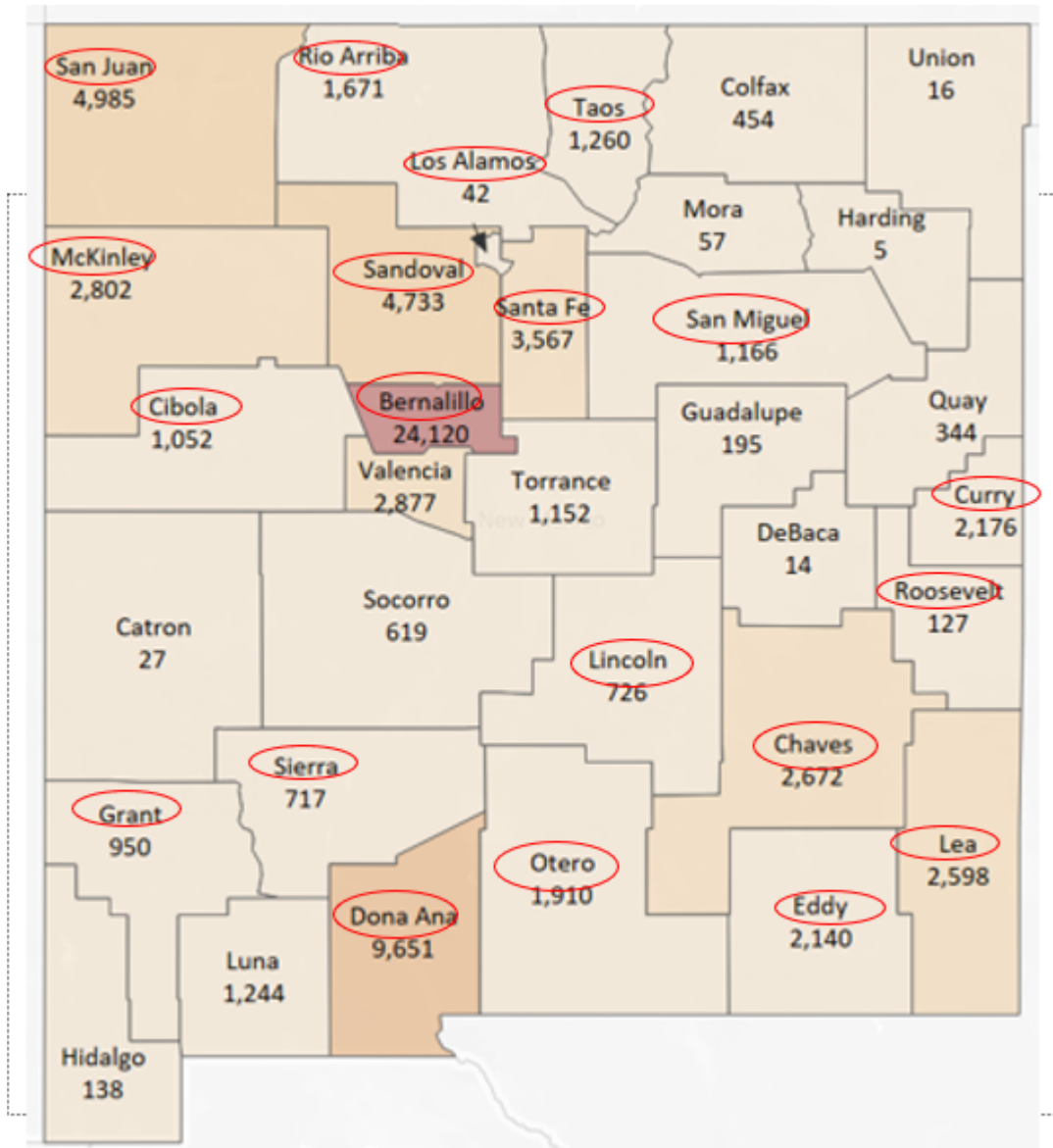
**Scan QR to schedule
an appointment.**



Supplemental Statewide Outreach

In addition to our awarded Assister contracts and our existing broker relationship, we are piloting part-time contract positions that will be housed within the community to align with the contract period (August 2023 - December 2024),

and support a more comprehensive statewide approach in the following counties.



Native American Outreach

- RFP County Coverage: Bernalillo and Sandoval Counties
- Pilot in Farmington – San Juan County
 - Navajo Nation and Jicarilla Apache Tribe

- Pilot in Gallup – McKinley County
 - Navajo Nation and Zuni Pueblo
- Pilot in Jemez – Sandoval County
 - Jemez, Zia, Santa Ana, San Felipe, Cochiti Pueblos, Torreon and Cuba Navajo Nation

Statewide Outreach

- RFP County Coverage: Taos, Santa Fe, Rio Arriba, San Miguel, Otero, Lincoln, Chavez, Eddy, Lea Counties
- Pilot in Las Cruces - Dona Ana County
 - Bilingual outreach position housed at HSD Offices

Broker Recruitment

- Incentivize Broker recruitment in Grant, Sierra, Curry, Cibola, and Roosevelt Counties.

Communications and Outreach Procurements

BeWellnm recently issued 5 RFPs for the procurement of Communications and Outreach services. The new contracts are for services currently being performed under the prime vendor model. The evaluation committees selected successful offerors and now request that the Board approve the following contracts:

- **Social Strategy Services (RFP #2023.005)**
 - 3 proposals received
 - Proposal submitted by Stamats Communications, Inc. was selected as the proposal most advantageous to beWellnm
 - Request Board approve contract in an amount not-to-exceed (NTE) \$198,951

- **Marketing Services (RFP #2023.006)**
 - 7 proposals received
 - Proposal submitted by K2MD, Inc. was selected as the proposal most advantageous to beWellnm
 - Request Board approve contract in an amount NTE \$1,155,000

- **Website Services (RFP #2023.007)**
 - 9 proposals received
 - Proposal submitted by Esparza, Advertising, Inc. was selected as the proposal most advantageous to beWellnm
 - Request Board approve contract in an amount NTE \$357,856

- **Rural Certified Assister Partners (RFP #2023.008)**
 - Request Board approve contract with Constellation Consulting, LLC in an amount NTE \$185,000
 - Request Board approve contract with Holy Cross Medical Center Benefit Navigation Program in an amount NTE \$96,074

- **Native American Certified Assister Partners (RFP #2023.009)**

- Request Board approve contract with Albuquerque Indian Center, Inc. in an amount NTE \$150,000

Motions for Contract Approval

1. Move that the Board authorize the CEO to enter into a contract through December 31, 2024 with Stamats Communications, Inc. for Social Strategy Services, with a contract NTE of \$198,951.
2. Move that the Board authorize the CEO to enter into a contract through December 31, 2024 with K2MD, Inc. for Marketing Services, with a contract NTE of \$1,155,000.
3. Move that the Board authorize the CEO to enter into a contract through December 31, 2024 with Esparza Advertising, Inc. for Website Services, with a contract NTE of \$357,856.
4. Move that the Board authorize the CEO to enter into a contract through December 31, 2024 with Constellation Consulting, LLC for Rural Certified Assister Partner Services, with a contract NTE of \$185,000.
5. Move that the Board authorize the CEO to enter into a contract through December 31, 2024 with Holy Cross Medical Center Benefit Navigation Program for Rural Certified Assister Partner Services with a contract NTE of \$96,074.
6. Move that the Board authorize the CEO to enter into a contract Native American Certified Assister Partner Services with a contract NTE of \$150,000.

Matters from the Operations Committee

Dan Foley, Chair

The Operations Committee met on July 12, 2023, and received presentations and discussed two topics:

1. Medicaid Unwinding
2. Premium Billing Analysis and Recommendations

Medicaid Unwinding Update

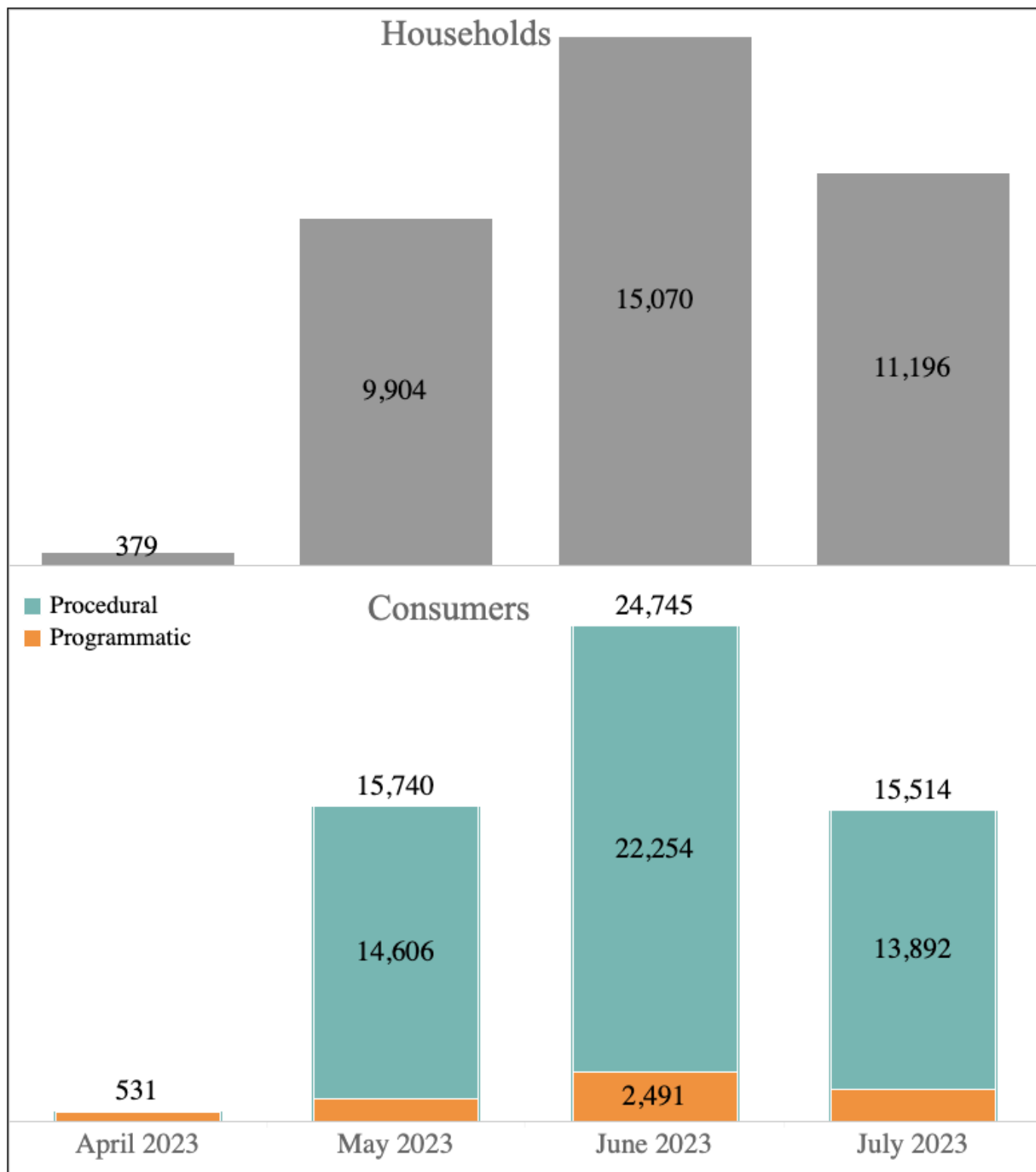
ACCOUNT TRANSFERS FROM HSD

85,757 individual closures have been referred to beWellnm from HSD (as of July 25)**

- 85.5% or 73,324 are procedural closures
 - We receive an account transfer for individuals who lose Medicaid for procedural reasons, but we do not pre-populate an Exchange application. The notice we send informs the individual of their Medicaid reconsideration period (90 days post closure) and how to apply for Exchange coverage.
- 14.5% or 12,433 are programmatic closures

**** Of the account transfers with a closure, 12,001 individuals (13.9%) have re-enrolled in Medicaid with July coverage. We are tracking this on a**

monthly basis.

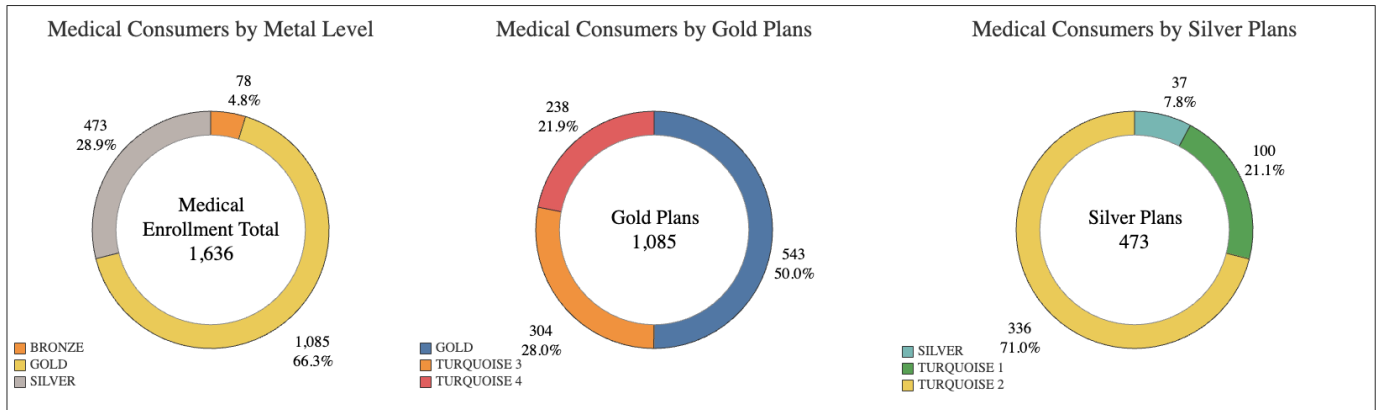


ENROLLMENT

1,667 enrollments of former Medicaid customers

- 1,636 medical
- 31 dental only

7% of programmatic closures enrolled in coverage through beWellnm



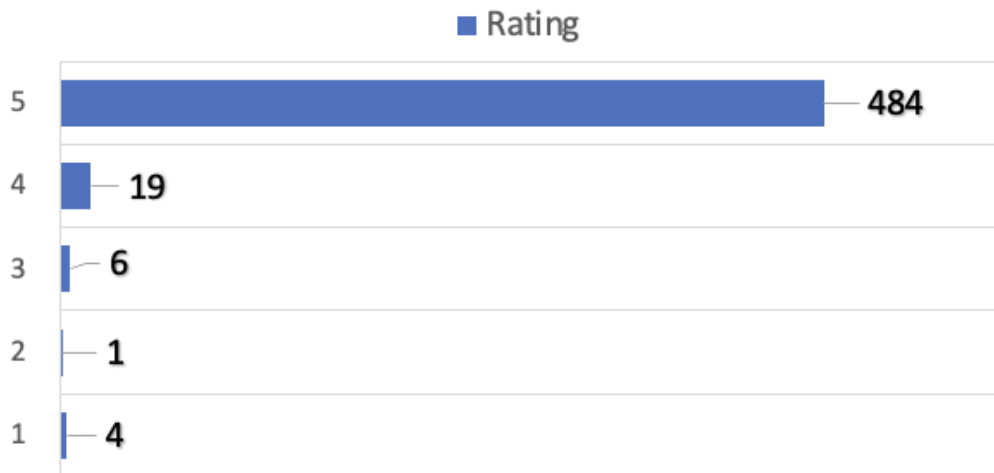
MEDICAID TRANSITION PREMIUM RELIEF (MTPR)

- 490 Households (796 individuals) received their first month of coverage for free
- Average amount of the subsidy payment is \$101.92
- Total MTPR payments = \$51,671.93

CUSTOMER ENGAGEMENT CENTER

- 3,360 total calls since beginning of July (as of 7/21); calls are up slightly but still below projected levels
 - 0.4% abandoned
 - 12 second speed to answer
 - ~8 minute average handle time
- 876 online chats

CUSTOMER SURVEY RESPONSES*



*On a scale from 1 – 5, with 5 being the highest rating

CEC STAFFING FOR THE UPCOMING MONTHS

With the initial expectation that HSD would complete the bulk of the recertifications of households with higher incomes by July, CEC was scheduled to ramp down staffing in August. However, HSD has a backlog of recertifications and new applications. Therefore, we are planning for more activity in August throughout Open Enrollment.

We invoked the contingency authority in the contract to maintain higher staffing levels in August and September. In August, we'll begin planning for staffing during Open Enrollment.

Premium Billing Analysis and Recommendation

PURPOSE

Guide leadership in determining whether beWellnm should continue premium billing and collection activities

SCOPE

Compare and contrast current operation to an alternative whereby health insurance carriers perform premium billing and collection

PREMIUM BILLING AND COLLECTION OVERVIEW

Premium Billing and Collection by the Numbers

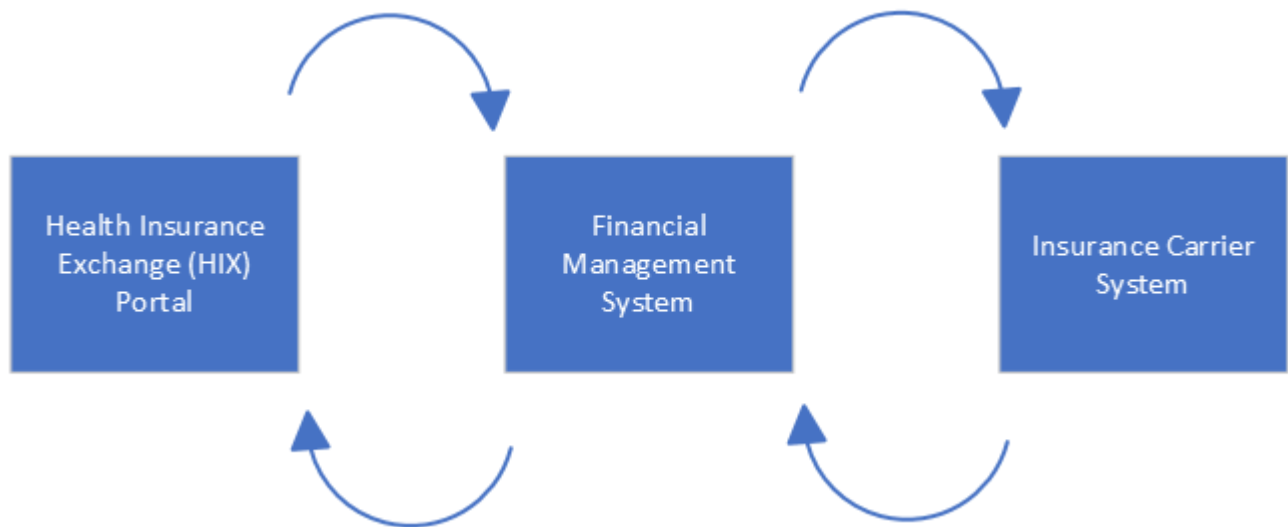
- 29,187 - number of policies through beWellnm
 - 9,446 policies with \$0 monthly premium
 - 10,489 of policy holders enrolled in auto pay
- \$2,383,802 annual operating cost

Category	Description	Cost
Personnel	Staff salaries	\$597,042
	Staff payroll taxes and benefits	\$226,876
	Staff overhead	\$210,828
Contractor(s)	Portion of Optum contract	\$440,000 ¹
Other	Postage and printing	\$400,000
	Credit card fees	\$509,056
	Total	\$2,383,802

- \$81.67 per policy annually to operate premium billing and collection (annual operating cost / number of policies)
- For the period September 2022 through June 2023, the premium billing team handled 24,264 calls, averaging 2,400 calls per month

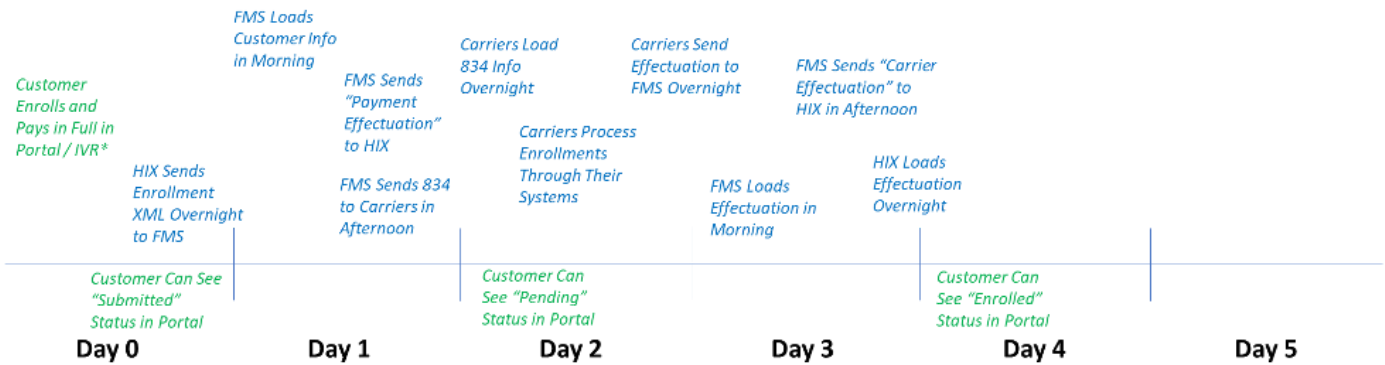
Current Process

- beWellnm operates two primary systems for eligibility, enrollment, premium billing, and collection
- The Financial Management System (FMS) is responsible for premium billing, premium collection, sending enrollment and payment files to carriers, receiving acknowledgement of enrollment from carriers, and providing reports and data to federal agencies



- Premium payments are collected as part of the enrollment process.
- A full binder payment must be made for enrollment to be sent to the carrier
- Individuals or households with a \$0 premium follow the same process but are not required to make a payment at time of enrollment

- The enrollment process can take up to 5 business days for full effectuation and display to the customer



*\$0 Payment scenarios are automatically included as Paid

- Premium payments can be made through three different channels

		
Online	Phone	Mail
Automated clearing house (ACH), debit, and credit card payments as one-time payments or as recurring payments accepted at beWellnm.com	Call 1-833-862-3935, option 4	New Mexico Health Insurance Exchange PO Box 26508 Albuquerque, NM 87125

WHY DID BEWELLM DECIDE TO DO PREMIUM BILLING

- Simplify the customer experience allowing for one premium payment to be made to cover multiple policies (e.g., medical and dental)
- Provide customers with multiple payment options
- Reduce the amount of time to fully effectuate a customer from 4 months to 5 days

- Provide customers with one number to call for assistance with eligibility, enrollment, and payments
- Flexibility to apply state only premium assistance

STAKEHOLDER FEEDBACK

Insurance Carrier Feedback

- All five carriers responded to the questionnaire
- Two carriers identified benefits to the carrier regarding the current operation of premium billing and collection functions by beWellnm
- Two carriers noted that beWellnm is the only state health insurance exchange they work with that performs premium billing and collection functions, resulting in specialized processes for those carriers
- Numerous challenges were identified by all carriers related to beWellnm's operation of premium billing and collection
- However, one carrier stated that *"the premium billing process has been smooth and uneventful."*

Broker Feedback

- Nine brokers responded to the request for feedback regarding premium billing and collection
- Brokers were mixed in their feedback
 - 44% of brokers found it beneficial that beWellnm performed premium billing and collection

- 44% of brokers preferred to have beWellnm perform premium billing and collection
- 56% of brokers acknowledged challenges with premium billing and collection

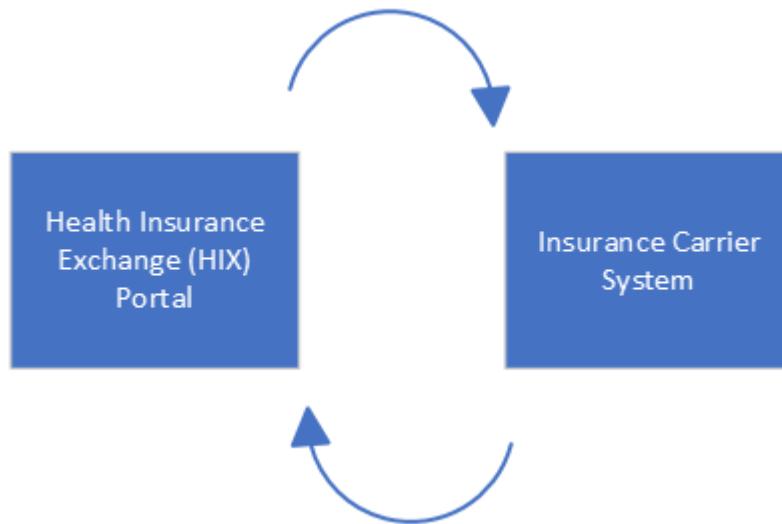
NFP Health Feedback

- NFP Health identified some opportunities to improve the premium billing and collection process
 - Issue weekly 820 electronic data interchange (EDI) files to carriers
 - Separate the impact of delinquency and termination on medical and dental enrollments

ALTERNATIVE FOR CONSIDERATION

beWellnm could enable health insurance carriers to perform premium billing and collection functions while preserving the business case for premium billing and collection by the organization and save \$1.35M annually

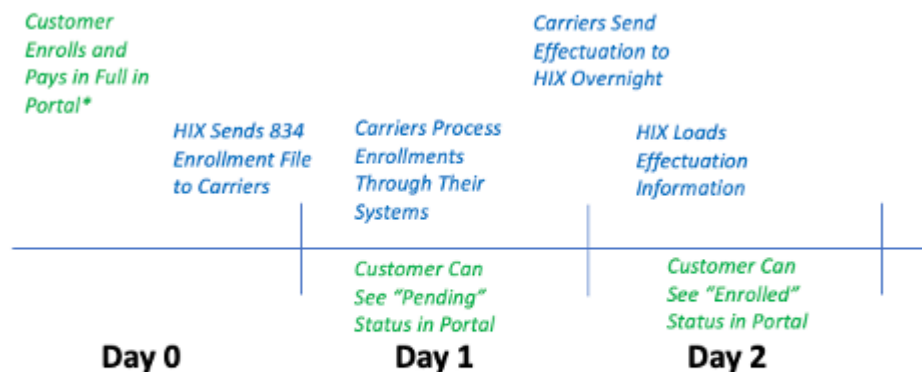
- beWellnm would eliminate the use of the financial management system (FMS) provided by NFP Health
- Carriers would expose their payment gateways to beWellnm and customers would still be able to make payments similar to how they do today



- The alternative solution will require significant changes by beWellnm and insurance carriers to implement

Benefits of the Alternative Solution

- Customers could enroll in plans quicker than they do today (40% less time)



**Green = customer action; Blue = HIX or carrier action. \$0 Payment scenarios are automatically included as Paid; Payments would be collected by the health insurance carrier's payment engines.*

- beWellnm can save \$1.35M annually by eliminating some costs associated with premium billing and collection: vendor contract, postage, and credit card fees.

Category	Description	Cost
Contractor(s)	Portion of Optum contract	\$440,000
Other	Postage and printing	\$400,000
	Credit card fees	\$509,056
	Total	\$1,349,056

- The initial business reasons for beWellnm to perform premium billing and collection are mostly preserved

Initial Business Reasons for Performing Premium Billing	Current State	Alternative Solution
One premium payment across multiple policies	✓	
Provide customers with multiple payment options	✓	✓
Reduce the amount of time to enroll		✓
Provide customers with one number to call for assistance	✓	✓
Flexibility to apply state only premium assistance	✓	✓

Alternative Solution Dependencies

- Implementation of the alternative solution would require significant time and effort by multiple parties.
- Insurance carriers reported that they would need anywhere from 2 to 12 months to be ready to assume premium billing and collection responsibilities; One carrier noted needing a 15 month advance notice of this change
- Carriers noted that this change would result in costs to the carriers
- beWellnm would incur costs to enhance the HIX system to be able to interface with carriers directly and estimate that this change could take a year or more to implement

Organizational Impact

- Implementation of the alternative would impact beWellnm in several ways
 - Staff assigned to perform premium billing and collection functions would be reassigned to other areas
 - beWellnm would need to enhance its carrier support and reconciliation functions
 - beWellnm would need to align resources and priorities to focus on implementing the change
 - Operational costs for beWellnm could increase during the implementation of the alternative solution

RECOMMENDATION TO LEADERSHIP

- Implement the alternative solution but the solution cannot be fully implemented until January 2026

The full report is available [here](#).

Matters from the Native American Committee

Sharon Clahchischilliage, Chair

Native American Advisory Committee Meeting

There have been no further tribal appointees from Tribes and Pueblos. Currently, we have three (3) from Nambe Pueblo, Mescalero Apache Tribe and Navajo Nation. Our June meeting was well attended with 32 attendees, new participants from Mescalero, Taos, Gallup, Shiprock to Dulce tribal organizations, programs, Indian Health Service and Tribal 638 Health Centers. We covered the following items:

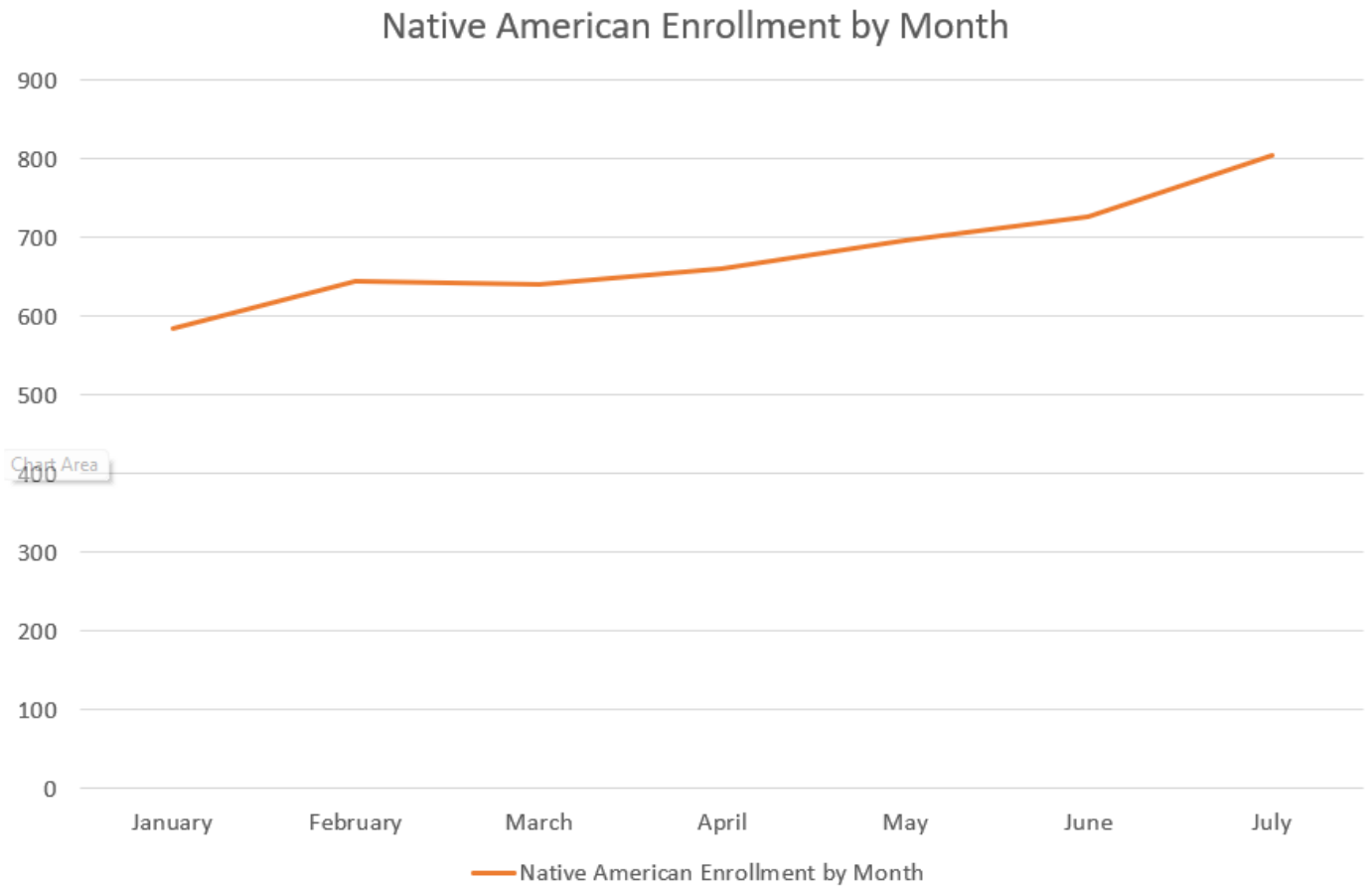
- Medicaid Unwinding - HSD Update
 - Outreach & Marketing
 - Enrollment Update
 - Resources
-

Enrollment Update

Enrollment has increased 27% since January. Navajo Nation's enrollment increased by 46 from June to July.

- January 584
- February 645

- March 641
- April 661
- May 696
- June 726
- July 804



Native American by Tribe

Top 10 Tribes by Consumers - All States		Top 10 Tribes by Consumers - New Mexico	
NM NAVAJO NATION	305	NM NAVAJO NATION	305
OK CHEROKEE NATION	46	NM PUEBLO OF LAGUNA	43
OK CHOCTAW NATION OF OKLAHOMA	45	NM PUEBLO OF ISLETA	23
NM PUEBLO OF LAGUNA	43	NM PUEBLO OF ACOMA	21
NM PUEBLO OF ISLETA	23	NM PUEBLO OF JEMEZ	18
NM PUEBLO OF ACOMA	21	NM SANTO DOMINGO PUEBLO PREVIOUSLY LISTED AS KEWA PUEBLO NEW MEXICO AND AS PU.	17
NM PUEBLO OF JEMEZ	18	NM PUEBLO OF TAOS	16
OK THE MUSCOGEE CREEK NATION	18	NM ZUNI TRIBE OF THE ZUNI RESERVATION	16
NM SANTO DOMINGO PUEBLO PREVIOUSLY LISTED AS KEWA PUEBLO NEW MEXICO AND AS PU.	17	NM MESCALERO APACHE TRIBE OF THE MESCALERO RESERVATION	15
NM PUEBLO OF TAOS	16	NM PUEBLO OF SANTA CLARA	12

Outreach & Marketing

We continue to renew and grow our Native American network and partners as communities continue to slowly open up and events being planned. Medicaid Unwinding is resulting in tribal programs and organizations requesting educational presentations at various resource and health fairs. Below are events that we have attended and will be attending:

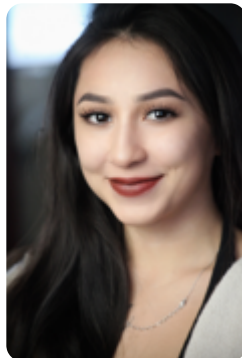
- June 9, 2023 - Santo Domingo Health Center: Public Health Emergency on Medicaid
- June 23, 2023 - Pine Hill Health Center Health Fair
- June 28, 2023 - Taos Pueblo Community Health Insurance Outreach
- June 28, 2023 - Coyote Canyon Chapter Educational Presentation (Navajo Nation)

- July 11, 2023 - Albuquerque Indian Hospital Educational Resource Table
 - July 14, 2023 - Community Health Representative Resource Fair, Upper Fruitland Chapter House (Navajo Nation)
 - July 15, 2023 - Gallup Community Health Day!
 - July 20, 2023 - Educational Information Session, Central & Unser Public Library
 - July 26, 2023 - Canoncito Band of Navajo Health Center Inc. Lunch & Learn
 - July 28, 2023 - Coyote Canyon Chapter Educational Presentation (Navajo Nation)
-

Ongoing partnership with Lorraine Y. Chavez Insurance Agency, Inc.

HELPING BUILD ADDITIONAL BRIDGES WITH THE NATIVE AMERICAN COMMUNITIES

Following Jacqueline Torivio, the agency's first hired Native American insurance agent, Lorraine Chavez hired a second Native American insurance agent, Gabriella Concepcion. Gabriella is Laguna Pueblo, born and raised in the Village of Pagate. She has been a licensed insurance agent for nearly a year and is looking forward to creating opportunities and supporting Native American communities across the State of New Mexico.



Gabriella Concepcion

Native American marketing efforts include a website stories

As a Native American, you may be eligible for no-cost to low-cost health insurance with beWellnm.

[Learn More](#)



- How Native Americans can get no-cost to low-cost health insurance based on their annual gross income and tax household
- How beWellnm works with Indian Health Service and Tribal Healthcare Center healthcare coverage
- Can access care at a contracted provider or facility through the insurance company

Messaging in monthly newsletters and social media posts



Native American Enrollments on the Rise in New Mexico

We are pleased about the increase in Native American enrollments in New Mexico since January 2023. Over the past few months, there has been a notable upward trend, reflecting beWellnm's ongoing efforts to provide accessible healthcare options and support to Native American communities. Let's continue this momentum and encourage Native American communities to enroll in affordable healthcare coverage with beWellnm. To



Lorraine Y. Chavez Agency Expands Native American Representation with Gabriella Concepcion

BeWellnm continues to support Native American communities through our partnership with Lorraine Y. Chavez Insurance Agency, the agency has truly committed to bringing education, outreach and enrollments to the Native American communities.

First, we introduced Jacqueline Torivio, the agency's first hired Native American insurance agent, and now their second Native American insurance agent, Gabriella Concepcion.

Gabriella who is Laguna from the Village of Pagueate, has been a licensed insurance agent for nearly a year and is focused on solving problems, creating opportunities, and offering support to communities and families across New Mexico.



Gabriella Concepcion,
Insurance Agent, Lorraine Y.
Chavez Insurance Agency

Agency Reports

- Matters from the Office of the Superintendent of Insurance - Superintendent Alice Kane
- Matters from the New Mexico Medical Insurance Pool - Superintendent Alice Kane
- Matters from New Mexico Human Service Department - Secretary Kari Armijo

Public Comment

(1-2 Minutes/Participant)

Other Board Business

Directors & Bruce Gilbert, CEO

Next beWellnm Board Meeting

September 22, 2023, at the CNM Work Force Training Center

Adjournment

 Vote

Motion to Adjourn the Meeting

Premium Billing Analysis Report



Final Premium Billing Analysis Report 072023.pdf

BOK Financial Investment Review



Q2 2023 NMHIX.pdf