

New Mexico Health Insurance Exchange Advisory Task Force



September 26, 2012
Santa Fe, New Mexico

Updates & Announcements

Updates & Announcements

- Work Group questions and scope of discussion
- Contact information:

Email: exchange.comments@state.nm.us

Mail: Exchange – Comments
Human Services Department
P.O. Box 2348
Santa Fe, NM 87504

Do I Qualify?

Do I Qualify?
YES New Mexico

Applications

- Application for Assistance (English)
- Solicitud de Programas
- Child Support Services Application - English
- Child Support Services Application - Spanish

Federal Poverty Level Guidelines

- Federal Poverty Level Guidelines - TSD
- Federal Poverty Level Guidelines - MAD

Report Fraud Link

File Fair Hearings

Inspection of Public records Act

New Mexico Resource Directory

New Mexico Resource Directory

Child Support
CSED helps locate missing parents, establishes legal paternity, and oversees child support orders.

Income Support
ISD assists low income New Mexicans with various programs including Food Stamps, General Assistance, Temporary Cash Assistance

Medical Assistance
MAD manages the New Mexico Medicaid program. Medicaid is a joint federal and state program that pays for health care to New Mexicans who are eligible for Medicaid benefits.

Behavioral Health
BHSD helps ensure access to mental health and substance abuse services; reducing the uninsured gap in New Mexico and increasing Medicaid funding for behavioral health services.

aspen ASPEN - Automated System Program and Eligibility Network

The NM Human Services Department is in the process of replacing the approximately 25-year-old Income support eligibility system known as the Integrated Service Delivery System or ISD2.

[Click here to be redirected to the new YES-NM eligibility screening.](#)

What's new at HSD

- ▶ New Mexico Child Support Enforcement Division Recognized as Most Improved State Program in the Country
- ▶ NMHIX Task Force Meeting June
- ▶ New Mexico Human Services Department Announces Details of Webcasting Public Input Sessions
- ▶ New Mexico Human Services Department Announces Public Hearings
- ▶ Mental Health Support for Wildfire Victims - *News!*
- ▶ HSD Selects Contractor to Assist in Exchange Development
- ▶ Mental Health Awareness Month Proclamation
- ▶ Children's Mental Health Awareness Day Proclamation
- ▶ 2012 May Mental Health Month & Day - Release - FINAL
- ▶ Waiver Submission to CMS
- ▶ NM Behavioral Health Collaborative Meets Thursday, April 12 in Santa Fe
- ▶ Behavioral Health Funding Finds Parity in Centennial Care
- ▶ New Mexico Human Services Department Releases Medicaid Sustainability Proposal
- ▶ Centennial Care Concept Paper
- ▶ Behavioral Health Day at the Legislature Celebrates 16 STARS
- ▶ BH Day 2012 - Release
- ▶ MEDIA ADVISORY Cabinet Secretaries to Speak at Behavioral Health Day at Roundhouse

Sidonie Squier, Cabinet Secretary

HSD Mission: To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

- Office of Secretary
- Governor's Office
- Lt. Governor's Office

NEW MEXICO CENTENNIAL CARE

- INSURE New Mexico SOLUTIONS
- Behavioral Health Collaborative
- Work in New Mexico
- Recovery and Reinvestment

New Mexico Centennial Care

Bench Warrant Program

National Health Care Reform



**Essential Health Benefits
Work Group
Recommendations**

Essential Health Benefits Work Group

Members

Name	Represented Group
Rick Wallace, Team Lead	Hospitals
John Franchini, Superintendent New Mexico Division of Insurance (alternate: Craig Dunbar, Deputy)	Division of Insurance
Joyce Powers, NP	Providers (Nurse/Physician)
Heather Rising, Lovelace	Insurance Companies
Judy Gerth	Agents & Brokers
Debbie Armstrong	Underserved Populations
Kari Armijo	State Government Agencies
Teresa Gomez	Tribal
Charlotte Roybal	Consumers at Large
Martin Hickey	Consumers at Large

Essential Health Benefits Work Group

Questions

1. Which benefits within the 10 EHB categories are “essential?” Which benefits are the most important to have in a health plan?
2. If a benefit category is missing in the benchmark plan, what methods or plans should the state use to supplement that missing category?
3. What should constitute “substantially equal” benefits when comparing a health plan to the benchmark in order to qualify the health plan?
4. When choosing a benchmark health plan, what plan should be chosen and why?

Essential Health Benefits Work Group

Considerations

- Possible plans (largest small group plans, largest HMO, state employee plans, largest federal employee plans)
- ACA mandates
- “Wish Lists”
 - The importance of coverage for preventative care
 - High value services
 - Removal of limits on certain benefits such as rehabilitation, habilitation
- Information from guest speakers (midwifery representatives, chiropractors, vision providers, etc.)
- Parity of habilitation with rehabilitation services
- Non-discriminatory with regard to service and benefit limitations
- Price versus benefit (this was a little outside the scope of the Group’s questions but members felt price could not be separated from considerations)

Essential Health Benefits Work Group

Process

- Side-by-side-by-side comparisons of plans
- Reviewed benefits line by line to consider:
 - 10 EHB categories
 - State/Federal Mandates
 - Unique needs of New Mexicans
- Listened to input from guest speakers
- Researched subject matter as assigned by Team Lead
- Supplied information to other team members as subject matter experts

Essential Health Benefits Work Group Recommendations

1. Which benefits within the 10 EHB categories are “essential?”
Which benefits are the most important to have in a health plan?
 - Preventive services, focus on high value
 - Mental Health/Substance abuse

Essential Health Benefits Work Group Recommendations

2. If a benefit category is missing in the benchmark plan, what methods or plans should the state use to supplement that missing category?
 - Parity of pediatric **vision** and **dental** care with CHIP
 - Parity of **habilitation** with rehabilitation services

Essential Health Benefits Work Group Recommendations

3. What should constitute “substantially equal” benefits when comparing a health plan to the benchmark in order to qualify the health plan?

Essential Health Benefits Work Group

Recommendations

4. When choosing a benchmark health plan, what plan should be chosen and why?

Presbyterian state employees' plan as benchmark*

- Found that this plan covered most “Essential Benefit” categories without restrictive limits including:
 - Preventive, Rehabilitation, Habilitation, Mental/Behavioral Health, and Substance Abuse
 - Did not include infertility benefits, which are non-essential

*Concern that expensive plan negates intent of exchange; cost considered outside the scope of this work group

Essential Health Benefits Work Group

Discussion & Questions



EHB Actuarial Analysis
Superintendent John Franchini

**Outreach, Education, Adoption, &
Enrollment Work Group
Recommendations**

Outreach Work Group Committee Members

Name	Represented Group
Kathy Armijo Etre	Hospitals
J.R. Damron, M.D.	Providers (Nurse/Physician)
Mike Wallace	Insurance Companies
Terry Linton	Agents & Brokers
Roxane Bly, Director	Underserved Populations
Diane Rivera Mike Brochu	State Government Agencies
Roz Begay	Tribal
*Mike Nunez	Consumers at Large
Paul Romero	Consumers at Large

Outreach Work Group

Questions

Producers / Navigators

1. What is the role of navigators vs producers (agents and brokers)?
May producers also be navigators, and vice versa?
2. What should the training and certification process be for navigators? What type of oversight is required, and who should be charged with oversight?

Communications and marketing

1. What marketing channels should the state engage in to raise awareness of the exchange and consumer options?
2. What elements should be included in public relations and advertising campaigns to drive enrollment in the exchange?
What points of contact should be made (such as schools, churches, etc.)?

Outreach Work Group Recommendations

Navigator and Agent/Broker Roles

- **P/E MOSAA Medicaid providers and assisters** – those who help with applications and general Medicaid and public program assistance when an individual is Medicaid Eligible.
- **Enrollment Navigators** - those who help with applications and commercial market placement when an individual is not Medicaid Eligible. Commercial market responsibilities are limited to the individual Market component of the Exchange. Enrollment Navigators will not enroll or advise employer groups in the Small Business Health Options or SHOP.
- **Agents/Brokers** will continue to have traditional commercial market roles for individuals and small employer groups and will assist consumers with universal Medicaid/Exchange application for coverage.

Outreach Work Group Recommendations

Navigator Training

- Abbreviated P/E MOSSA Medicaid training*
 - Medicaid Overview
 - Non-financial eligibility factors
 - Determination of household size
 - Financial eligibility
 - Universal Application Assistance
- Insurance Market training*
 - Commercial Market Insurance Basics,
 - Exchange Insurance basics for individuals and small employer groups
 - Income changes and impact on Advanced Premium Tax credits and Cost Sharing Reductions

* Documentation of Medicaid Training Certificate completion to be provided to Division of Insurance to obtain “certification”

Outreach Work Group Recommendations

Navigator Training

- Cultural training:
 - Utilize and update NM Department of Health On line Training and NM Indian Affairs Department Classroom Training
 - Seek further cultural competency development assistance from DOH Community Health Worker's program
 - Exchange Training*
 - Eligibility & Enrollment
 - Qualified Health Plans
 - Advanced Premium tax credits and Cost Sharing Reductions
 - Premium Calculator
 - Native American Eligibility
 - Privacy and Security (HIPAA, Personal Identification Information) , and
 - Registration with the Exchange

Outreach Work Group Recommendations

Oversight of Navigators

- Department of Insurance
 - Recommendation: Navigator oversight should be the responsibility of the Division of Insurance.
 - Background checks
 - Training completion documentation
 - Initial & recertification
 - » Medicaid Training
 - » Cultural Training
 - » Exchange Training
 - Complaint reporting
- Exchange Oversight
 - Consumer/Navigator organizations would be subject to the oversight of the Exchange.
 - Contracted Consumer/Navigator organizations will have oversight over their personnel acting as navigators
- Medicaid oversight
 - HSD would be primary oversight entity for any Navigator responsibilities that are related to Medicaid

Outreach Work Group Recommendations

Navigator Certification

- Navigators should not be licensed as Agent/Brokers and should not be required to carry Errors and Omissions Liability coverage.
- Enrollment Navigators will be required to take and pass a Commercial Market and Exchange Insurance Basics exam
- The DOI has indicated that enrollment Navigators will be required to have insurance market training and certification before being able to guide individual exchange members to a Qualified Health Products (subject to any additional requirements yet to be issued HHS rules and regulations).

Outreach Work Group Recommendations

Navigator Compensation

- Productivity payments are recommended, rather than grants being given to organizations
 - Navigators could be paid based on the number of applications to Medicaid or the Exchange (subject to and in coordination with Medicaid reimbursement policies)
 - When working with hard to reach individuals that require more effort, Navigator payment should be adjusted accordingly
 - Consumer organizations can be solicited through an RFP for evaluation of their structure, experience with hard to reach populations, and tenured experience of proposed Navigators

Outreach Work Group Recommendations

Marketing Channels

General Public marketing channels should include (In English and Spanish):

- Print, radio, TV, social media/Facebook, web, health fairs, billboards & other health events.
- Coordination and engagement with Chambers of Commerce, Nonprofits (Charities), FQHC's, Rural clinics, Hospitals & Emergency rooms, schools, churches, shopping malls, SBA and Medicaid offices.
- Coordination and engagement with existing statewide distributions (Taxes & Drivers Licenses) & local gas and electric companies (PNM and Gas Co of NM).

Native American marketing channels should include:

- Print, radio, TV, social media/Facebook, web, health fairs, other events
- Educational website hotlinks for Native Americans
- Face to face opportunities as well as large and frequent group meetings in public venues
- Engagement with Chapter Houses, senior centers, health fairs and Pow Wows
- Marketing through Native American Radio: Singing wire & Native American calling and Public Service Announcements
- Marketing and educational efforts through social and alumni organizations, including newsletters
- Advertising on buses and bus stops

Outreach Work Group Recommendations

PR and Advertising

Targeted Audience	What we tell them
Individuals & the General Public	<ul style="list-style-type: none"> • Benefits of having coverage • Increased access, increased choice • Who can participate, how it will work • Advanced Premium Tax Credits & Cost Sharing Reductions • Navigator & Agent/Broker Application Assistance • Premium Calculator
Small employers - Currently offering - Currently not offering	<ul style="list-style-type: none"> • Increased access, increased choice • Who can participate, how it will work • Small Business Tax Credits • Comparison Tools
Native Americans (Available only to members of federally recognized Tribes)	<ul style="list-style-type: none"> • Increased access on a monthly basis • Increased choice of providers and facilities • Strengthen IHS services and access
Navigators, Agents and Brokers	<ul style="list-style-type: none"> • How we help get their clients covered • Who can participate, how it will work • How they get compensated

Outreach Work Group Discussion & Questions



Exchange Market Regulation Work Group

Exchange Market Regulation

Work Group Members

Name	Represented Group
Alex Valdez, Christus St. Vincent Hospital	Hospitals
J.R. Damron, M.D.	Providers (Nurse/Physician)
Gabriel Parra, Presbyterian Health Services	Insurance Companies
Deborah Peacock, Peacock Law Firm	Small Businesses & Self-Employed Individuals
Carol Luna-Anderson, The Life Link	Underserved Populations
Thom Turbett, Independent Insurance Agents of New Mexico	Agents & Brokers
Jane Wishner, Attorney and Consultant	Underserved Populations
John Franchini, Superintendent Craig Dunbar, Deputy Superintendent New Mexico Division of Insurance	State Government Agencies
Larry Curley, Navajo Nation Department of Health	Tribal
Jim Copeland, Alta Mira	Consumers at Large
Liz Stefanics, Health Care Consultant and RWJF Fellow	Consumers at Large

Exchange Market Regulation

Questions

- What should the requirements be for a carrier to operate on an exchange (e.g., limited timeframe to decide if it will participate)?
- What criteria should be used for certifying Qualified Health Plans (QHPs) on the exchange, other than Essential Health Benefits?
- What criteria, such as relative quality and price of benefits, should be used to rate plans available through the exchange?
- How should provider network adequacy be determined?
- What should the standard format for presenting coverage options to consumers look like?

Exchange Market Regulation Meeting Information

Date	Time	Location
Oct 2, 16, 30	11am	Insurance Conference Room 4 th Floor, Room 428 Division of Insurance 1120 Paseo de Peralta Santa Fe
Nov 13	11am	ISD Training Room Pollon Plaza 2009 S Pacheco Santa Fe

Legislative Work Group

Legislative Work Group Members

Name
Senator DeDe Feldman
Senator Carroll Leavell
Senator George Munoz
Senator Sue Beffort
Senator Linda Lopez
Senator Gerry Ortiz y Pino
Representative Mimi Stewart
Representative Jim Hall
Representative Tom Taylor
Representative Bill O'Neill
Representative Conrad James

Legislative Work Group

Questions

- Should carriers be required to participate in both the individual and small group markets?
- Should health plans inside the exchange be subject to enhanced regulation on rate review or reporting requirements?
- Does a qualified health plan need to be available to everyone statewide, or can it be offered to only those in one region of the state?
- Where should oversight responsibility be housed?
- Should exchange-related assessments be imposed? If so, against whom (consumers, insurance carriers, providers, employers, hospitals, etc.)?
- What other creative ways could be used to fund operating costs?

Legislative Work Group Meeting Information

Date	Time	Location
Oct 2, 16, 30	9am	Insurance Conference Room 4 th Floor, Room 428 Division of Insurance 1120 Paseo de Peralta Santa Fe
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Risk Adjustment & Reinsurance

Debbie Armstrong, NMHRP

Q & A

New Mexico Health Insurance Exchange Advisory Task Force



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