New Mexico Health Insurance Exchange Advisory Task Force

January 23, 2013

Santa Fe, New Mexico

NMHIX Advisory Task Force Meeting
37 Plaza la Prensa, Collaborative Health Room
Santa Fe, NM
CALL IN: 1-888-340-0567, Room ID 650, PIN 22116
January 23, 2013
1:00 – 3:30 p.m.

1:00	Welcome	OHCR
1:05	HIX Update - Discussion of Conditional Approval - CCIIO On-Site Visit	OHCR
	- Legislation - RFPs	Mike Nunez
1:15	Native American Work Group preliminary findings	Joyce Naseyowma, Team Lead
1:30	Q & A	
1:35	Financial Sustainability Work Group report	Mark Padilla, Team Lead
1:55	Q & A	
2:00	Break	
2:10	Discussion of IT system integration	Sean Pearson, CIO, HSD
2:40	Q & A	
2:45	Discussion topics: - State-wide or other geographic requirement for carriers offering plans on the Exchange? - Requirement for carriers to offer more than one metal plan? - Should carriers be given a limited timeframe in which to opt into Exchange participation?	Gabriel Parra Jane Wishner
3:15	Q & A	
3:25	Closing Remarks	OHCR

Contact Information

Email: exchange.comments@state.nm.us

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

Website: www.hsd.state.nm.us


Human Services Department
Serving 1 in 3
SiteMap
Search
Home
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About HSD
Contacts
Working at HSD
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 - ISD
Federal Poverty Level Guidelines - MAD
Report Fraud Link
File Fair Hearings
Inspection of Public records Act
New Mexico Resource Directory
New Mexico Resource
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 - New!
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
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

Updates & Announcements

- Conditional Approval
- CCIIO On-Site Visit
- Legislation
- Request for Proposals (RFPs)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850

December 31, 2012

Milton Sanchez
Director, Office of Health Care Reform
New Mexico Human Services Department
2009 S. Pacheco, Pollon Plaza
Santa Fe, NM 87504

Re: New Mexico Exchange Blueprint Approval Decision

Dear Mr. Sanchez:

The Centers for Medicare & Medicaid Services (CMS) thanks you for your efforts in developing the New Mexico Health Insurance Exchange (NMHIX). The NMHIX has been ***conditionally approved*** as a State-based Exchange for plan year 2014. Conditional approval indicates that a State has not completed all Blueprint Exchange activity requirements but has attested that it will be operationally ready for the initial open enrollment period. Conditional approval will continue as long as the State meets expected progress milestones and successfully demonstrates its ability to perform all required Exchange activities.

CMS has reached this decision based on NMHIX's attestations and expected progress across the entire spectrum of Exchange requirements, and is contingent upon the following conditions:

1. Comply with regulations and expected progress milestones. During the first year of the program (plan year 2014), approval of a State-based Exchange will account for timelines related to guidance and infrastructure development;

2. Participate in an Establishment Review by February 1, 2013 and develop a revised timeline and detailed work plan that aligns with the Exchange Blueprint, including dates and key milestones, to provide HHS with a clear understanding of the State's expected ability to complete Exchange activities;

3. Demonstrate legal authority to certify qualified health plans (QHPs); and

4. Confirm Information Technology and Project Management vendor selection and awards no later than February 1, 2013.

As New Mexico continues to develop their Exchange, we encourage the State to work closely with CMS and as appropriate, leverage progress made by other States in their Exchange establishment. We will track the NMHIX's progress toward meeting these conditions using the benchmark activities that will be identified in our initial Establishment Review (Table A). These benchmark activities will function as a gauge of progress, but do not represent all that the NMHIX must do to operate as a State-based Exchange. We will also work with you to refine and finalize target dates for action.

The NMHIX may request reconsideration of its conditional approval by submitting a written request to CMS within 30 days of receiving this notice

Table A

Blueprint Activity	Progress Benchmark	NMHIX Exchange Anticipated Date for Action
12.1	Systems integrator selected	01/23/2013
12.1	Exchange platform(s) selected	01/23/2013
2.4	Call center contract awarded	01/31/2013
2.8/2.9	Agents/brokers policy established	02/01/2013
12.1	IV&V contractor selected	02/01/2013
4.2	QHP certification timeline and standard operating proceduresestablished	02/15/2013
4.4	Complaint tracking system selected	02/15/2013
2.6	Navigator application released	03/01/2013
9.2	Functionality demonstrated and code verified for plan management (PM) Exchange components (e.g., QHP evaluation and certification, Issuer portal)	03/01/2013
9.2	Functionality demonstrated and code verified for eligibility and enrollment (E&E) Exchange components (e.g., enrollment processing, verification interfaces, rate calculator)	03/01/2013
9.2	Functionality demonstrated and code verified for financial management (FM) Exchange components (e.g., APTC/CSR data reporting, SHOP and individual premium billing)	03/01/2013
9.2	Functionality demonstrated for systems supporting consumer assistance (CA) functions (e.g., call center integration, call center)	03/01/2013
4.2	QHP application and certification standards publically available	03/15/2013
4.3	Plan Management IT System tested and ready *(if applicable)*	03/15/2013
3.2	Coordination strategy with State agencies, Insurance Affordability Programs and SHOP implemented	03/31/2013
3.3	Eligibility application published	03/31/2013
4.1	Authority to certify and oversee qualified health plans (QHPs)	03/31/2013
11.1	Oversight and monitoring metrics drafted	04/01/2013
3.5	Data sharing agreements signed	05/01/2013
9.2	Data use agreements for State and agency data sources in place and submitted to CMS	05/01/2013
9.2	Development of PM Exchange components completed	05/01/2013
9.2	Development of FM Exchange components completed	05/01/2013
9.2	Development of E&E Exchange components completed	05/01/2013
9.2	Development of CA Exchange components completed	05/01/2013
10.3b	Substantially completed Safeguard Procedures Report submitted to IRS for approval	06/01/2013
2.3	Exchange branding and media/marketing campaign launched	06/01/2013
6.2	SHOP has premium aggregation functional capabilities established	06/01/2013
9.2	Connectivity established for all required Data Services Hub services	06/01/2013
3.1	Exchange and SHOP application approved *(if not using HHS-developed application)*	06/30/2013

Blueprint Activity	Progress Benchmark	NMHIX Exchange Anticipated Date for Action
7.1	Core Exchange staff hired	06/30/2013
7.1	Organizational chart(s) & staffing plan for 2013 through 2015 created	06/30/2013
8.1	Acquisition of legal authority to generate revenue to ensure operational sustainability	06/30/2013
9.2	Hub and partner testing on all Data Services Hub services completed	06/30/2013
9.2	Communications and security certification testing of all Data Services Hub services completed	06/30/2013
9.2	Preproduction testing of all Data Services Hub services completed	06/30/2013
2.4	Call center training begins	07/01/2013
2.6/2.7	Navigator and marketplace assisters selection completed	07/01/2013
9.2	Production environment setup completed	07/01/2013
3.11	Appeals standard operating procedures (SOPs) adopted	07/09/2013
3.11	Appeals business process model/functional capabilities established	07/10/2013
9.2	Systems testing complete and results submitted to CMS for all Exchange components	07/31/2013
9.2	Independent verification and validation (IV&V) testing complete and results submitted to CMS	07/31/2013
2.8/2.9	Agents/brokers begin work	08/01/2013
4.6	QHP oversight and decertification standard operating procedures established	08/01/2013
4.2	Cost-sharing data submitted to HHS	08/31/2013
2.3	Outreach and education materials dissemination begins	09/01/2013
4.2	QHP certification process completed and plan options posted online	09/15/2013
2.4	Call center live	09/30/2013
2.5	Website launched	09/30/2013
2.6/2.7	Navigators/ marketplace assisters begin work	09/30/2013
3.4	Notices finalized	09/30/2013
4.4	Complaint tracking system operational	10/01/2013

We look forward to working with the NMHIX team, and welcome the prospect ofcollaboration to provide health insurance access to approximately 250,000 potential enrollees through the Exchange, beginning in 2014.

Sincerely,

Marilyn Tavenner

ATTACHMENT 1: BLUEPRINT SUBMISSION TABLE

Attachment 1 summarizes the State Exchange's Blueprint Application submission and includes attestations representing an Exchange activity's completion or expected completion date, the status of testing files, and supporting documentation. It is also designed to provide feedback to the State regarding any outstanding issues with supporting documentation, including any modifications/actions that are needed by the State in order to meet the requirements of a specified Exchange activity. HHS expects to use this table jointly with States to track ongoing State progress towards meeting the requirements of the Blueprint.

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
1.0 Legal Authority and Governance								
1.1 Enabling authority for Exchange and SHOP	Attested				B.P. doc	Yes		Yes
1.2 Board and governance structure	Attested				B.P. doc	No	Need to ensure all Board members are compliant with ACA requirements (e.g. consumer representation and majority of non-conflicted members)	Open
2.0 Consumer and Stakeholder Engagement and Support								
2.1 Stakeholder consultation plan	01/01/2014				B.P. doc	No	Need to submit a stakeholder consultation plan and plans for ongoing consultations	Open
2.2 Tribal consultation plan	01/01/2014							Open
2.3 Outreach and education	09/30/2013				B.P. doc	No	Need to submit timeline, budget and revised Outreach and Education Plan	Open
2.4 Call center	09/30/2013					No	Need to submit documentation	Open

[1] See Table B Progress Benchmarks for specific testing dates

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
2.5 Internet web site	09/30/2013				B.P. doc	No	Need to submit URL for website	Open
2.6 Navigators	09/30/2013				B.P. doc	No	Need to submit additional information on how the Navigator program will be funded, how Navigators will be compensated, conflict of interest standards and whether Navigators will serve the SHOP market	Open
2.7 In-person assistance program (Marketplace Assisters)	09/30/2013				B.P. doc	No	Need to submit additional detailed information about the In-person Assistance program	Open
2.8 Agents/brokers	08/01/2013				B.P. doc	No	Need to submit additional information on how agents and brokers will be compensated	Open
2.9 Web brokers	08/01/2013				B.P. doc	No	Need to submit additional information about the web broker program including whether they will serve the SHOP market	Open
3.0 Eligibility and Enrollment								
3.1 Single streamlined application(s) for Exchange and SHOP	06/30/2013				B.P. doc	No	Need to submit application with data elements that will be verified for individual and SHOP markets	Open
3.2 Coordination strategy with Insurance Affordability Programs and the SHOP	03/31/2013					No	Need to submit supporting documentation	Open
3.3 Application, updates, acceptance and processing, and responses to redeterminations	03/31/2013							Open
3.4 Notices, data matching, annual redeterminations and response processing	09/30/2013					No	Need to submit supporting documentation	Open
3.5 Verifications	09/30/2013					No	Need to submit supporting documentation	Open

Attachment 1:2

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
3.6 Document acceptance and processing	09/30/2013							Open
3.7 Eligibility determination	09/30/2013							Open
3.8 Eligibility determinations for APTC and CSR[2]	09/30/2013					No	Need to submit supporting documentation; pending Federal guidance	Open
3.9 Applicant and employer notification	09/30/2013							Open
3.10 Individual responsibility requirement and payment exemption determinations[2]	09/30/2013					No	Need to submit supporting documentation; pending Federal guidance	Open
3.11 Eligibility appeals	09/30/2013							Open
3.12 QHP selections and terminations, and APTC/advance CSR information processing	09/29/2013							Open
3.13 Electronically report results of eligibility assessments and determinations	09/30/2013							Open
3.14 Pre-Existing Condition Insurance Plan (PCIP) transition	09/30/2013							Open

[2] If the Exchange is using Federally-managed services for these activities, Blueprint documentation is required by the State. If the State is performing these activities, no Blueprint documentation is required.

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
4.0 Plan Management								
4.1 Appropriate authority to perform and oversee certification of QHPs	03/31/2013				B.P. doc	No	Need to submit documentation stating that the Superintendent of Insurance has regulatory authority to specifically certify QHPs Need to submit information about the Superintendent of Insurance including the organizational structure of the office	Open
4.2 QHP certification process	06/30/2013				B.P. doc	Yes		Open
4.3 Plan management system(s) or processes that support the collection of QHP issuer and plan data	06/30/2013				B.P. doc	Yes		Open
4.4 Ensure ongoing QHP compliance	06/30/2013				B.P. doc	Yes		Open
4.5 Support issuers and provide technical assistance	06/30/2013				B.P. doc	Yes		Open
4.6 Issuer recertification, decertification and appeals	06/30/2013				B.P. doc	Yes		Open
4.7 Timeline for QHP accreditation	Attested							Open
4.8 QHP quality reporting	09/30/2013							Open
5.0 Risk Adjustment & Reinsurance								
5.1 Risk adjustment program	Using Federally-managed services				N/A	N/A	N/A	Open

Attachment 1:4

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
5.2 Reinsurance program	Using Federally-managed services				N/A	N/A	N/A	Open
6.0 SHOP								
6.1 SHOP compliance with 45 CFR 155 Subpart H	10/01/2013				B.P. doc	Yes		Open
6.2 SHOP premium aggregation	12/31/2013							Open
6.3 Electronically report results of eligibility assessments and determinations for SHOP	12/31/2013							Open
7.0 Organization & Human Resources								
7.1 Organizational structure and staffing resources to perform Exchange activities	06/30/2013				B.P. doc	No	Need to submit documentation on the roles and responsibilities for Exchange staff members as well as plans for staffing for SHOP	Open
8.0 Finance & Accounting								
8.1 Long-term operational cost, budget, and management plan	06/30/2013					No	Need to submit supporting documentation	Open
9.0 Technology								
9.1 Compliance with HHS IT Guidance	09/30/2013				B.P. doc	Yes		Open
9.2 Adequate technology infrastructure and bandwidth	09/30/2013							Open

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
9.3 IV&V, quality management and test procedures	03/31/2013				B.P. doc	No	Need to submit a quality management plan which includes the high level processes for QA and IV&V Need to provide a date for when IV&V will be conducted	Open
10.0 Privacy & Security								
10.1 Privacy and Security standards policies and procedures	06/30/2013							Open
10.2 Safeguards based on HHS IT guidance	06/30/2013							Open
10.3 Safeguard protections for Federal information	06/30/2013							Open
10.3b IRS letter of acceptance on Safeguard Procedures Report	09/01/2013							Open
11.0 Oversight, Monitoring, & Reporting								
11.1 Routine oversight and monitoring of the Exchange's activities	09/30/2013				B.P. doc	No	Need to submit policies and procedures for overseeing key Exchange functions and implementing quality controls as part of monitoring Exchange activities	Open
11.2 Track/report performance and outcomes metrics related to Exchange activities	06/30/2013				B.P. doc	No	Need to describe the performance and outcome metrics it will use to track Exchange activities and overall performance	Open
11.3 Uphold financial integrity provisions including accounting, reporting, and auditing procedures	06/30/2013				B.P. doc	No	Need to describe the general approach to upholding financial integrity	Open

Attachment 1:6

Exchange Activity	Attestation	Testing Files[1]			Supporting Documentation			Activity Requirements Met
	Completion	State Summary	HHS-Developed	IV&V	CALT ID or B.P. doc	Documentation Complete	Issues Identified	
12.0 Contracting, Outsourcing, and Agreements								
12.1 Contracting and outsourcing agreements	01/01/2014					No	Need to submit supporting documentation	Open
13.0 State Partnership Exchange Activities (Not applicable for State-based Exchanges)								
13.1 Plan Management Agreements	N/A							N/A
13.2 Capacity to interface with the Federally-facilitated Exchange	N/A	N/A	N/A	N/A				N/A
13.3 Consumer Assistance Agreements	N/A				N/A	N/A	N/A	N/A

Attachment 1:7

Updates & Announcements

- Conditional Approval
- CCIIO On-Site Visit
- Legislation
- Request for Proposals (RFPs)

New Mexico Leadership Engagement Schedule & Agenda

January 16-17, 2013
Albuquerque and Santa Fe, New Mexico

Time	Topic	Objective(s)	Discussion	Participants
Day 1 – Wednesday, January 16				
9:00 - 10:00 am (1 hour)	Meeting with Health Insurance Alliance Board and Director (Mike Nunez – presumptive NMHIX Director) Hispano Chamber of Commerce Conference 1309 4th Street Southwest, Albuquerque.	• Attendee introductions and roles • Opening remarks on conditional approval • Operational Updates • Next Steps for 2013 and key activities for success	• Thank HIA staff for hard work on behalf of Gary/CCIIO • Congratulate on conditional approval • Mike Provide operational update • Discuss roles and transfer of authority from HSD to HIA • Discuss the Benchmark Table/Plans to jointly monitor progress • Discuss existing and future challenges (Staffing, Governance, SI contract, compressed operational timeline) • Leverage resources from CMS and other states. Use lessons learned, artifacts, and strategies for Exchange IT systems development from other States as well as the FFE where possible • Ask for issues to bring back	Amanda Cowley, Mike Nunez (HIA Director), HIA Board, Nicole Comeaux
11:45 – 12:45 pm	Task Force Working lunch The La Fonda del Bosque Restaurant, Hispanic Cultural Center, 1701 4th Street SW, Albuquerque	• Meet with NMHIX Advisory Task Force	• Congratulate Task Force on advisory role in 2012 • Discuss plans to monitor progress going forward • Questions	Amanda Cowley, Mike Nunez, Milton Sanchez (Director of OCHR in HSD), Task Force Nicole Comeaux
2:30 – 4:00	Meet with New Mexico Department of Insurance, New Mexico's Medicaid Office, and Human Services Department , Office of Health Care Reform (HSD OHCR) HSD Secretary's Conference	• Attendee introductions and roles • Opening remarks on conditional approval • Next Steps for 2013 and key activities for success	• Thank HSD, DOI, Medicaid staff for hard work on behalf of Gary/CCIIO • Congratulate on conditional approval • Provide operational	Amanda Cowley, Nicole Comeaux; Sidonie Squier, Brent Earnest; Charissa Saavedra, Sidonie Squire, Brent Earnest,

Time	Topic	Objective(s)	Discussion	Participants
	Room, Pollon Plaza, 2009 S. Pacheco St., Santa Fe		update: Aaron Ezekiel for John Franchini, Sean Pearson and Julie Weinberg. • Concerns about roles and transfer of authority from HSD to HIA • Discuss interagency cooperation • Discuss plans for system integration	Charissa Saavedra, Matt Kennicott, Julie Weinberg, Marilyn Martinez, Sean Pearson, Kari Armijo, Jonni Pool, Priscilla Caverly, David Quintana, Lisa Reid, Andrew Vallejos, Milton Sanchez, Mike Nunez, Aaron Ezekiel and David Barton

Time	Topic	Objective(s)	Discussion	Participants
Day 2 – Thursday, January 17				
9:00 - 10:30 am	Meet with Consumer Advocates Disability Rights of NM 1720 Louisiana Blvd NE, Albuquerque	• Meet with Consumer Advocates • Opening remarks on conditional approval • Questions	• Provide overview of conditional approval • Questions	Amanda Cowley, Nicole Comeaux, Lisa Marie Gomez, Nick Estes; Kelsey McCowan Heilman, Charlotte Roybal; Ellen Pinnes; Roxane Bly, Barbara Webber, Reena Szczepanski, Priscilla Caverly, David Quintana, Milton Sanchez

Updates & Announcements

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- Legislation
- Request for Proposals (RFPs)

HIX
Native American Work Group

January 23, 2013

Presentation of Preliminary Findings of the Native American Work Group to the HIX Task Force

HIX
Native American Work Group

Definition of Acronyms

NAWG – Native American Work Group
IHS – Indian Health Service
638 – Tribal Health Programs
I/T/U – Indian Health Service, Tribal Programs, Urban Indian Programs
AI/AN – American Indian and Alaska Native
NA – Native American
IHCIA – Indian Health Care Improvement Act
NASC – Native American Service Center
CIB - Certificate of degree of Indian blood
HIX – Health Insurance Exchange
QHP – Qualified Health Plan

HIX
Native American Work Group

New Mexico has 219,512 Indian citizens, which compose nearly 10.5% of the state's entire population. There are 22 Indian tribes in New Mexico - nineteen Pueblos, two Apache tribes (the Jicarilla Apache Nation and the Mescalero Apache Tribe), and the Navajo Nation, and a considerable urban Indian population.

The 19 Pueblos are comprised of the Pueblos of Acoma, Taos, Santa Clara, San Ildefonso, Tesuque, San Felipe, Jemez, Zuni, Zia, Nambe, Picuris, Ohkay Owingeh, Santo Domingo, Laguna, Isleta, Santa Ana, Sandia, Cochiti, and Pojoaque.

Each Tribe is a sovereign nation with its own government, life-ways, traditions, language, and culture. Each Tribe has a unique relationship with the federal and state governments.

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Native American Work Group

New Mexico Native American Population

- New Mexico has 22 Tribes, Nations, or Pueblos, each with its own unique culture
- 19 Pueblos – each is an independent and separate community
- 2 Apache Tribes (Jicarilla and Mescalero)
- Navajo Nation
  - Very large land base spanning 3 states (New Mexico, Arizona, Utah)
  - 5 Agencies including 3 in New Mexico (Eastern, Ft. Defiance, Shiprock)
  - 110 Chapters and 59 in New Mexico

Urban Indian Communities

- Multi-tribal, not just New Mexico Tribes
  - Socially and culturally diverse
- May be highly transient
  - Dependent on services within the urban areas
- New Mexico communities with large urban populations:
  - Albuquerque
  - Farmington
  - Santa Fe

HIX
Native American Work Group

ACA PROVISIONS RELEVANT TO AMERICAN INDIANS/ALASKA NATIVES

THE AFFORDABLE CARE ACT INCLUDES SPECIFIC PROVISIONS RELEVANT TO AMERICAN INDIANS AND ALASKA NATIVES (AI/ANS) PURCHASING COVERAGE IN EXCHANGES, INCLUDING THE FOLLOWING:

- MEMBERS OF FEDERALLY RECOGNIZED TRIBES WITH HOUSEHOLD INCOMES BELOW 300 PERCENT OF THE FEDERAL POVERTY LEVEL ARE EXEMPT FROM COST SHARING AND CO-PAYS;
- EXCHANGES ARE TO PROVIDE SPECIAL MONTHLY ENROLLMENT PERIODS FOR AI/ANS; AND
- MEMBERS OF INDIAN TRIBES ARE NOT SUBJECT TO THE INDIVIDUAL MANDATE.

HIX
Native American Work Group
Tribal Collaboration and Consultation

PRIMER QUESTION

TRIBAL COLLABORATION AND CONSULTATION

STATES THAT HAVE ONE OR MORE FEDERALLY-RECOGNIZED TRIBES MUST ENGAGE IN REGULAR AND MEANINGFUL CONSULTATION AND COLLABORATION WITH TRIBES AND TRIBAL OFFICIALS ON EXCHANGE POLICIES THAT HAVE TRIBAL IMPLICATIONS. (45 CFR 155.130(F)).

HOW CAN THE STATE IMPROVE ON COLLABORATION AND CONSULTATION WITH TRIBES AND I/T/U'S?

HIX
Native American Work Group

TRIBAL COLLABORATION AND CONSULTATION

- "THE EXCHANGE FINAL RULE REQUIRES STATES TO REGULARLY CONSULT WITH FEDERALLY RECOGNIZED TRIBES THAT ARE LOCATED WITHIN THE GEOGRAPHIC REGION OF THE EXCHANGE ON POLICIES THAT HAVE TRIBAL IMPLICATIONS" (45 CFR 155.130(F)

- THIS REQUIREMENT DOES NOT PRECLUDE STATES FROM SEEKING INPUT FROM ALL TRIBAL ORGANIZATIONS AND URBAN INDIAN ORGANIZATIONS. IT IS RECOMMENDED THAT I/T/U'S BE INCLUDED IN COMMUNICATION, COLLABORATION AND CONSULTATION. *(THE LATTER IS A REQUIREMENT.)*

- TRIBAL INPUT PROVIDED DURING CONSULTATIONS SHOULD BE DULY CONSIDERED FOR INCLUSION DURING THE DESIGN OF PROGRAMS AND POLICIES WHICH WILL IMPACT NATIVE AMERICANS.

HIX
Native American Work Group

TRIBAL COLLABORATION AND CONSULTATION

NAWG RECOMMENDATIONS

THE NM HIX MUST ADOPT A TRIBAL CONSULTATION, COLLABORATION AND COMMUNICATION POLICY THAT IS CONSISTENT WITH THE STATE OF NEW MEXICO AND THE FEDERAL GOVERNMENT TRIBAL CONSULTATION RULES. THIS POLICY SHOULD INCLUDE PROVISIONS TO CONFER WITH INDIAN HEALTH SERVICES, TRIBAL HEALTH PROGRAMS AND URBAN INDIAN HEALTH PROGRAMS PRIOR TO ROLL OUT OF NEW POLICIES AND PROCEDURES WHICH MAY HAVE IMPACT ON AI/AN.

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Native American Work Group

TRIBAL COLLABORATION AND CONSULTATION

RECOMMENDATIONS, CONT.

TRIBAL CONSULTATION SHOULD OCCUR ON THE FOLLOWING TOPICS (BUT NOT BE LIMITED TO):

- DEVELOPMENT OF A COMMUNICATION, COLLABORATION AND CONSULTATION POLICY FOR THE NM HIX.
- DEVELOPMENT OF THE NATIVE AMERICAN SERVICE CENTER (NASC)
  - DEFINING TASKS OF THE NASC
  - ESTABLISHING AN ADVISORY COUNCIL TO THE NASC
- ASSISTING TRIBAL GOVERNMENTS WITH PREMIUM PAYMENT ON BEHALF OF ENROLLEES, INCLUDING AGGREGATED PAYMENT.
- TRIBAL GOVERNMENTS SHOULD HAVE THE OPPORTUNITY TO PROVIDE INPUT ON THE DEVELOPMENT OF THE NAVIGATOR PROGRAM AND CULTURAL COMPETENCY TRAINING.
- DEVELOPMENT OF A TRIBAL ENROLLMENT VERIFICATION SYSTEM.
- DEVELOPMENT OF OUTREACH AND EDUCATION MATERIALS.

HIX
Native American Work Group

TRIBAL COLLABORATION AND CONSULTATION

RECOMMENDATIONS, CONT.

NATIVE AMERICAN PARTICIPATION IN HIX GOVERNANCE STRUCTURE:

- TIMELY APPOINTMENT OF A NATIVE AMERICAN(S) TO THE HIA GOVERNING BOARD
- COORDINATE WITH ADMINISTRATIVE, LEGISLATIVE, AND STAKEHOLDER ENTITIES TO ENSURE SUFFICIENT INCLUSION OF NATIVE AMERICAN REPRESENTATION, STATE TRIBES AND PUEBLOS IN THE EXCHANGE GOVERNING STRUCTURE
- ESTABLISH A WORK GROUP TO DEFINE CRITERIA/QUALIFICATIONS FOR HIX NATIVE AMERICAN BOARD MEMBER

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TRIBAL ENROLLMENT VERIFICATION

PRIMER QUESTION

WHAT OBSTACLES ARE THERE REGARDING TRIBAL ENROLLMENT VERIFICATION OF AI/AN FOR PURPOSES OF QUALIFYING FOR EXEMPTIONS? HOW CAN THESE OBSTACLES BE ADDRESSED?

FINAL RULE

IF AN APPLICANT ATTESTS THAT HE OR SHE IS AN INDIAN, THE EXCHANGE MUST VERIFY INDIAN STATUS. (45 CFR § 155.350 (C))

NAWG STATEMENT

THE NAWG ACKNOWLEDGES THAT THERE ARE INCONSISTENCIES WITH ENROLLMENT PROCESSES FOR THE 22 NM TRIBES AND PUEBLOS. NAWG ADVISES ENROLLMENT VERIFICATION BE A TOPIC OF TRIBAL CONSULTATION.

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Native American Work Group

TRIBAL ENROLLMENT VERIFICATION

FINAL RULE

FOR THE PURPOSE OF QUALIFYING FOR AI/AN EXEMPTIONS ON THE HIX A TRIBAL MEMBER MUST PROVIDE A DOCUMENT ISSUED BY A FEDERALLY RECOGNIZED INDIAN TRIBE EVIDENCING MEMBERSHIP OR ENROLLMENT IN THE TRIBE.

(45 CFR § 155.350 (C) AND IN SECTION1903(X)(3)(B)(V) OF THE SOCIAL SECURITY ACT.)

NAWG RECOMMENDATIONS

DOCUMENTATION MIGHT INCLUDE:

- TRIBAL ENROLLMENT CARD; OR
- CERTIFICATE OF DEGREE OF INDIAN BLOOD (CIB); OR
- RELYING ON ANY ELECTRONIC DATA SOURCES THAT ARE AVAILABLE TO THE EXCHANGE AND WHICH HAVE BEEN APPROVED BY HHS FOR THIS PURPOSE.
- IF APPROVED DATA SOURCES ARE UNAVAILABLE, AN INDIVIDUAL IS NOT REPRESENTED IN THE SOURCE, OR THE SOURCE IS NOT REASONABLY COMPATIBLE WITH AN APPLICANT'S ATTESTATION, THE EXCHANGE MUST FOLLOW INCONSISTENCY PROCEDURES AS SET FORTH IN THE FINAL RULE.

THE EXCHANGE MUST RECOGNIZE AND CALCULATE AI/AN EXEMPTIONS.

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TRIBE MAKING PREMIUM PAYMENTS

FINAL RULE ON § 155.240 PAYMENT OF PREMIUMS

(B)PAYMENT BY TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS. THE EXCHANGE MAY PERMIT INDIAN TRIBES, TRIBAL ORGANIZATIONS AND URBAN INDIAN ORGANIZATIONS TO PAY AGGREGATED QHP PREMIUMS ON BEHALF OF QUALIFIED INDIVIDUALS, INCLUDING AGGREGATED PAYMENT, SUBJECT TO TERMS AND CONDITIONS DETERMINED BY THE EXCHANGE. (45CFR § 155.240 (B))

NAWG RECOMMENDATIONS

THE HIX PROVIDE A MECHANISM FOR TRIBES AND URBAN PROGRAMS TO MAKE GROUP AND INDIVIDUAL PREMIUM PAYMENTS FOR TRIBAL MEMBERS TO MULTIPLE CARRIERS.

- WORK WITH TRIBAL GOVERNMENTS TO FACILITATE PAYMENT ON BEHALF OF ENROLLEES, INCLUDING AGGREGATED PAYMENT TO MULTIPLE CARRIERS.
- SYSTEM MUST RECOGNIZE AI/AN EXEMPTIONS AND CALCULATE PREMIUM TAX CREDITS.

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NETWORK ADEQUACY and ESSENTIAL COMMUNITY PROVIDERS

PRIMER QUESTION

SHOULD THE STATE REQUIRE QHPS TO CONTRACT WITH I/T/U PROVIDERS AS A CONDITION OF CERTIFICATION? WHAT, IF ANY, STIPULATIONS SHOULD BE MADE CONCERNING NETWORK ADEQUACY?

IN THE FINAL RULE QHP ISSUERS ARE REQUIRED TO MAINTAIN NETWORKS THAT INCLUDE SUFFICIENT NUMBERS AND TYPES OF PROVIDERS TO ENSURE ACCESS TO ALL SERVICES. THE FINAL RULES SET OUT THE MINIMUM REQUIREMENTS FOR NETWORK ADEQUACY THAT A PLAN MUST:

1) INCLUDE ESSENTIAL COMMUNITY PROVIDERS IN ACCORDANCE WITH § 156.235;

2) MAINTAIN A NETWORK THAT IS SUFFICIENT IN NUMBER AND TYPES OF PROVIDERS, INCLUDING PROVIDERS THAT SPECIALIZE IN MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, TO ASSURE THAT ALL SERVICES WILL BE ACCESSIBLE WITHOUT UNREASONABLE DELAY; AND

3) IS CONSISTENT WITH THE NETWORK ADEQUACY PROVISIONS OF SECTION 2702(C) OF THE PHSA.

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NETWORK ADEQUACY AND ESSENTIAL COMMUNITY PROVIDERS

NAWG RECOMMENDATIONS

AS A CONDITION OF CERTIFICATION, QHP'S SHOULD BE REQUIRED TO OFFER:

- I/T/U'S A PROVIDER CONTRACT
- CARRIERS SHOULD OFFER I/T/U'S A CONTRACT AND A CONTRACT ADDENDUM TO ENSURE THE ACCOMMODATION OF THE UNIQUE FEATURES OF THE I/T/U SYSTEM INCLUDING:
  - NO OPEN NETWORK ACCESS - AN I/T/U MAY LIMIT WHO IS ELIGIBLE FOR SERVICES AT I/T/U'S
  - EXEMPT A LICENSED HEALTH CARE PROFESSIONAL WHO IS EMPLOYED BY TRIBALLY OPERATED HEALTH PROGRAM FROM STATE LICENSING REQUIREMENTS IF THE PROFESSIONAL IS LICENSED IN ANY STATE, AS IS THE CASE WITH IHS HEALTH CARE PROFESSIONALS. (IHCIA SECTION 221)
  - RECOGNITION OF THE APPLICABILITY OF THE FEDERAL TORT CLAIMS ACT.

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NETWORK ADEQUACY AND ESSENTIAL COMMUNITY PROVIDERS

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ESSENTIAL COMMUNITY PROVIDERS ARE PROVIDERS WHO SERVE PREDOMINATELY LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS, INCLUDING, BUT NOT LIMITED TO, FQHCS, URBAN INDIAN ORGANIZATIONS, AND PUBLIC OR NON-PROFIT COMMUNITY HOSPITALS.

SECTION 156.235 OF THE EXCHANGE FINAL RULE STATES A QHP ISSUER MUST HAVE A SUFFICIENT NUMBER AND GEOGRAPHIC DISTRIBUTION OF ESSENTIAL COMMUNITY PROVIDERS, WHERE AVAILABLE, TO ENSURE REASONABLE AND TIMELY ACCESS TO A BROAD RANGE OF PROVIDERS FOR LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS IN THE QHP'S SERVICE AREA.

NAWG RECOMMENDATIONS

QHP'S SHOULD:

- DESIGNATE I/T/U'S AS ESSENTIAL COMMUNITY PROVIDERS.
- ACCEPT REFERRALS FROM I/T/U'S AS PRIMARY CARE PROVIDERS.

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OUTREACH, EDUCATION and ENROLLMENT

PRIMER QUESTION

WHAT OUTREACH, EDUCATION AND ENROLLMENT ACTIVITIES SHOULD BE USED TO INFORM NATIVE AMERICANS ABOUT THE MERITS OF PURCHASING INSURANCE THROUGH THE EXCHANGE, AS WELL AS THE FINER DETAILS CONCERNING ELIGIBILITY AND ENROLLMENT?

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OUTREACH, EDUCATION AND TRAINING and THE NATIVE AMERICAN SERVICE CENTER

NAWG STATEMENT

THE HIX NATIVE AMERICAN SERVICE CENTER (NASC) AS PLANNED IN THE LEVEL1 ESTABLISHMENT GRANT SHOULD BE TASKED WITH OUTREACH, EDUCATION, ENROLLMENT AND TRAINING TO TRIBAL LEADERSHIP, AI/AN CONSUMERS, I/T/U PROVIDERS, NA SMALL BUSINESSES AND TO BE A SUBJECT-MATTER EXPERT FOR THE HIX INCLUDING:

- WORKING EFFICIENTLY AND EFFECTIVELY WITH TRIBAL LEADERSHIP AND I/T/U'S
- BEING A CONDUIT OF COMMUNICATION, COLLABORATION AND CONSULTATION BETWEEN THE HIX AND TRIBAL LEADERSHIP AND I/T/U'S
- BEING A RESOURCE FOR NAVIGATORS AND THE CALL CENTER
- EMPLOYING NA NAVIGATORS AND IN-PERSON ASSISTERS WITH BROAD KNOWLEDGE OF NM TRIBES, NA URBAN POPULATIONS AND NA HEALTH CARE NEEDS AND SERVICES.

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THE NATIVE AMERICAN SERVICE CENTER

NAWG RECOMMENDATIONS

SPECIFIC OUTREACH, EDUCATION AND TRAINING TASKS OF A NASC SHOULD INCLUDE:

- A RESOURCE SPECIALIST ON AI/AN APPLICATION AND ENROLLMENT PROCESS
- SPECIFIC AI/AN BENEFITS AND PROTECTIONS
- TRIBAL SPONSORSHIP OF PREMIUMS (IF AVAILABLE)
- EDUCATING I/T/U PROVIDERS ON EXCHANGE PLANS INCLUDING,
  - Benefits of the exchanges and potential for increase revenues for their clinic;
  - Benefits of becoming an "in-network" provider for each exchange plan;
  - I/T/U's are designated as essential community providers.
- PROVIDE TRAINING FOR THOSE WORKING FOR THE EXCHANGE ON AI/AN SPECIFIC PROVISIONS, CULTURAL COMPETENCY, AND PROBLEM SOLVING.

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THE NATIVE AMERICAN SERVICE CENTER

NAWG RECOMMENDATIONS

THE NASC SHOULD BE BOTH A TRIBAL RESOURCE AND AN HIX RESOURCE FOR NAVIGATING TRIBAL ENROLLMENT ISSUES.

- THE NASC SHOULD WORK WITH THE TRIBAL OFFICIALS AND/OR TRIBAL ENROLLMENT OFFICES TO DEVELOP A SYSTEM OF COMMUNICATION AND TRIBAL ENROLLMENT VERIFICATION THAT DOES NOT INFRINGE ON TRIBAL NATIONS' SOVEREIGN RIGHTS.

THE NASC SHOULD WORK WITH THE IT BUILD TO ASSURE THE WEB PORTAL:

- WILL IDENTIFY AI/ANS FOR APPROPRIATE EXEMPTIONS AND GIVE THEM THE INFORMATION NECESSARY TO MAKE INFORMED DECISIONS.
- PROVIDE A MECHANISM FOR INDIAN SPONSORSHIP OF PREMIUMS – THIS WILL ALLOW TRIBES TO PURCHASE INSURANCE FOR CITIZENS THROUGH THE EXCHANGE.
- PROVIDES A MECHANISM WHERE AI/AN EXEMPTIONS CAN BE ACCURATELY CALCULATED IN A FAMILY HOUSEHOLD WHERE THERE IS A MIX OF TRIBALLY ENROLLED AND NON-ENROLLED FAMILY MEMBERS.

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THIS CONCLUDES THE NATIVE AMERICAN WORK GROUP PRELIMINARY FINDINGS REPORT.

THE NATIVE AMERICAN WORK GROUP WILL PRESENT THEIR FINAL RECOMMENDATIONS ON FEBRUARY 27, 2013.

THANK YOU

HIX
Native American Work Group

Financial Sustainability Subcommittee Report to the New Mexico Health Insurance Exchange Advisory Task Force

January 23, 2013

Sub-Committee Members & Schedule

Name	Group Represented
Dominica Rush	Hospitals
Babette Saenz, D.O.M.	Providers
David Roddy	Providers
Mark Padilla	Insurance Companies
Matthew Maes	Insurance Companies
Lisa Shin, Optometrist	Small Businesses & Self-Employed Individuals
Devon Day	Agents & Brokers
Susan Loubet	Underserved Populations
Andy Vallejos	State Government Agencies
Shelly Chimoni	Tribal
Joyce Powers, NP	Consumers at Large
Karen Lucero	Consumers at Large

Original Schedule	Actual Schedule
March 5	December 6
March 19	December 13
April 2	December 20
April 16	January 10

Goal and Primer Questions

Financial Sustainability Subcommittee Goal

Provide input and recommendations to the Exchange Advisory Task Force regarding the ongoing financial sustainability of the NMHIX.

Primer Question #1: Operating costs/financial Sustainability

- Should assessments be imposed?
  - If so, against whom (e.g. consumers, insurance carriers, providers, employers, hospitals, etc)?
  - What other creative ways may be used to fund operating costs?

Primer Question #2: Other Financial Considerations

- Should assessments be fixed amounts or percentages?
  - Should they evolve from one type to another as the exchange grows and threshold scales are met?
  - Are there means of financing available that could be used in the early stages before the exchange achieves economies of scale?

Primer Questions (cont.)

What are the cost estimates for the operation of the NMHIX?

- Sustainability start date
- Administrative versus Medical costs
- Other cost drivers?

Estimated State HIX Operating Costs

State	Estimated Enrollees	Per Member Per Month Cost	Annual Operating Cost
California	1,361,000	$16.44	$261.6 million
New York	704,880	$8.82	$74.6 - $97 million
Illinois	692,000	$8.79	$73.0 million
Minnesota	530,000	$9.69	$61.6 million
Washington	343,000 – 470,000	$9.75 - $12.39	$51 - $55 million
Maryland	290,000 - 525,200	$10.28 - $13.92	$44.4 – $61.4 million
Oregon	281,790	$11.94	$34.7 million
Massachusetts	190,000	$12.04	$27.5 million
North Carolina	714,222	$2.77	$23.8 million
Colorado	Not Provided	Not provided	$22 - $26 million
Ohio*	530,000 – 640,000	$3.01 - $5.31	$19.16 - $33.77 million
Nevada	170,000	$8.19	$16.7 million
Delaware	66,000	$9.74	$7.8 million
Alaska	77,000	$7.33	$6.8 million
Wyoming	30,500	$11.46	$4.2 million
Utah**	7,300	$7.42	$650,000

* Ohio's annual operating costs exclude information technology maintenance

** Utah's costs are based on the current Exchange, which is only a SHOP, and does not contain all of the requirements set forth by PPACA.

Financial Sustainability State Comparison

State	Operations Financing
California	All QHPs offered will be charged an amount that is reasonable and necessary to support "prudent" exchange operations. In addition, the California Health Facilities Financing Authority is permitted to provide a working capital loan of up to $5 million to assist in the establishment and operation of the Exchange.
Colorado	The Exchange is pursuing the following types of funding: transitional funding currently associated with Cover Colorado, enrollment-based funds, and other revenue sources including website advertising, grants, and new product offerings.
Connecticut	The Exchange can charge fees on QHPs to generate necessary Exchange funding.
D.C.	The Exchange can charge fees on all QHPs or qualified dental plans sold in the District.
Hawaii	The Exchange may receive multiple sources of financial contribution (grants or QHP fees) for the purposes of carrying out exchange operations.
Illinois	An assessment on participating QHPs has been assumed, at a rate of 2% to 4% of premiums.
Maryland	The Exchange operations will be funded through consumer transaction fees, in addition to broad based assessments.
Massachusetts	Fees are assessed to insurers as a percentage of premiums; usually 3% - 4%.
Minnesota	Work Group recommendations included funding from Medicaid, for Medicaid costs associated with the Exchange, as well as user fees or carrier fees.
Nevada	The Advisory Board recommended a per member per month assessment on carriers, based on enrollment in the Exchange. They also recommend supplementing Exchange revenue through user fees on standalone dental and vision products, and advertising on the web portal. In addition, the Exchange Executive Director may request an advance not to exceed 25% of expected revenues from the state if expenses exceed available funds.
Oregon	Fees may be collected from all insurers (including fees to cover insurance producers' commissions) and state programs participating in the Exchange, in an amount ranging from 3% to 5% of the premium for each enrollee, depending on the number of enrollees. There is a cap on the amount of fees that may be collected.
West Virginia	The Exchange Board is authorized to assess fees on carriers selling QHPs or qualified dental plans—including those sold outside the exchange—based on premium volume.
Vermont	The Exchange Board must recommend two financing strategies to the Legislature by Jan 15, 2013.
Utah	The Exchange charges an assessment fee to participating employers on a $6 per employee per month basis.

In summary, the following methods have been considered by other states to fund Exchange operations:

- Insurer Assessments
- Provider Taxes
- User Fees
- Advertisements
- Revenue Diversion (e.g., state high risk pools, public employee insurance, Medicaid)
- Excise Taxes on products or services (including those associated with unhealthy lifestyles, such as tobacco)

NM HIX Cost Estimates

Working HIX Budget	CY2013	CY2014	CY2015
Description	Projected	Projected	Projected
Total Income	$102,440,323	$ 26,794,878	$26,345,023
Expenses			
Consulting/Board	$ 300,000	$ 440,000	$ 390,000
Payroll	$ 2,262,108	$ 2,761,164	$ 2,843,514
General	$ 546,962	$ 635,426	$ 647,121
Marketing	$ 2,620,000	$ 2,100,000	$ 1,665,000
Operations	$ 1,087,750	$ 810,482	$ 2,035,482
Project Consulting	$ 87,870,942	$ 18,020,000	$ 17,040,400
Subtotal	$ 94,687,762	$ 24,767,072	$ 24,723,506
Gross Receipts Taxes	$ 7,752,561	$ 2,027,804	$ 1,723,506
Grand Total	$102,440,323	$ 26,794,876	$ 26,345,023

Subcommittee Recommendations

- Assessments against insurance companies participating in the Exchange should be based on a percentage of lives covered by those companies.
- Other insurers offering products in New Mexico regulated by the Department of Insurance (health, life, dental, vision) but not offering products on the Exchange should also pay an assessment to participate in the operational expenses of the Exchange. This will remove a disincentive for Exchange participation; i.e., if only those plans in the Exchange are assessed, it may make the Exchange less attractive a marketplace for plans.
- Devise a mechanism to assess self-insured plans to contribute to the operating costs of the Exchange.

Subcommittee Recommendations (cont)

- Should the High Risk Pool and the Health Insurance Alliance be absorbed into the Exchange, allow the assessments currently levied against plans for their support be transferred to support the Exchange.
- Hospitals should be allowed to enroll people to the extent the law allows.
- There should be sufficient assisters and navigators funded, trained, and in place for the first six months of the operation of the Exchange. The assisters should be funded through a federal grant, and the navigators should be funded through the state General Fund.
- Maximize federal funding in whatever capacity available.

Conclusion

All of us have the one goal of developing the best health insurance exchange possible for New Mexico health care consumers.

Given the information available and the amount of time to deliberate, this subcommittee met it's assigned goal.

A word of "thanks" to:

1. Milton Sanchez & staff of NM Office of Health Care Reform
2. Mike Nunez, NM Health Insurance Alliance
3. Debbie Armstrong, NM Medical Insurance Pool

And finally, the members of the subcommittee, who completed their work with intellect, enthusiasm, and diligence.

Financial Sustainability Work Group Discussion & Questions

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Automated System Program and Eligibility Network

ASPEN and the Health Insurance Exchange

Sean Pearson
Chief Information Officer
New Mexico Human Services Department

January 23, 2013

Agenda

Overview of Medicaid and Exchange Eligibility Rules

What is ASPEN?

ASPEN and the HIX

Questions

Overview of Medicaid and Exchange Eligibility Rules

Medicaid and Exchange Eligibility Rules

Single, streamlined application

Verification plan

Modified Adjusted Gross Income (MAGI)

Seamless experience and electronic referral

Federal Data Services Hub (DSH)

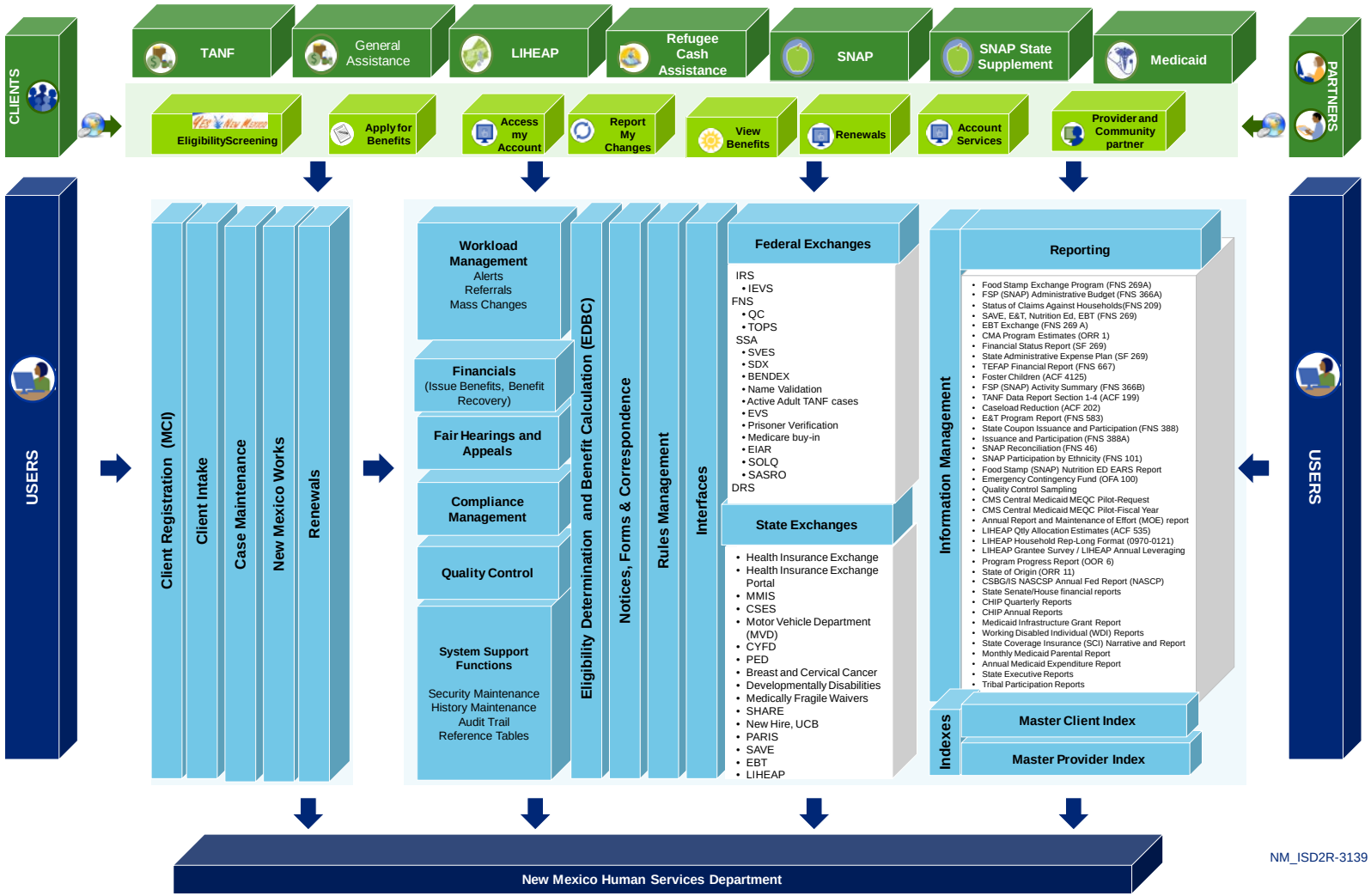
Reasonable compatibility standard

Federally managed services

Open enrollment period

What is ASPEN?

ASPEN Functional Overview



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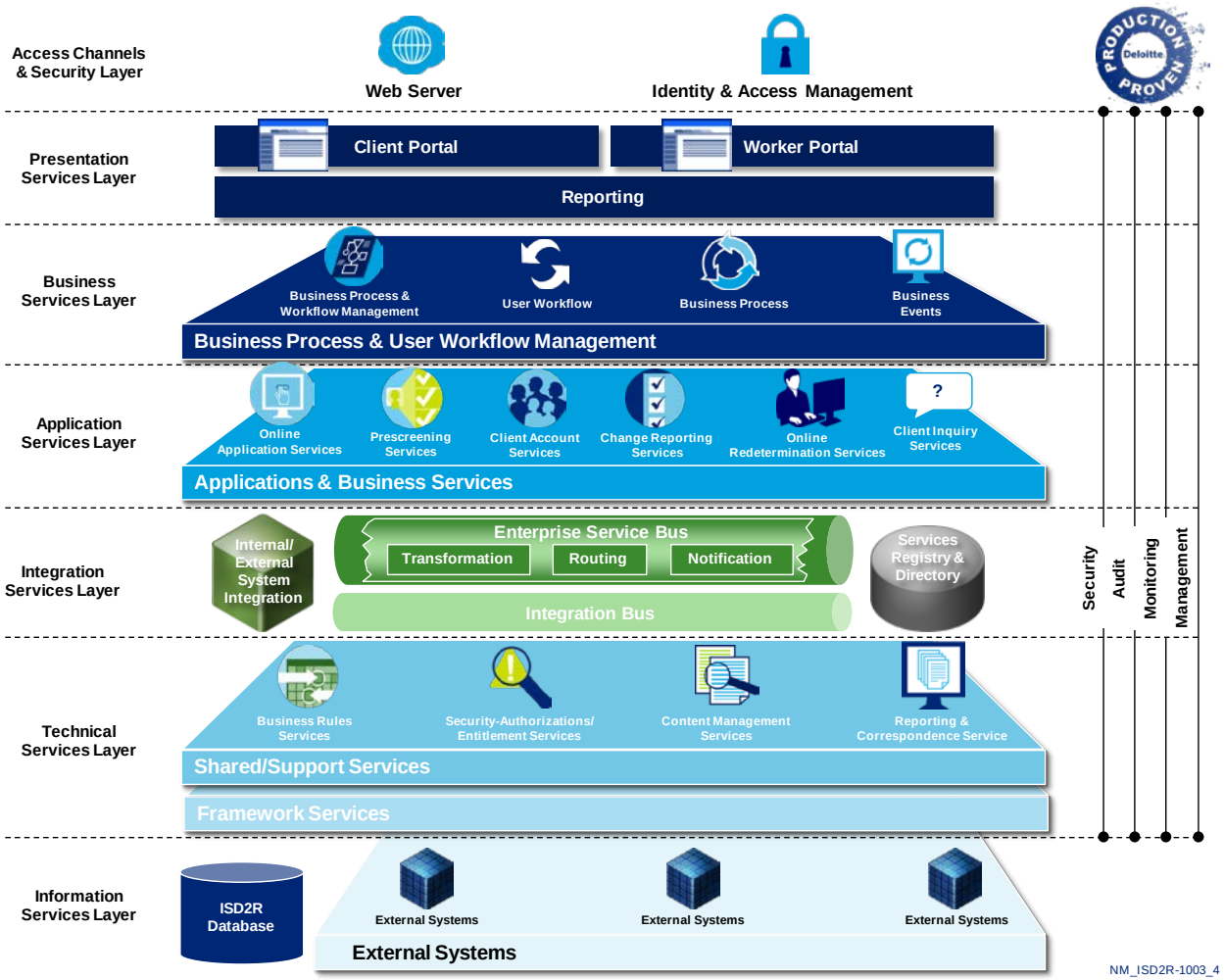
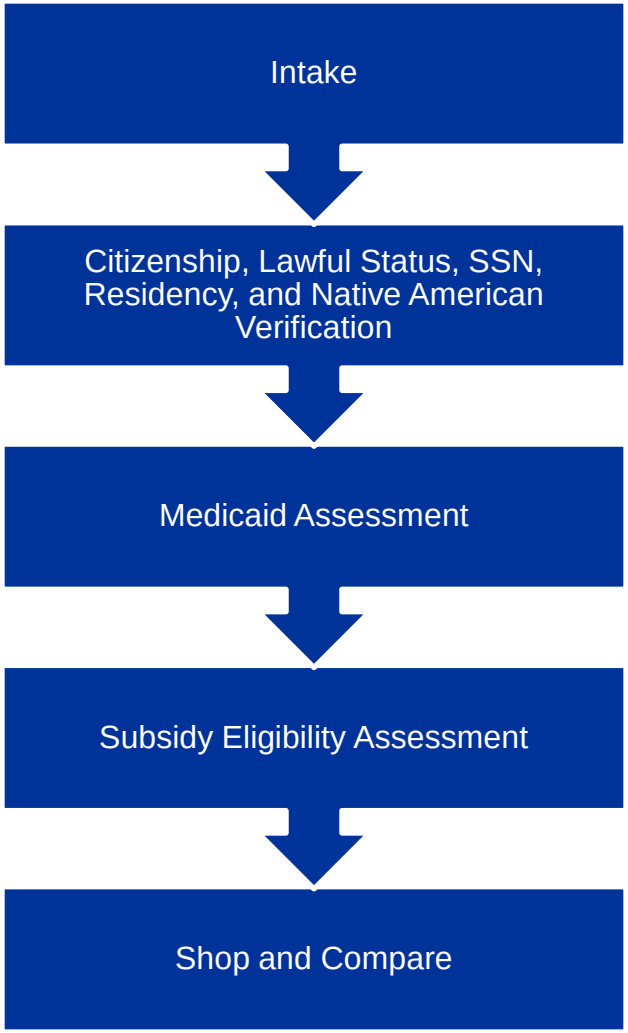
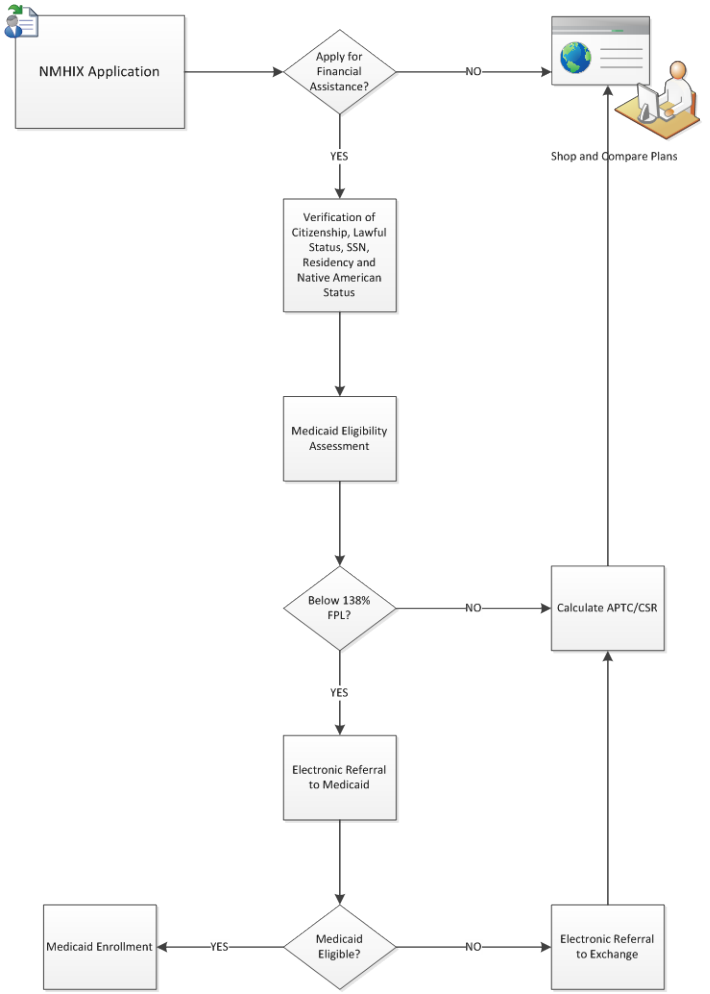
ASPEN Technical Overview



ASPEN and the HIX

The HIX Eligibility Process





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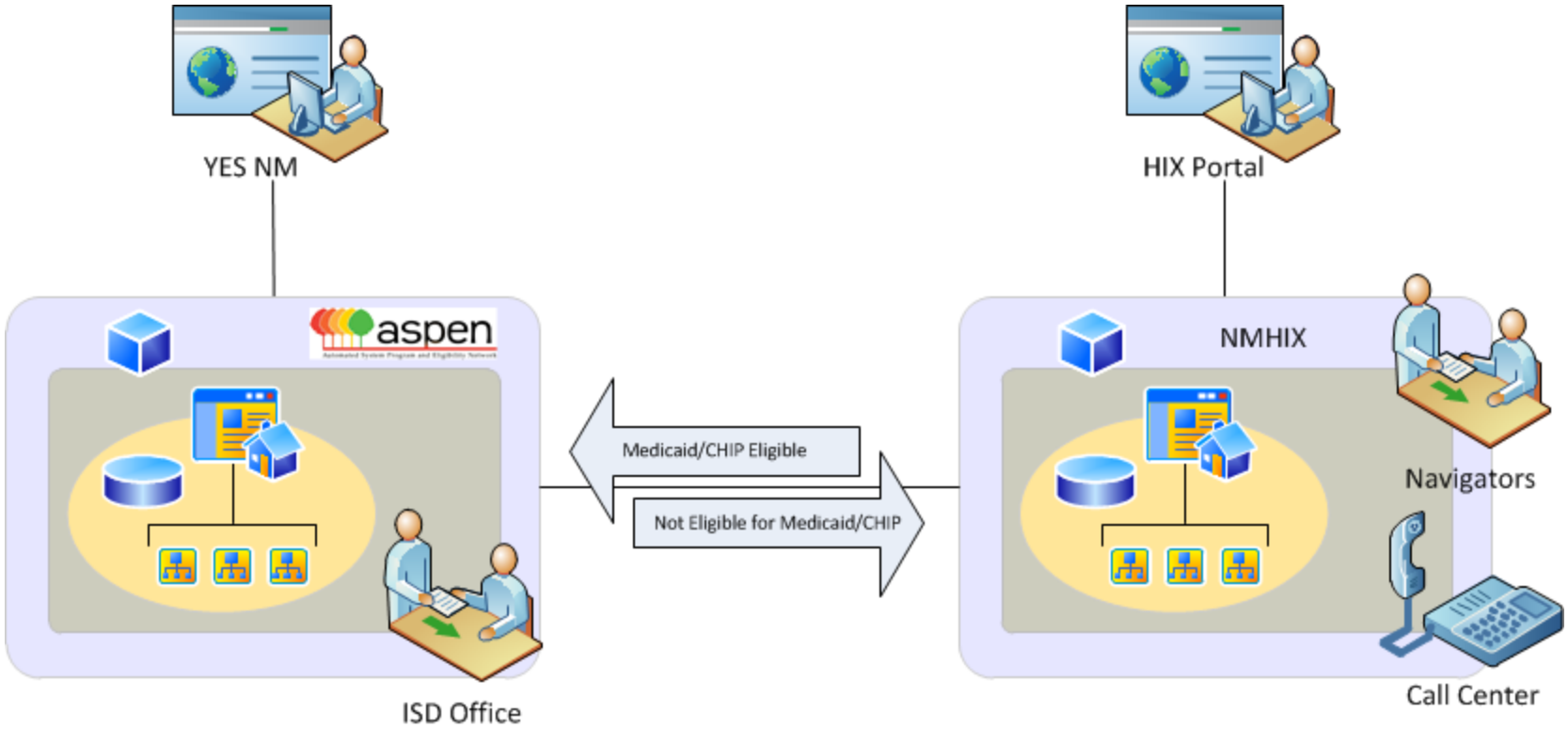
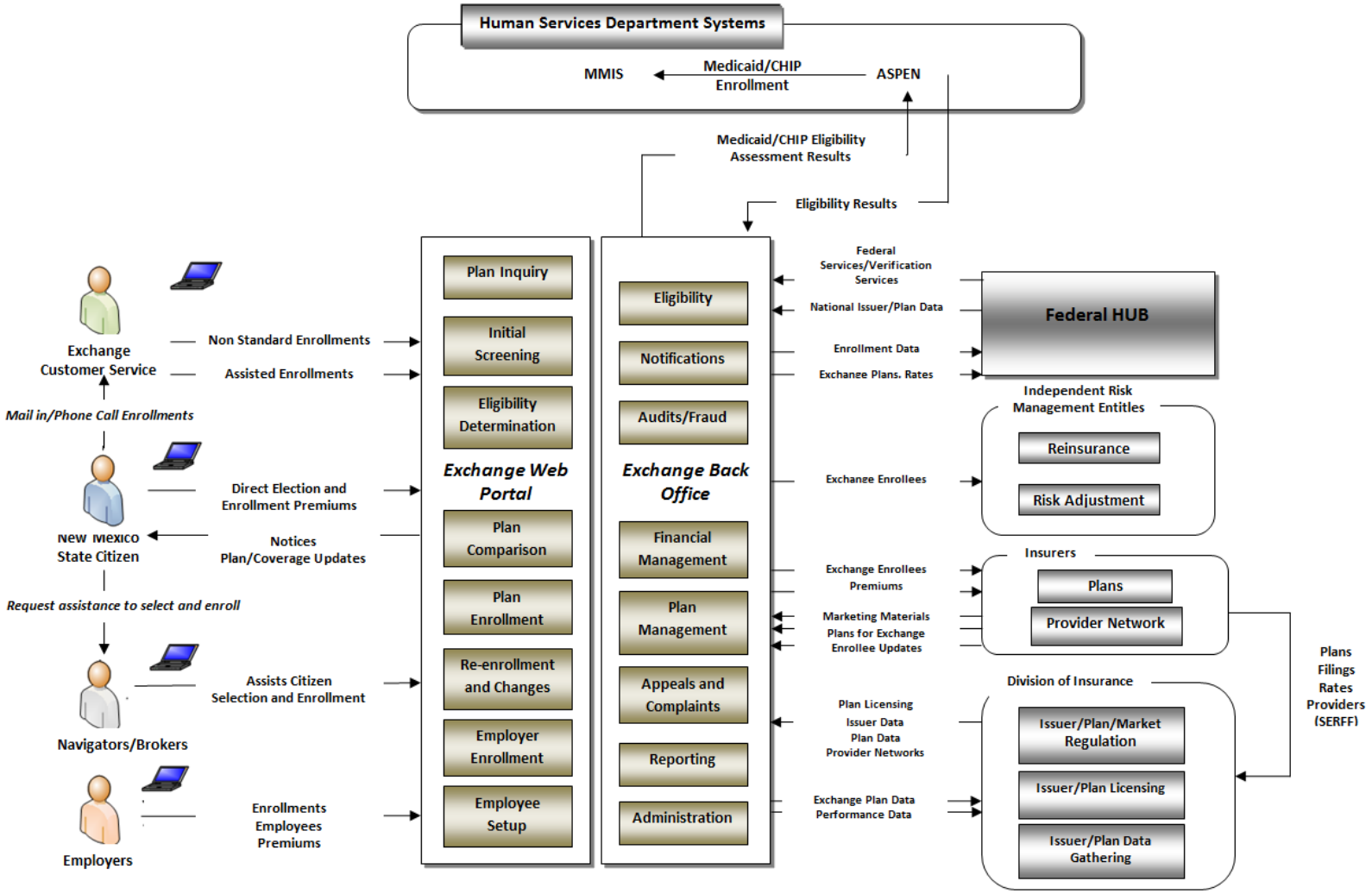
Medicaid and Exchange Eligibility Rules - Systems



ASPEN and the HIX



Current Status and Remaining Activities

- ASPEN in the Quality Assurance Testing Project Phase
- HIX IT System Vendor Proposal Evaluations

To Do

Technology

- Select HIX IT System Vendor
- Conduct Joint Application Design (JAD) Sessions with ASPEN and HIX IT Vendors
- Develop, Test, and Implement Interfaces
- Design, Develop, and Implement Notices and Correspondence
- Move HIX System to Production

Business

- Execute a Memorandum of Understanding (MOU) between HSD and the Exchange

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Automated System Program and Eligibility Network

Questions

Market Regulation Discussion

Jane Wishner, Gabriel Parra

Considerations

- Should carriers be required to offer state-wide plans in the Exchange, or can they continue to offer regional plans, as the market currently does?

- Should carriers be required to offer more plans in all metal levels than is required by law?
  - PPACA requires carriers in the Exchange to offer one Silver and one Gold plan.

- Should carriers be given a limited timeframe in which to opt into Exchange participation?

Discussion & Questions

New Mexico Health Insurance Exchange Advisory Task Force

January 23, 2013