

New Mexico Health Insurance Exchange Work Group Minutes

Work Group	Market Regulation	Date	10/02/2012
Facilitator	Aaron Ezekiel	Time	11:00 a.m. MT
Location	Conference Call/ In-Person	Scribe	Cicero Group

Agenda Item
 Discussion Item
 Conclusion
 Action Item

Attendees			
No.	Name	No.	Name
1.	Milton Sanchez	10.	Carol Luna-Anderson
2.	Jonni Pool (<i>Human Services Department</i>)	11.	Thom Turbett
3.	Kathryn Toone (<i>Leavitt Partners</i>)	12.	Jane Wishner
4.	J.R. Damron	13.	Aaron Ezekiel
5.	Gabriel Parra	14.	Liz Stefanics

Agenda Item 1: Introduction

Name: Aaron Ezekiel

DISCUSSION ITEM 1 Work Group Introduction

It was stated that the purpose of the discussion is to review the Work Group's assigned topic questions. In doing so, the Work Group will outline key issues, as well as regulatory matters, to discuss in later meetings.

Agenda Item 2: Topic Questions (*Note auditory quality prevents detailed notes of participant comments)

Name: Aaron Ezekiel

DISCUSSION ITEM 1 Initial Discussion on Topic Questions

Aaron Ezekiel presented the Work Group with the questions assigned by the Task Force. The following questions (in bold) are the assigned questions, followed by the group's general comments.

What should the requirements be for a carrier to operate on an exchange?

To be determined as certification and decertification criteria, as well as other carrier participation requirements, are defined by the state.

Should carriers be required to participate in both the individual and small group markets?

Initial group consensus was yes (tentative). Further research and analysis needs to be done before the Work Group can submit a final recommendation.

Should carriers participating in the exchange be required to offer plans at more than the two levels of coverage required by federal law (i.e., Silver and Gold)?

The initial consensus was yes, but the topic needs to be discussed in more detail.

Should carriers be required to offer more than one plan at any one level (e.g. silver, gold, etc.)?

The initial consensus was yes, but the topic needs to be discussed in further detail.

Should health plans inside the exchange be subject to enhanced regulation on rate review or reporting requirements?

The initial consensus was no, as reporting requirements are already required under PPACA. However, the Work Group did decide that the topic requires further discussion.

Should carriers be given a limited timeframe in which to decide if they will participate in the exchange?

The initial consensus was yes, as it would ensure a variety of options are available by plan introduction on January 1, 2014. However, the Work Group did decide that the topic requires further discussion.

What criteria, such as relative quality and price of benefits, should be used to rate plans available through the exchange?

The Work Group indicated that the topic would need to be discussed in further detail.

How should provider network adequacy be determined?

The Work Group requires additional clarification from the Department of Insurance in regards to current provider network adequacy standards, especially within behavioral health coverage.

How large or small of a geographic region should a health plan be required to cover, in order to be made available via the exchange? (i.e., 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?)

There is currently no consensus on the issues. The Work Group indicated that the topic would need to be discussed in further detail.

DISCUSSION ITEM 2	Concluding Remarks
-------------------	--------------------

It was stated that additional information on the above topic questions would be gathered and compiled for the next meeting.