HUMAN SERVICES DEPARTMENT

New Mexico Health Insurance Exchange Work Group Minutes

Work Group	**Program Integration**	**Date**	**12/4/2012**
Facilitator	Babette Saenz	**Time**	9:00 a.m. MT
Location	Conference Call/ In-Person	**Scribe**	Cicero Group

Agenda Item **Discussion Item** **Conclusion** **Action Item**

Attendees			
	Name		**Name**
	Babette Saenz, DOM		Janis Gonzales
	Jonni Pool, *HSD*		Parker Larson, *Leavitt Partners*
	Steve DeSaulniers		John Atkins, *NM Health Connections*
	Kari Armijo		Peter Conticelli, *Molina Healthcare*
	David Canzone		Stephanie Wright, *Cicero Group*
	Robert Horowitz		Milton Sanchez, Director, OHCR
	Reena Szczepanski (for Debbie Armstrong)		

Agenda Item 1: Introduction

Name: Babette Saenz

DISCUSSION ITEM 1	Welcome and Review of Topics for Discussion

Dr. Saenz welcomed the group and conducted a roll call (additional members appeared to subsequently join the group via conference call, and were not introduced, and are not reflected in the above list). Dr. Saenz introduced the primary objective for discussion, the integration of public health coverage options such as CHIP and Medicaid within the Exchange. The group emphasized the importance of assisting a streamlined transition for consumers between the various programs as eligibility changes.

Agenda Item 2: Questions for Discussion

Name: Babette Saenz

DISCUSSION ITEM 1	How Should Eligibility Benefits be Determined Within the Exchange?

Dr. Saenz informed the Work Group that one question they had been asked to consider was the method of eligibility determination that should be used by the Exchange. However, she felt that since the IT Request for Proposal (RFP) had already been released, this question would have been previously addressed in the design of program requirements within the RFP. The group reviewed the RFP information.

A member informed the group that the Exchange had made the decision to perform an initial

assessment of Medicaid eligibility rather than final determination. Going forward, Medicaid will still make the final eligibility determination for each case.

Within the Exchange, consumers initially assessed as ineligible for Medicaid will be assessed for eligibility for premium tax credits by the Exchange interface during the enrollment process. These assessments will be performed during the collection of income and other data submitted during application, and the expectation is that the process for these assessments will be seamless to the consumer.

A group member asked for more details on this process. The "no-wrong-door" standard outlined in PPACA was given as the guideline with which the Exchange will proceed in its program interface. The member questioned further the practical reality of overseeing Medicaid eligibility. The group discussed the additional challenges of possible implementation of the state's Presumptive Eligibility/Medicaid On-Site-Application Assistance (PE/MOSAA) policy within the Exchange, which allows temporary Medicaid benefits for a potentially eligible consumer during the sometimes-lengthy Medicaid application process.

Ms. Armijo, an HSD Medical Assistance Division representative, was asked to review her perspective of the required interface between Medicaid and the Exchange for the Work Group. Ms. Armijo advised that the IT portion of the Exchange should interface with the federal hub, and transmit this to the Medicaid department for final determination of eligibility, as a potentially eligible consumer enters personal data.

A group member asked if a consumer meeting with a Navigator would leave covered by either Medicaid or the Exchange, and Ms. Armijo responded that Medicaid can require up to 45 days for full enrollment, although most applications are processed more quickly. She explained that only tax data would be used within the Exchange during screening for eligibility, and Medicaid requires more extensive data for a final determination.

Participants discussed the broad scope required of both the Exchange web portal and outreach efforts, and how technologically public and private systems and data can be sufficiently coordinated. They noted that Exchange technology will include such aspects as a tribal assistance module and a call center module. The group discussed the roles of the call center, brokers, Navigators, and employees in public assistance departments in assisting with enrollment. They examined the preliminary design of the program in the IT proposal, and noted it includes access to the federal data services hub, and modules designed to address the information needs of brokers, Navigators, and other relevant personnel.

The group acknowledged that the level of consumer "hand-holding" involved in effective outreach and education varies by demographic, and discussed the use of a tiered Navigator system to address

this. Community Health Workers (CHWs) were mentioned as potentially valuable resources in the enrollment process.

The Work Group expressed interest in placing Navigators within ISD and HSD offices and discussed perhaps an abbreviated PE/MOSAA eligibility training for Navigators. The group discussed the likelihood of placing Navigators within the Income Support Division or Medical Assistance systems, and how Navigator compensation should be addressed. The group also discussed the possibility of using the services of brokers and agents in serving as educators and providing consumer guidance.

Babette Saenz pointed out that many aspects of the Navigator program were under discussion by other groups, including the Outreach and Education Work Group. She felt questions regarding Navigator training and compensation are not the concern of this Work Group. She clarified that the location of Navigator placement, however, should be addressed. Other members expressed a concern that Navigator compensation be closely analyzed and determined by the Task Force as an element of Navigator placement decisions, particularly within the Medicaid system.

Another member reintroduced PE/MOSAA, in which presumptive eligibility for Medicaid is granted to a consumer for up to two months. After HSD has determined final eligibility at the end of this period, the consumer then either continues on Medicaid or signs up for an alternate plan. He wondered if this model could be used within the Exchange, and if there were likely to be any back-end federal audits. He felt that this issue of the consumer being safely guided through the process by a Navigator, with its potential for bouncing between programs, was essential. Ms. Armijo felt this might be feasible, as long as the application had a high likelihood of being approved as Medicaid-eligible, as is currently the case in the state process.

The Work Group decided to recommend that the Exchange implement a presumption of eligibility process for consumers meeting Medicaid eligibility criteria.

DISCUSSION ITEM 2	How Should the Exchange Structure the Navigator Program?

Members discussed the role of Navigators, and felt it was essential during the application process that consumers have a clear idea of how to proceed after visiting a Navigator or other outreach source, such as a Federally Qualified Health Center. The group discussed the importance of defining who owns and determines the structure of Navigator services. A member explained that this was a crossover effort involving liability between both public and private entities. HIPAA liability and access to sensitive personal data were mentioned as possible areas of liability.

Dr. Saenz asked the group for recommendations as to number and placement of Navigators. To answer this, members agreed that crucial questions first needing answers were 1) whether Medicaid would be expanding; and 2) the size of the uninsured population within a given location.

They considered the likelihood of an initially large influx needing assistance during Exchange

implementation, which then might taper off as the system stabilizes. The use of existing staff currently providing guidance within health facilities, and utilizing the services of brokers and agents during this period were mentioned as possible resources to address this staffing gap. The group was informed that the role of brokers and agents was intended to be preserved within the Exchange, and that Navigators will not perform enrollments.

Members discussed the ongoing, long-term need for Navigators beyond initial consumer enrollment, as advisors for those with changing income and coverage eligibility. The group discussed the value inherent in utilizing brokers, CMS social workers, and staff within large healthcare providers to assist in handling the initial educational and enrollment demands of Exchange implementation. One group member expressed concern with the aspect of this approach that involved using provider personnel. He felt it was an additional administrative burden on an already understaffed medical community. Another member pointed out that many providers already offer similar services.

The group then discussed the general shortage of healthcare providers in the state, and the possibility of utilizing mid-level staff to fill in the deficit, such as nurses and practitioners. A participant explained the large variety of healthcare issues dealt with by these providers, excluding such things as prescriptions and surgery. Enhancing the categories of reimbursement within Medicaid for these providers was seen as desirable; and as relevant to integration, as a larger provider pool would facilitate the implementation process.

The group discussed the various services provided by non-physician healthcare providers in such areas as physical therapy and behavioral health. The possible expansion of Medicaid was seen as relevant to the expansion of this category of providers. A member suggested a formal recommendation of this sort was something the group might pursue with the Task Force.

Returning discussion to the hands-on assistance of Navigators, a member asked if this hybrid approach in consumer advisement for multiple public assistance programs could be built into the Navigator program as well. The cost savings to the state of early intervention to avoid extreme situations among New Mexicans, such as hunger and emergency room visits, was described as an advantage in Navigators providing this sort of service.

Agenda Item 3: Review of Questions and Formulation of Recommendations	
Name: Babette Saenz	
DISCUSSION ITEM 1	How Should Eligibility Benefits be Determined?

Dr. Saenz explained that the state has two options for determining Medicaid eligibility:

a) The Exchange determines eligibility, based on the state's eligibility rules, using electronic

data sources for verification. Theoretically, this verification and determination could be made within a few hours of submission of an application (depending on the complexity of eligibility criteria).

b) The Exchange makes an initial determination of eligibility and then relies on the State's Medicaid/CHIP agencies for a final determination. The second option allows states to request additional information from applicants if needed.

The Group was asked which the state should use, and in what other ways the screening and enrollment process for Medicaid/CHIP should be coordinated within the Exchange.

Recommendation: The state should implement a hybrid system that includes a presumptive eligibility function. The technology included within the IT RFP was discussed as already addressing parts of this question.

Members discussed the IT challenges inherent in such a system, and their preference that the Exchange web portal includes benefits eligibility screening and consumer notification.

The group then discussed the feasibility of the Exchange engaging in presumptive eligibility, and formulated the following recommendations.

1) We recommend incorporating presumptive eligibility within the Exchange enrollment process for eligible consumers.
2) We understand that there are fiscal complications regarding inclusion of presumptive eligibility for Medicaid in the Exchange.
3) If Medicaid is expanded, it will be necessary to authorize continuous eligibility and 12-month continual care.

DISCUSSION ITEM 2	How Should the Navigator Role be Integrated with Existing Public Services?

Work Group members discussed the role of the Navigator in the context of other public outreach services, and how the Exchange might consider coordinating with other public programs. They formulated the following:

Recommendation: We recommend expanding the Navigator function to include other public assistance programs, including a warm hand-off to appropriate departments.

Further discussion on this topic revealed departments the members felt might be included in the Navigator effort: FQHCs, public health offices, the Department of Aging's senior volunteer program, etc. The Work Group discussed the expansion of training for these various departments to assist the Navigator program. It was noted that general oversight of the Navigator program will reside within

the Division of Insurance (DOI).

A member expressed dissatisfaction with the idea that the role of Navigators could be expanded to include advisement of all possible assistance programs, in addition to the original purpose of getting consumers insured. It was suggested that a pilot program might be advisable to test feasibility. Another member felt that the cost savings inherent in early intervention and coordinated efforts would offset the inconvenience of the learning curve.

Dr. Saenz introduced additional questions for consideration:

- How will we reimburse Navigators (particularly within the Medicaid system)?
- Where will Navigators be located? If regionally located, how will we determine the location? If in hospitals and doctor's offices, how will these locations be decided?
- What are the criteria for becoming a Navigator?
- What are the distinctions between brokers and Navigators?

The Work Group discussed various aspects of these questions. Dr. Saenz reviewed various aspects of the Navigator program, such as payment tied to Medicaid enrollments and increased compensation for work among hard-to-reach populations. A member suggested a study of where people currently go to obtain healthcare information; and other members felt that placing Navigators in the areas with the highest concentration of uninsured individuals was intuitive. A member described a preference that in general the Task Force should determine specific locations.

Recommendation: Navigators will need access to an individual's personal information, and waivers should be changed to provide that authority.

HIPAA rules compliance and security of information was discussed in the context of the information that may be accessed by Navigators. The possibility of Navigators being required to only view program eligibility results, and not being required to enter or view sensitive information, was suggested as a possible security measure.

DISCUSSION ITEM 3	Exchange Challenges

Participants then discussed a broad scope of various Exchange-related challenges, such as addressing the language needs of the Native American and Hispanic populations. Additional topics included the inclusion of the VA and Indian Health Services in Exchange outreach, and the roles of call centers and brokers in assisting Navigators. It was mentioned that the CEO of Memorial Medical Center is in this Work Group but not currently present, but may in the future be able to address many of the group's hospital-related questions.

CONCLUSION:
The Work Group agreed to the recommendations as discussed. Dr. Saenz indicated she would summarize the issues and present them along with topics for discussion to the Work Group prior to the next meeting. The meeting was then adjourned.