

NEW MEXICO
Blueprint Evidence Document
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Exchange Activity		CCIO Criteria	Supporting documentation	Expected Completion Date	Notes
1.0	Legal Authority and Governance				
1.1	The State has enabling authority to operate an Affordable Insurance Exchange, including a Small Business Health Options Program (SHOP), compliant with Affordable Care Act Section 1321(b) and implementing regulations.	Copy of current law and/or regulation that indicates that the State has necessary legal authority to establish an Exchange or that establishes HIX. OR Other legislation or general authority (e.g., Executive Order) that the State has determined provides the necessary legal authority to establish an Exchange. <i>Note: If the SHOP was separately authorized from HIX, pursuant to Affordable Care Act § 1321(b), provide documentation demonstrating that the State has enabling authority to establish and operate a SHOP. AND If authority is not clear on its face, provide a Statement from the legal counsel of the office of the applicant, the Governor's legal counsel, or the State's Attorney General's Office (correspondence or a formal legal opinion) certifying that the State is authorized to establish an Exchange under State law.</i>	See NMSA 1978 59A-56-1 <i>et seq.</i> , Health Insurance Alliance Act See General Counsel Opinion letter dated November 16, 2012	Completed	New Mexico currently has a health insurance exchange (HIX) created by New Mexico statute. In 1994 the New Mexico Legislature created the New Mexico Health Insurance Alliance (HIA) that exists as a quasi-governmental agency with the express purpose of providing increased access to health insurance in the state. NMSA 59A-56-1, <i>et. seq.</i> (New Mexico Health Insurance Alliance Act.) Since its inception, HIA has provided for "guaranteed issue" regardless of pre-existing conditions. All companies authorized to transact health insurance, HMOs, and non-profit health plans in the state are currently members of the Alliance. HIA offers both small employer and individual plans. While the establishment of the HIA as an exchange is clear on the face of the enabling statute of the HIA, nevertheless a confirmatory letter from the General Counsel to New Mexico Human Services Department is attached.
1.2	HIX has been established in compliance with ACA 1311(d) and 45 CFR 155.110. If State agency, please proceed to Section 2.	Brief description of governance structure (e.g., State agency, nonprofit organization). If State agency, please proceed to Section 2.	See NMSA 1978 59A-56-1 <i>et seq.</i>	Completed	HIA is a nonprofit public corporation governed by a fourteen (14) member board of directors. The New Mexico Superintendent of Insurance serves as the Chair of the Board and does not vote except in the event of a tie. NMSA 59A-56-4.
1.2a	HIX board and governance structure has been established in compliance with ACA 1311(d) and 45 CFR 155.110.	Brief description of board composition, including board members' affiliations and any consumer representation. Note any differences in board composition and governance structure for SHOP.	See NMSA 1978 59A-56-1 <i>et seq.</i>	Completed	HIA's board consists of: <ul style="list-style-type: none"> - Five directors appointed by the governor who are officers, general partners, or proprietors of small employers, including one nonprofit; - Four directors appointed by the governor who are employees of small employers; - Five directors, elected by members, who shall be officers or employees of HIA members, including two representatives of health maintenance organizations and three representatives of other types of members, and

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					<p>- The superintendent of the division of insurance (or the superintendent's designee) who sits as Chair of the Board and only votes in case of a tie. See NMSA 59A-56-4.</p> <p>Of the 14 members of the Board, the four employees of small employers should be considered consumer representatives for purposes of advocating on behalf of individuals and employees. The five members who are representative of small employers should be considered consumer representatives, particularly for the interests of small employers in the SHOP environment. The Superintendent of Insurance should also be a consumer representative for consumer interests in general.</p> <p>HIA's Board Committees and their purposes are:</p> <ul style="list-style-type: none"> - Finance – Quarterly review of financial statements against budget projects; premium rate reviews; approval of operational budgets; external audits - Operations and Benefits – Review of benefit plan design; revision of benefit categories; compliance with federal and state laws; review of operations and workflow - Marketing – Marketing and public relations campaigns; marketing budgets; outreach efforts - Executive Committee – Oversight of Executive Director; oversight committee for standing committees when necessary - Human Resources Committee – Review of Board policies regarding employees - Appeals and Grievances – Address member appeals and complaints. <p>NMSA 1978 59A-56-4(D)</p>
1.2b	HIX has a formal, publicly-adopted charter or bylaws.		<p>See NMSA 1978 59A-56-5</p> <p>See 13.10.1 NMAC <i>et seq.</i>, Health Insurance Alliance Plan of Operation and Eligibility Criteria</p> <p>See Division of Insurance Order to Amend HIA Plan of Operation and Eligibility Criteria, 01.13.12</p>	First quarter, 2013	<p>As a quasi-state agency, the HIA has statutory duties and powers primarily concerning the issuance and regulation of private health insurance products. See NMSA 59A-56-6. Though PPACA refers to “charter” or “bylaws,” the New Mexico legislature has referred to the governance structure of the Alliance as a “plan of operation.” See NMSA 59A-56-5. Generally, HIA must comply with the NM Open Meetings Act. NMSA 59A-56-6(B)(8). In formulating its “plan of operation” (<i>i.e.</i> for handling the assets of the alliance, the financial and fiscal reporting requirements, penalties, marketing, etc.) HIA has the additional requirement to promulgate its “plan of operation” after “notice and hearing.” NMSA 59-56-5(B).</p> <p>HIA anticipates amending its plan of operations to insure compliance with conflict of interest and financial disclosures (in addition to the existing transparency and financial disclosures required by New Mexico law) in the next few months.</p>
1.2c	HIX has established governance policies in compliance with 45 CFR 155.110(d) and obtained conflict of interest disclosures from board members, including disclosures of financial interest.			First quarter, 2013	HIA is currently developing conflict of interest and financial disclosure policies consistent with 45 CFR 155.110(d). After development of these policies, HIA must conduct a public hearing prior to adopting them into its plan of operation.
1.2d	The governing board has at least			Completed	The statutory requirement for composition of the HIA board eliminates the possibility of

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	one voting member who is a consumer representative, and does not have a majority of voting representatives with a conflict of interest.				a majority of its board directors having a conflict of interest. Of the 14 voting directors, only five are representatives of certain types of health plans, the rest represent small employer consumers or employees of small employers.
1.2e	The majority of the voting members have relevant experience in health benefits administration, health care finance, health plan purchasing, health care delivery system administration, public health, or health policy issues related to the individual and small group markets and the uninsured.			Completed	Although there are some vacancies, currently all the directors of the HIA have direct relevant experience in health care in New Mexico in both the small employer and individual market.
1.2f	HIX holds regular, public governing-board meetings			Established and ongoing	HIA is required by law to hold regular, public governing board meetings that comply with NMSA 1978 10-15-1 et seq., the New Mexico Open Meetings Act. NMSA 59A-56-6(B)(8). Any changes to the HIA "plan of operations" can be made after notice and a public hearing conducted by the Superintendent of Insurance. NMSA 59A-56-5(B).
2.0	Consumer and Stakeholder Engagement and Support				
2.1	HIX has developed and implemented a stakeholder consultation plan and has consulted with, and will continue to consult with, consumers, small businesses, State Medicaid and CHIP agencies, agents/brokers, employer organizations, and other relevant stakeholders as required under 45 CFR 155.130.	Brief description of the stakeholder consultation plan that addresses how consultation will occur on an ongoing basis with consumers, small businesses, State Medicaid and CHIP agencies, agents/brokers, employer organizations, and other relevant stakeholders as required under 45 CFR 155.130.	See NM ATF and Work Group calendars and composition See Example of Press Releases announcing ATF meetings See In-depth Interviews with Stakeholders - Summaries See Stakeholder Interview Highlights, 10.20.12	January 1, 2014	The NM HSD Office of Health Care Reform (OHCR) has held public stakeholder meetings since December 2010. With Establishment Grant funding, OHCR contracted with 13 entities to provide information for development of HIX; these reports are posted on the HSD website at: http://www.hsd.state.nm.us/nhcr/nhcr1ao.htm HIX Advisory Task Force (ATF), composed of 14 members, and HIX Advisory Work Groups, composed of 12-18 members, have been asked to respond to pertinent questions and to advise and guide HIX decisions [Please see the attached ATF and work group calendar]. The Task Force and Work Groups represent a variety of perspectives, including consumers, tribal representatives, large and small employers, self-employed people, health care providers, hospitals, insurance carriers, brokers, government leaders and agencies, underserved populations, and other community representatives. These members will act in an advisory role to inform and provide recommendations to HSD in HIX design areas, including: <ul style="list-style-type: none"> • Essential Health Benefits • Outreach, Education, Adoption, and Enrollment • Employer Participation • Exchange Market Regulation • Native Americans • Program Integration • Financial Sustainability

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					<ul style="list-style-type: none"> Legislative Members <p>The ATF and Work Groups were launched in June 2012, and are scheduled to operate through May 2013. They will continue to meet as needed throughout HIX design and implementation process. Public attendance is encouraged at every meeting, dial-in phone numbers are provided, and press releases are submitted to newspapers of general circulation and posted on the NM HSD website to encourage participation (see Example of Press Releases, and website at http://www.hsd.state.nm.us/nhcr/nhcr1ao.htm). An email box, exchange.comments@state.nm.us, has been created to allow public comments and acknowledge requests for information through email.</p> <p>In addition, HSD has initiated qualitative research and in-depth interviews with state agencies and stakeholders to maximize coordination and integration with entities that will directly interface with the State's HIX, including insurance carriers, Indian Health Services, CHIP, and Medicaid, among others.</p>
2.2	Applicable only to States with Federally-recognized Tribes: HIX, in consultation with the Federally-recognized Tribes, has developed and implemented a Tribal consultation policy or process, which has been submitted to HHS.		See Executive Order 2005-004 See SB 196 See HSD State-Tribal Consultation Policy	Ongoing	<p>In 2005, Executive Order 2005-004 mandated executive state agencies to adopt pilot tribal consultation plans with input from the 22 federally recognized tribes with New Mexico. In 2007, New Mexico's five Health and Human Services agencies, including HSD, held tribal consultations to adopt the current New Mexico Health and Human Services Department Tribal Consultation Protocol which formally guides engagement between the state and tribes in New Mexico. In 2009, Senate Bill 196 was signed into law, thus enacting the State-Tribal Collaboration Act (STCA). The STCA is a statutory commitment of New Mexico State to work with Tribes on a government-to-government basis to better collaborate and communicate on issues of mutual concern. In 2009, The HSD Cabinet Secretary signed the HSD Consultation, Collaboration and Communication Policy ("Policy"). The HSD Policy was endorsed and signed by the newly appointed HSD Cabinet Secretary in 2011. The Policy is posted on the HSD website at http://www.hsd.state.nm.us/.</p> <p>HSD has a Tribal Liaison to assist with the development of HIX. Two of the reports mentioned in 2.1 above provided information specifically about Tribal and Off-Reservation Native Americans. OHCR ATF work groups each include a tribal representative. One work group consists of Native American representatives and focuses on Native American issues. HIA will continue tribal consultation for HIX issues.</p>
2.3	HIX provides culturally and linguistically appropriate outreach and educational materials to the public, including auxiliary aids and services for people with disabilities, regarding eligibility and enrollment options, program information, benefits, and services available through HIX, the Insurance Affordability	Brief description of the outreach plan(s) and targeted efforts that address each population or type of stakeholder, including those identified in 45 CFR 155.130.	See Outreach, Education, Adoption, Enrollment work group recommendations to ATF, 09.26.12	Third quarter, 2013	Comprehensive outreach and education efforts are being developed to assure the success of the HIX, including coordination of efforts among state agencies, community organizations, insurance carriers, corporate partners, and providers, among others. HIX has identified existing services in state agencies such as the Office of Community Health Workers through the New Mexico Department of Health ("DOH"), schools, churches, hospitals, New Mexico Taxation and Revenue Department, the New Mexico Division of Motor Vehicles ("DMV"), and others. HIX is working with tribal representatives to develop materials and ways to communicate specific to Native Americans, such as engagement with Chapter Houses, public service announcements on radio shows such as Native American Calling, Singing Wire, and through the Native

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<p>Program(s), and the SHOP. In addition, HIX has an outreach plan for populations including: individuals, entities with experience in facilitating enrollment such as agents/brokers, small businesses and their employees, employer groups, health care providers, community-based organizations, Federally-recognized Tribal communities, advocates for hard-to-reach populations, and other relevant populations as outlined in 45 CFR 155.130.</p>				<p>American Radio. Some of this outreach will be contracted through an RFP and subcontracts issued by HIA.</p> <p>The Outreach, Education, Adoption, Enrollment ATF Work Group made recommendations to the ATF on 09.26.12, and defined core strategies and target audiences, including primary and secondary audiences, including those in 45 CFR 155.130, which are:</p> <ul style="list-style-type: none"> • Educated health care consumers who are enrollees in QHPs; • Individuals and entities with experience in facilitating enrollment in health coverage; • Advocates for enrolling hard to reach populations, which include individuals with mental health or substance abuse disorders; • Small businesses and self-employed individuals; • State Medicaid and CHIP agencies; • Federally-recognized Tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a, in the HIX geographic area; • Public health experts; • Health care providers; • Large employers; • Health insurance issuers; and • Agents and brokers. <p>The HIX will use a variety of tactics to reach and engage these populations, and guide them to the HIX website or a Navigator where they can learn more about their options and enroll. The plan includes the following components:</p> <ul style="list-style-type: none"> • Materials development • Earned media • Paid media (advertising) • Social media • Stakeholder engagement • Partnerships and grassroots engagement • State employee communications <p>Proposed General Public marketing channels (in English and Spanish) include:</p> <ol style="list-style-type: none"> 1) Print, radio, TV, social media/Facebook, web, health fairs, billboards & other health events. 2) Coordination and engagement with Chambers of Commerce, Nonprofits (Charities), federally qualified health centers, rural clinics, hospitals & emergency rooms, schools, churches, shopping malls, SBA and Medicaid offices. 3) Coordination and engagement with statewide distribution services such as the New Mexico Taxation & Revenue Department, Department of Motor Vehicles, and gas and electric companies (PNM and Gas Co of NM).

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				<p>Native American marketing channels will include:</p> <ol style="list-style-type: none"> 1) Print, radio, TV, social media/Facebook, web, health fairs, other events 2) Educational website hotlinks for Native Americans 3) Face to face meeting opportunities such as frequent group meetings in public venues 4) Coordination and engagement of Chapter Houses, senior centers, health fairs and Pow Wows 5) Marketing through Native American Radio: Singing wire & Native American calling and Public Service Announcements 6) Marketing and educational efforts through social and alumni organizations through newsletters 7) Advertising on buses and bus stops <p>NM HIX is gathering input from agents, brokers, public health experts, health care providers, advocates for people with mental health or substance abuse disorders, among others, as identified in 45 CFR 130. The Outreach, Education, Adoption, Enrollment ATF Work Group recommended the initial campaign include the following public relations and advertising messages to:</p> <p>Individuals & the General Public</p> <ul style="list-style-type: none"> • Benefits of having coverage • Increased access, increased choice • Who can participate, how it will work • Advance Premium Tax Credits ("APTC") & Cost Sharing Reductions ("CSR") • Navigator & Agent/Broker Application Assistance • Premium Calculator <p>Small employers (targeted to those who currently offer and those who currently do not offer insurance)</p> <ul style="list-style-type: none"> • Increased Access, increased choice • Who can participate, how it will work • Small Business Tax Credits • Comparison Tools <p>Native Americans (members of federally recognized Tribes)</p> <ul style="list-style-type: none"> • Increased access on a monthly basis • Increased choice of providers and facilities • Strengthen IHS services and access <p>Navigators, Agents and Brokers</p> <ul style="list-style-type: none"> • How HIX can help get their clients covered • Who can participate, how it will work • How they get compensated

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2.3a	HIX has developed and provides culturally and linguistically appropriate outreach and educational materials and auxiliary aids and services to people with disabilities (including information in alternate format), regarding eligibility and enrollment options, program information, benefits, and services available through HIX, SHOP, and other Insurance Affordability Programs, as required in 45 CFR 155.205(c).			Third quarter, 2013	HIX will contract for qualified vendor services to create culturally and linguistically appropriate outreach and education materials to comply with 45 CFR 155.205(c). HIX will procure the services of a qualified telephonic translation service to comply with this provision. The HIX website was included in the procurement for HIX IT system through the RFP released 11.02.12 (see Section 3.0, "Eligibility and Enrollment").
2.3b	HIX has an outreach plan for populations including: individuals, entities with experience in facilitating enrollment such as agents/brokers, small businesses and their employees, employer groups, health care providers, community-based organizations, Federally-recognized Tribal communities, advocates for hard-to-reach populations, and other relevant populations as outlined in 45 CFR 155.130.		See Outreach, Education, Adoption, Enrollment work group recommendations to ATF, 09.26.12	Third quarter, 2013	HIX is developing an outreach plan to populations outlined in 45 CFR 155.130. This includes work through the HSD ATF Outreach Education Adoption Enrollment Work Group, which made recommendations for marketing strategies, navigator and outreach programs, and training programs for a wide spectrum of audiences. The presentation the Outreach, Education, Adoption, Enrollment work group presented to the ATF with its recommendations on 09.26.12 is attached. HIA will expand on this research as it is finalized, as well as monitor progress of the Navigator program developed for FFEs.
2.4	HIX provides for the operation of a toll-free telephone hotline (call center) to respond to requests for assistance from the public, including individuals, employers, and employees, at no cost to the caller as specified by 45 CFR 155.205(a).	Brief description of the call center's strategy for managing call volume, plan for translation services, and toll-free telephone number.		Third quarter, 2013	HIA will issue an RFP for services that including the operation of a call center to handle customer calls and support enrollments, answer questions regarding eligibility, and provide other types of customer assistance. The RFP will specify that Customer Service Representatives (CSRs) be trained in enrollments, eligibility and SHOP, and calls will be routed to specialists using an interactive voice response system to increase efficiency and optimize customer service. During the vendor procurement process, Service Level Agreement (SLA) metrics will be written into the contract for managing performance. This will include a six-month baseline period to adequately gauge call volume, calibrate the forecasting model and establish 30, 60 and 90-day call volume forecasts and CSR staffing. The call center will use a translation service such as that currently in use by the NM Medical Assistance Department ("MAD"). HIA plans to provide this service through a contract with a qualified vendor procured through an RFP that is under development.
2.4a	HIX provides for the operation of a toll-free telephone hotline (call center) which acts as a central line to handle seamless application support, coordinates			Third quarter, 2013	The HIX will provide for the operation of a call center to handle seamless application support through a contract with a qualified vendor procured through an RFP that is under development. The RFP will be issued through HIA.

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	with other Insurance Affordability Program(s) and with other State and Federal agencies, and responds to requests for assistance from the public, including individuals, employers, and employees, at no cost to the caller as specified by 45 CFR 155.205(a).				
2.4b	HIX provides translation and oral interpretation services and auxiliary aids and services to the public, including individuals, employers, and employees, at no cost to the caller.			Third quarter, 2013	The HIX will provide for translation and oral interpretation services to comply with this requirement through a qualified vendor procured through an RFP that is under development. The RFP will be issued through HIA.
2.4c	HIX provides adequate training and resources to operate the call center, including an operating plan and procedures.			Third quarter, 2013	The HIX will provide adequate training and resources to operate the call center to comply with this requirement through a qualified vendor procured through an RFP that is under development. The RFP will be issued through HIA.
2.5	HIX has established and maintains an up-to-date Internet Web site that provides timely and accessible information on Qualified Health Plans (QHPs) available through HIX, Insurance Affordability Program(s), and the SHOP, and includes requirements specified in 45 CFR 155.205(b).	Internet Web site URL address for HIX and the SHOP, if different.	See Request for Proposals For Information Technology and Integrated Services New Mexico Health Insurance Exchange (NMHIX) issued by HIA on 11.02.12 (HIA IT RFP)	Third quarter, 2013	The HIX website is included in the procurement for the HIX IT system. A technical requirement is included in the RFP for the website to meet Section 508 requirements and to include English and Spanish language versions. A qualified vendor will be procured through an RFP that was published on 11.02.12 by HIA.
2.5a	HIX has established and maintains an up-to-date Internet Web site that provides timely and accessible information on Qualified Health Plans (QHPs) available through HIX, Insurance Affordability Program(s), and the SHOP, and includes requirements specified in 45 CFR 155.205(b).		See HIA IT RFP	Third quarter, 2013	The HIX website is included in the procurement for the HIX IT system. A technical requirement is included in the RFP for the website to meet Section 508 requirements and to include English and Spanish language versions. A qualified vendor will be procured through an RFP that was published on 11.02.12 by HIA.
2.5b	HIX's Internet Web site provides information on premium and cost-sharing, QHP comparison, metal level of QHP coverage, transparency of coverage measures, and a provider directory.		See HIA IT RFP	Third quarter, 2013	The HIX website is included in the procurement for the HIX IT system. A technical requirement is included in the RFP for the website to meet Section 508 requirements and to include English and Spanish language versions. A qualified vendor will be procured through an RFP that was published on 11.02.12 by HIA.
2.5c	HIX's Internet Web site provides		See HIA IT RFP	Third quarter,	The HIX website is included in the procurement for the HIX IT system. A technical

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	information in a manner that is accessible to individuals with disabilities and individuals with limited English proficiency, as required in 45 CFR 155.205(b) and (c).			2013	requirement is included in the RFP for the website to meet Section 508 requirements and to include English and Spanish language versions. A qualified vendor will be procured through an RFP that was published on 11.02.12 by HIA.
2.6	HIX has established or has a process in place to establish and operate a Navigator program that is consistent with the applicable requirements of 45 CFR 155.210, including the development of training and conflict of interest standards, and adherence to privacy and security standards specified in 45 CFR 155.210 and 45 CFR 155.260.	Brief description of Exchange's plan to operate a Navigator program, including documentation outlining HIX's progress in developing conflict of interest and training standards; how it will ensure Navigators are appropriately trained and meet HIX's conflict of interest, privacy and security standards; and a timeline and strategy for funding for the Navigator program and making the program fully operational.	See Outreach, Education, Adoption, Enrollment work group recommendations to ATF, 09.26.12	Third quarter 2013, with additional program development going forward	<p>The HIX will establish a process to operate a Navigator program that is consistent with 45 CFR 155.210, and is developing training, conflict of interest, and privacy and security standards. HIA will procure these services with qualified vendors through RFPs and/or subcontracts currently under development.</p> <p>HIA will work with the New Mexico Division of Insurance ("DOI") to establish a program through which eligible public or private entities or individuals will be certified to serve as Navigators. Navigators will be paid through grants. The Navigator program will have a set of standards developed by HIA and DOI to prevent and mitigate conflicting interests to ensure that participating entities and individuals have reliable integrity. HIX will require Navigators to comply with privacy and security standards set forth in 45 CFR 155.260, and any further privacy and security measures adopted by HIX.</p> <p><u>Navigator Training.</u> The training standards required of all entities and individuals participating in the Navigator program will ensure expertise in:</p> <ul style="list-style-type: none"> • The needs of underserved and vulnerable populations; • Eligibility and enrollment rules and procedures within HIX; • The range of QHP options and insurance affordability programs; and • The privacy and security standards set forth in 45 CFR 155.260 and as may otherwise be adopted by HIX. • Requirements established by DOI for Agents and brokers registered on HIX, pursuant to Section 2.8 of this Blueprint Application <p>The ATF Outreach, Education, Adoption and Enrollment Work Group has recommended that Navigator training program include the following components:</p> <p>1) Abbreviated Presumptive Eligibility / Medicaid On-site Application Assistance (PE/MOSAA) Medicaid training</p> <ul style="list-style-type: none"> a. Medicaid Overview (What is Medicaid) b. Non-financial eligibility factors (Residency, other insurance policies, SSN, pregnancy) c. Determination of the household size d. Financial Eligibility e. Universal Application Assistance <p>2) Cultural training:</p> <ul style="list-style-type: none"> a. New Mexico Department of Health On line Training b. New Mexico Indian Affairs Department: Classroom Training

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				<p>3) HIX Training</p> <ol style="list-style-type: none"> a. Eligibility & Enrollment b. Qualified Health Plans c. APTC and CSR d. Premium Calculator e. Native American Eligibility f. Privacy and Security (HIPAA, Personal Identification Information) g. Registration with HIX <p>4) Insurance Market training</p> <ol style="list-style-type: none"> a. Commercial Market Insurance Basics b. HIX Insurance basics for individuals and small employer groups c. Income changes and impact on APTC and CSR <p><u>Navigator Duties.</u> HIX will mandate the following duties for all entities or individuals acting as a Navigator:</p> <ul style="list-style-type: none"> • Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about HIX; • Provide information and services in a fair, accurate and impartial manner, including the acknowledgement of other health programs; • Facilitate selection of QHPs; • Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and • Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being service by HIX, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act. <p><u>Navigator Participants.</u> HIX will select a community and consumer-focused non-profit group and at least one of the following categories to serve as Navigators:</p> <ul style="list-style-type: none"> • Trade, industry, and professional associations; • Commercial organizations, ranching and farming organizations, with New Mexico-specific industries under consideration. • Chambers of commerce • Unions; • Resource partners of the Small Business Administration; and • Other eligible public or private entities or individuals, including without limitation, Indian Health Services, Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

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				<p><u>Eligibility Standards.</u> To receive a grant, HIX will require an entity or individual seeking to serve as a Navigator to:</p> <ul style="list-style-type: none"> • Be capable of carrying out the duties set forth above; • Demonstrate existing relationships, or readily available relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP; • Meet any licensing, certification or other standards prescribed by the State or HIX, if applicable; • Not have a conflict of interest during the term as a Navigator; and • Comply with all privacy and security standards set forth in 45 CFR 155.260 and as may otherwise be adopted by HIX. <p><u>Navigator Oversight.</u></p> <p>1) Department of Insurance</p> <p>a. Initial and ongoing Navigator oversight should be the responsibility of the Division of Insurance.</p> <p>i. Background checks</p> <p>ii. Training completion documentation</p> <p> 1. Initial & recertification</p> <p>a. Medicaid Training</p> <p>b. Cultural Training</p> <p>c. HIX Training</p> <p>iii. Complaint reporting</p> <p>2) HIX</p> <p>a. Consumer/Navigator umbrella organization would be subject to the oversight of HIX.</p> <p>i. Any consumer/Navigator organizations contracted with HIX would be charged with field oversight over navigators under their supervision.</p> <p><u>Prohibited Conduct.</u> HIX will exercise authority over Navigators to ensure compliance with the program and to prohibit Navigators from:</p> <ul style="list-style-type: none"> • Being a health insurance issuer or a subsidiary thereof; • Being an association that includes members of, or lobbies on behalf of, the insurance industry; or • Receiving any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP. <p><u>Navigator Compensation.</u></p> <p>Navigator compensation guidelines are under development. Guidelines will assure compliance with ACA requirements. Payments will be through lump sum grants or on a “per-head” basis as determined to be most efficient when Navigators are individuals or entities. Payments will be consistent across markets and products. Accountability standards will be tied to payments, such that organization entities will be accountable to</p>

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					HIX, and navigators will be accountable to their organizational entity.
2.6a	HIX has established or has a process in place to establish and operate a Navigator program that is consistent with the applicable requirements specified in 45 CFR 155.210 and 45 CFR 155.260.			Third quarter, 2013	HIA will establish a process to operate an HIX Navigator program that is consistent with 45 CFR 155.210 and 45 CFR 155.260, and HIA will procure these services with qualified vendors through subcontracts currently under development. This will include training in meeting the requirements of 26 USC § 6103, the IRS Code.
2.6b	HIX has a plan for the ongoing funding of an Exchange Navigator program, in order to award at least two (2) types of entities, one of which is a community or consumer-focused organization or non-profit entity. Grant agreements ensure that Navigator grantees ("Navigators") will conduct the five (5) duties outlined in 45 CFR 155.210(e).			Third quarter, 2013	HIA is developing an RFP directed to consumer and nonprofit organizations to develop HIX Navigator programs. Initial funding will come through legally appropriate and available grants. Funding after 2014 is under development.
2.6c	HIX has begun to develop training and conflict of interest standards for Navigators.		See Outreach, Education, Adoption, Enrollment work group recommendations to ATF, 09.26.12	Third quarter, 2013	This process was outlined in the findings and recommendations of the Outreach Education Adoption Enrollment work group (see response and attachment to 2.3 above). Navigators will be required to execute conflict of interest statements that will include compliance with HIPAA and PIA rules, and any other requirements determined to be appropriate. HIX is developing an RFP plans to procure the services of a qualified vendor to provide this service.
2.7	<i>If applicable:</i> HIX has established an in-person assistance program distinct from the Navigator program and has a process in place to operate the program consistent with the applicable requirements of 45 CFR 155.20(c), (d), and (e).	Brief description of Exchange's plan to operate an in-person assistance program distinct from the Navigator program, which provides in-person assistance to consumers, including documentation outlining HIX's progress in developing conflict of interest and training standards; how it will ensure in-person assistance program staff are appropriately trained and meet HIX's conflict of interest, accessibility, and privacy and security standards; and a timeline and strategy for funding for the in-person assistance program and making the program fully operational.		Third quarter, 2013	Navigator and IPA programs are being designed to eliminate barriers in accessing the application process by providing in person assistance in community-based locations frequented by target populations, at times which are convenient to working families, including evenings and weekends. The two programs will closely mirror each other and it is expected that any entity providing IPA services would also be able to provide Navigator services. The funding for the Navigator and IPA program will come from separate sources. Federal 1311 funds will support the development of training programs for the Navigator program and the IPA Program. The operating activities of the IPA program will be funded with federal 1311 funds, but will be cost-allocated as appropriate for public program assistance
2.8	<i>If applicable:</i> If the State permits	<i>If applicable:</i> Brief description of		8/1/13	When the HIX is fully operational, agents and brokers will assist individuals, employers

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<p>activities by agents and brokers pursuant to 45 CFR 155.220(a), HIX has clearly defined the role of agents and brokers including evidence of licensure, training, and compliance with 45 CFR 155.220(c)-(e). HIX will have agreements with agents/brokers consistent with 45 CFR 155.220(d), which address agent/broker registration with HIX, training on QHP options and Insurance Affordability Program(s), and adherence to privacy and security standards, as specified in 45 CFR 155.260.</p>	<p>the strategy, including HIX's compensation policy for agents/brokers, including web brokers, as it relates to their enrollment of individuals through HIX. AND <i>If applicable:</i> Brief description of HIX's policy for ensuring compliance with 45 CFR 155.220(d) and (e), including how it will ensure agents/brokers are appropriately trained and meet HIX's privacy and security standards.</p>			<p>and qualified employees in the comparison and selection of QHPs. The final rule allows HIX to determine the role that agents and brokers play within HIX. The rule allows agents and brokers to help individuals apply for premium tax credits through HIX and enroll in coverage. HIX will determine how best to use these agents and brokers to help consumers access coverage through HIX. While agents and brokers will only be allowed to provide apolitical information that can be found on the web portal, they will be permitted to provide information based on their experience with a QHP, in much the same manner as is done today. Agents and brokers helping individuals enroll in HIX will understand the basics of the premium tax credits and QHPs. Agents and brokers in New Mexico play an important and influential role in the distribution of health insurance. Both individual consumers and businesses rely on agents and brokers to sort through their health insurance options, provide health plan recommendations, and serve as their agents throughout the year in dealings with insurance companies. The ATF Navigator Work Group has recommended to the ATF that agents and brokers act as the primary assistance resource for small employers who wish to purchase plans in the SHOP HIX. Under this arrangement, agents and brokers will continue to receive commissions or PMPM compensation from carriers.</p> <p>Agents and brokers, including web brokers, who wish to sell HIX products will be required to meet licensing requirements and take additional training on HIX protocols. Agents and brokers will register with HIX as required by rule, receive training on QHP options and other publicly subsidized insurance programs, and comply with HIX privacy and security standards. The Agent Licensing Bureau ("Bureau") of the DOI has statutory responsibility for licensing and regulating individuals and businesses who conduct insurance business in New Mexico. The Bureau determines the qualifications and eligibility of applicants and processes license applications, company appointments by insurers, renewals, banking of continuing education credits, and approval of pre-licensing and continuing education courses. The Bureau requires applicants to pass the state insurance exam in the line of authority for which the applicant is applying (such as health, property and casualty, life). Individuals applying for a resident license with the Bureau must furnish fingerprints and undergo a criminal history background check. HIX staff will coordinate with the Bureau to create training and licensure requirements that are ACA-compliant. Entities wishing to assist consumers in enrollment will be required to take coursework on:</p> <ul style="list-style-type: none"> - underserved and vulnerable populations; - eligibility and enrollment rules and procedures; - the range of QHP options and insurance affordability programs; - privacy and security standards; - digital literacy and website navigation; financial assistance; and - conflicts of interest. <p>A minimum training requirement is under development, as well as a written exam at the end of the training for certification. HIX and consumers will use the producer search function to verify if a license is active:</p>

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					<p>http://www.nmprc.state.nm.us/insurance/producer-search.html</p> <p><u>Agents and Brokers Compensation:</u> Agents and brokers will receive compensation from carriers for enrollment in HIX, in accordance with the Brokers' contracts with the carriers. The enrollment system will accept a Broker ID and transmit that data to the carrier so that the Broker can receive the commission.</p> <p>As in the current small group market, brokers will continue to serve as the primary sales force for small group insurance in NM. However, in the new defined contribution system, brokers' interaction with employees may increase significantly as they take on a role geared more toward "education and advisement" with respect to purchasing health coverage. HIX technology will enable brokers to be responsive to employer and employee needs. Brokers will be able to use the on-line consumer decision support tools and the side-by-side plan comparison display to assist individual employees with selecting and purchasing a plan that best fits their needs.</p> <p>The HIX IT RFP specifies that the HIX IT system must be able to interface with web brokers' sites. The specific method will depend on the vendor's proposal.</p>
2.8a	<i>If applicable:</i> HIX has a process to verify that agents/brokers comply with State law, including licensure requirements consistent with 45 CFR 155.220(e).		See NMSA 1978, 59A-1 <i>et seq.</i> , The New Mexico Insurance Code (link attached)	08/01/13	<p>HIX will use the producer search at http://www.nmprc.state.nm.us/insurance/producer-search.html which shows if a license is active and certified on the HIX. Agents/agents and brokers must meet requirements in order to keep a license active. In addition, the continuing education that has been completed is displayed on the website.</p> <p>The DOI Bureau is responsible for the licensing and regulation of individuals and businesses who conduct insurance business in the state of New Mexico. The Bureau determines the qualifications and eligibility of applicants and processes license applications, company appointments by insurers, renewals, banking of continuing education credits, and approval of pre-licensing and continuing education courses.</p> <p>No person shall in this state be, act as or make any representation as being, as to subjects of insurance resident, located or to be performed in this state or elsewhere, unless then licensed as such under the Insurance Code [59A-1-1 NMSA 1978].</p> <p>Access NMSA 1978 59A-1 <i>et seq.</i> here: http://www.nmonesource.com/nmpublic/gateway.dll?f=templates&fn=default.htm</p>
2.9	<i>If applicable:</i> If the State permits activities by agents and brokers pursuant to 45 CFR 155.220(a), HIX has clearly defined the role of web brokers including evidence of licensure, training, and	<i>If applicable:</i> Brief description of how HIX's Internet Web site will interface with web brokers' Web sites. AND <i>If applicable:</i> Brief description of	HIX IT RFP, 11.02.12	08/01/13	<p>Web brokers will have the same requirements as non-web brokers. They must be licensed and certified in NM and take required training if they wish to sell products from the HIX.</p> <p>The HIX IT System RFP issued on 11.02.12 (attached) includes a requirement, TR-102, for the system to be able to interface with web brokers.</p>

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	compliance with 45 CFR 155.220(c)-(e). Specifically, HIX has agreements with web brokers consistent with 45 CFR 155.220(d), which address agent/broker registration with HIX, training on QHP options and Insurance Affordability Program(s), and adherence to privacy and security standards, as specified in 45 CFR 155.260.	Exchange's policy for ensuring compliance with 45 CFR 155.220(c)(3),(d) and (e), including how it will ensure web brokers are appropriately trained and meet HIX's privacy and security standards.			
2.9a	<i>If applicable:</i> HIX has a process to verify that web brokers are in compliance with State law including licensure requirements consistent with 45 CFR 155.220(e).			08/01/13	HIX will use the producer search at http://www.nmprc.state.nm.us/insurance/producer-search.html which shows if a license is active. Agents and brokers must meet requirements in order to keep a license and certification active. In addition, the continuing education that has been completed is displayed on that website. HIX will be responsible for verifying that the producer has completed the additional HIX training.
2.9b	<i>If applicable:</i> HIX has agreements with web brokers, consistent with 45 CFR 155.220(d), which address web broker registration with HIX, training on QHP options and Insurance Affordability Program(s), and adherence to privacy and security standards, as specified in 45 CFR 155.260.			08/01/13	Web brokers will have the same requirements as non-web brokers. They must be licensed and certified in NM and take required training if they wish to sell products from the HIX. HIX will be responsible for verifying that the web broker has completed the additional HIX training.
3.0	Eligibility and Enrollment				
3.1	HIX has developed and will use an HHS-approved single, streamlined application for the individual market – or will use the HHS-developed application – to determine eligibility and collect information that is necessary for enrollment in a QHP for the individual market and for Insurance Affordability Programs as specified in 45 CFR 155.405. HIX has developed and will use an HHS-approved application for SHOP or will use the HHS-developed application for SHOP	<i>If applicable:</i> State-developed single-streamlined application to determine eligibility for the individual market. AND <i>If applicable:</i> State-developed single-streamlined application to determine eligibility for the SHOP.		Second quarter, 2013	New Mexico is actively engaged in the process of developing a draft format of a single, streamlined application for Medicaid/CHIP and insurance affordability programs (IAPs) that will be available to consumers via the Exchange. An intradepartmental work group is currently working to review and refine the details of the application components, to describe operational and administrative workflows, and to outline related policy considerations. The work group is also engaged in discussions about potential strategies for seeking input on the draft application from tribal members, consumers and other stakeholder groups.

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	employers and employees as specified in 45 CFR 155.730.				
3.1a1	HIX has developed and will use a HHS-approved single, streamlined application for the individual market to determine eligibility and collect information that is necessary for enrollment in a QHP and for Insurance Affordability Programs as specified in 45 CFR 155.405. OR			Second quarter, 2013	New Mexico is actively engaged in the process of developing a draft format of a single, streamlined application for Medicaid/CHIP and insurance affordability programs (IAPs) that will be available to consumers via the Exchange. An intradepartmental work group is currently working to review and refine the details of the application components, to describe operational and administrative workflows, and to outline related policy considerations. The work group is also engaged in discussions about potential strategies for seeking input on the draft application from tribal members, consumers and other stakeholder groups.
3.1a2	HIX will use the HHS-developed single, streamlined application for the individual market to determine eligibility and collect information that is necessary for enrollment in a QHP and for Insurance Affordability Programs as specified in 45 CFR 155.405.			Not applicable	Not applicable. HSD will develop a New Mexico-appropriate single application for all Insurance Affordability Programs.
3.1b1	HIX has developed and will use HHS-approved applications for SHOP employers and employees as specified in 45 CFR 155.730. OR			First quarter, 2013	
3.1b2	HIX will use the HHS-developed applications for SHOP employers and employees as specified in 45 CFR 155.730.			Not applicable	Not applicable. HSD will develop a New Mexico-appropriate application for all Insurance Affordability Programs.
3.2	HIX has developed and documented a coordination strategy with other agencies administering Insurance Affordability Programs and the SHOP that enables HIX to carry out the eligibility and enrollment activities.	Brief description of HIX's coordination strategy with other agencies administering Insurance Affordability Programs and the SHOP related to eligibility and enrollment activities.	See Exhibits to Section 2.0	First quarter, 2013	This will be an ongoing process. The New Mexico insurance exchange will have direct and indirect impacts on many stakeholders across the state. In an effort to determine and address impacts the New Mexico exchange will have, the state has conducted program integration interviews with a wide cross section of New Mexico stakeholders. These stakeholders included state agencies (Medicaid, Dept. of Health, Indian Affairs, etc.), health insurance companies, insurance broker and the Health Insurance Alliance. The goal of the program integration interviews is to identify gaps associated with knowledge of the exchange, resources gaps and technology gaps as well as addresses questions stakeholders may have as it relates to their role integrating with the New Mexico Exchange. These interviews have identified a variety of issues that are necessary for both the state and the stakeholders to address and resolve. As a result of these interviews, the state has already taken comprehensive steps to address many of the issues and will continue to work with all stakeholders to address any remaining issues that could have an impact on the development and implementation of the New Mexico insurance exchange. See, generally, responses to Section 2.0. HIA has consulted with MAD and the HSD Income Support Division (ISD) as key project

Exchange Activity	CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
				<p>stakeholders and will involve them in project plan review meetings, Joint Requirements Analysis sessions, and discussions to identify project dependencies between HIX and the Medicaid eligibility modernization project that is underway. From a design, development, and implementation (DDI) perspective, all stakeholder State agencies will be involved in joint application design (JAD) sessions and provide subject matter experts to participate in work group meetings.</p> <p>Memoranda of understanding (MOUs) will be signed by HIX and HSD to cover terms and conditions for the following:</p> <ul style="list-style-type: none"> • Identification of a system that will meet the Key Business Requirements listed in the IT RFP • Specify business operations between HSD and HIX to formalize operational roles and responsibilities • Transfer grant money awarded to HSD for the use of HIX <p>HIA will also coordinate with CCIIO Technical Assistance for processes that will leverage federal services.</p> <p>Insurance issuers, navigators, third party administrators, plan and insurance providers, CMS, and DOI will interact with the HIX web portal and/or through data exchanges to avoid manual transactions and re-keying information.</p> <p><u>HIX Standard Operating Procedures</u> Upon entry into HIX, enrollees will be asked if they wish to complete an insurance affordability assessment for Medicaid / CHIP and APTC and CSR. If an enrollee decides not to complete an assessment, he or she will be asked to provide information so a comparison can be made among non-subsidized QHPs for possible enrollment.</p> <p>For enrollees who wish to complete an assessment, HIX will collect the required data (Name, age, income, blind and disabled status, etc.) from enrollees and family members. Enrollees will be assessed for Medicaid & CHIP. The HIX will send a web services query to the Federal Data Services HUB for the enrollees' MAGI. HIX will use the MAGI data provided by the Federal Data Service HUB as well as the enrollee's age, blind and disabled status to assess eligibility for Medicaid & CHIP. If the enrollee is assessed to be eligible for Medicaid, the enrollee will then be referred to ISD to complete a full Medicaid / CHIP eligibility determination. The information the enrollee provides during the initial HIX assessment will be sent electronically to ISD to streamline the enrollment process.</p> <p>If ISD determines that an enrollee is not eligible for Medicaid / CHIP, the enrollee will be referred to the HIX to complete an eligibility determination for APTC/CSRs. Enrollees who go directly to ISD and are not eligible for Medicaid / CHIP will be referred to the HIX for an eligibility determination for APTC/CSRs. ISD intends to provide the HIX with enrollment data supplied by the enrollee to streamline the eligibility process for the</p>

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					<p>APTC/CSRs determination. While ISD is conducting a full Medicaid / CHIP eligibility determination, the HIX will also perform an eligibility determination for APTC/CSRs as described below.</p> <p>The HIX will also be utilizing the Federal service to determine eligibility for APTC/CSR. The HIX will send data via web services using the Federal Data Services HUB and plans to provide the enrollee with the calculated subsidy for which eligibility has been determined. If there is a discrepancy between the enrollee's income and the MAGI provided by the Federal Data Service HUB, the HIX will begin the appeals process in an effort to make a redetermination of the enrollees APTC/CSR eligibility.</p>
3.3	HIX has the capacity to accept and process applications, updates, and responses to predeterminations from applicants and enrollees, including applicants and enrollees who have disabilities or limited English proficiency, through all required channels, including in-person, online, mail, and phone.			Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendix D-1.2 of the HIX IT System RFP includes the functional requirements to support this blueprint activity.
3.3a	HIX has the capacity to accept and process applications, updates, and responses to redeterminations from applicants and enrollees in-person.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendix D-1.2 of the HIX IT System RFP includes the functional requirements to support this blueprint activity.</p> <p>HIX plans to design a Navigator Program (see Section 2.6) to provide in-person application assistance for consumers. The Exchange will create a specialized portal expressly for brokers and navigators to support their role in guiding consumers through the plan comparison and selection process.</p>
3.3b	HIX has the capacity to accept and process applications, updates, and responses to redeterminations from applicants and enrollees online.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendix D-1.2 of the HIX IT System RFP includes the functional requirements to support this blueprint activity.</p> <p>HIX will build an ACA-compliant exchange that supports an online single-streamlined application process to provide consumers with access to Insurance Affordability Programs and an online tool to shop and enroll in commercial insurance. The online web portal will be designed to accommodate the needs of applicants with disabilities and limited English proficiency through a variety of translation services and customer support tools.</p>
3.3c	HIX has the capacity to accept and process applications, updates, and responses to redeterminations from applicants and enrollees via mail.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendix D-1.2 of the HIX IT System RFP includes the functional requirements to support this blueprint activity.</p> <p>The Customer Service Center shall also support a mail room function in the event that a</p>

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					consumer prefers to complete a paper application. The mail room will mail the applications to individuals as well as employees who request a paper application to enroll in a small employer and/or individual benefit plan. The mail room will also receive completed paper applications.
3.3d	HIX has the capacity to accept and process applications, updates, and responses to redeterminations from applicants and enrollees via phone.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendix D-1.2 of the HIX IT System RFP includes the functional requirements to support this blueprint activity.</p> <p>To ensure quality customer service, the call center will support voice and screen recording of all calls, remote call monitoring, and warm transfer capabilities.</p>
3.3e	HIX has the capacity to conduct the activities set out in 3.3a – 3.3d for applicants and enrollees who have disabilities or limited English proficiency.			Third quarter, 2013	<p>Technical requirements, TR-33 and TR-34, have been developed to support this activity.</p> <p>The access channels described in 3.3a – 3.3d will have the capacity to assist consumers with disabilities or with limited English proficiency, that comply with all applicable federal policies and laws, through the following features:</p> <ul style="list-style-type: none"> • User friendly, plain English, web portal with mouse-over help feature • 508-compliant web portal for the visually impaired • Text Telephone (TTY) services for the hearing impaired • Third-party language translation services for individuals with limited English proficiency • Applications and supporting materials, notices, and correspondence in multiple languages upon request
3.4	HIX has the capacity to send notices, including notices in alternative formats and multiple languages; conduct periodic data matching; and conduct annual redeterminations and process responses in-person, online, via mail, and over the phone pursuant to 45 CFR 155, subpart D.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the functional requirements, EL-95, PM-26, PM-27, PM-36, PM-37, PM-95, PM-96, PM-97, SH-31, SH-110, SH-111, SH-167, to support this blueprint activity.</p> <p>New Mexico will contract with a vendor that can provide a system that is able to generate and send correspondence in electronic formats, print correspondence onto standardized paper, and provide services for sending notices, which includes folding, postage, and delivering correspondence. The Exchange will support both secure and non-secure correspondence. It is planned that the Exchange system will maintain the languages that Medicaid currently supports for all out-going correspondence.</p>
3.4a	HIX has the capacity to generate and send notices, including notices in alternative formats and multiple languages, pursuant to 45 CFR 155, subpart D.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the functional requirements, EL-95, PM-26, PM-27, PM-36, PM-37, PM-95, PM-96, PM-97, SH-31, SH-110, SH-111, SH-167, to support this blueprint activity.</p>
3.4b	HIX has the capacity to conduct periodic data matching pursuant to 45 CFR 155, subpart D and act on the results of the data matching.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the functional requirements to support this blueprint activity.</p>

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3.4c	HIX has the capacity to conduct annual redeterminations and process responses through all channels pursuant to 45 CFR 155, subpart D.			Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendix D-1.2 of the HIX IT System RFP includes the functional requirements to support this blueprint activity.
3.5	HIX has the capacity to conduct verifications pursuant to 45 CFR 155, subpart D, and is able to connect to data sources, such as the Data Services Hub, and other sources as needed.	Comprehensive list of data sources that the State is connecting to or interfacing with, including a description of the data types and information associated with each source (including data sources that are used as primary verification methods or are used when information is not reasonably compatible). AND Brief description of how verifications will be conducted in the following areas: residency, citizenship and immigration status, incarceration, household income, family/household size, whether an individual is an Indian, enrollment in an eligible employer-sponsored plan (if applicable), eligibility for qualifying coverage in an eligible employer-sponsored plan, and eligibility for non-employer-sponsored minimum essential coverage. If applicable, describe any of the verifications listed above that may require the support of Federal agencies.		Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the requirements to support this blueprint activity. Requirements EL-78 through EI-93 are the functional verification requirements to support this activity. Technical requirements TR-74 and TR-75 are the technical requirements in the HIX IT System RFP to support this blueprint activity.
3.6	HIX has the appropriate privacy protections and capacity to accept, store, associate, and process documents received from individual applicants and enrollees electronically, and the ability to accept, image, upload, associate, and process paper documentation received from applicants and enrollees via mail and/or fax.			Third quarter, 2013	Technical requirement TR-30 is the technical requirement in the HIX IT System RFP to support this blueprint activity
3.6a	HIX has the appropriate privacy protections and capacity to accept, store, associate, and			Third quarter, 2013	Technical requirement TR-30 is the technical requirement in the HIX IT System RFP to support this blueprint activity

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	process documents received from applicants and enrollees electronically.				
3.6b	HIX has the appropriate privacy protections and capacity to accept, image, upload, associate, and process paper documentation received from applicants and enrollees via mail and/or fax.			Third quarter, 2013	Technical requirement TR-30 is the technical requirement in the HIX IT System RFP to support this blueprint activity
3.7	HIX has the capacity to determine individual eligibility for enrollment in a QHP through HIX and for employee and employer participation in the SHOP. In addition, HIX has the capacity to assess or determine eligibility for Medicaid and CHIP based on Modified Adjusted Gross Income (MAGI).			Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the requirements to support this blueprint activity.
3.7b1	HIX has the capacity to determine eligibility for Medicaid and CHIP based on MAGI. OR			Not applicable	Not applicable.
3.7b2	HIX has the capacity to assess eligibility for Medicaid and CHIP based on MAGI.			Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the requirements to support this blueprint activity.
3.7c	HIX has the capacity to determine eligibility for employee and employer participation in SHOP.			Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the requirements to support this blueprint activity.
3.7d	HIX has the capacity to accept and process applications that have been transferred from other agencies administering Insurance Affordability Program(s).			Third quarter, 2013	Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the requirements to support this blueprint activity.
3.8	HIX has the capacity to determine eligibility for Advance Payments of the Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR), including calculating maximum APTC, independently or through the use of a Federally-managed service.	<i>If HIX is using Federally-managed Services: Provide a description of the end-to-end process, including activities conducted by HIX and integration points with the Federally-managed service.</i>		Third quarter, 2013	The HIX will be utilizing the federal service to determine eligibility for APTC/CSR. New Mexico has reviewed the "IAP Eligibility Determination: Medicaid/CHIP Straw model" and intends to comply with the final requirements as soon as they become available. HIX will begin building the necessary web service interfaces and will start testing this service as soon as HHS releases the technical specifications and testing requirements. HIX will build the technology and protocols to interface with the APTC/CSR federal web services to facilitate the eligibility process and perform IV&V to ensure the process is providing accurate eligibility determinations. HIX anticipates that it will need three months to build the interface with the federal service and two months to perform tests and IV&V. HIX may require an additional two months to make technical modifications to be production ready.

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					<p>End-to-End Process The HIX will collect data (Name, Income, SS#, etc.) from enrollees and family members to perform an (eligibility determination using the federal service. The HIX will send data via web services using the Federal Data Services HUB to perform the eligibility determination. The HIX will provide the enrollee with the calculated subsidy for which eligibility has been determined. If there is a discrepancy between the enrollee's income and the MAGI provide by the HUB, the HIX will begin the appeals process to make a redetermination of the enrollees' eligibility. The HIX will provide electronic calculator to provide the premium cost of each plan, the APTC/CSR they qualify for and the actual out of pocket cost.</p>
3.9	HIX has the capacity to independently send notices, as necessary, to applicants and employers pursuant to 45 CFR 155, subpart D that are in plain language, address the appropriate audience, and meet content requirements.			Third quarter, 2013	<p>Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the functional requirements, EL-95, PM-26, PM-27, PM-36, PM-37, PM-95, PM-96, PM-97, SH-31, SH-110, SH-111, SH-167, to support this blueprint activity.</p>
3.10	HIX has the capacity to accept applications and updates, conduct verifications, and determine eligibility for individual responsibility requirement and payment exemptions independently or through the use of Federally-managed services.	<i>If HIX is using Federally-managed Services: Provide brief description of the end-to-end process, including activities conducted by HIX and integration points with the Federally-managed service</i>		Third quarter, 2013	<p>Individual Responsibility Requirement and Payment Exemptions The NM HIX intends to utilize the Federal Service to determine eligibility for Individual Responsibility Requirement and Payment Exemption Determinations (IRR&PED). Once HHS releases the final rules and specification regarding the IRR&PED service, New Mexico will thoroughly review the requirements and specifications, and intends to comply with the final requirements. New Mexico will begin building the necessary web service interfaces to initiate testing against this service as soon as HHS releases the technical specifications and testing requirements and in accordance to the implementation schedule that will be developed with the IT vendor. New Mexico will also build the technology and protocols to interface with the IRR&PED federal web services to facilitate the IRR&PED process. New Mexico plans to perform IV&V functions to ensure the IRR&PED process is providing accurate exemption determinations. Based on testing results, New Mexico will make any necessary technical modifications in order to be production ready.</p> <p>End-to-End Process The NM HIX will collect the required data (Name, Income, SS#, reason for exemption, etc.) from enrollees and family members to accurately perform an IRR&PED using the IRR&PED Federal Service. The Exchange will send data via web services using the Federal Data Services HUB and send a web services request to the IRR&PED federal service to perform the IRR&PED. The Exchange will, via web services, use the results of the IRR&PED and provide the enrollee with the results electronically in real-time. Regardless of the IRR&PED the enrollees will still be given the option of purchasing either subsidized or unsubsidized QHPs via the NM HIX. If there is a discrepancy between the enrollee's exemption status and the IRR&PED provided by the Federal Data Service HUB, the Exchange will request additional information from the enrollee for reconciliation.</p>

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					Technical and functional requirements have been developed to support this activity. Appendices in the HIX IT System RFP include the requirements to support this blueprint activity. Requirements EL-78 through EI-93 are the functional verification requirements to support this activity. Technical requirements TR-74 and TR-75 are the technical requirements in the HIX IT System RFP to support this blueprint activity.
3.11	HIX has the capacity to support the eligibility appeals process and to implement appeals decisions, as appropriate, for individuals, employers, and employees.			Third quarter, 2013	Requirements EL-58 through EL-66 are the functional requirements within the HIX IT System RFP for individual appeals to support this blueprint activity. Appendix D-4.9 contains the functional requirements for the employer appeals process. HIX, HSD, ISD, and DOI will establish a process to manage appeals. ISD and MAD will handle appeals related to Medicaid / CHIP eligibility determinations. Other eligibility appeals (APTC/CSR, exemption, etc.) will be handled by HIX or DOI. Currently, the DOI is responsible for addressing consumer inquiries, comments, and complaints; collecting data; reporting data to the NAIC; and communicating issues or other information to additional DOI departments. It is anticipated that complaints and issues related to QHPs will be managed through a system very similar to the existing business process.
3.12	HIX and SHOP have the capacity to process QHP selections and terminations in accordance with 45 CFR 155.400 and 155.430, compute actual APTC, and report and reconcile QHP selections, terminations, and APTC/advance CSR information in coordination with issuers and CMS. This includes exchanging relevant information with issuers and CMS using electronic enrollment transaction standards.			Third quarter, 2013	Appendix D-1.2 of the HIX IT System RFP contains the functional requirements to support this blueprint activity.
3.12a	HIX has the capacity to process QHP selections and terminations using electronic enrollment transaction standards in coordination with issuers and CMS.			Third quarter, 2013	Appendix D-1.2 of the HIX IT System RFP contains the functional requirements to support this blueprint activity.
3.12b	HIX has the capacity to compute actual APTC.			Third quarter, 2013	The Exchange intends to leverage the federally managed service for APTC and CSR calculations and apply the result to the shop and compare calculator within the HIX IT system.
3.12c	HIX has the capacity to report and reconcile QHP selections, terminations, and APTC/advance			Third quarter, 2013	Appendix D-1.2 of the HIX IT System RFP contains the functional requirements to support this blueprint activity

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	CSR information in coordination with issuers and CMS.				
3.12d	The SHOP has the capacity to process QHP selections and terminations, including reporting and reconciling selection and termination information.			Third quarter, 2013	Appendix D-4.5 of the HIX IT System RFP contains the functional requirements to support this blueprint activity
3.13	HIX has the capacity to electronically report results of eligibility and exemption assessments and determinations, and provide associated information to HHS, IRS, and other agencies administering Insurance Affordability Programs, as applicable. This includes information necessary to support administration of the APTC and CSR as well as to support the employer responsibility provisions of the Affordable Care Act.			Third quarter, 2013	Technical requirements TR-74 and TR-76 of the HIX IT System RFP support the technical requirements of this blueprint activity
3.14	In accordance with section 155.345(i) of HIX Final Rule, HIX must follow procedures established in accordance with 45 CFR 152.45 related to the Pre-Existing Condition Insurance Plan (PCIP) transition.			Third quarter, 2013	<p>The New Mexico Medical Insurance Pool (NMMIP) was established by the New Mexico State Legislature in 1987 to provide access to health insurance coverage to New Mexicans who are considered uninsurable. NMMIP also provides health benefit portability coverage to New Mexicans who have exhausted COBRA benefits and have no other options available. NMMIP is administered by BlueCross BlueShield of New Mexico, which handles eligibility, enrollment, member services and claims processing. In 2010, HSD designated NMMIP to administer the Pre-existing Condition Insurance Program (PCIP) for New Mexico. NMMIP administers the PCIP as a separate program that operates with the existing state-based program.</p> <p>New Mexico plans to transition enrollees of the PCIP to HIX or other coverage options through a process that will include written communications, phone contact, in-person assistance when required, and information on a website in advance of the anticipated December 31, 2013 transition deadline. A formal transition plan will be developed, in consultation with the CCIIO PCIP Programs Group to address information about the end date of coverage, enrollee rights, and sources of assistance for questions, as well as information about HIX QHPs and other options. New Mexico will ensure that coverage transition/ care coordination requirements are met, along with any other applicable provisions of state insurance law.</p>
4.0	Plan Management If applying for Plan Management Partnership, the appropriate State entity, rather than the "Exchange," will complete this section.				

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
4.1	HIX has the appropriate authority to perform the certification of QHPs and to oversee QHP issuers consistent with 45 CFR 155.1010(a).	Citation of the State's applicable statutory and/or regulatory authority		Completed	<p>The New Mexico Superintendent of Insurance has authority over all health insurance plans sold in New Mexico. Please see Exhibit: Statutory Authority to Perform Certification of QHPs and Oversee Issuers.</p> <p>In November 2012, New Mexicans passed an amendment to the New Mexico State Constitution to remove the Division of Insurance (DOI) from the purview of the Public Regulatory Commission (PRCT). The legislature will now decide the details on the restructuring of the Department, including who appoints the insurance superintendent and to whom he or she will report. Regardless of the administrative restructuring, the Superintendent of Insurance will maintain the same authority as outlined in the statute. Issuers.</p>
4.2	HIX has a process in place to certify QHPs pursuant to 45 CFR 155.1000(c) and according to QHP certification requirements contained in 45 CFR 156.	<p>Brief description of how HIX will ensure that the issuers and health plans meet each of the QHP certification standards. Include the process that HIX will use to evaluate issuers and health plans against each of the QHP certification standards, including any differences specific to SHOP. AND Brief description of entities responsible for QHP certification and briefly describe the roles and responsibilities of each entity as they relate to each of the QHP certification standards. AND Brief description of the integration between HIX and the State Department of Insurance</p>	<p>See QHP Certification Process</p> <p>See State Mandates for PPOs</p> <p>See State Mandates for HMOs</p> <p>See DOI Evaluation of Solvency, Accreditation, Network Adequacy, and Rate Review.</p>	Second quarter, 2013	<p>DOI will be responsible for plan management functions, including QHP certification, of the HIX solution. DOI will utilize the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) to support a majority of the plan management functions.</p> <p>For a step-by-step overview of the QHP certification process, please see QHP Certification Process.</p> <p>DOI will expand its current protocol of plan and issuer approval to encompass QHP plan and issuer approval, as detailed below.</p> <p><u>Initiate QHP issuer Application</u> DOI intends to follow a two-part QHP application, with the majority of information collected at the issuer level, and rate and benefit data review, captured at the specific QHP plan level. Applications will be accepted via SERFF, which will be configured to capture the data needed by DOI to certify QHPs. SERFF will perform automated checks on the application for completeness and syntax. Issuers will be asked to attest to the complete application at this time.</p> <p>The timeline for the initial QHP applications is as follows: QHP carriers will be required to submit their plans by April 8, 2013. DOI will immediately begin to review plans and will have a target date of July 1, 2013 for plan certification.</p> <p><u>Evaluate QHP Issuer Application</u> Once the application is complete, the review process will shift to an evaluation of the submitted plan benefit and rate data. The overall QHP review process will be facilitated through SERFF; however, specific analytical steps will be performed by DOI staff with the results captured in the SERFF system record. DOI will leverage existing units to focus on QHP application review segments that are complimentary to existing functions. New Mexico has extensive state mandate requirements, which will be included in the QHP certification requirements. For a detailed review of the state requirements, please see State Mandates for PPOs and State Mandates for HMOs.</p> <p><u>Review Rate and Benefit Data Information</u></p>

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				<p>This process includes the receipt of rate and benefit data for each QHP. Rate and benefit data will be received at one time in a comprehensive QHP application, and the issuer attestation process will be performed at the point of initial application submission.</p> <p>In 2011, DOI revised and strengthened the rate review process. Please see DOI Evaluation of Solvency, Accreditation, Network Adequacy, and Rate Review.</p> <p><u>Analyze Rate and Benefit Data and Information</u> DOI will review and analyze rate and benefit data and information during the QHP application and recertification process, as well as any rate increases that may be requested outside of these cycles. DOI anticipates that all rate increases will be submitted to CMS for QHPs. Issuers will need to update rate and benefit information at least annually. SERFF will be utilized to receive rate information and track the review process and final disposition.</p> <p><u>Revise QHP Issuer Application</u> This process may be performed at different points in the QHP Issuer Application Evaluation Process to allow the issuer to resubmit portions of its QHP Issuer Application if issues with the application are discovered. SERFF will be used to notify issuers of the need for revisions, to track correspondence, and receive the updated information.</p> <p><u>Revise Rate and Benefit Data and Information</u> This process will be performed by DOI to request issuers to submit revised rate and benefit data and information. SERFF will be used as the technical solution to notify issuers of the need for revisions, to track correspondence, and receive the updated rates. The revised information will then be sent to rate and benefit analysis process.</p> <p><u>Determine Issuer or Plan Non-Certification</u> This process provides for non-certification of issuers or specific plans. There are multiple instances within the QHP certification processes that would trigger non-certification of an issuer or a plan. Non-certification communication will be managed within the SERFF system, whereas appeals management and tracking will be handled within by the DOI using existing legal resources.</p> <p><u>Establish QHP Certification Agreement</u> This process is performed for those issuers who meet the standards as determined by DOI in the QHP issuer application evaluation, rate analysis, and benefit evaluation processes. DOI and the HIX will develop a standard QHP contract whereby issuers will certify that they will comply with all applicable state and federal laws, regulations, and guidelines. The SERFF system will facilitate the transmission of the agreement and track the correspondence related thereto.</p> <p><u>Monitor Issuer and Plan Certification Compliance</u> DOI will monitor QHP compliance by leveraging existing oversight functions. In the event of an adverse event or adverse finding from a periodic assessment that may</p>

Exchange Activity	CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
				<p>affect a QHP's certification status, DOI will coordinate support to resolve the issue. Appeals related to oversight and monitoring activities will be handled through the DOI's existing appeal resolution process. DOI will notify HIX to remove the QHP from sale upon finding cause to decertify a QHP.</p> <p><u>Maintain QHP Operational Data</u> This process includes receipt of consumer complaints and corresponding responses, the ongoing management of issuer administrative data, and updating the QHP enrollment period availability. DOI will be responsible for the management of the consumer complaint process for QHPs, including complaints referred from the call center, and will coordinate among internal units as needed to resolve consumer complaints or identify potential compliance issues. SERFF will be used to record all QHP administrative data.</p> <p><u>Licensure and Financial Solvency</u> DOI conducts licensure assessments based on financial history, background, financial exams, holding company structure, and other relevant issuer financials. The process includes issuer submission of the Uniform Certificate of Authority Application (UCAA). The UCAA is designed to allow insurers to file copies of the same application for admission in numerous states. Each state that accepts the UCAA is designated as a uniform state. New Mexico fully participates and is designated as a uniform state.</p> <p><u>Service Areas</u> DOI will be responsible for plan review including QHP service areas. Issuer plan data submissions must specify service areas which will be reviewed according to guidelines in the PPACA § 155.1055(a):</p> <p><i>The QHP service area must cover a minimum geographical area that is at least an entire county or group of counties, unless the HIX determines that serving a smaller geographic area is necessary, nondiscriminatory, and in the best interest of the qualified individuals and employers.</i></p> <p><i>The QHP service area must be established without regard to racial, ethnic, language, health-status related factors, or other factors that exclude specific high utilizing, high cost, or medically-underserved populations. § 155.1055(b).</i></p> <p>The existing DOI protocol is consistent with PPACA § 155.1055(a). SERFF form filing will include plan service area parameters. This will be included in the annual submission of plan data.</p> <p><u>Network Adequacy</u> Issuers must specify network adequacy upon plan submission to SERFF. SERFF will support the collection of Network Adequacy data and will additionally have the ability to confirm that an issuer has an adequate network or has attested to an adequate network. DOI will ensure that the QHP has made its provider directory available for online publication (or has provided the source of online publication) and has indicated</p>

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				<p>providers who are no longer accepting new patients according to PPACA § 156.230(b). The SERFF Network Adequacy tool will be used to assess additional requirements included in PPACA § 155 and § 156 such as the inclusion of essential community providers and the availability of sufficient numbers and types of providers.</p> <p>SERFF form filing will include network adequacy information. This will be included in the annual submission of plan data. DOI may elect to include additional network adequacy requirements once the SERFF enhancement information is available. For a more detailed review of DOI Network Adequacy standards, please see DOI Evaluation of Solvency, Accreditation, Network Adequacy, and Rate Review.</p> <p><u>Marketing</u> DOI will be responsible for review of marketing materials. New Mexico currently reviews issuer marketing materials as part of its market conduct examinations that are authorized under New Mexico state law.</p> <p><u>Accreditation</u> URAC and NCQA accreditation will be verified and accepted.</p> <p>Quality Improvement and quality measures will be part of accreditation. Complaint and compliance information on issuers is currently available but is not a standard part of the plan review process. Consumer assistance information will be gathered in the QHP review process (and also to develop plan ratings.) Complaints and appeals information will be used in accreditation according to 45 CFR 156.275. Consistent with the National Association of Insurance Commissioners white paper on this topic for QHP issuers that are not already accredited, DOI will establish a uniform period following certification of a QHP within which the issuer must become accredited.</p> <p><u>Essential Health Benefits And Discriminatory Benefit Design</u> DOI will review plan filings for compliance with essential health benefit and discriminatory benefit design guidelines, as well as state mandates.</p> <p><u>Rating Areas</u> Rating areas will be a consideration in the QHP review process. A third party actuary will assist the state in defining rating areas.</p> <p><u>Cost-sharing Reductions</u> Collection, analysis, and if required, submission to Federal government for review of QHPs' plan variations for cost-sharing reductions, advance payment estimates for such reductions, and any supporting documentation needed to ensure compliance with applicable regulations and accuracy of the cost-sharing reduction advance payments. This should be included in the SERFF functionality.</p> <p><u>Actuarial Value</u></p>

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Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					<p>DOI will use a third party actuary to verify rates; SERFF will be used to maintain information.</p> <p><u>Market Reform Rules</u> DOI will ensure QHP compliance with market reform rules in accordance with all applicable regulations and guidance.</p> <p><u>Rate Review and Rate Increases</u> Rate information is submitted in SERFF as part of application (usually several months prior to enrollment). Rates are approved by an actuary first if there are a large number of lives affected [under 10% usually handled in house]. Rate increases are reviewed with the Superintendent. Rate increases are analyzed based on earned premium, incurred claims and loss ratio. All of the data for the application comes from SERFF. The rate review process is separate from the application / plan review in form filings. It is an iterative process facilitated by SERFF. There is a 30 day response time required on revisions. Information will be submitted to CCIIO via quarterly reports in the Health Insurance Oversight System (HIOS)</p> <p>For additional rate review details, please see <u>DOI Evaluation of Solvency, Accreditation, Network Adequacy, and Rate Review.</u></p> <p><u>CO-OP Plans</u> New Mexico has a new CO-OP plan, New Mexico Health Connections, which intends to offer plans on the HIX. DOI will conduct reviews of CO-OP plans on the same basis and in the same manner that it reviews all plans. DOI will provide recommendations to CMS on whether a CO-OP plan meets HIX standards for a QHP to assist CMS in its decision to deem CO-OP as certified to participate according to 42 CFR 156.520 (e);</p> <p>Please note: The carriers are waiting for HHS guidance and final rules regarding issues such as rating limitations and the AV calculator. The timing of these releases by HHS may affect the carriers' ability to build and submit a plan in a timely manner and may affect DOI's timeline as well.</p>
4.2a	HIX has the capacity to certify QHPs in advance of the annual open enrollment period pursuant to 45 CFR 155.1010(a) (1).			Second quarter, 2013	DOI will supplement its existing review staff with staff requested through an MOU with HSD, funded by the Level One Establishment Grant. DOI staff are already trained on existing SERFF functionality.
4.2b	HIX has the capacity to ensure QHPs comply with the QHP certification standards contained in 45 CFR 156 including, but not limited to, standards relating to licensure, solvency, service area, network adequacy, essential community providers, marketing and discriminatory benefit design,			Second quarter, 2013, and ongoing	<p>DOI uses the NAIC Uniform Certificate of Authority structure to assess applications from a carrier for a NM Certificate of Authority. The Certificate of Authority is required before a carrier can sell plans in New Mexico.</p> <p>DOI currently uses SERFF to process new form filings and will be able to conduct QHP reviews through a similar process</p>

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	accreditation, and consideration of rate increases.				
4.2c	HIX has the capacity to collect, analyze, and if required, submit to the Federal government for review QHPs' plan variations for cost-sharing reductions, advance payment estimates for such reductions, and any supporting documentation needed to ensure compliance with applicable regulations and accuracy of the cost-sharing reduction advance payments.			Third quarter, 2013	DOI will use the new SERFF enhancement functions. Additionally, the IT RFP will include requirements for all of these functions. The HIX will handle any necessary manual reconciliation with the carriers.
4.2d	HIX has the capacity to ensure QHPs meet actuarial value and essential health benefit standards in accordance with applicable regulations and guidance.			Third quarter, 2013	DOI will review QHP applications from carriers who possess a current NM Certificate of Authority. They will use the SERFF functionality and a contracted actuary to review actuarial value.
4.2e	HIX has the capacity to ensure QHPs' compliance with market reform rules in accordance with applicable regulations and guidance.			Completed, with possible enhancements to the statute	DOI has a proposed bill, SB 290, to align the New Mexico Insurance Code with PPACA. Their intention is to bring the bill to the 2013 New Mexico Legislative Session. (Note: It may have a different designation in the new session.) http://www.nmlegis.gov/Sessions/12%20Regular/bills/senate/SB0290.pd
4.3	HIX uses a plan management system(s) or processes that support the collection of QHP issuer and plan data; facilitate the QHP certification process; manage QHP issuers and plans; and integrate with other Exchange business areas, including HIX Internet Web site, call center, quality, eligibility and enrollment, and premium processing.	Brief description of the anticipated number of health plans expected to participate in HIX. AND Brief description of the collection method and applicable systems that will be used to support the business operations of Plan Management.		Second quarter, 2013	The number of health plans anticipated to be offered on the HIX is between 40 and 120. New Mexico currently has a small number of carriers. We should be able to have a more accurate estimate as the project progresses. DOI will be providing all QHP certification for the HIX. Business processes such as agent licensure, carrier solvency, grievances and complaints, rate review, confirmation of actuarial value and carrier Certificates of Authority will be under the authority of the DOI. The HIX will require that QHPS be certified by DOI before they will be allowed to be sold on the HIX. HIX business processes are in the initial stages. The HIX IT RFP will include the Web Portal and HIX eligibility engine. HIA will issue an RFP to contract the call center services. The HIX will develop a quality reporting protocol to be implemented after January 2014. The HIX will also use SERFF to support most business operations in plan management. SERFF will be used to: <ul style="list-style-type: none"> Initiate the QHP Issuer Application (BP-PM-01), receive QHP application from issuers (BP-PM-01.25) and manage application revisions (BP-PM-04.25), and

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					<p>maintain the final QHP application submission and attestation (BP-PM-01.95)</p> <ul style="list-style-type: none"> • Validate that licensure has been established in the QHP review process (BP-PM-01.30) • Manage QHP submission windows (BP-PM-01.96) • Facilitate the evaluation of the QHP issuer application and maintain information about evaluation results (BP-PM-02.37), including determinations of non-certification (BP-PM-05.15) • Note: DOI will access complaint information as part of QHP evaluation (BP-PM-02.20) through the HIOS system and through previous data calls. In case of non-certification, the DOI Office of General Counsel uses an appeals tracking system to maintain a low volume of QHP appeals data. (BP-PM-05.35). The appeals tracking system would also be used in the decertification process as the result of a review or compliance issue (BP-PM-07.96). • Receive QHP Rate and Benefit Data and Information/ timeframes (BP-PM-03.25) and revisions (BP-PM-11.25) as well as maintain plan rate and benefit updates (BP-PM-10.60 and BP-PM-10.65) • Maintain certification acceptance agreements submitted by issuers (BP-PM-06.60) as well as non-acceptance (BP-PM-06.40). • Monitor ongoing compliance including accessing plan information such as network data and rate and benefit information as a result of an adverse event or periodic review (BP-PM-07.10) <p><u>Exchange Of Data With CMS</u></p> <p>The IT RFP calls for the SERFF-provided interface.</p>
4.3a	HIX has the capacity to collect and analyze information on plan rates, covered benefits, and cost-sharing requirements pursuant to 45 CFR 155.1020.			Second quarter, 2013	DOI will use the new SERFF enhancement functions.
4.3b	HIX has the capacity to use plan rate data and rules for purposes such as generating consumer-facing premiums and determining the second-lowest cost silver plan for premium tax credit calculations.			Second quarter, 2013	DOI will use a contracted actuary for determining the second-lowest cost silver plan. A qualified vendor will be procured for this activity through an RFP issued by HIA.
4.4	HIX has the capacity to ensure	Brief description of approach to		Second	DOI intends to monitor QHP compliance by leveraging existing oversight functions

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR 155.1010(a)(2), including a process for monitoring QHP performance and collecting, analyzing, and resolving enrollee complaints.	ensuring QHP compliance and monitoring of QHP performance, including any integration between Exchange and other State entities.		quarter, 2013, and ongoing	<p>within the department. In the event of an adverse event or adverse finding from a periodic assessment that may affect a QHP's certification status, DOI units will coordinate to support the resolution of the issue.</p> <p>Consumer assistance: Issue and Complaint Resolution and Reporting DOI is responsible for addressing consumer inquiries, comments, and complaints; collecting data; and reporting data to the federal government. The plan oversight system is largely complaint or referral-based and driven by reports to the DOI. Complaints and issues related to QHPs will be managed within the existing business process. The DOI sends quarterly compliance uploads to HIOS and bi-monthly reports to NAIC. Additionally, the Superintendent issues a data call annually to review grievances and complaints filed against a carrier during the previous year.</p> <p>DOI uses a distributed complaint/issue tracking system. In some cases the Examinations Bureau will become involved in issuer oversight, especially in cases where the legal department is contacted directly as opposed to complaints logged in consumer assistance. The DOI provides inter-agency information as necessary.</p> <p>The DOI "Consumer Guide to External Review" explains the complaint-filing and resolution process: http://www.nmprc.state.nm.us/insurance/managed-healthcare/consumer-guide-external-review.html</p> <p>Licensure, Financial Solvency, and Market Conduct DOI is responsible for oversight of the licensure, solvency, and market conduct of issuers who submit QHPs to be offered on the exchange. Market conduct exams will be conducted every 3 years and compliance issues will be addressed. DOI conducts financial oversight of issuers including review of financial statements, quarterly write-ups assessing risk profiles, and other audits or reviews as needed. During the course of complaint resolution, the Examinations Bureau may be notified of potential solvency or market conduct issues and may initiate an investigation. DOI has the capacity to review foreign issuers as necessary in conjunction with the state of domicile.</p> <p>DOI will use its existing protocol, expanded to include the standards for QHPs, to monitor ongoing compliance. Issuers are currently required to obtain a renewal of their Certificate of Authority annually. DOI uses the NAIC Uniform Certificate of Authority structure to assess applications for Certificates of Authority from carriers.</p> <p>DOI and the HIX will be able to transfer information electronically, using the new HIX IT system and with some modifications to the existing DOI IT system. The HIX will require that a QHP be certified/approved by DOI before it can be offered to consumers.</p>
4.4a	HIX has the capacity to ensure QHPs' ongoing compliance with QHP certification requirements			See Section 4.4	Please see Section 4.4.

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	pursuant to 45 CFR 155.1010(a)(2) and Exchange operational requirements.				
4.4b	HIX has a process to monitor QHP performance and to collect, analyze, and resolve enrollee complaints in conjunction with any applicable State entities (e.g., State Department of Insurance, consumer assistance programs, and ombudsmen).			Third quarter, 2013	The DOI Superintendent of Insurance issues an annual data call, which includes data provided by carrier, of all consumer grievances and complaints. Additionally, DOI has a consumer ombudsman to assist consumers with complaints. The HIX call center will be the initial point of contact for consumers with complaints. Complaints regarding consumers seeking to appeal a QHP decision or lodge a complaint against a QHP or QHP provider will be routed by the call center staff to DOI. The call center will keep records of those referrals.
4.5	HIX has the capacity to support issuers and provides technical assistance to ensure ongoing compliance with QHP issuer operational standards.	Description of issuer technical assistance and support activities to be provided by HIX and examples where applicable.		Second quarter, 2013	<p>QHP Issuers will designate a point of contact for HIX matters. DOI provides plan submission support to health insurance carriers in plan filing process, largely facilitated through SERFF. QHP submissions will follow a similar process but may require more support and issue resolution specifically related to new QHP form fields or documentation necessary to submit QHPs. DOI will support the issuers with the filing process including contact with the DOI IT division if required to assist with technical issues. If issuers contact DOI, they will be routed to the appropriate division unless the IT Department is able to resolve the issue. DOI will be responsible for maintaining any updates in the issuer QHP account, if applicable.</p> <p>Additionally, DOI plans to create outreach to New Mexico's carriers regarding the new QHP process, in all its areas. Since the number of carriers is so small, a DOI staff member should be able to take calls from the carrier contact to clarify any additional questions once the initial training has been attended.</p>
4.6	HIX has a process for QHP issuer recertification, decertification, and appeal of decertification determinations pursuant to 45 CFR 155.1075 and 155.1080.	Brief description of the process for transitioning enrollees to new QHPs in the event of a QHP decertification, including any differences specific to SHOP. AND Brief description of general approach for decertification, recertification, and appeals of decertification.		Second quarter, 2013	<p><u>Decertification / Withdrawal/ Transitioning</u> Consumers and employers transitioning to new plans will be sent notifications of the new enrollment period, giving them sufficient time to enroll in a new plan. DOI will follow standard industry practices on transitioning.</p> <p>QHPs may be decertified or withdrawn in the course of ongoing or periodic monitoring or as the result of an adverse event reported to DOI. If DOI is considering a non-compliant event that could lead to decertification, it will send an interim letter of sanction to the carrier, specifying the issue and its needed resolution. It will also include a statement of possible decertification and the time periods that will be used to monitor the carrier's attempts to resolve the issue. If there is a voluntary company/issuer withdrawal from the state, the company must give the state 180 days' notice. For QHP individual plan withdrawal, DOI sends notification to the consumers. For SHOP plan withdrawal, DOI will work with the HIX to send notifications to the employers.</p> <p><u>Appeals</u> New Mexico has an informal hearings process with a group of deputy commissioners that serve as hearing officers when necessary. Outside hearing officers can also be appointed. Issuers can appeal decisions made by DOI, such as objection letters to rate</p>

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					filings. Please see the appeal protocol in Exhibit: Carrier Appeal.
4.6a	HIX has a process for recertification of QHP issuers and QHPs including the annual receipt and review of QHP rate, benefit, and cost sharing information pursuant to 45 CFR 155.1020(c).			Second quarter, 2013	Plans will be required to submit for recertification every three years. They will submit via SERFF, and DOI will follow the same protocol used for initial certification. Renewal will be available annually and will include the review of QHP rate, benefit, and cost sharing information pursuant to 45 CFR 155.1020(c).
4.6b	HIX has a process for decertification of QHPs and QHP issuers and a process for transitioning enrollees into new QHPs pursuant to 45 CFR 155.1080.			See section 4.6	Please see Section 4.6.
4.6c	HIX has a process for the QHP issuer appeal of a decertification of a QHP pursuant to 45 CFR 155.1080 and any necessary appeal of QHP certification determinations consistent with any applicable State laws or regulations.			See section 4.6	Please see Section 4.6.
4.7	HIX has set a timeline for QHP issuer accreditation in accordance with 45 CFR 155.1045. HIX also has systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.			Completed	1 st year of business on the HIX - QHP carriers have identified their business process and procedures and have already scheduled or plan to schedule their initial accreditation application. 2 nd year of business on the HIX - QHP carriers have submitted their initial accreditation application. 3 rd year of business on the HIX - QHP carriers become fully accredited including reporting of clinical quality data. Carriers will be notified of accreditation requirements through the existing DOI communication protocol of DOI Bulletins.
4.8	HIX has systems and procedures in place to ensure that QHP issuers meet the minimum certification requirements pertaining to quality reporting and provide relevant information to HIX and HHS pursuant to Affordable Care Act 1311(c)(1),			Third quarter 2013, and ongoing	DOI and the HIX currently anticipate that accreditation confirmation will be accommodated via SERFF for the 2014 plan year. Thus, our plans are to use quality data provided to SERFF for accreditation. The HIX also intends to collect consumer satisfaction data post-2014 and inclusion of accreditation related quality data will be considered at a future date.

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	1322(e)(3), and as specified in rulemaking.				
5.0	Risk Adjustment and Reinsurance <i>Additional requirements for Risk Adjustment will be provided in the HHS Notice of Benefit and Payment Parameters."</i>				
5.1	The State has the legal authority to operate the risk adjustment program per 45 CFR 153 and Affordable Care Act 1343, if the State chooses to administer its own risk adjustment program.		See NMSA 1978 59A-56-9	See notes	NM cannot definitively respond to this requirement without having complete information about the program and costs proposed by HHS in its forthcoming Notice of Benefit and Payment Parameters. Notwithstanding the above, NM has the legal authority to operate the risk adjustment program.
5.1a	<i>If applicable:</i> <Insert government agency or other entity name> will be overseeing the risk adjustment program. This risk adjustment entity must meet the requirements outlined in 45 CFR 155.110 and can include Departments of Insurance (DOIs). Note: The entity cannot be a health insurance issuer. Options include DOI, Medicaid, or "Other Entity."	<i>If the State plans to administer its own risk adjustment program:</i> Indicate the entity(s) that will be operating the risk adjustment program, and provide a brief description.	See response to 5.1	See notes	NM cannot definitively respond to this requirement without having complete information about the program and costs proposed by HHS in its forthcoming Notice of Benefit and Payment Parameters. However, if the state determines that it is in its best interest to operate the risk adjustment program, it is anticipated that HIA would contract for this service. NM has the legal authority to operate the risk adjustment program.
5.2	The State operates its own reinsurance program per 45 CFR 153 and Affordable Care Act 1341.			See notes	Considering New Mexico's market size and small number of health plans, the DOI continues to evaluate both state-based and federally administered reinsurance and risk adjustment programs. Once the federal programs are available to test against, the DOI will be able to perform a cost/benefit analysis of utilization and make a final recommendation. Until that time, NM cannot definitively respond to this requirement without having complete information about the program and costs proposed by HHS in its forthcoming Notice of Benefit and Payment Parameters.
5.2a	<i>If applicable:</i> The reinsurance entity will be a not-for-profit entity and will have the legal authority and capacity to receive self-insured market reinsurance contributions from HHS, determine payment amounts, distribute payments, and perform data collection and auditing functions regarding reinsurance payments.			Not applicable.	Not applicable.
5.2b	<i>If the entity collects contributions</i>	Brief description of how the State's		See notes	NM cannot definitively respond to this requirement without having complete information

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	<i>in the fully insured market in the State:</i> The reinsurance entity will have the legal authority and capacity to identify all issuers in the State's fully insured market that owe reinsurance contributions, determine appropriate contribution amounts from issuers, and ensure the collection of reinsurance contributions.	reinsurance entity intends to collect contributions from the fully insured market and identify sub-contractors that will be involved in collecting contributions from the fully insured market. <i>Note:</i> State must inform HHS of its intent to collect contributions from the fully insured market no later than December 1, 2012. HHS will collect contributions from the self-insured market.			about the program and costs proposed by HHS in its forthcoming Notice of Benefit and Payment Parameters.
5.2c	<i>If the State opts to modify the Federal reinsurance parameters, collect reinsurance contributions in the fully-insured market, collect additional reinsurance contributions, modify HHS requirements for data collection or collection frequency for issuers receiving reinsurance payments, and/or use more than one reinsurance entity:</i> The State will publish its reinsurance modifications in a State notice of benefit and payment parameters by March 1, 2013.	Timeline under which the State will submit its modifications in the State notice of benefit and payment parameters.		See notes	NM cannot definitively respond to this requirement without having complete information about the program and costs proposed by HHS in its forthcoming Notice of Benefit and Payment Parameters.
6.0	Small Business Health Options Program (SHOP)				
6.1	The SHOP is compliant with regulatory requirements pursuant to 45 CFR 155 Subpart H.	Brief description of how the size of a small business is determined in HIX and whether the small grp. market includes employers with 51-100 employees in 2014 & 2015.	See "Key Questions and Answers prepared for Planning Review" document	Completed	In New Mexico statute, a small business is defined as one having 1-50 employees. HSD is in the process of determining whether to define a small business for purposes of the HIX to include those with up to 100 employees, and will update CCIIO when the decision has been made. In preparation for New Mexico's Planning Review of October 25 and 26, 2012, CCIIO provided an outline entitled "Key Questions" that guided the SHOP discussion. HSD OHCR prepared some responses to
6.1a	The SHOP has capacity to allow a qualified employer to select a level of coverage as described in the Affordable Care Act 1302(d) (1), in which all QHPs within that level are made available to the qualified employees of the		See HIA IT RFP	Fourth quarter, 2013	To be included in HIX IT system that will be procured. Technical and functional requirements have been developed to support this activity, and are included in the IT RFP that is being released by HIA.

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	employer.				
6.1b	The SHOP has capacity to ensure that all QHP issuers make rate changes at a uniform time that is either quarterly, monthly, or annually, and has the capacity to prohibit all QHP issuers from varying rates for a qualified employer during the employer's plan year.		See HIA IT RFP	Fourth quarter, 2013	DOI uses the SERFF system, which will have this capacity. See Section 4.2, above.
6.1c	The SHOP has capacity to offer small employers only QHPs that meet the requirements for the State's small group market.		See HIA IT RFP	Fourth quarter, 2013	To be included in HIX IT system that will be procured. Technical and functional requirements have been developed to support this activity and allow for interconnectivity with the SERFF system. See also, Section 4.2 above.
6.1d	If the SHOP decides to implement minimum participation requirements, the SHOP has capacity to authorize uniform group participation rules for the offering of health insurance coverage in the SHOP.		See HIA IT RFP	Fourth Quarter, 2013	To be included in HIX IT system that will be procured. Technical and functional requirements have been developed to support this activity and allow for interconnectivity with the SERFF system.
6.1e	The SHOP has established a premium calculator, as described in 45 CFR 155.205(b) (6), to facilitate the comparison of available QHPs after the application of any applicable employer contribution in lieu of any advance payment of the premium tax credit and any cost-sharing reductions.		See HIA IT RFP	Fourth quarter, 2013	Functional requirements SH-93, SH-95, SH-105 of Appendix D-4.4 of the HIX IT System RFP support this blueprint activity.
6.2	HIX has the capacity for SHOP premium aggregation pursuant to 45 CFR 155.705.		See HIA IT RFP	Fourth quarter, 2013	Functional requirements FM-12 through FM-55 in Appendix D-2 support this blueprint activity.
6.2a	HIX has the systems in place for billing employers, receiving employer and employee contributions toward premiums, and making aggregated premium payments to issuers.		See HIA IT RFP	Fourth quarter, 2013	Functional requirements FM-12 through FM-55 in Appendix D-2 support this blueprint activity.
6.2b	HIX has a process for managing non-payment or late premiums; including how and when notices are sent to employers.		See HIA IT RFP	Fourth quarter, 2013	Functional requirements FM-12 through FM-55 in Appendix D-2 support this blueprint activity.
6.3	The SHOP Exchange has the		See HIA IT RFP	Fourth	Technical requirements TR-74 and TR-76 of the HIX IT System RFP support this

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	capacity to electronically report information to the IRS for tax administration purposes.			quarter, 2013	blueprint activity.
7.0	Organization and Human Resources				
7.1	HIX has an appropriate organizational structure and staffing resources to perform Exchange activities.	Organizational chart AND Brief description of the hiring strategy that addresses competencies, roles, and responsibilities needed to perform key Exchange activities.	HIA Employee Handbook HIA Executive Director Job Description HIA Financial Operations Officer Job Description Proposed HIA Organizational Chart	Second quarter, 2013	As indicated in Section 1.1, HSD plans to operate the HIX through an existing quasi-governmental agency, the New Mexico Health Insurance Alliance ("HIA"). HIA will build upon its existing hiring strategies to perform HIX activities. See attached Employee Handbook, Position Description of HIA Executive Director; Position Description of HIA Financial Operations Officer; HIA Proposed HIX Organizational Chart
7.1a	HIX has an organizational structure that includes leadership/key staff and encompasses key Exchange activities.			Second quarter, 2013	HIA has an existing organization structure that includes leadership and key staff positions, and is developing a staffing plan to encompass the anticipated HIX activities. See HIA Proposed HIX Organization Chart, and Response and Exhibits to 7.1.
7.1b	HIX has a hiring strategy that addresses competencies, roles, and responsibilities needed to perform key Exchange activities.			Second quarter, 2013	HIA is developing a hiring strategy to address competencies, roles, and responsibilities to perform key HIX activities. HIA will build on its existing Human Resources infrastructure for this purpose. See Responses and Exhibits to 7.1 and 7.1a.
8.0	Finance and Accounting				
8.1	HIX has a long-term operational cost, budget, and management plan	Brief description of the methods HIX will use to generate revenue and how HIX will address any financial deficits. AND Model budget entailing expected operating costs, revenues, and expenditures.	See HIA Marketing Committee Board Report, 09.21.12. See HIA Finance Committee Board Report, 09.17.12 See HIA Business Assessment application submitted to HHS CMS, 10.23.12	Second quarter, 2013	HIA currently has a Board Marketing Committee that has experience developing and implementing consumer messaging, and outreach and education activities, and tracking marketing activities. See HIA Marketing Committee Board Report, 09.21.12. The ATF Outreach, Education, Adoption, Enrollment recommendations will also be of use to fulfill this requirement because enrollment will be key to the financial sustainability of the HIX. In addition to the above, HIA plans to build on its experience with budgeting its current operations. See HIA Finance Committee Board Report, 09.17.12. For an overall view of HIA's business and operations, see HIA's Business Assessment application submitted to HHS CMS via email on October 23, 2012.
8.1a	HIX has a long-term operational budget and management plan, monitors its finances, and is able to track its costs and revenues.		See HIA Finance Committee Board Report, 09.17.12	Second quarter, 2013	OHCR and HIA plan to utilize the research and suggestions prepared by the ATF Financial Sustainability Work Group, which is scheduled to begin deliberations in March of 2013. In addition to the above, HIA plans to build on its experience with budgeting its current operations. See HIA Finance Committee Board Report, 09.17.12

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8.1b	HIX has defined methods for generating revenue (e.g., user fees) pursuant to Affordable Care Act 1311(d) (5) (A), and has the appropriate legal authority.		See HIA Finance Committee Board Report, 09.17.12	Second quarter, 2013	OHCR and HIA plan to utilize the research and suggestions prepared by the ATF Financial Sustainability Work Group, which is scheduled to begin deliberations in March of 2013. Pursuant to Section 1.0, HIA has the legal authority to operate the HIX in New Mexico. In addition to the above, HIA plans to build on its experience with budgeting its current operations. See HIA Finance Committee Board Report, 09.17.12
9.0	Technology				
9.1	HIX technology and system functionality complies with relevant HHS information technology (IT) guidance.	Brief description of any areas of significant variation between Exchange technology and system functionality and HHS IT guidance.	See HIX IT RFP	Third quarter, 2013	Technical requirements are included in the HIX IT System RFP that require the system to comply with all published HHS IT guidance.
9.2	HIX has the adequate technology infrastructure and bandwidth required to support all of HIX activities.			Third quarter, 2013	Technical requirements are included in the HIX IT System RFP to ensure that the system has the capacity to support all HIX activities. Contracts with service level agreements (SLAs) will be executed, and performance and capacity testing will be conducted to support this activity.
9.3	HIX effectively implements IV&V, quality management, and test procedures for Exchange-development activities and demonstrates it has achieved HHS-defined essential functionality for each required activity.	Brief description of the front-end system engineering work including IT, quality assurance processes and IV&V services used to validate requirements, business processes and development of HIX.		Third quarter, 2013	The HIA will execute a contract for IV&V services. The contract scope of work includes all necessary activities to support this blueprint activity.
10.0	Privacy and Security				
10.1	HIX has established and implemented written policies and procedures regarding the Privacy and Security standards set forth in 45 CFR 155.260(a) – (g).			Second quarter, 2013	Written policies and procedures implementing security measures in accordance with 45 CFR 155.260(a) – (g). will be developed by HIA in conjunction with a qualified vendor who will be selected to perform this function. HIA Board will develop privacy and security agreements for employees, navigators, agents/brokers. Privacy and security training will be developed or purchased and be required for employees, navigators, agents/brokers, web brokers, on an annual basis.
10.2	HIX has established and implemented safeguards that (1) ensure the critical outcomes in 45 CFR 155.260(a) (4), including authentication and identity proofing functionality, and (2) incorporates HHS IT requirements as applicable.			Second quarter, 2013	Technical requirements are in the HIX IT System RFP that will ensure that the IT system meets the HHS technical safeguards as required.
10.3	HIX has adequate safeguards in place to protect the confidentiality of all Federal information received through the Data Services Hub,			Second quarter, 2013	Technical requirements are in the HIX IT System RFP that will ensure that the IT system meets the HHS and IRS technical safeguards as required. Federal tax information safeguards will be obtained through the HIX IT vendor for all technical systems. HIX privacy and security training will include all physical and desktop practices to further

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	including but not limited to Federal tax information.				protect this information. IRS penalties for noncompliance. will be emphasized during required annual training.
10.3a	HIX has adequate safeguards in place to protect the confidentiality of all Federal information received through the Data Services Hub, including but not limited to Federal tax information.			Duplicate of 10.3	Duplicate of 10.3
10.3b	HIX has developed and received a letter of acceptance from the IRS on its Safeguard Procedures Report related to the protection of Federal tax information.			Third quarter, 2013	HIX will complete all IRS documentation required as part of the implementation of the HIX IT system. This activity requirement will be met prior to the system going live.
11.0	Oversight and Monitoring				
11.1	HIX has a process in place to perform required activities related to routine oversight and monitoring of Exchange activities (and will supplement those policies and procedures to implement regulations promulgated under the Affordable Care Act 1313).	Brief description of the oversight and monitoring plan for HIX, including any specific protocols for quality monitoring of Exchange activities (e.g., Eligibility and Enrollment, Plan Management).		Third quarter, 2013	The HIX will develop, with the assistance of a consultant, a process to perform required oversight activities specified in PPACA 1313(a), <i>et seq.</i> Compliance with this requirement is pending procurement of a vendor solution, and will be met prior to the system going live.
11.1a	HIX has in effect policies and procedures for performing routine oversight and monitoring of Exchange activities.			Third quarter, 2013	<p>The HIX will develop, with the assistance of a consultant, a process to perform required oversight activities specified in PPACA 1313(a), <i>et seq.</i> Compliance with this requirement is pending procurement of a vendor solution, and will be met prior to the system going live.</p> <p>The NM HIX will develop business operations and monitoring policies and procedures in concert with its IT vendor as the Exchange platform is designed and built. HIX senior management together the HSD oversight and monitoring team will determine metrics for evaluating HIX activities on an ongoing basis.</p> <p>Steps for developing policies and procedures include:</p> <ul style="list-style-type: none"> • Planning and developing HIX-specific program integrity policies and procedures • Defining and establishing quality control measures • Developing privacy and security policies and procedures • Developing or finalizing financial or accounting standards • Establishing reporting requirements and reporting processes for performance metrics • Determining frequency of data-collection and reporting • Executing agreements and MOUs between HIX, state agencies, insurers, and

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
					other stakeholders to assure oversight and monitoring of exchange activities <ul style="list-style-type: none"> Establishing procedures for external audit
11.1b	HIX has in effect quality controls as part of oversight and monitoring of Exchange activities.			Third quarter, 2013	<p>The HIX will develop, with the assistance of a consultant, a process to perform required oversight activities specified in PPACA 1313(a), et seq. Compliance with this requirement is pending procurement of a vendor solution, and will be met prior to the system going live.</p> <p>HIX plans to develop and implement detailed business processes and performance monitoring functions to capture operational information and evaluate quality control. These business processes will also ensure that HIX functionality meets federal guidelines, is sustainable, and increases access to health insurance for New Mexicans.</p> <p>HIX intends to: 1) collect and review certain measures; 2) establish targets; 3) incorporate results vs. targets into the balanced score card and internal accountabilities; and 4) pursue improvements in business processes via techniques similar to Lean or 6-Sigma.</p> <p>Examples of measures which may be used by HIX include:</p> <ul style="list-style-type: none"> Work flow (usage and volume) by class (anonymous, etc.) and customer type/profile Work steps (main and alternate paths; exceptions & errors) Work production (Level of effort (LOE) and output) Success rates: Enrollments vs. applications Fall outs: Shoppers who didn't apply (when did they drop out?) Failures: Uncorrected incompletes, rejections, failures to pay, etc. Verifications and exceptions vs. self-attestation Assistance requests (call center and walk in) by medium (phone, walk-in, chat, email, mail, etc.) Appeals and complaints Customer, agent, and employee surveys Financials: Amounts, ratios, and rates (units/dollar, dollar/unit) Other metrics as dictated by process development, operations, feedback, or senior management's direction
11.2	HIX has the capacity to track and report performance and outcome metrics related to Exchange Activities in a format and manner specified by HHS necessary for, but not limited to, annual reports required by Affordable Care Act 1313(a).	Brief description of data-collection and reporting processes and Exchange activity-related performance metrics that HIX intends to track for internal purposes as part of ongoing quality controls and improvement plan.	See HIA IT RFP	Second quarter, 2013	The HIX IT System RFP includes requirements to support this blueprint activity.
11.3	HIX has instituted procedures and policies that promote compliance	Indicate the financial or accounting standards with which HIX is in	See Financial Statements Audit, 12.31.11 and .10	Second quarter, 2013	HIA, operating as the HIX, will institute procedures and policies in compliance with the financial integrity provisions of ACA 1313, including compliance with Government

Exchange Activity		CCIIO Criteria	Supporting documentation	Expected Completion Date	Notes
	with the financial integrity provisions of Affordable Care Act 1313 (and will supplement those policies and procedures to implement regulations promulgated under the Affordable Care Act 1313), including the requirements related to accounting, reporting, auditing, cooperation with investigations, and application of the False Claims Act.	compliance (e.g., Government Accounting Standards Board, Government Accountability Office (GAO) Government Auditing Standards (Yellow Book), OMB Circular A-123 "Management's Responsibility for Internal Control").			Accounting Standards Board, Government Accountability Office (GAO) Government Auditing Standards (Yellow Book), OMB Circular A-123 "Management's Responsibility for Internal Control"). HIA will build on its experience with financial operations and reporting as evidenced in the Financial Statements Audit, 12.31.11 and .10, including as an exhibit.
12.0	Contracting, Outsourcing, and Agreements				
12.1	HIX has executed appropriate contractual, outsourcing, and partnership agreements with vendors and/or State and Federal agencies for all Exchange activities and functionality as needed, including data and privacy agreements. Exchange contracting entities meet the requirements for eligible contracting entities outlined in 45 CFR 155.110.	List of all contractor(s) with which Exchange has contracted and a notation of the services that the contractor(s) will support.		In process	Contractors are currently being procured through an RFP process to comply with all ACA and CFR requirements. Additional information will be provided upon request as it becomes available.
13.0	State Partnership Exchange Activities - Optional				THIS SECTION IS NOT APPLICABLE
13.1	The State has appropriate agreements in place to operate the Plan Management activities for a State Partnership Exchange.				
13.1a	The State and applicable entities have agreed to a process for timely plan management data submission in the specified format to the Federally-facilitated Exchange.				
13.1b	The State and applicable entities have signed and agreed to adhere to the terms and conditions of all necessary agreement(s) required to carry out required Exchange activities.				
13.1c	The State and applicable entities				

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	have agreed on a process for coordination with Federally-facilitated Exchange account managers and oversight.				
13.2	The State has the capacity to interface with the Federally-facilitated Exchange, as necessary, to ensure a seamless consumer experience.				
13.2a	The State and the applicable State agencies have the capacity to conduct necessary coordination with HIX regarding customer service, outreach, and education.				
13.2b	The applicable State agencies have the capacity to share data with HIX that is needed to support the eligibility process for Insurance Affordability Programs.				
13.3	The appropriate State entity has appropriate agreements in place and capacity to manage and operate a Navigator program and to establish and operate an in-person assistance program for a State Partnership Exchange.				
13.3a	The appropriate State entity has established or has a process in place to support, administer, and oversee (as applicable) aspects of the Federally-facilitated Exchange Navigator program consistent with the applicable requirements of 45 CFR 155.210, including ensuring that Navigators are adhering to the training and conflict of interest standards established by the Federally-facilitated Exchange and to the privacy and security standards developed by the Federally-facilitated Exchange pursuant to 45 CFR 155.260.	Brief description of the appropriate State entity's plan to operate a Navigator program, including how it will ensure Navigators are appropriately trained and meet the Federally-facilitated Exchange's conflict of interest, privacy and security standards.			
13.3b	The appropriate State entity has established an in-person assistance program distinct from	Brief description of the appropriate State entity's plan to operate an in-person assistance program			

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the Navigator program, & has a process in place to operate the program consistent with Federally-facilitated Exchange guidance, policies, and procedures.	including documentation outlining how it will meet the requirements set out in Federally-facilitated Exchange guidance, policies, and procedures.			

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