



Section 3.0 Eligibility and Enrollment

3.1

Expected completion date: 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.

3.1a1

Expected completion date: 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

Expected completion date: NOT APPLICABLE

Not applicable. HSD will develop a New Mexico-appropriate single application for all Insurance Affordability Programs.

3.1b1

Expected completion date: First quarter, 2013

HSD will develop a New Mexico-appropriate single application for all Insurance Affordability Programs. See response to 3.1 and 3.1a1 above.

3.1b2

Section 3.0

Eligibility and Enrollment

Expected completion date: NOT APPLICABLE

Not applicable. HSD will develop a New Mexico-appropriate single application for all Insurance Affordability Programs.

3.2

Expected completion date: First quarter, 2013

This strategy 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 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.

Memoranda of understanding (MOUs) will be signed by HIX and HSD to cover terms and conditions for the following:

- 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

HIA will also coordinate with CCIIO Technical Assistance for processes that will leverage federal services.

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.

HIX Standard Operating Procedures

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.

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.

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 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.

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.

3.3

Expected completion date: 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

Expected completion date: 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.

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.

3.3b

Expected completion date: 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.

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.

3.3c

Expected completion date: 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.

The Customer Service Center shall also support a mail room function in the event that a 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

Expected completion date: 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. To ensure quality customer service, the call center will support voice and screen recording of all calls, remote call monitoring, and warm transfer capabilities.

3.3e

Expected completion date: Third quarter, 2013

Technical requirements, TR-33 and TR-34, have been developed to support this activity.

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:

- 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

Expected completion date: Third quarter, 2013

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.

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.

3.4a

Expected completion date: Third quarter, 2013

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.

3.4b

Expected completion date: Third quarter, 2013

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.

3.4c

Expected completion date: 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

Expected completion date: 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 EL-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

Expected completion date: Third quarter, 2013

Technical requirement TR-30 is the technical requirement in the HIX IT System RFP to support this blueprint activity

3.6a

Expected completion date: Third quarter, 2013

Technical requirement TR-30 is the technical requirement in the HIX IT System RFP to support this blueprint activity

3.6b

Expected completion date: Third quarter, 2013

Technical requirement TR-30 is the technical requirement in the HIX IT System RFP to support this blueprint activity

3.7

Expected completion date: 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

Expected completion date: Not applicable

Not applicable

3.7b2

Expected completion date: 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

Expected completion date: 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

Expected completion date: 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

Expected completion date: 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.

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.

3.9

Expected completion date: Third quarter, 2013

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.

3.10

Expected completion date: Third quarter, 2013

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.

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.

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

Expected completion date: 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

Expected completion date: Third quarter, 2013

Appendix D-1.2 of the HIX IT System RFP contains the functional requirements to support this blueprint activity.

3.12a

Expected completion date: Third quarter, 2013

Appendix D-1.2 of the HIX IT System RFP contains the functional requirements to support this blueprint activity.

3.12b

Expected completion date: 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

Expected completion date: Third quarter, 2013

Appendix D-1.2 of the HIX IT System RFP contains the functional requirements to support this blueprint activity

3.12d

Expected completion date: Third quarter, 2013

Appendix D-4.5 of the HIX IT System RFP contains the functional requirements to support this blueprint activity

3.13

Expected completion date: 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

Expected completion date: Third quarter, 2013

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.

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.

Supporting documentation:

- See Supporting documentation to Section 2.1