New Mexico Health Insurance Exchange
Advisory Task Force

September 26, 2012
Santa Fe, New Mexico
Updates & Announcements
Updates & Announcements

• Work Group questions and scope of discussion
• Contact information:

    Email: exchange.comments@state.nm.us

    Mail: Exchange – Comments
           Human Services Department
           P.O. Box 2348
           Santa Fe, NM  87504
Essential Health Benefits
Work Group
Recommendations
# Essential Health Benefits Work Group Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Represented Group</th>
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<tbody>
<tr>
<td>Rick Wallace, Team Lead</td>
<td>Hospitals</td>
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<tr>
<td>John Franchini, Superintendent</td>
<td>Division of Insurance</td>
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<tr>
<td>New Mexico Division of Insurance (alternate: Craig Dunbar, Deputy)</td>
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<tr>
<td>Joyce Powers, NP</td>
<td>Providers (Nurse/Physician)</td>
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<tr>
<td>Heather Rising, Lovelace</td>
<td>Insurance Companies</td>
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<tr>
<td>Judy Gerth</td>
<td>Agents &amp; Brokers</td>
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<tr>
<td>Debbie Armstrong</td>
<td>Underserved Populations</td>
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<tr>
<td>Kari Armijo</td>
<td>State Government Agencies</td>
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<td>Teresa Gomez</td>
<td>Tribal</td>
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<tr>
<td>Charlotte Roybal</td>
<td>Consumers at Large</td>
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<td>Martin Hickey</td>
<td>Consumers at Large</td>
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Essential Health Benefits Work Group Questions

1. Which benefits within the 10 EHB categories are “essential?” Which benefits are the most important to have in a health plan?

2. If a benefit category is missing in the benchmark plan, what methods or plans should the state use to supplement that missing category?

3. What should constitute “substantially equal” benefits when comparing a health plan to the benchmark in order to qualify the health plan?

4. When choosing a benchmark health plan, what plan should be chosen and why?
Essential Health Benefits Work Group Considerations

• Possible plans (largest small group plans, largest HMO, state employee plans, largest federal employee plans)

• ACA mandates

• “Wish Lists”
  – The importance of coverage for preventative care
  – High value services
  – Removal of limits on certain benefits such as rehabilitation, habilitation

• Information from guest speakers (midwifery representatives, chiropractors, vision providers, etc.)

• Parity of habilitation with rehabilitation services

• Non-discriminatory with regard to service and benefit limitations

• Price versus benefit (this was a little outside the scope of the Group’s questions but members felt price could not be separated from considerations)
Essential Health Benefits Work Group Process

• Side-by-side-by-side comparisons of plans

• Reviewed benefits line by line to consider:
  – 10 EHB categories
  – State/Federal Mandates
  – Unique needs of New Mexicans

• Listened to input from guest speakers

• Researched subject matter as assigned by Team Lead

• Supplied information to other team members as subject matter experts
1. Which benefits within the 10 EHB categories are “essential?” Which benefits are the most important to have in a health plan?

- Preventive services, focus on high value
- Mental Health/Substance abuse
Essential Health Benefits Work Group Recommendations

2. If a benefit category is missing in the benchmark plan, what methods or plans should the state use to supplement that missing category?

- Parity of pediatric **vision** and **dental** care with CHIP
- Parity of **habilitation** with rehabilitation services
Essential Health Benefits Work Group Recommendations

3. What should constitute “substantially equal” benefits when comparing a health plan to the benchmark in order to qualify the health plan?
4. When choosing a benchmark health plan, what plan should be chosen and why?

**Presbyterian state employees’ plan** as benchmark*

– Found that this plan covered most “Essential Benefit” categories without restrictive limits including:

  • Preventive, Rehabilitation, Habilitation, Mental/Behavioral Health, and Substance Abuse
  • Did not include infertility benefits, which are non-essential

*Concern that expensive plan negates intent of exchange; cost considered outside the scope of this work group
Essential Health Benefits Work Group
Discussion & Questions
EHB Actuarial Analysis
Superintendent John Franchini
Outreach, Education, Adoption, & Enrollment Work Group Recommendations
# Outreach Work Group Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Represented Group</th>
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<tbody>
<tr>
<td>Kathy Armijo Etre</td>
<td>Hospitals</td>
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<tr>
<td>J.R. Damron, M.D.</td>
<td>Providers (Nurse/Physician)</td>
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<tr>
<td>Mike Wallace</td>
<td>Insurance Companies</td>
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<td>Terry Linton</td>
<td>Agents &amp; Brokers</td>
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<td>Roxane Bly, Director</td>
<td>Underserved Populations</td>
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<td>Diane Rivera</td>
<td>State Government Agencies</td>
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<td>Mike Brochu</td>
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<td>Roz Begay</td>
<td>Tribal</td>
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<td>*Mike Nunez</td>
<td>Consumers at Large</td>
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<tr>
<td>Paul Romero</td>
<td>Consumers at Large</td>
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Outreach Work Group Questions

Producers / Navigators

1. What is the role of navigators vs producers (agents and brokers)? May producers also be navigators, and vice versa?

2. What should the training and certification process be for navigators? What type of oversight is required, and who should be charged with oversight?

Communications and marketing

1. What marketing channels should the state engage in to raise awareness of the exchange and consumer options?

2. What elements should be included in public relations and advertising campaigns to drive enrollment in the exchange? What points of contact should be made (such as schools, churches, etc.)?
Outreach Work Group Recommendations

Navigator and Agent/Broker Roles

• **P/E MOSAA Medicaid providers and assisters** – those who help with applications and general Medicaid and public program assistance when an individual is Medicaid Eligible.

• **Enrollment Navigators** - those who help with applications and commercial market placement when an individual is not Medicaid Eligible. Commercial market responsibilities are limited to the individual Market component of the Exchange. Enrollment Navigators will not enroll or advise employer groups in the Small Business Health Options or SHOP.

• **Agents/Brokers** will continue to have traditional commercial market roles for individuals and small employer groups and will assist consumers with universal Medicaid/Exchange application for coverage.
Outreach Work Group Recommendations

Navigator Training

• Abbreviated P/E MOSSA Medicaid training*
  – Medicaid Overview
  – Non-financial eligibility factors
  – Determination of household size
  – Financial eligibility
  – Universal Application Assistance

• Insurance Market training*
  – Commercial Market Insurance Basics,
  – Exchange Insurance basics for individuals and small employer groups
  – Income changes and impact on Advanced Premium Tax credits and Cost Sharing Reductions

* Documentation of Medicaid Training Certificate completion to be provided to Division of Insurance to obtain “certification”
Outreach Work Group Recommendations

Navigator Training

• Cultural training:
  – Utilize and update NM Department of Health On line Training and NM Indian Affairs Department Classroom Training
  – Seek further cultural competency development assistance from DOH Community Health Worker’s program
  – Exchange Training*
  – Eligibility & Enrollment
  – Qualified Health Plans
  – Advanced Premium tax credits and Cost Sharing Reductions
  – Premium Calculator
  – Native American Eligibility
  – Privacy and Security (HIPAA, Personal Identification Information), and
  – Registration with the Exchange
Outreach Work Group Recommendations

Oversight of Navigators

• Department of Insurance
  – Recommendation: Navigator oversight should be the responsibility of the Division of Insurance.
    • Background checks
    • Training completion documentation
      – Initial & recertification
        » Medicaid Training
        » Cultural Training
        » Exchange Training
    • Complaint reporting

• Exchange Oversight
  – Consumer/Navigator organizations would be subject to the oversight of the Exchange.
    • Contracted Consumer/Navigator organizations will have oversight over their personnel acting as navigators

• Medicaid oversight
  – HSD would be primary oversight entity for any Navigator responsibilities that are related to Medicaid
Outreach Work Group Recommendations

Navigator Certification

• Navigators should not be licensed as Agent/Brokers and should not be required to carry Errors and Omissions Liability coverage.

• Enrollment Navigators will be required to take and pass a Commercial Market and Exchange Insurance Basics exam.

• The DOI has indicated that enrollment Navigators will be required to have insurance market training and certification before being able to guide individual exchange members to a Qualified Health Products (subject to any additional requirements yet to be issued HHS rules and regulations).
Outreach Work Group Recommendations
Navigator Compensation

• Productivity payments are recommended, rather than grants being given to organizations
  – Navigators could be paid based on the number of applications to Medicaid or the Exchange (subject to and in coordination with Medicaid reimbursement policies)
  – When working with hard to reach individuals that require more effort, Navigator payment should be adjusted accordingly
  – Consumer organizations can be solicited through an RFP for evaluation of their structure, experience with hard to reach populations, and tenured experience of proposed Navigators
Outreach Work Group Recommendations

Marketing Channels

General Public marketing channels should include (In English and Spanish):

- Print, radio, TV, social media/Facebook, web, health fairs, billboards & other health events.
- Coordination and engagement with Chambers of Commerce, Nonprofits (Charities), FQHC’s, Rural clinics, Hospitals & Emergency rooms, schools, churches, shopping malls, SBA and Medicaid offices.
- Coordination and engagement with existing statewide distributions (Taxes & Drivers Licenses) & local gas and electric companies (PNM and Gas Co of NM).

Native American marketing channels should include:

- Print, radio, TV, social media/Facebook, web, health fairs, other events
- Educational website hotlinks for Native Americans
- Face to face opportunities as well as large and frequent group meetings in public venues
- Engagement with Chapter Houses, senior centers, health fairs and Pow Wows
- Marketing through Native American Radio: Singing wire & Native American calling and Public Service Announcements
- Marketing and educational efforts through social and alumni organizations, including newsletters
- Advertising on buses and bus stops
## Outreach Work Group Recommendations
### PR and Advertising

<table>
<thead>
<tr>
<th>Targeted Audience</th>
<th>What we tell them</th>
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<tbody>
<tr>
<td><strong>Individuals &amp; the General Public</strong></td>
<td>• Benefits of having coverage&lt;br&gt;• Increased access, increased choice&lt;br&gt;• Who can participate, how it will work&lt;br&gt;• Advanced Premium Tax Credits &amp; Cost Sharing Reductions&lt;br&gt;• Navigator &amp; Agent/Broker Application Assistance&lt;br&gt;• Premium Calculator</td>
</tr>
<tr>
<td><strong>Small employers</strong>&lt;br&gt;- Currently offering&lt;br&gt;- Currently not offering</td>
<td>• Increased access, increased choice&lt;br&gt;• Who can participate, how it will work&lt;br&gt;• Small Business Tax Credits&lt;br&gt;• Comparison Tools</td>
</tr>
<tr>
<td><strong>Native Americans (Available only to members of federally recognized Tribes)</strong></td>
<td>• Increased access on a monthly basis&lt;br&gt;• Increased choice of providers and facilities&lt;br&gt;• Strengthen IHS services and access</td>
</tr>
<tr>
<td><strong>Navigators, Agents and Brokers</strong></td>
<td>• How we help get their clients covered&lt;br&gt;• Who can participate, how it will work&lt;br&gt;• How they get compensated</td>
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Outreach Work Group
Discussion & Questions
Exchange Market Regulation Work Group
<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Alex Valdez, Christus St. Vincent Hospital</td>
<td>Hospitals</td>
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<td>J.R. Damron, M.D.</td>
<td>Providers (Nurse/Physician)</td>
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<tr>
<td>Gabriel Parra, Presbyterian Health Services</td>
<td>Insurance Companies</td>
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<tr>
<td>Deborah Peacock, Peacock Law Firm</td>
<td>Small Businesses &amp; Self-Employed Individuals</td>
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<tr>
<td>Carol Luna-Anderson, The Life Link</td>
<td>Underserved Populations</td>
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<tr>
<td>Thom Turbett, Independent Insurance Agents of New Mexico</td>
<td>Agents &amp; Brokers</td>
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<td>Jane Wishner, Attorney and Consultant</td>
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<td>Craig Dunbar, Deputy Superintendent</td>
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<td>Larry Curley, Navajo Nation Department of Health</td>
<td>Tribal</td>
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<td>Jim Copeland, Alta Mira</td>
<td>Consumers at Large</td>
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<tr>
<td>Liz Stefanics, Health Care Consultant and RWJF Fellow</td>
<td>Consumers at Large</td>
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Exchange Market Regulation Questions

- What should the requirements be for a carrier to operate on an exchange (e.g., limited timeframe to decide if it will participate)?
- What criteria should be used for certifying Qualified Health Plans (QHPs) on the exchange, other than Essential Health Benefits?
- What criteria, such as relative quality and price of benefits, should be used to rate plans available through the exchange?
- How should provider network adequacy be determined?
- What should the standard format for presenting coverage options to consumers look like?
Exchange Market Regulation
Meeting Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Oct 2, 16, 30</td>
<td>11am</td>
<td>Insurance Conference Room 4th Floor, Room 428 Division of Insurance 1120 Paseo de Peralta Santa Fe</td>
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<tr>
<td>Nov 13</td>
<td>11am</td>
<td>ISD Training Room Pollon Plaza 2009 S Pacheco Santa Fe</td>
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Legislative Work Group
# Legislative Work Group

## Members

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Senator DeDe Feldman</td>
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<tr>
<td>Senator Carroll Leavell</td>
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<td>Senator George Munoz</td>
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<td>Senator Sue Beffort</td>
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<td>Senator Linda Lopez</td>
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<td>Senator Gerry Ortiz y Pino</td>
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<tr>
<td>Representative Mimi Stewart</td>
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<td>Representative Jim Hall</td>
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<td>Representative Tom Taylor</td>
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<td>Representative Bill O’Neill</td>
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<td>Representative Conrad James</td>
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Legislative Work Group Questions

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

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

• Does a qualified health plan need to be available to everyone statewide, or can it be offered to only those in one region of the state?

• Where should oversight responsibility be housed?

• Should exchange-related assessments be imposed? If so, against whom (consumers, insurance carriers, providers, employers, hospitals, etc.)?

• What other creative ways could be used to fund operating costs?
## Legislative Work Group
### Meeting Information

<table>
<thead>
<tr>
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| Oct 2, 16, 30 | 9am | Insurance Conference Room  
4<sup>th</sup> Floor, Room 428  
Division of Insurance  
1120 Paseo de Peralta  
Santa Fe                                                            |
| Nov 13     | 9am  | ISD Training Room  
Pollon Plaza  
2009 S Pacheco  
Santa Fe                                                             |
Risk Adjustment & Reinsurance
Debbie Armstrong, NMHRP