

New Mexico Health Insurance Exchange Advisory Task Force



March 26, 2013

Santa Fe, New Mexico

NMHIX Advisory Task Force Meeting
37 Plaza La Prensa, Collaborative Health Room
Santa Fe, NM
CALL IN: 1-888-340-0567, Room ID 650, PIN 22116
Wednesday, March 27, 2013
8:30 – 11:30 p.m.

Tentative Agenda

Time	Item	Owner
8:30	Welcome	OHCR
8:40	HIX Update - Legislative	Matt Kennicott
9:10	Program Integration Work Group final recommendations	Dr. Saenz
9:40	Q & A	
10:00	Review of Draft Advisory Task Force Recommendations Document*	OHCR/ Leavitt Partners
10:40	Q & A	
11:00	Public Comment	
11:20	Closing Remarks	OHCR
11:30	Adjourn	

Contact Information

Email: exchange.comments@state.nm.us

Mail: Exchange – Comments
Human Services Department
P.O. Box 2348
Santa Fe, NM 87504

Website: www.hsd.state.nm.us

Do I Qualify?

Do I Qualify?
YES New Mexico

Applications

- [Application for Assistance \(English\)](#)
- [Solicitud de Programas](#)
- [Child Support Services Application - English](#)
- [Child Support Services Application - Spanish](#)

Federal Poverty Level Guidelines

- [Federal Poverty Level Guidelines - TSD](#)
- [Federal Poverty Level Guidelines - MAD](#)

Report Fraud Link

File Fair Hearings

Inspection of Public records Act

New Mexico Resource Directory

New Mexico Resource Directory

Child Support
CSED helps locate missing parents, establishes legal paternity, and oversees child support orders.

Income Support
ISD assists low income New Mexicans with various programs including Food Stamps, General Assistance, Temporary Cash Assistance

Medical Assistance
MAD manages the New Mexico Medicaid program. Medicaid is a joint federal and state program that pays for health care to New Mexicans who are eligible for Medicaid benefits.

Behavioral Health
BHSD helps ensure access to mental health and substance abuse services; reducing the uninsured gap in New Mexico and increasing Medicaid funding for behavioral health services.

ASPEN - Automated System Program and Eligibility Network

The NM Human Services Department is in the process of replacing the approximately 25-year-old Income support eligibility system known as the Integrated Service Delivery System or ISD2.

[Click here to be redirected to the new YES-NM eligibility screening.](#)

What's new at HSD

- ▶ New Mexico Child Support Enforcement Division Recognized as Most Improved State Program in the Country
- ▶ NMHIX Task Force Meeting June
- ▶ New Mexico Human Services Department Announces Details of Webcasting Public Input Sessions
- ▶ New Mexico Human Services Department Announces Public Hearings
- ▶ Mental Health Support for Wildfire Victims - *News!*
- ▶ HSD Selects Contractor to Assist in Exchange Development
- ▶ Mental Health Awareness Month Proclamation
- ▶ Children's Mental Health Awareness Day Proclamation
- ▶ 2012 May Mental Health Month & Day - Release - FINAL
- ▶ Waiver Submission to CMS
- ▶ NM Behavioral Health Collaborative Meets Thursday, April 12 in Santa Fe
- ▶ Behavioral Health Funding Finds Parity in Centennial Care
- ▶ New Mexico Human Services Department Releases Medicaid Sustainability Proposal
- ▶ Centennial Care Concept Paper
- ▶ Behavioral Health Day at the Legislature Celebrates 16 STARS
- ▶ BH Day 2012 - Release
- ▶ MEDIA ADVISORY Cabinet Secretaries to Speak at Behavioral Health Day at Roundhouse

Sidonie Squier, Cabinet Secretary

HSD Mission: To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

- [Office of Secretary](#)
- [Governor's Office](#)
- [Lt. Governor's Office](#)

INSURE New Mexico SOLUTIONS

- [Behavioral Health Collaborative](#)
- [Work in New Mexico](#)
- [Recovery and Reinvestment](#)

New Mexico Centennial Care

Bench Warrant Program

National Health Care Reform



Exchange & Legislation Update

PROGRAM INTEGRATION

WORKGROUP RECOMMENDATIONS

February
19
2013

PRIMER QUESTIONS

A. Eligibility, enrollment and verification

1. The PPACA gives the state two options to perform Medicaid eligibility. Which method should NM use? In What other ways should the screening and enrollment process for Medicaid/CHIP be coordinated with the HIX?
2. Should the state maintain its current eligibility verification process or should that process be administered by the HIX?
3. Should NM consider coordinating other public programs with the HIX? If so, how should other public program eligibility and enrollment be handled in the exchange?

PRIMER QUESTIONS

A. Integration processes and policies

1. Do you have suggestions for how to effectively and efficiently coordinate eligibility and enrollment between Medicaid/CHIP and the exchange? How can duplication and errors be avoided?
2. Should “express lane” processes be utilized or expanded?
3. Should “no wrong door” policies be implemented?
4. What can be done to mitigate “churn” among Medical Assistance, CHIP and subsidy eligible populations?

RECOMMENDATIONS

1. Presumptive Eligibility/MOSSA – Navigators should be able to determine this.
 - a) Recommend that navigators be trained properly to guide applicants through the MOSSA application process.
 - b) Recommend that In-person Assisters be placed close to or in ISD offices.
 - c) Recommend that all training be consistent for Navigators/Assisters and Counselors.

RECOMMENDATIONS

3. Navigator/Assister/Counselor training should include an orientation to other public programs that can include a “soft transition” to those programs.
4. The roll out of Assisters should be a focus of the Exchange, especially in areas with large, hard-to reach populations. In addition, training should begin this summer.

RECOMMENDATIONS

5. We recommend that the possibility of a Basic Health Plan or Bridge Plan be studied as the Exchange moves forward.
6. We Recommend that the state use the NCQA and/or URAC standards of certification for QHP.
7. The Exchange will need to address the unique languages needs of NM, including those of Native American and Hispanic populations.

RECOMMENDATIONS

8. The HIX will need to address unique needs associated with other groups, such as:
 - a. Young people and those entering the market for the first time
 - b. Small employers
 - c. People with disabilities
9. Outreach should reach across a broad spectrum of income levels.
10. Navigators/Assisters should include individuals known and trusted in their community, and should “look like” the populations they serve.
11. Navigators/Assisters should be accessible in-person, by electronic media or by telephone.

THANK YOU

Thank you to our Workgroup for making the process an easy one. Your hard work was exceptional.

Thank you to those who showed up to every meeting to help us through these questions. Your insight was invaluable!

Advisory Task Force Recommendations

Background

The New Mexico Health Insurance Exchange (NMHIX) Advisory Task Force (ATF) was established with 15 members representing hospitals, providers, carriers, large and small employers, agents and brokers, underserved populations, state agencies, and Native Americans. Representatives of “consumers at large” were included. The Work Groups, which were charged with giving the ATF recommendations on specific subjects, mirrored the make-up of the ATF as closely as possible. Most Work Groups had 9-10 participants, with one participant designated as team lead. Each Work Group’s team lead was responsible for facilitating discussions, distributing agendas, and coordinating with the Office of Health Care Reform.

Work Groups were provided with primers, which offered background and definition of their topics, as well as questions to prompt their discussions. Team leads were instructed that their Work Groups’ discussions might deviate from the primer questions during the natural course of deliberations, and that it was acceptable to pursue alternative topics within their subject areas. Work Groups were scheduled to begin July 31, 2012, and finish on April 16, 2013, but after requests by members of the Legislative and Native American Work Groups, and agreement by other Work Group members, the schedules were compressed so that all Work Groups finished their tasks by February 12, 2013.

Sound files of each ATF meeting, minutes from each work group meeting, and all presentations and documents prepared for meetings can be found at:

<http://www.hsd.state.nm.us/nhcr/nhcr1ao.htm>

Find the main heading “Health Insurance Exchange Advisory Task Force,” and navigate to the ATF meeting or work group subheading for which you would like more information.

The Work Groups and topic areas are, in order of their reporting schedule:

Essential Health Benefits – Offered guidance on which benefits within 10 benefit categories were truly “essential” and which type of plan (small group, state employee, federal employee, or commercial HMO) should be chosen.

Outreach, Education, Adoption and Enrollment – Developed a proposed outreach strategy, including leveraging existing resources and training materials, how to optimize funding, and how to monitor results; recommended training, certification, and conflict of interest standards for navigators.

Legislative – Offered input on governance and Exchange board issues, what the term “small business” should encompass in New Mexico, and what information about the Exchange the Legislature would need during the 2013 session.

Exchange Market Regulation – Reviewed certification, decertification, and other carrier participation requirements, such as timeframes within which carriers must submit plans to Department of Insurance (DOI) for certification. Offered direction on provider network adequacy determinations.

Financial Sustainability – Considered whether assessments should be imposed to support the Exchange, and if so, in fixed amounts or percentages. Group was asked to consider how and upon whom to impose assessments, creative ways to fund the operating costs of the Exchange, means of funding the Exchange in its early stages, and how funding or assessments should be scaled as the Exchange grows.

Employer Participation – Identified services the Exchange can offer that will be of value to small businesses. The group will consider questions that have been presented to OHCR from small business and consumers; for example, if individuals in groups can select their own plan and receive a defined contribution, then should that entire group be in a SHOP exchange or just those individuals in the individual exchange?

Native American – Reviewed issues pertinent to Native Americans, including outreach and education issues as well as obstacles, given the technological challenges of the very rural nature of many tribal lands. Discussion points incorporate certification processes for providers and verification of membership.

Program Integration – Considered how to integrate the Exchange with other state agencies, such as Department of Insurance, Department of Health, Medicaid, and other subsidy programs. This includes recommendations about streamlining eligibility and enrollment policies, as well as technical processes such as program overlap (not just computer information technology).

WORK GROUP RECOMMENDATIONS

Essential Health Benefits Work Group

HHS required states to select a single benchmark health plan from which qualified health plans will be designed at minimum coverage. HHS will reassess the benchmark process in 2016 based upon federal evaluation and consumer and plan feedback. Benchmark plans could be chosen from: One of the three largest small group insurance products in the state; one of the three largest state employee health plans by enrollment; one of the three largest national federal employee health benefits plan options by enrollment; and the largest commercial non-Medicaid HMO plan operating in the state. The Essential Health Benefits (EHB) Work Group met four times, from July 31 to September 18, 2012, to consider which benefits were truly essential and to consider a wish list of benefits as well. During the Work Group's meetings, members focused on state employee health plans as having the richest benefits, as well as pediatric dental care and vision coverage. Provider representatives cautioned Work Group members to be mindful of healthcare provider shortages when considering essential health benefits packages. Broker and insurer representatives pointed out that often insureds have benefits they never use. There were many discussions about how to keep an essential health benefits plan affordable and still cover truly "essential" benefits, although there were many differences of opinion about what constituted "essential." Many in the Work Group felt that long-term care and residential treatment benefits should be included in the equation.

At the September 26 ATF meeting, the EHB Work Group gave a presentation that included the following recommendation:

Benchmark Plan

The EHB Work Group recommended the Presbyterian State Employees Plan be used as the Benchmark for New Mexico.

Habilitative Services:

The EHB Work Group recommended that habilitative services be placed in parity with rehabilitative services.

Pediatric Dental and Vision

The EHB Work Group recommended that the pediatric and dental benefits in the recommended benchmark plan be supplemented with the state CHIP plan.

Following the EHB Work Group presentation, the ATF discussed the recommendations. The Superintendent of the DOI then gave a presentation, which included an actuarial report that

analyzed the benchmark plan options, and recommended the Lovelace PPO small group plan. After deliberation, the ATF voted to accept the EHB Work Group recommendations, including the Presbyterian State Employee plan as the Benchmark Plan.

NOTE: Following the presentation, Work Group recommendation and ATF vote, information was received that the Presbyterian plan did not include state statutorily mandated autism treatment coverage because of an exemption for state employee plans. Therefore, the Superintendent determined to submit the Lovelace plan to HHS as the benchmark plan. ATF members were advised of this decision the following day.

Outreach, Education, Enrollment, Adoption Work Group

This Work Group met four times, between July 31 and September 18, 2012. The Outreach, Education, Enrollment, Adoption Work Group prepared a presentation for the Advisory Task Force that addressed the role of navigators in the Exchange, including navigator certification and compensation, and communications and marketing channels that can be used to reach potential Exchange enrollees. The Outreach, Education Work Group also addressed the roles navigators will play in the Exchange, as compared and contrasted with the roles of agents and brokers. Recommendations are the following:

Navigator Training

The group recommended navigators receive training in the following areas:

Abbreviated P/E MOSAA (Presumptive Eligibility/Medicaid On-Site Application Assistance) training

- . Medicaid overview
- . Non-financial eligibility factors
- . Determination of household size
- . Financial eligibility
- . Universal application assistance

Insurance market training

- . Commercial insurance market basics
- . Exchange insurance basics for individuals and SHOP
- . Income changes and impact on advanced premium tax credits and cost-sharing reductions

Cultural training

- . Incorporate lessons learned from NM Department of Health on-line training and NM Indian Affairs Department cultural competency training
- . Request assistance from NM Department of Health Community Health Worker's programs

Additional training

- . Exchange-specific training
- . Eligibility and enrollment
- . Qualified Health Plans
- . Advanced premium tax credits and cost-sharing reductions
- . Premium calculator
- . Native American eligibility
- . Privacy and security, including HIPAA and personal identification information

Navigator Certification and Oversight

The group recommended that navigator certification and oversight be the responsibility of the Department of Insurance. However, oversight related to Medicaid-related activity should be the responsibility of the NM Human Services Department.

Navigator Compensation

Productivity payments were recommended, rather than grants being given to organizations. The group suggested navigators could be paid based on the number of applications processed, but that payments should be adjusted for navigators who work with hard-to-reach enrollees. The group also suggested that consumer organizations could be solicited through an RFP process to assist with set-up of the navigator process.

Public Relations and Advertising

The group identified four target audiences and suggested messages for them.

Target audience	Message
Individuals and general public	<ul style="list-style-type: none">. Benefits of coverage. Increased access to coverage, increased choice. Who can participate and how it will work. Advanced premium tax credits and cost-sharing reductions. Navigator and agent/broker application assistance. Premium calculator
Small employers, whether or not they currently offer coverage	<ul style="list-style-type: none">. Increased access, increased choice. Who can participate, how it will work. Small business tax credits. Comparison tools
Native Americans	<ul style="list-style-type: none">. Available to members of federally-recognized tribes. Increased choice of providers and facilities. Strengthen HIS services and access
Navigators, agents, and brokers	<ul style="list-style-type: none">. How the Exchange can help get clients covered. Who can participate and how it will work. How compensation is orchestrated

The Advisory Task Force affirmed the recommendations of the Outreach Education Work Group.

Legislative Work Group

The Legislative Work Group met four times, between October 2 and November 13, 2012. The first meeting consisted of an instructional presentation by Milton Sanchez, followed by a question and answer session. Legislative Work Group members asked for more information over the course of the next two meetings in order to inform their considerations. Work Group members stated that they would be offering input to the NM HIX Advisory Task Force in the form of suggestions rather than recommendations. Work Group members also stated that rather than address the questions presented in their primer, they would prefer to use the process for fact-finding.

In response to this group's requests, presentations were given by Mike Nuñez of the Health Insurance Alliance (HIA) and the Nurse Advice Line, a Frequently Asked Questions document was prepared, a report was given on the CCIIO Planning Review of OHCR's progress, a comparison of ACA requirements for an Exchange oversight board versus the HIA board as it exists today, a discussion was held of Colorado Health Benefits Exchange Governing Principles and Conflicts of Interest document as they apply to New Mexico, and discussion of a letter to Amanda Cowley of CCIIO from Michael Hely of the New Mexico Legislative Council and Ms. Cowley's response thereto.

The Legislative Work Group offered the following suggestions.

Health Insurance Alliance

- Legislation should be prepared as a "placeholder" for planning purposes in case additional authority is required for the HIA
- Consumer representation on the HIA board was recommended
- Legislative participation on the HIA board was encouraged
- "Conflict of interest" should be defined in legislation to align with the ACA

Stakeholders

- Advisory Task Force and Work Groups should be continued and formalized
- Documents such as the Blueprint submission should be shared with stakeholders to encourage comments and suggestions

Other topics

- The statutory definition of “small business” in New Mexico should include single-employer businesses
- A presentation regarding the Exchange and the true purpose of the ACA, such as that prepared in the Q&A for the Legislative Work Group, should be given to the entire Legislature
- An accounting should be made of federal grant funds (NOTE: The New Mexico Legislative Health and Human Services Committee also requested an accounting of the expenditure of federal funds, and that was provided in December 2012).

Exchange Market Regulation Work Group

The Exchange Market Regulation Work Group met four times between October 2 and November 13, 2012. At the first meeting, Work Group members carefully reviewed the questions they had been given in the primer and decided which ones they should address and which ones they felt were moot. The Work Group members questioned whether they should concentrate their focus on the SHOP Exchange because it might be available to consumers earlier, but determined instead to maintain a dual focus on both SHOP and the individual exchange. The subject of statewide coverage requirements for carriers versus a more flexible approach allowing regional plans was discussed during several of the meetings without consensus. The Work Group members agreed to mention their inability to reconcile their differences in their report to the Advisory Task Force. The Work Group requested and received information about the two federal multi-state plans that were planned. Included in the information about the federal plans was a specification that the coverage could be offered in a geographical region as small as a county. Another subject of discussion was the distinction between adequacy of coverage and network adequacy, including the peculiarities of the New Mexico market and difficulty in attracting carriers.

At the November 28, 2012 Advisory Task Force meeting, the Exchange Market Regulation Work Group made the following recommendations:

DOI

The Department of Insurance should remain the key regulator of plans offered on the Exchange. To the extent practical, Exchange regulatory duties should be “subcontracted” to the Department of Insurance.

QHPs

Certification of qualified health plans offered on the Exchange should remain under the purview of the Department of Insurance.

QHP Submission

A deadline should be established for submission of qualified health plans to the Department of Insurance, although late submissions should be conditionally accepted to encourage market participation.

Additional Considerations

There should be continuing examination of key issues, such as requiring statewide plans and the role of the Exchange in offering them. Adequate resources should be delegated for this work.

Uncertainties

The Work Group members stated they felt unable to make recommendations in several areas due to unknown factors accompanying start-up of the Exchange. Work Group members believed it was important to have continuing actuarial and economic examination of key issues such as requiring statewide participation by plans. Other subjects of concern for Work Group members were provider network adequacy (especially in rural and underserved urban areas), outreach to providers and consumers to maximize access to services and not just insurance coverage, and to address behavioral health and substance abuse treatment provider shortages.

The Advisory Task Force discussed at length the issue of requiring carriers to offer statewide coverage versus geographically located plans. This led to a discussion of whether carriers should be required to offer plans at more than one metal level. The Advisory Task Force voted to accept the recommendations of the Exchange Market Regulation Work Group, but also requested that two of the Work Group members who were subject matter experts to present both sides of the issues at the January 23, 2013 ATF meeting.

Financial Sustainability

The Financial Sustainability Work Group met four times between December 6, 2012, and January 10, 2013. Their goal was to develop recommendations that would create a financially solvent exchange for New Mexico, as required by ACA. At the Work Group's initial meeting, members asked for budget estimates from the HIA, including operating costs, fixed costs, one-time expenditures, and plans for allocation of grant money. The Work Group expressed concern with the lack of firm cost and enrollment estimates for New Mexico's exchange. Mr. Nuñez of the HIA provided information on HIA's current funding and costs, and returned to a later meeting to provide estimated operating costs for the Exchange. Work Group members were

particularly interested in the portion of the insurance market that bears the brunt of current HIA assessments. Ms. Armstrong of New Mexico's High Risk Pool provided the group with information regarding the funding, premiums, claims, and costs of the High Risk Pool, its purpose in providing high-risk populations with continual coverage, and the projected effects of transitioning clients from the Pool to the Exchange. Estimated exchange operating costs from other states were provided for comparison purposes, as were types of mechanisms considered in other states (flat fees, to employers, percentage charges to insurers both on and off exchanges) to reach exchange viability by 2015. The various methods of funding were discussed and debated, including funding for navigators, assisters, and cost-sharing proposals. There were lively debates among the group's members and audience representing the insurance plans, providers, hospitals, and consumers.

At the January 23, 2013 Advisory Task Force Meeting, the Financial Sustainability Work Group made the following recommendations:

Enrollment and Consumer Assistance

Hospital staff should be allowed to enroll people to the extent the law allows.

There should be sufficient assisters and navigators funded, trained, and in place for the first six months of the operation of the Exchange. Because the state is prohibited from using federal establishment funds to compensate Navigators, Navigators should be funded through the state General Fund, and assisters should be funded through a federal grant.

Assessments

A mechanism should be devised to assess self-insured plans to contribute to the operating costs of the Exchange.

Assessments against insurance companies participating in the Exchange should be based on a percentage of lives covered by those companies. Other insurers offering products in New Mexico supervised by the Department of Insurance (health, life, dental, vision), but not offering products on the Exchange, should also pay an assessment to participate in the operational expenses of the Exchange. This global assessment will remove a potential disincentive for Exchange participants because if only those plans in the Exchange are assessed, it may make the Exchange a less attractive marketplace for plans to sell to consumers.

If/when the High Risk Pool and the HIA are absorbed into the Exchange, allow the assessments currently levied against plans for their support be transferred to support the Exchange

Funding

Maximize federal funding in whatever capacity available.

Employer Participation

The Employer Participation Work Group was originally scheduled to meet four times, but after three meetings, felt they had completed their task. This Work Group met between December 12, 2012, and January 29, 2013. Group members updated their primer questions at the second Work Group meeting to include questions about requirements for insurers to offer the same plans in the individual and SHOP exchange, and how actuarial value and plan choice would work with defined contributions. The Work Group invited guest speakers, including an actuary from Lovelace Health Plans, to offer underwriting insight. Group members considered the impact of pending proposed state legislation regarding expanding the definition of “small” and “large” employers on their primer questions. One group member believed there was a misdirected focus on profits over quality of care for the neediest individuals when discussing tax incentives and penalties on small businesses. Defined contribution was seen as a stronger incentive than penalties. There was actuarial-centered debate regarding how the value of plan choice should work with defined contributions.

At the February 27, 2013 Advisory Task Force meeting, the Employer Participation Work Group made the following recommendations:

DOI

The Department of Insurance should remain responsible for calculating and providing employer participation requirements for the Exchange.

Expansion of Definition of “Small Employer”

The state should wait until 2016, when federal mandates go into effect, to change its definition of “small employer” to 100 or fewer employees.

Requirements for Plans

Insurers should be required to offer a certain number of plans that are identical in the SHOP exchange and the individual exchange. Beyond that number, insurers should be allowed to design plans to fit the unique market demands of small businesses and individuals in New Mexico.

In addition to its minimum bronze-level plans, every employer in a defined contribution exchange should be required to offer plans from one other actuarial value level. The same recommendation applies if an employer offers more than one plan in a traditional defined-benefit setting.

Other Small Business Recommendations

Generally, the Work Group emphasized the importance of affordability, simplicity, and education in attracting small businesses to the Exchange. For example, it suggested (rather than recommended) that the Exchange develop a strategic plan to educate small businesses and their employees.

The Work Group made no recommendation on the subject of whether small employers in the SHOP exchange should be required to select one insurance carrier from which employees select their plans. Rather, it pointed out that having such a requirement would simplify group administration and could give the same insurer both high and low utilizers (instead of possibly splitting them unevenly between insurers), though it would limit employee choice.

Defined Contributions and Premium Aggregation

The Work Group also determined that implementing a defined contribution model would attract employers that do not currently offer insurance. Defined contribution can offer budget and administrative simplicity since costs are known, increased choice and portability, and may give employees a larger stake in their own health care. The Work Group further determined that, although there is value in premium aggregation for small employers, employers should not be responsible for this function. Instead, the Exchange should determine the most efficient way of aggregating premiums between the Exchange and insurers.

NOTE: The Advisory Task Force took no action on these recommendations at the February 27 meeting. Recommendations were tabled for further consideration.

Native American

The Native American Work Group met six times between October 23, 2012, and February 12, 2013. During the first meeting, CCIIO representatives joined the Work Group to discuss questions the group had regarding Native Americans and their participation in the Exchange. It was initially discussed to divide Work Group members into subgroups to research topics in greater detail, but this was overturned at a later meeting. Over the next several meetings, the group discussed barriers to Native American participation in the Exchange, including tribal members' current access to health care through HIS which obviates the need for insurance, cultural barriers against planning for ill health, and challenges for outreach in areas with little or no access to technology in very rural areas. Differing tribal requirements for proof of membership were discussed, including the need to avoid challenges to tribal sovereignty, and federal rules for tribal membership were discussed. Concerns were voiced about plan certification of I/T/U providers to become part of "in network" systems. A primary source of discussion was a proposed Native American Service Center (NASC). Challenges around rules

allowing Native Americans to move from plan to plan, and in and out of the Exchange monthly were also considered. Work Group members expressed strong opinions about Native American representation on the governing board of the Exchange.

The Native American Work Group made the following recommendations on the February 27, 2013 Advisory Task Force meeting:

Tribal Consultation

The Exchange must adopt a tribal consultation, collaboration, and communication policy that is consistent with New Mexico and federal tribal consultation rules. This policy should include provisions to confer with Indian Health Services, tribal health programs, and urban Indian health programs prior to the roll out of new policies and procedures. Consultation should include, but not be limited to, the following topics:

- . Development of a communication, collaboration, and consultation policy for the Exchange;
- . Development of the NASC, including the Center's tasks and its advisory council;
- . Assisting tribal governments with premium payment on behalf of its members;
- . Development of the Navigator program, cultural competency training, and education and outreach materials;
- . Development of a tribal enrollment verification system

The Exchange governing board should establish a work group to define criteria and qualifications for prospective Native American board members, of which there must be at least one. The board should coordinate with administrative, legislative, and stakeholder entities to ensure sufficient inclusion of Native Americans.

Exchange Integration

- Tribal enrollment verification documentation might include a tribal enrollment card, certificate of degree of Indian blood (CIB), or any HHS-approved electronic data sources available to the Exchange. If approved data sources are unavailable, the individual does not appear in the source, or the source is not reasonably compatible with an applicant's attestation, the Exchange must follow HHS-delineated inconsistency procedures.
- The Exchange should provide a mechanism for tribes and urban Indian programs to make individual premium payments to multiple carriers on behalf of their members.
- The Exchange must recognize AI/AN exemptions.
- As a condition of certification, qualified health plans (QHPs) should be required to offer provider contracts to I/T/Us, designated as essential community providers. These contracts must accommodate the unique features of the I/T/U system, including:

- . No open network access (i.e., an I/T/U may limit who is eligible for services);
- . Licensed health care professionals who are employed by tribally operated health programs are exempt from state licensing requirements, if the professional is licensed in any state;
- . Applicability of the Federal Tort Claims Act;
- . QHPs should also accept referrals from I/T/Us as primary care providers

Native American Service Center

Specific outreach, education, and training competencies/functionality of the Native American Service Center (NASC) should include:

- . A resource specialist on the AI/AN application and enrollment process;
- . Specific AI/AN benefits and protections;
- . Tribal sponsorship of premiums (if applicable);
- . Benefits of the Exchange and the potential for increased revenues for I/T/U clinics;
- . Benefits of becoming an “in-network” provider for each exchange plan, and the designation of I/T/Us as essential community providers;
- . Cultural competency training

The NASC should work with tribal officials and tribal enrollment offices to develop a system of communication and enrollment verification that does not infringe on tribal sovereignty.

The NASC should work with the Exchange to ensure that the web portal can identify AI/ANs for appropriate exemptions, provide a mechanism for aggregated premium payments, and account for “mixed” households (i.e., households with tribally enrolled and non-enrolled members).

As the recommendations were presented to the Advisory Task Force, some members of the Advisory Task Force expressed concern about the lack of progress that has been made by the state on the Native American Service Center. It was clarified that many aspects of the Exchange, including the Native American Service Center, have been stalled until Exchange legislation is passed. Discussion ended, and the recommendations were tabled for further consideration.

Program Integration

The Program Integration Work Group met four times between December 8, 2012 and February 19, 2013. At the first meeting, the Work Group members determined that many of the topics in their Primer were no longer germane, and while a cursory discussion of those topics was undertaken, a new set of discussion items was established. Those included integrating Native American populations into the Exchange to ensure maximum participation and accessibility, the integration of public health coverage options such as CHIP and Medicaid with Exchange operations, and the importance of streamlined transitions for the consumer between the

Exchange and other programs. Members felt that transitioning would be made easier using navigators, assisters, and application counselors and discussed the definitions of those roles. In order to be aware of the challenges and needs of the population who may flow in and out of the Exchange, the Work Group members were assigned to summarize the stakeholder reports that had been funded through New Mexico's federal Planning Grant. The group also addressed the potential of churn among the low-income population and the best way to provide continual coverage. As some of this churn happens among those eligible for Medicaid, the group discussed the eligibility determination options within the Exchange. Because the Exchange will perform initial assessments rather than final determinations, as stated in the IT RFP released by the Health Insurance Alliance, Work Group discussions about the Exchange revolved around the possibilities and challenges that lie within the presumptive eligibility function.

At the March 27, 2013 Advisory Task Force meeting, the Program Integration Work Group made the following recommendations:

Navigator/Assister/Application Counselor Training and Selection

- Navigators should be properly trained to guide applicants through the PE/MOSSA application process.
- Training should be consistent for navigators, assisters, and application counselors.
- Training for navigators, assisters, and application counselors should include an orientation to other public programs that can include a "soft transition" to those programs, and should begin in the summer of 2013.
- Navigators and assisters should include individuals known and trusted in their community, and should mirror the populations they serve.

Outreach

- The rollout of assisters should be a focus of the Exchange, especially in areas with large, hard-to-reach populations.
- In-person assisters should be placed near or in ISD offices.
- Navigators and assisters should be accessible in person, by electronic media, or by telephone.
- Outreach should cross a broad spectrum of income levels.
- The Exchange will need to address the unique language needs of New Mexico, including those of Native American and Hispanic populations.
- The Exchange must address unique needs associated with other groups, such as:
 - . Young people and those entering the market for the first time
 - . Small employers
 - . People with disabilities

Other Topics

- The possibility of a Basic Health Program or Bridge Plan should be studied as the Exchange moves forward.
- The state should use the NCQA and/or URAC standards of certification for QHPs.

ADVISORY TASK FORCE RECOMMENDATIONS

Summaries

Essential Health Benefits Work Group

The Advisory Task Force recommended the Presbyterian State Employees plan, including parity for habilitative services with rehabilitative services, and supplementation of pediatric dental and vision coverage with the state CHIP plan.

NOTE: Ultimately, the Lovelace small group plan was filed by the New Mexico Department of Insurance as New Mexico's Benchmark plan.

Outreach, Education, Enrollment, Adoption Work Group

The Outreach Education group presented comprehensive plans for training and certification of navigators and assisters, as well as a comprehensive, multi-pronged plan for outreach and education programs, including focus on hard-to-reach audiences. The Advisory Task Force voted to accept and support these plans.

Legislative Work Group

The Legislative Work Group used their meetings primarily for information gathering for the group members. At the last of their meetings, they offered suggestions rather than recommendations. The suggestions included preparing "placeholder" legislation and other suggestions for aligning the HIA and its board with ACA. The Legislative Work Group suggested the work groups and Advisory Task Force be formalized and their work continued. Other suggestions included changing the statutory definition of small business in New Mexico to include those with one employee, presentations should be given to the entire Legislature such as those given to the Work Group, and an accounting of the use of federal funds should be provided.

NOTE: The New Mexico Legislative Health and Human Services Committee also requested an accounting of the expenditure of federal funds, and that was provided in December 2012.

Exchange Market Regulation Work Group

This Work Group made the following recommendations, which were accepted by the Advisory Task Force:

- DOI should remain the key regulator of plans offered on the Exchange. To the extent practical, Exchange regulatory duties should be “subcontracted” to the DOI.
- Certification of qualified health plans offered on the Exchange should remain under the purview of the DOI.
- A deadline should be established for submission of qualified health plans to the DOI, although late submissions should be conditionally accepted to encourage market participation.
- There should be continuing examination of key issues, such as requiring statewide plans and the role of the Exchange in offering them, and adequate resources should be delegated for this work.

Financial Sustainability Work Group

The Advisory Task Force took no action on this work group’s recommendations at the January 23 meeting. Recommendations were tabled for further consideration.

Employer Participation Work Group

The Advisory Task Force took no action on this work group’s recommendations at the February 27 meeting. Recommendations were tabled for further consideration.

Native American Work Group

The Advisory Task Force took no action on this work group’s recommendations at the February 27 meeting. Recommendations were tabled for further consideration.

Program Integration Work Group

TBA

Public Comment

New Mexico Health Insurance Exchange Advisory Task Force



March 26, 2013