Program Implementation Workgroup
Dr. Babette Saenz, Lead

Agenda for 2/19/13

1. Approval of prior minutes (2/5/13)
2. Review prior meeting recommendations and questions
3. Put together FINAL Workgroup recommendations.

PROGRAM IMPLEMENTATION WORKGROUP
RECOMMENDATIONS/QUESTIONS

Meeting 1:

1. IT RFP clearly states the HIX will determine assessment for Medicaid Eligibility. We Recommend the HIX determine presumptive eligibility as well. We understand that there are fiscal concerns from Medicaid about complications that may arise related to determination.
2. Recommend there should be some sort of trigger for eligibility of other Public programs.
    a. Expand Navigator training/role to include assessment for other public programs to include a facilitated hand-off.
    b. Where will navigators be located? Regionally? Specific offices?
    c. Expand Navigator training to include "other public programs", training and orientation.
3. Client authorization to Navigator to access personal information such as income, PHI, etc?
4. Mitigating churn. If Medicaid is expanded, it will be necessary to authorize continuous eligibility. (12 months)
5. Navigator to Coverage alignment when family members are eligible for different programs.
6. We should have some sort of trigger to refer people to other HSD programs. There should be some sort of eligibility process for other programs, especially those like WIC. Can we have a hybrid approach to eligibility of other programs. Expand the Navigator function to include other public assistance programs.

QUESTIONS:

1. How many navigators do we need around the state? Is Medicaid expanding? Should they be regionally allocated? There should be a lot of initial activity up front, tapering off as folks are enrolled.
2. Navigators at hospitals? Doctor's offices?
3. Knowing that we don't have enough providers, how do we define provider? How are we going to integrate a larger provider pool to provide services? What are the specific areas of need? Primary care. Dental? Pain Management? Behavioral Health? Specialty?
4. Concern related to how Navigators are paid? Will Medicaid have to pay a part of their salary if they are assigned to ISD?

Meeting 2:

1. The Work Group resolved to recommend to the Task Force that the state leverage existing federal grant funding for the Assisters program to supplement the Navigator program, and aggressively pursue additional grant money as required.
2. The Exchange should focus on front-loading the roll-out with Assisters, particularly in areas with large hard-to-reach populations.
3. The Exchange should provide for truncated Assister training.
4. The Exchange should facilitate overlap between the Navigator and Assister programs.

5. Participants discussed the various issues involved, and devised two possible approaches to provide ease of continual coverage for low-income residents:
    a. Establishing a Basic Health Plan administered by the state for low income individuals (138-200% of the federal poverty level) in which the state administers the plan and receives premium reimbursement directly from the federal government.
    b. Creating a Bridge Plan, in which a silver level plan is priced such that the tax subsidy equals the price of the premium.
6. Qualified Health Plans (QHPs) should be required to establish policies that ensure ease of transition of coverage and care when coverage is terminated because of failure to pay premium, status change, or other terminating event.
7. Upon termination of coverage, carriers should be required to provide a notice of dis-enrollment that also provides information for alternative coverage options, and the resources available for accessing those alternatives (e.g., directing the individual to Navigators, the Exchange, Medicaid, etc.).
8. The Exchange should consider various options such as Basic Health Plans, Bridge Plans and other approaches that may become apparent as the nature of churn becomes better known.
9. The Exchange will need to address the unique language needs of New Mexico, including those of Native Americans and Hispanic communities
10. The Exchange will also need to address unique needs associated with other groups, such as the following:
    a) Young people and those entering the market for the first time
    b) Small employers
11. Individuals with varying needs for outreach across a broad spectrum of income levels